

We Must Do More to Stop Dangerous Doctors in a Pandemic

Some have crossed the line from free speech to medical practice — or something akin to malpractice.

By Richard A. Friedman
Dec. 11, 2020

It's bad enough when our political leaders promote quack theories about coronavirus and its treatment; but what do we do about the doctors who enable them and use their medical authority to promote pseudoscience?

Take Scott Atlas, a former Stanford University radiologist with no training or expertise in public health or infectious disease. As President Trump's special adviser on coronavirus, he cast doubt on the efficacy of face masks, long after science had confirmed their efficacy. He was a staunch proponent of herd immunity — a recommendation that would almost certainly have resulted in vast mortality.

And on Dec. 8, Ron Johnson, the Republican senator of Wisconsin, known for his allegiance to fringe theories, called two doctors with such beliefs to testify before his committee.

One was Ramin Oskoui, a cardiologist in Washington who said that “masks do not work” and that “social distancing doesn't work.” In fact, there is indisputable scientific evidence that both are effective in preventing or limiting the spread of coronavirus.

The other was Jane M. Orient, a doctor who has cast doubt on vaccines and, like President Trump, promotes hydroxychloroquine, an antimalarial drug, to treat coronavirus. But hydroxychloroquine is considered either ineffective or possibly even harmful in this setting.

When doctors use the language and authority of their profession to promote false medical information, they are not simply expressing their own misguided opinions. Rather, they have crossed the line from free speech to medical practice — or, in this case, something akin to malpractice.

These doctors might argue that they are not actually “practicing” medicine, that they are only providing an alternative opinion — one that is unconventional. But there is no getting around the fact that their expert views, made from the powerful perch of a Senate hearing or White House briefing, will be reasonably taken by the public as medical advice. And if that is not a form of medical practice, what is?

As doctors, we are sworn by the Hippocratic oath to do no harm. And there are potentially lethal consequences in telling the public that hydroxychloroquine is a remedy or that face masks don't prevent the spread of infection.

But where is the outcry from medical leaders and various professional organizations in the face of this betrayal of public trust? Where was Stanford University, for example, when its faculty member Scott Atlas was telling Americans that they could forget face masks?

Typically, rogue physicians come to the attention of their state's medical board only because a patient makes a formal complaint to the board. But many state medical boards have the authority under law to

initiate an investigation of a dangerous doctor on their own, according to Dr. Humayun Chaudhry, president of the Federation of State Medical Boards.

Shouldn't all state medical boards have such authority — especially when the “patient” in question is the nation? Arguably, the harm done by a doctor who knowingly pushes misleading medical information can be vastly more dangerous than whatever he or she does in a single patient encounter.

To date, there are no reports that a doctor has lost his medical license for spreading disinformation, according to Dr. Chaudhry. But some states are beginning to act. For example, the Oregon medical board recently suspended the license of a doctor who boasted on video about not wearing a mask at his clinic.

Doctors who provide outrageous advice that is far outside the bounds of accepted standards should be investigated by their state board and subject to sanctions, including revocation of their medical license.

The question, of course, is what constitutes “accepted medical standards.” Since medicine is not an exact science, reasonable minds can and should differ about the optimal treatment for a given medical disorder. There are many different ways, for example, to safely and effectively treat depression or high blood pressure.

But there are limits to what's allowed, and no doctor should get away with pushing bad advice, especially during a pandemic. Even if a regulatory board doesn't take action, one's peers certainly can. Earlier this week, for example, nearly 1,500 lawyers urged the American Bar Association to investigate the conduct of President Trump's legal team, including Rudy Giuliani, for making indefensible claims of widespread voting fraud and actively seeking to undermine public faith in the election's integrity.

Doctors should realize that their advice is, in effect, a form of medicine. If they step outside accepted standards of practice, based on empirical evidence, it's time for the state boards to take disciplinary action and protect the public from these dangerous doctors.

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