



Norbert Goldfield, MD
Founder, CEO

Ask Nurses & Doctors LLC

72 Laurel Park
Northampton MA 01060
413-800-2680
norbert@asknursesdoctors.com
www.asknursesdoctors.com
@asknursesdoctors.com

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Covid Patient in the Hospital (or is it Covid); Ladapo- A Test of Organized Medicine

I hospitalized an immunocompromised patient on Sunday. He developed Covid ten days before shortly after going maskless to a large event. For the first few days he was completely asymptomatic. My clinical challenge was whether or not to treat him. I couldn't give him the standard medication as he had several clinical problems that wouldn't allow me to prescribe Paxlovid. What to do? I was possibly lulled into a false sense of security as he was completely asymptomatic for the first week. And then within 24 hours his clinical condition went south, he had significant difficulty breathing. He called me this past Sunday and I right away told him to go to the emergency room. Should I have treated him with one of the IV Covid meds? Possibly, but in discussing this with an infectious disease specialist yesterday, we both highlighted that Omicron does not take the same the course as the original Covid virus. And in fact, I had a patient exactly like this at the beginning of the pandemic who 10 days after feeling fine developed Covid pneumonia and was intubated for several weeks. This pneumonia it would appear is more likely to have been bacterial pneumonia. But for now, we just don't know. In the meantime, I've had, in addition, at least 5 new Covid patients in the last ten days – all did fine, some with medication and others who could not get the medication.

What organized medicine – both the AMA and the Florida licensure board does regarding the Florida Surgeon General Ladapo's outright fabrications about Covid vaccines will be a real test of organized medicine. I assume that the AMA and the Florida licensure board will do nothing. I am trying to encourage the Florida health AND group to make a formal complaint. In contrast to Ladapo, health professionals can make a positive difference!! Please read this article about the impact of the director of public health for Marin County in CA – [a recent newspaper headline](#). While the Ladapo's of the world are not helping, federal health professionals and politicians are [still not doing enough](#) to boost the new vaccine. In short, [we continue to be ill-prepared](#) for both this and future pandemics.

The CDC quietly [issued guidelines](#) indicating that health care facilities located in areas with low rates of Covid positivity do not need to require masking. Problem is that many of my patients who are testing positive are doing the test at home and thus are not included. MA has a positivity rate of 7.8%. I am quite careful in my masking but I can't [imagine living in China](#).

What to do about the billions that Medicare is losing to the insurance companies? I agree with one of the key principles of Brian Klaas' *Corruptible* excellent book that I highly recommend. Focus on the

controller not the controlled. And here is the situation: “regulators overseeing the plans at the Centers for Medicare and Medicaid Services, or C.M.S., have been less aggressive, even as the overpayments have been described in inspector general investigations over the course of four presidential administrations.” And what happens to these regulators (and for sure this is what happens to the political appointees) working for the federal government if they are not career civil servants – many go to the companies that are being regulated. And some of those companies are not just overbilling the government, they are engaged in poor health practices – such as [McKinsey’s involvement in addiction](#).

In these last few weeks of the election cycle, AND is focused on PA and Florida in particular. We’ve published one op-ed ten days ago and another one was just accepted in a conservative part of PA. We will focus on drug price control, an issue the [Republicans have committed](#) to reversing if they come into power.

Norbert Goldfield, M.D.