Twitter Thread by Michel Accad



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Sorry, Dr. Jha, but you shouldn't confuse medical care with the scientific enterprise. Although the 2 are commonly conflated, they are really distinct. 1/

> The hearings are meant as a questioning of the scientific process
>
> To sew doubt on what we know and how we know it
>
> So a group of us organized a response, which we just posted on our website
>
> It isn't pro or anti hydroxy
>
> Its about the scientific method and why it matters
>
> 2/3
>
> — Ashish K. Jha, MD, MPH (@ashishkjha) December 7, 2020

The goal of science is to acquire knowledge. The goal of medicine is to help the sick. That's a fundamental distinction.

Also, scientists stand apart from their subject matter--as distantly as possible. Physicians, on the contrary, are in "a relationship" with patients. 2/

Of course, medical care should rely on scientific knowledge, but that means that science should be at the service of the patient-physician relationship, not the other way around! /3

Also, scientific knowledge can never be the ultimate arbiter of medical decisions.

First, scientific knowledge is often limited or provisional, especially with a new disease.

Second, for every patient there are myriad circumstances that influence a medical decision. /3

Third, even if excellent scientific knowledge is present, the physician must always judge how it applies to the patient, or whether it applies at all.

Fourth--and most pertinent here--one cannot narrowly limit the scientific knowledge to only RCTs as you do in your

statement. /4

By now, it's almost a cliché that the enthusiasm for EBM and RCTs did not live to its promise.

I won't rehash all the arguments here (and there are many!) but I'm sure you're familiar with this piece by Dr. Frieden from only a couple of years ago https://t.co/f7jHvDujUZ /5

(Note: I don't agree with a lot of what it says, but it serves to make my point). /6

Why do you think that doctors who wish to use a combination of safe, available, and affordable agents (and you know that they are so) "threaten" to "derail" the scientific enterprise? That makes no sense. /7

There is always a tension between the need to acquire scientific knowledge and the practical demands of patients and physicians. But, from a moral standpoint, it is the latter who should have priority. /8

The scientists should patiently (!) make their case and ask for volunteer participation in their experiments. They should not impose their desire for scientific advancement over and above the needs of patients and of the physicians who serve them. /9

You admit in your piece that "patients continue to demand" access to early therapies. Why are you so intent on denying them such access? /10

And, by the way, the therapy is not just HCQ. As I'm sure you know, those who advocate for early outpatient therapy propose various combinations of agents to tackle the virus--another reason existing RCTs may be inadequate. /11

I don't want to pronounce on whether these various approaches would "prove themselves" in a RCT.

My point is that your attacks miss the point: Medical standards cannot be reduced to scientific ones. /12

There was a time when saying so wasn't the least bit controversial. But the medical profession--or at least its leadership--seems to have lost the compass on this. /13

The root of the problem is in medical education, by the way.

If you have an interest in the historical background for this, here are a couple of the pieces that I wrote on this topic a few years ago: /14
https://t.co/q5ECfaN47b

and /15 https://t.co/gaOt8roUBK