

COVID Reflections of an Old Physician

It is important to note that this writing is flowing in mid-August 2021, not in the spring of 2020. We know much more now about Covid-19 and its instability known as variants.

During the spring 2020, many, including me, thought that as the summer months approached, this respiratory virus would “burn out,” much like influenza. This was not to be. In fact, it seemed to like to infect and kill any time of the year. To say the least, public health professionals were struggling to make early, data-based recommendations, and thus, isolation, masking, and cleaning surfaces became the standard. Then, the hope of a vaccine began to flicker, and most of us yearned for its development and the opportunity to receive it. At the end of 2020 and beginning of 2021, that hope became reality as the US ventured into the innovative marriage of government and private concerns to actually make that vaccine at unheard of speed. The medical community did its best to evaluate the efficacy and safety of the vaccine with limited but evolving experience. I trusted their advice. As a classically trained physician, I was, and still am, committed to the medical model (more on this below). Nancy and I got the shots as soon as we could.

Despite the medical/governmental recommendations to mask and isolate, many chose to suspect nefarious motives on their leaders’ part. Anticipated harm did occur as a healthy economy was shut down and compromised with the intent of protecting people. Unanticipated harm did occur as isolation took its toll on the vulnerable: the old, the young, the mentally weak. In this cloudy environment of increasing distrust, confidence in the vaccine weakened. With the change in the administration, the left became champions of the “science,” demanding vaccine compliance, and unfortunately, some on the right grew suspicious of the “science.” Other new information emerged as we learned more, such as the fact that we did not have to clean every surface in sight. We reviewed pre and post COVID studies on the efficacy of surgical masks in impacting viral transmission and saw little if any benefit (especially in children). But the value of the vaccine overshadowed all other preventive measures.

So, what about the pro vs. con vaccine debate? I mentioned earlier that I am committed to the medical model. When did that begin? It began at my first memory of encountering a physician, which means about seventy years ago. His name was Dr. Irving; it was a coincidence that we lived in Irving, Texas at that time. Fast forward to about fifty years ago when I was granted admission to medical school. Admittingly, I succumbed to the idealism that this was a noble profession, that people respected and even loved their doctor, and that I could contribute to meeting needs. I soon learned that graduation from medical school was equivalent to no more than laying the foundation of a house; the real house stuff was yet to come. New editions of classic textbooks came out. Medical journals kept probing for better understanding of the treatment of disease and injury. Way before my time, it was discovered that we could prevent polio! During my doctor years, prevention of potentially deadly Hemophilus Influenza (H. Flu) and Respiratory Syncytial Virus (RSV) joined the list, among others. Just think of the hundreds of studies and the thousands of researchers that were wrong some of the time but right most of the time as they provided these blessings (I do not use the term “blessing” in a casual way) for modern man.

So, what about that the pro vs. con vaccine debate? The medical model is certainly not perfect, but it is certainly not based on bad motives. I can remember at least two drugs that were approved but

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later removed because studies and researchers monitored their performance and found them defective. That almost sounds like someone is trying to do the right thing. The same profession that gave us penicillin, appendectomies, and cancer treatment gave us vaccines. That same profession will give untold new remedies as well. The medical model is the best discipline for giving the best objective advice to the individual sitting in my office wanting to stay healthy or regain health. It was required of me to keep my personal non-medical-model feelings and theories in check. For some reason(s) that I do not fully understand, many people choose to carve out the administration of vaccines from the medical model. To them, vaccines are a tainted product of research and development. They reaped the benefits of other medical modalities but do not trust this one. It is not unlike deciding that they do not like the way appendectomies are done, so they will try a new way...damn the data.

So, what about that pro vs. con vaccine debate? As of yesterday (August 23, 2021) the CDC unconditionally approved the Pfizer vaccine; approval for the other two will follow soon. As I stated above, the monitoring of side effects will continue in earnest. The tracking of side effects will be done (like all previous vaccines) and documented in the Vaccine Adverse Event Reporting System (VAERS) so that unexpected trends will be seen as early as possible. Anybody have a better idea?

COVID is going to stay around, short of divine intervention. But wait! Could the vaccine already be part of divine intervention? Could all the wonderful medical modalities be part of divine intervention and provision? The false dichotomy between the medical model and faith is so dangerous and, in my opinion, is anti-grace. We all know that grace is undeserved favor, a gift. Refusing the COVID vaccine is analogous to one's refusing to open a gift at Christmas. And this situation is actually double grace because it not only a gift for an individual but also for the ones in the individual's circle.

As per the title, I am an old physician. I must add another adjective: an old Christian physician. For over forty years, I often prayed with a patient...and gave him a pill. Or, after helping a laboring women deliver her baby (especially after an unexpected C-section), I prayed with the family and thanked the very God of new life for His watch care and for His provision of the medical model. I know that I am old and sometimes forgetful, but I do not remember one instance of someone saying, "Do not pray for me" or "Do not give thanks." I have often wondered about the relationship between Paul and his beloved physician, Luke. Why would Paul call Luke the beloved physician? We can only imagine. I imagine that after a long day or even after physical injury, Luke would do his best, like physicians do, to apply the medical model to help Paul. I imagine that as Luke did his best as a physician, he prayed with Paul, sometimes truly lamenting that he could not do more. I wonder what he would have done if acetaminophen or naproxen were available to relieve Paul's pain. I imagine that Luke would have "prayed with a patient...and gave him a pill."

It all comes down to trust. You and I will never have all the answers, despite endless internet searches. Medicine will never have all the answers, despite very good but not perfect advice. But the God Who created human beings does have the answers. This old physician has seen some of those answers, in the flesh (both in mine and in others'). A corollary question in this COVID vaccine debate is: where did the modern medical resources come from? If Luke were here today, I am very, very sure that he would have an answer. And I can imagine that Luke would be somewhat saddened at the rejection by some of the medical-model-provided advances, especially an advance that is proven to prevent suffering and even death and to protect family and friends. I doubt that the

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false dichotomy between the medical model and faith would even cross his mind. I cannot speak for Luke, but as of August 24, 2021, this old physician is thankful for the COVID vaccine and trusts in the Medical Modeler.

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