

Medical Censorship and the Erosion of Scientific Discourse: Patients and doctors must navigate bias in an era of suppressed debate

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Medical care should remain insulated from partisan political pressures, preserving clinicians' obligation to provide impartial, patient-centered treatment. (1) However, many professional medical organizations now extend their activities beyond direct representation of physicians and patients by issuing policy statements and engaging in legislative and public-policy advocacy; in one analysis of six major U.S. organizations, 33.2% of policy statements were classified as ideologically aligned. (2)

During the COVID-19 pandemic, U.S. news coverage was highly politicized and polarized, with politicians receiving more attention than scientists in newspaper coverage. Such a communication environment complicated evidence-based professional discussion of contested medical and public-health questions. (3) "Prevailing" establishment views on issues such as COVID-19 vaccine effectiveness, mask mandates, and vaccine hesitancy were often labeled as "consensus" by key leaders, allowing them to classify dissent as "misinformation" and threaten doctors who disagreed. (4)

Despite warnings about the problems that can occur when medical boards are used to regulate misinformation, (5) the American Board of Internal Medi-

cine revoked the specialty-board certifications of Pierre Kory, MD, Paul Marik, MD, and Peter McCullough, MD. Kory's revoked credentials included internal medicine, pulmonary disease, and critical care medicine; Marik's included internal medicine and critical care medicine; McCullough's included internal medicine and cardiology. (6)

The Information Problem

A quick Google search will not necessarily provide unbiased information about medical conditions or providers. Censorship and bias occur across social media platforms, including Google, Facebook, YouTube, and LinkedIn. According to Dr. Robert W. Malone, "Trust the Science™" comes with a gag order." (7) Internal emails show that under political pressure Amazon adopted policies to avoid promoting, and in some cases, to demote or restrict advertising for books it classifies as 'anti-vax' or COVID-misinformation, including titles that question official narratives. (8) The current situation makes it difficult for patients to find unbiased information.

How We Got Here

When COVID-19 emerged in late 2019 and early 2020, several controversies arose immediately. Those who questioned the "wet market" origin were labeled conspiracy theorists. (9,10) The "proper" response to COVID-19 prompted more disagreement. Enforced mask wearing, six-foot social distancing, school closures, total lockdowns "to flatten the curve", and eventually mandated vaccinations were imposed globally with little scientific foundation and even less scientific discussion or debate. (11–13) Ultimately, Dr. Fauci acknowledged there was no science to support the wearing of masks and the six-foot distancing "just appeared." (14)

Many healthcare workers lost their jobs for refusing vaccination or challenging the orthodox narrative. (15,16) Military members throughout the Depart-

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ment of Defense were terminated for refusing COVID-19 vaccination, while religious exemptions were granted at near-zero rate. For example, the Air Force approved only 41 of over 5,500 decided requests by April 2022, with the Navy and Marine Corps reporting zero approvals for a period. (17)

The Systematic Suppression

The timeline of censorship reveals a coordinated effort:

2020–2021: Facebook and other platforms began censoring lab leak theories without evidence. (18) The American College of Emergency Physicians and the American Academy of Emergency Medicine jointly issued a public statement condemning Drs. Daniel Erickson and Artin Massihi's opinions on COVID-19 scope and lockdown recommendations, characterizing their claims as "reckless and untested musings" inconsistent with current science and epidemiology. (19) An America's Frontline Doctors' video stating that hydroxychloroquine, zinc, and azithromycin could improve COVID-19 was removed from all major platforms (20) despite studies demonstrating efficacy. (21,22)

2021: The Federation of State Medical Boards threatened to suspend physician licenses for spreading COVID-19 "misinformation." (23,24) White House Director of Digital Strategy and members of the COVID-19 Response Team interacted with major social-media platforms and pushed them to suppress content that they said was false or misleading. (25) Medical boards began warning physicians about potential loss of certification for opposing prevailing COVID narratives. (24)

2022–2023: The U.S. Department of Homeland Security treated "false or misleading narratives, conspiracy theories, and mis-, dis-, and mal-information—including false narratives relating to COVID-19" as a major security threat. (26) California made it criminal for physicians to provide informed consent about COVID vaccines if it countered the approved narrative. This bill was subsequently repealed in 2024. (5) The AMA made suppressing "medical misinformation" a top priority. (27)

The treatment of early COVID-19 therapies illustrates the problem. Before COVID-19, physicians were allowed to prescribe FDA-approved drugs for off-label uses with proper informed consent. Yet ivermectin and hydroxychloroquine, both with established safety profiles when used short-term, were uniformly discouraged. The FDA derided ivermectin

as "horse dewormer", despite its Nobel Prize-winning history as a human medication. (28) Yet providers prescribing it faced relentless vilification. (29)

One theory for this resistance involves Emergency Use Authorization (EUA) requirements. One statutory requirement for obtaining FDA emergency authorization is that "there are no adequate, approved, and available alternatives." (30) If safe, effective treatments existed, experimental vaccines might not have qualified for EUA.

The Enforcement Apparatus

According to declassified documents, the Biden administration outlined plans to label opponents of public health measures as "Antigovernment Violent Extremists." (31)

The American Medical Association, representing only about 15% of practicing physicians, has enormous influence. (32) In 2022, the AMA committed to "confronting disinformation" through a "three-pronged approach: deprioritizing misinformation in social media algorithms, affirming and empowering reactive fact-checking, and addressing underlying incentive structures for health professionals spreading health-related disinformation." (27)

This can be viewed as a form of psychological warfare designed to control the population with an approved version of "truth" while discrediting opponents. As Dr. Fauci stated in November 2021: "They're really criticizing science because I represent science. That's dangerous." (33)

The Path Forward

The COVID-19 pandemic indeed revealed the effects of censorship, both intended and unintended, on scientific discourse and patient informed consent. It also revealed a system controlled by specific people and organizations alike who stood to profit enormously from the imposed "countermeasures". For example, according to the Institute for Policy Studies, during the COVID-19 lockdowns, U.S. billionaires and big tech/pharma giants like Amazon, Zoom, Moderna, and Pfizer added \$1.7 trillion in collective wealth, (34) while 15 million Americans lost work, millions of small businesses permanently closed, and hundreds of millions globally fell into poverty. (35–37) Patients and physicians must now do their own research and not blindly trust legacy sources or "fact-checkers." Fact-checking organizations, including prominent U.S. outlets, do not maintain political neutrality despite their stated

commitment to objectivity, as reported in a 2024 preprint. (38)

Medicine's future depends on restoring open scientific discourse. Physicians should be judged solely by their clinical competency, academic excellence, knowledge and compassion for patients – not by their adherence to politically approved narratives. Only by recognizing and confronting this systematic suppression can we restore trust in medical in-

stitutions and return to evidence-based practice that serves patients rather than political agendas.

Dr. Li Wenliang, the first Wuhan whistleblower died after being arrested for alerting colleagues to a new SARS-like virus. (39) His courage reminds us that medicine's highest calling is truth-telling in service of human health, regardless of political consequences, no matter what the cost.

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