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OPINION

Stop using hydroxychloroquine to politicize physicians

by Marion Mass and Marlene Wust-Smith | April 25, 2020 12:00 AM



According to CNN, we are "jerks." In some states, we may be criminals.

Our infraction? We are doctors who have prescribed hydroxychloroquine, a generic autoimmune medication, to ourselves and our patients in an attempt to prevent or treat COVID-19.

Each of us had a child diagnosed with the disease. Neither of us contracted it ourselves, despite close contact.

Whether HCQ is effective at preventing and treating COVID-19 is beside the point. Some studies suggest that it helps. Others indicate that it does not. Although its effectiveness can be debated, physicians' right to prescribe it, or any other medication they see fit, must not be violated. This applies even if there hasn't been time to conduct randomized, blind, controlled studies.

Medicine should never be politicized, least of all during a public health crisis.

Across the country, some doctors like us are taking HCQ as a prophylactic to try to stay healthy so that we can keep treating our patients. Some of us would like to prescribe it to our patients working on the front lines, including paramedics, firefighters, and hospital workers, who are not only most at risk of catching the disease but also the most important soldiers fighting it.

For this clinical perspective, we've faced unprecedented derision. "Don't be jerks. Don't hoard this medicine, doctors, this is not for you," [said](#) CNN senior medical correspondent Elizabeth Cohen — a perspective shared by the president of the American Medical Association.

At least 20 states have enacted HCQ restrictions, even up to forbidding prescriptions to

patients who haven't tested positive for COVID-19. An Ohio pharmacist told us that she's been instructed to report doctors who write such prescriptions to the district attorney's office. This restriction ignores the Food and Drug Administration's emergency use authorization for HCQ, which is based on data showing therapeutic *and* prophylactic benefits. It also ignores the reality that test results for COVID-19 take several days to come back. Doctors should be allowed to prescribe medications if their patients show symptoms, even if they are still awaiting diagnostic confirmation. To force physicians to wait for test results before treating the disease may cost lives.

It seems like scarcely a day goes by without a news story about the supposed risks of taking HCQ. Every drug has side effects, and HCQ is no exception. Yet for healthy individuals, HCQ is safe. The World Health Organization puts it on its list of "[essential medicines](#)" — the most "efficacious, safe and cost-effective" medicines in the world. Physicians have prescribed it (as well as with cyclosporin and ivermectin) safely for decades. We know what side effects to expect.

With more than a dozen formal studies in the United States already underway, definitive answers regarding HCQ's effectiveness will come soon. Yet its safety profile is known, which is not the case for new intravenous drugs like Gilead's Remdesivir. Researchers at NYU Langone and the University of Washington are conducting a randomized control trial to examine whether HCQ limits the chances of contracting COVID-19, with results expected this summer. We already have data from less rigorous observational studies.

But with roughly 2,000 people in America reported dying every day from this disease, we don't have the luxury of waiting for definitive results. We should be allowed to try to help our patients without ridicule or unjustified laws designed to stop us. Doctors have at least 11 years of training. We take an oath to "first, do no harm." We are better positioned to determine the risk and reward profile of medicines than are bureaucrats or pundits.

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