

MONOCLONAL, DOCTORS AND HOSPITALS

This transcript is from the Daystar TV Network Ministry Now Program with Dr. Richard Bartlett and Jeremy Dys on 9-14-2021: <https://player.lightcast.com/0ADMzATM>

According to Dr. Richard Bartlett, ventilators have their place, but they should be a last resort. Dr. Bartlett talks about a patient who was on 100% oxygen on the ventilator. This is high pressure that the ventilator pounds in the lungs. However, once the patient started on Budesonide inhaled treatments with a nebulizer, three times each day, in one week, the patient came off the ventilator. In two weeks, the patient was back home with their family.

Budesonide has a role in late diseases because Acute Respiratory Distress Syndrome (ARDS), the inflammation of the lungs happens, which is caused by COVID. They are seeing people come off the ventilator, people in ICU come out, and people in hospitals come home. COVID is a respiratory disease that attacks the lungs and breathing. The nebulizer is more effective than the inhaler. Inhalers only usually get 10% of the target tissue in the lungs. Nebulizers create a mist to trickle down in the lungs to get more of the infection.

In early detections, they are setting up monoclonal therapy treatment infusion centers around the nation to stop hospitalizations. This technology has been around for 40 years. Antibodies are really specific. They will bend like a lock and key to only one thing - the COVID virus. These antibodies are multiplied in the lab and purified against COVID.

Monoclonal therapy decreases the risk of hospitalization and death by 70% in just a 30-minute infusion. People who suffer with headaches for five days get the infusion and then say they no longer have a headache. They may deal with a burning in their chest, but the infusion takes it away. Once those infusions start, body aches leave. The monoclonal antibodies go through the bloodstream seeking to kill any infection on contact. Ask your doctor about scheduling for an infusion at a treatment center that does this.

Budesonide and Your Doctors

Some doctors or hospitals may reject your request for Budesonide because they want to stay with the CDC protocol. Sometimes you will have to push back. The only person with rights is the patient and the patient's family. It is the doctor's responsibility, according to the AMA Code of Medical Ethics, to explain every treatment option, its risks and benefits. *(You may need to say this to your doctor who refuses to offer alternative options.)* It is the patient's responsibility to choose the option that they want. It is not the doctor's right. Do not take "No" for an answer.

Ask the doctor about the risks and benefits of taking nebulized Budesonide one mg. every four hours for you or your loved one. Doctors are supposed to share those risks or benefits. They may try to highlight the risks more because they may not know what is in the studies, journals, and data out there. It is the patient's right. The doctor has to give the order, but patients have the right to determine what they want.

If doctors will not work with you, or if they don't listen to you, or if they do not abide by your patient rights, or if they trample on your rights, then you have the right to demand an ethics committee consult.

Secondly, if your doctor obstructs or does not abide by your reasonable wishes, after you have heard the risks and benefits, then you can fire that doctor. You can tell the nurses' station that you are firing that doctor. It is then the hospital's responsibility to provide another doctor. You should not have to track down another doctor.

Autonomous, competent patients control the decisions that direct their health care. Visit the *American Medical Association* website for more information about Patient Responsibilities here: <https://www.ama-assn.org/delivering-care/ethics/patient-responsibilities>

Patients can also make decisions about the care the physician recommends and have those decisions respected. A patient who has decision-making capacity may accept or refuse any recommended medical intervention. Visit the American Medical Association website for more information about Patient Rights and Code of Medical Ethics here: <https://www.ama-assn.org/delivering-care/ethics/patient-rights>