

Andy Lazris: Hi, Alan, it's Easter Sunday, and we are having our Easter Sunday... our first annual Easter Sunday podcast, and so we wanna... I want to talk about something,

Andy Lazris: that both of us have experienced, to some extent, and God knows, we could talk about so many things, and we have, on an individual basis, on how the system

Andy Lazris: can be very punitive, unfairly, and actually show us how little power we have, and how much we can be squashed like flies, which is kind of what primary care doctors are now. We are little insects that annoy the specialists, and annoy the medical-industrial complex, and they just swat us away whenever they want to, and we have no power.

Andy Lazris: We just do a win.

Alan Roth: You're right, Andy. So good morning, everyone, and happy Easter and Passover, whatever you celebrate, but you're right, you know, there's a battle going on in healthcare between

Alan Roth: The medical-industrial complex, which we've discussed on this program before, of, you know, big pharma, device makers, hospital systems, the insurance companies.

Alan Roth: And unfortunately, many of the doctors, or maybe most of the doctors that are making a killing, the specialists. They accelerate the cost of healthcare, they don't improve the quality of healthcare, and when crap goes wrong, we get more work and we get blamed. And we're just tired and angry, and tired of taking it from everyone, including our colleagues. So why don't you tell them what happened with your friends, the cardiologist?

Andy Lazris: It reminds me of that movie Network from a long time ago, where the news reporter finally had had enough about the news, and he stood outside, and I'm mad as hell, and I'm not gonna take it anymore. And I'm almost there, Alan, I gotta tell you. So, this is... this is an egg.

Andy Lazris: Because it's Easter. This is... you can see, it's brown. It's a hard-boiled, pasture-raised, organic egg, just... just so you know. Which, by the way, back in the day, when... when Easter was around during the...

Andy Lazris: during the Roman times, and all the way up probably through maybe 1950, every egg... was pasture-raised organic.

Andy Lazris: Just... now we have industrialized, you know, pesticide-laden eggs, but,

Andy Lazris: So I have, I do a newsletter for my practice, and it comes out, every other month, and we... I put in articles, like, studies that I've found over those two months that I think will be interesting to a geriatric population, and some of them are counterfactual. In other words, they... they break the mold of what a lot of patients are told. So I've had

Andy Lazris: I've had studies recently about how high-fat foods are good for you. And this is, by the way, not controversial in the nutrition community, but in the medical community, especially the cardiology community, it's like.

Andy Lazris: you know, the most awful heresy, you could say, but even eggs, right, which are, if you get the right eggs, super healthy for you. And I also talk about how a lot of things like cholesterol are different in elderly people. There have been some studies this year that show high cholesterol prolongs life, prevents dementia, statins can make dementia worse.

Andy Lazris: Just things like that, and I have articles that kind of talk about that, but mostly talk about other stuff. Anyway, I come back from a conference.

Andy Lazris: And I receive a letter from the Maryland Board of Medicine that the cardiologist, big cardiology group in my town, these guys are making well over a million dollars each. They... every year, Alan, they do

Andy Lazris: Nuclear, nuclear stress tests, echocardiograms, and carotid ultrasounds on their patients who are asymptomatic, feeling great, no problem, stable, every year on machines they own. Which, to me, has been fraudulent, and...

Alan Roth: Yep, absolutely.

Andy Lazris: You know, I didn't complain. My feeling as a doctor is when... and they say things that are outrageous. Like, they tell some older patients who are fall risks that if they don't go on blood thinners, Eliquis, they could get a stroke before they get home. That's how quickly they're gonna get a stroke. They will die, for sure.

Andy Lazris: That if they don't get their LDL cholesterol below 70, they will die. They're like that, and to me, they're dangerous doctors, but I don't say anything to them. It's my job

Andy Lazris: to convince my patients otherwise. You know, I have to use articles and studies and experience to do that, but they didn't feel that way, because one of them got their hands on my newsletter.

Andy Lazris: And made the complaint against the Board of Medicine against me, that I was disseminating misinformation, that I was not following the dictates of the American College of Cardiology, which, by the way, is not my college. I never went to that college, and nor do I subscribe to them. They are a trade group for cardiologists.

Andy Lazris: who published studies that are, beneficial to cardiologists. They are the largest lobbying group in Congress. They are the reason that cardiologists get paid outrageous amounts of money for things that the techs could do at the same level, for one hundredth the price. And that's what I'm supposed to adhere to. And then they said, I'm dangerous, and I need to be quieted down.

Andy Lazris: So the board is now investigating me, because I wrote a newsletter that included studies that the cardiologists were offended by.

Alan Roth: And they're saying... they actually are... the medical boards could literally take away our freedom of speech based on the opinion of another doctor.

Alan Roth: And that really is like a communistic society that we're entering. And, you know, healthcare, really, like, people don't realize that it really is, like, you know, it's like a cult. You know, the healthcare system and the doctors, they're like in these cult groups that...

Alan Roth: You know, they have these blinders on.

Alan Roth: And they're looking at one thing. I was actually listening to your blog the other day that you did from, I forget that organization. I didn't see the whole thing yet, your part alone.

Alan Roth: But one of the people on there was talking about how specialists are great, but they look at things in a very, you know, microptic way. Your heart.

Alan Roth: and the number, and they're not looking at human beings, which primary care doctors do. And they have their own opinion, and if you don't follow it, you're wrong. And it's not just cardiologists, it's all of them. I have a patient in the hospital right now who came in, she broke her ankle.

Alan Roth: Okay. She needed surgery. She went to the OR, they put her on anticoagulants post-op, which they always do, and she started vaginal hemorrhage. She's 75 years old.

Alan Roth: So we did some tests, looks like she probably has, like, uterine... uterine sarcoma.

Alan Roth: And what do I do? Her hemoglobin dropped from, like, 14 to 7. I needed to transfuse her 2 units, and I stopped the anticoagulant, and the orthopedic got enraged. She could have a blood clot.

Alan Roth: she could have a DVT and die. I said, oh, I'm gonna let her bleed to death? But that's the myopic that they have, because the reason is, if she has a blood clot post-op, it affects their scorecard.

Andy Lazris: And that's what they care about, right? They care about their little realm, and their number fixing. And I have had similar experiences with this same cardiology group, where people are hemorrhaging blood, and they have atrial fibrillation.

Andy Lazris: And they say, well, we can maybe stop the blood thinner for a couple hours or a day. Meanwhile, Alan, you and I have looked at all the studies on blood thinners. They clearly do not do what the cardiologist promised they do. In fact, one of the people in this group

Andy Lazris: when I tried to present studies explaining that, and we wrote an article about anticoagulation in the elderly, the guy hung up the phone on me. He did not want to listen, he just wants you to comply. And the worst part of this is, Alan, is the medical boards are composed of specialists.

Andy Lazris: Who are all kind of like a little gang. They don't like us. And we don't have time to be on medical boards, nor do we have the resources. We have to work to actually live. They don't, actually. But, so they go on the boards, they run the show, and yeah, you can get in big trouble if you don't do what they say, because that orthopedist

Andy Lazris: Has got allies that you don't have.

Alan Roth: And they're actually, you know.

Alan Roth: not just that they don't like us, they would actually hope that we cease to exist, okay? So, we are both clinicians that love NPs and, you know, PAs. I'm a PA myself, I've said that before, you know, in a prior lifetime. My brother's a PA, our hospital employs them, my personal practice and Andy's employs NPs, so we're not anti, but

Alan Roth: working in a collaborative relationship. If we're gone, they're gonna be very happy, because...

Alan Roth: The person that comes into our offices with chest pain, no matter what, is going to a cardiologist, because these people are under-trained, they don't have the experience that we have for 40 years, they don't have the underlying knowledge of pathophysiology, they don't know how to read a study, they don't know what's right or wrong, and therefore, chest pain goes to a cardiologist. And that is just what escalates the cost of healthcare and doesn't improve it at all.

Alan Roth: Because all chest pain is not from the heart, and they don't know that.

Andy Lazris: And it is kind of in the algorithm of what they're supposed to do, is to send people to specialists. You know, the old adage that we in primary care are just the gatekeepers. We're there so we can figure out which specialists people go to. It's not how you and I practice, Alan. We believe once you send someone to a specialist.

Andy Lazris: A, there has to be a reason, because maybe it's a second opinion, maybe they do a procedure that we can't do.

Andy Lazris: But generally, we get afraid of it, because we realize once we do that, the whole patient gets lost.

Andy Lazris: Scare tactics might be introduced. You are going to die if you don't do this. And if you get side effects, you know, they do send you to other specialists. It's... it's... we... they don't want us there. So, you know, the fact that a doctor group

Andy Lazris: was so offended by studies that I presented in a newsletter to my patients that they would actually... you don't understand the people listening, you do, Alan, that when things go to the board, often you need a lawyer. I mean, it gets...

Alan Roth: I need a lawyer.

Andy Lazris: I mean, this is no minor thing, and they will investigate it, and I send in my... I send in articles we wrote, that contradict what they say, and...

Andy Lazris: It won't matter, because the whole board is filled with specialists, many cardiologists as well, and they're gonna use this opportunity to try to punitively silence me, which is, I didn't do anything.

Andy Lazris: while I was talking, and if they were so clever and really understood what they were doing, they would say, look, Dr. Lazarus is wrong, let me explain why. There are these

studies here, he's using these studies, but this is how I interpret these studies. And then the patient will come back to me and say, you know, this is what Dr. X said, you know, what do you think? You know, kind of like, there is a differing of opinion, because that's science.

Andy Lazris: Not that, but they don't like science.

Alan Roth: We, we know that...

Alan Roth: Most of these studies, 90%, I think you quoted, is just funded by the pharmaceutical companies.

Alan Roth: or if they're funded by the NAIH or others, they're funded through the pharmaceutical companies anyway, so it all comes down to pharmaceutical funding, and we know that, you know, 90% of that data eventually gets proven to be wrong. You know, we could talk about aspirin in our career, you know, over the time we've done it. Take aspirin, don't take aspirin, take aspirin, don't take aspirin. It's flip-flopped at least half a dozen times in my time.

Alan Roth: And, you know, there's clinical judgment that comes in there, but these people don't have clinical judgment, because they're not treating people, they're treating numbers, and it's very, very simple.

Andy Lazris: That's right. They follow protocols, and when the American College of Cardiology changes its cholesterol guidelines to push LDL under 70, they don't ask where that came from, what studies were used. It's funny, your ex-student, who's very smart, by the way.

Andy Lazris: He pulled out a 2009 study, which was what these guidelines were kind of... what triggered these guidelines.

Andy Lazris: And the study is a... 3 or 4 pharmaceutical companies are in the bottom. We... you and I know to look for that kind of stuff, but the study is two things. One, it says... it shows that people who show up to the hospital with a heart attack

Andy Lazris: have a scattergram of cholesterol. They're just as many with low cholesterol as high cholesterol.

Andy Lazris: there's no correlation between cholesterol and heart attacks. You and I would look at the study and say, wow, that's pretty compelling evidence that, you know, cholesterol doesn't make a difference. The authors of the study, and this was published in the American College of Cardiology Journal, authors of the study says this proves we have to push cholesterol even

lower. We're not pushing it low enough, because even though low cholesterol had a lot of heart attacks.

Andy Lazris: That... now, the cardiologist would say, yeah, it makes sense, because they just take their marching orders from these groups, and these groups are what... why they make so much money. So, of course, they're gonna do what they're told. It's... they don't care about the patient.

Alan Roth: Right, and every...

Andy Lazris: numbers.

Alan Roth: And every guideline, we talked about the lipid guidelines, and the blood pressure guidelines, and the stroke guidelines. Every guideline that comes out is funded by pharma once again, and is pushing more and more drugs, and more and more treatments, and doing more and more things to people, rather than more and more things for people.

Alan Roth: And people are not living longer!

Alan Roth: They're falling more. We have more falls, with more bleeds, with more complications, and earlier mortality than the rest of the world that doesn't do all this crap.

Andy Lazris: And one of the articles they took offense of, which was... most of these articles I use are from Europe, because in this country, forget about it, unfortunately. But one of them showed that it's a factual study.

Andy Lazris: shows over the last 10 years, the stroke incidence has gone up, deaths from strokes have gone up. This in the setting of more people taking statins, and more people taking blood thinners to prevent strokes.

Andy Lazris: They don't like that. They don't like facts, Alan. If a fact gets in the way with their dogma, then they get... they get angry. And I think that's part of...

Andy Lazris: you know, why they went after me and called me dangerous, because I'm presenting these facts which really get in the way of their narrative. And it brings up the question, and I've talked to other people about it, that documentary you mentioned was,

Andy Lazris: Was, from a health group.

Andy Lazris: That, Epic, Epic Health, Epic, Epoch, I don't know what they're called, but they do a lot of articles on over-treatment as well, and a lot of times they'll call me and just... the health reporter will ask me questions.

Andy Lazris: But I told her what happened, and she said, you know, the real problem is, are you guys beholden to protocols? How much are you beholden?

Alan Roth: Yes.

Andy Lazris: these protocols, are they... because if we are, Alan, then we might as well be AI computers. Just program with the protocols, and tell people what their numbers should be, and that's the question.

Alan Roth: That's how you get these, you know, grades from CMS, and these little stars, and the littlest stars mean enhancement bonuses on meaningless metrics. You know, what the blood pressure is. If you think, you know, a 150 is a good blood pressure in an 80-year-old, which most we do.

Alan Roth: you're being dinged, because it's not 1.30. And, again, it's just stupid guidelines that have nothing to do with wellness and health, it's purely numbers, and it's purely about more drugs, more treatments, more tests, with no improved outcomes.

Andy Lazris: And by the way, it's 120 now, you know?

Andy Lazris: The new blood pressure guidelines are pushing it down. But, yes, and the guidelines are... the very word guideline, means kind of like advice, something you should look at. But, you know, you and I...

Andy Lazris: look at the guidelines and say, well, what pharmaceutical studies are in there? You know, they're generally junk studies. The cardiologists, theologians, we'll call them, all of them.

Andy Lazris: don't look at that. They say, okay, now we have new guidelines to follow, and I would imagine a lot of doctors do that, and that's fine. That's... if they want to be kind of computer robotic doctors, that's fine, but you and I don't.

Alan Roth: And...

Andy Lazris: We care about people.

Alan Roth: There's just no common sense. You know, it was, it was like 5 years ago, I think, what was it, the gold guidelines for asthma and another guideline for COPD came up with this ridiculous thing that people should be using inhaled steroids as needed.

Alan Roth: So we know that when you have asthma and COPD, that steroids are helpful, but you gotta give it in a dose, you gotta give it for a week or two to decrease the inflammation, and that if someone's not breathing, we use a drug called albuterol, which opens their airways right away and makes them breathe.

Alan Roth: Well, they did, like, two studies that said if you use drugs like Dulera and Simbacort, which are, I don't know, \$3.50 each inhaler.

Andy Lazris: Expensive.

Alan Roth: when albuterol is generic and cheap, so if you use those, PRN, what's gonna happen? They're gonna sell a million billion dollars worth of these drugs. And what do we know? Like, I tell people all the time when I explain this to them, you have a rash on your hand, okay? And it's a steroid-responsive rash, and you put some steroid on your hand, and you rub it in there.

Alan Roth: What's gonna happen? Nothing!

Alan Roth: You gotta do it for days, or a week, or it's not gonna work.

Alan Roth: Why would anyone think it's gonna work that way? Why? Because it was a pharma study that did this, and then who made the guideline behind it?

Alan Roth: People all working for pharma. It's... it's a corrupted, bastardized system that no one's thinking how we've gotten to where we are, and we need to blow it up, but no one believes the poor two schmucks here that we're the right ones.

Andy Lazris: Well, we... blowing it up, and I hardly blew it up by having a newsletter for my patient, but it was... it was enough of a... like I said, we're little mosquitoes. They got a little mosquito landing on their arm. They said, we gotta SWAT this thing. We got friends in the board, we're gonna... we're gonna take care of this guy, and we'll shut him up. It's censorship. And... and censorship about people who think about... think.

Andy Lazris: first of all, the word think, critically thinking, and who care about patients, not their numbers or their organs. They care about the entire patient, and who have a lot of experience.

You know, there are a lot of things these guidelines say that we just know are wrong, because we have collectively 75 years of experience. We understand that these things actually don't make any sense. So again, if we are beholden to guidelines, if this becomes

Andy Lazris: like, when the board decides, well, you need to follow the American College of Cardiology guidelines, that's gonna be... your punishment is, we're gonna review your records in the next year, and if you haven't followed the American College of Cardiology guidelines, we're going to potentially take your license away. If that's the way medicine is right now, we're in big... we're already in big trouble, but that is a line

Andy Lazris: That costs... so anyone going to medical school, just so you know, the robot program with the guidelines is gonna be more effective, because you're gonna use your brain a little too much, and they don't like that. They don't like the brain part. They want repetition and compliance. And it seems like those in power

Andy Lazris: are gonna get their way on this, and it's really scary to me, Alan, that that's the case.

Alan Roth: And even the AI robots that you're talking about, that they're trying to turn into people, they're now studying the studies with the AI robots, showing that they're wrong a significant amount.

Andy Lazris: Technically, they're smarter. They're gonna be silenced, too. They'll be unplugging those robots and finding new robots. They just do not want anyone... because the system itself, if patients truly understood where it came from and what makes it go, would be furious. There'd be a revolt in this country against our \$5 trillion healthcare system.

Andy Lazris: that is making them sicker, but they still believe the doctor, and they still believe especially specialists. And, you know, I had a patient come to my office

Andy Lazris: last week, on Thursday. And the reason... he's a really smart guy, and he... the reason he came, he made an acute appointment, because Friday, which was Good Friday, he was going to the cardiologist, and it was a member of this group that's coming after me. And he said, you know, they put me on this new medicine, my LDL is 80.

Andy Lazris: But the doctor said, that's not good enough, I need new drugs. He said, I don't do well with drugs, I don't want to get it any lower, I'm fine. And he said... he said, I'm scared of going there. The reason I'm talking to you is so we can come up with some strategies of what I could say when I get in there, so he doesn't get mad at me.

Alan Roth: I mean...

Andy Lazris: See, this is where it's come down to. These guys are scaring patients.

Alan Roth: Well, the first thing in the strategy is don't tell him that Dr. Lazarus is my primary care...

Andy Lazris: Believe me, I told him that, and he said, well, he already knows. I said, you're a big freak in trouble. I did give him...

Andy Lazris: some ideas of how to be passive-aggressive with these guys. I said, you can't say no to them. I said, you have to have some reason. I said, but what... why is this... why is the doctor visit now this? That he has to be scared of a doctor who's going to bombastically tell him he must get a certain numerical, result, or, you know.

Alan Roth: gonna die!

Andy Lazris: Or he's... if it's 71, he's gonna die, my God, it's gotta be below 70. And by the way, this study I mentioned, this 2009 study, you know how many people were below 70 in this study? 2%.

Andy Lazris: So that means these guys want to medicate 98% of Americans to get their... this is the new cholesterol guidelines, to get their LDL below 70, and if it's 71, they're gonna have to go on this newest med, \$50,000 a year, that the drug rep is in their office every day. So yeah, they're scared.

Andy Lazris: One of the things I talked about in this documentary I was in was that when patients

Andy Lazris: go to the exam room, it's their visit. It's not the doctor's visit. But the doctor doesn't let you think that way. The specialty specialists tell you what you must do.

Andy Lazris: or you're going to die. It's usually... that's the discussion. There's no nuance, subtlety, there's no science. They got a computer that calculates your risk of dying before you leave, unless you... unless you do what they say. And these computers, of course, are broken by...

Andy Lazris: Drug company studies, just like we always talk about.

Alan Roth: Yeah, so, you know what, Andy, the moral is the story is, and we could get picked up by our medical boards as well, is that everybody should have a primary care doc.

Alan Roth: one that you trust, one that you're gonna listen to, one that's gonna share the data, and give you the pros and cons of what the specialist is gonna do. It's not about...

Alan Roth: And that was really interesting in that documentary as well. It wasn't about listening to what the doctor says. It's about a patient-centered, shared decision-making relationship.

Alan Roth: Where you talk back and forth, and you come to a conclusion of what's best for that individual, not what's best for the 350 million people in this country. What is best for the person in front of you

Alan Roth: And it's usually less, not more.

Andy Lazris: And, you know, the people in that documentary, I was the schmuck in the group, but, they're big academics. One of the guys was the head of Kaiser, you know, the former...

Andy Lazris: CEO of Kaiser, and we all had the same message, which is what you said, which is that unless we have a primary care system, we're in big trouble, because the specialists ultimately are going to twist the system to make money, and that's what they're interested in. And they all said it. Everyone in this documentary.

Alan Roth: They did.

Andy Lazris: And, and it's, it's, like, we know.

Andy Lazris: that we're going the wrong way with specialization, and we also know the power they have over us primary care. So you and I, yes, everyone needs a primary care physician, but we're becoming an extinct breed, and after, like, getting attacked for just putting our studies in a newsletter, and being... the board going after me, the board of medicine.

Andy Lazris: who's going into this field? It's just...

Andy Lazris: That's the sadness, is they're gonna win in the end, unless we really push back. And you and I push back. That's why we get in trouble all the time.

Alan Roth: Look, our own kids are becoming doctors, and, you know, they don't want to do what we're doing, because they see we get browbeated every frickin' day, and we're coming home late at night, and we're leaving earlier in the morning. Like, he's a student, and I'm still gone before him and come home after him, and it's like... it's gotten... it's just too much. It's not...

Andy Lazris: We're gonna keep fighting, right?

Alan Roth: We're gonna, we're gonna keep fighting.

Andy Lazris: Board... board be damned, regulators be damned, we're gonna... we're gonna do it.

Alan Roth: Right.

Andy Lazris: to make sense of the system.

Alan Roth: Alright.

Andy Lazris: By the way, our book, Return to Healing, really gives the data to support everything we say. It's not... this is not a dataless argument. This is where the evidence is, and it's.

Alan Roth: I agree. You know, I'm having, like, 5 or 6 patients every week bring in the book for me to sign, and they're all saying the same thing, like, I didn't realize this was such a messed up system, and how easy it is to fix if people just listen to us.

Andy Lazris: Oh, so easy to fix. And unfortunately, the cardiologist would send this to the board, but that'd be okay, because at some point, we'll be able to be on the board, I hope. That'll be wonderful.

Alan Roth: You're not rich enough for that.

Andy Lazris: We're not. We can't do it. We'd have to retire at first, but that's... at this rate, that's gonna be forever. Anyway, Alan, have a good rest of.

Alan Roth: You too.

Andy Lazris: Sunday, and we will always talk soon.

Alan Roth: Take care, everybody.