

Andy Lazris: Hi, it's Sunday morning, Alan and Andy here, talking about return to healing, and there's so many things we could talk about, Alan. We've been chatting about things like, which maybe we'll talk about next time, how we in primary care

Andy Lazris: get the brunt of everything. For instance, it's called value-based care, and if cardiologists do a bunch of stents on our patients, we're the ones who pay the price. It's kind of insane. But today we're going to talk about our favorite organization in America, because...

Andy Lazris: They sponsor more television than any other group. It's actually a competition, Alan, between them and the food industry, but we already talked about drug ads, but we're gonna talk about the industry itself, and how much the pharmaceutical industry has literally penetrated every tentacle

Andy Lazris: of, of the medical-industrial complex, and... and...

Andy Lazris: You know, when we wrote our book, it became clear that this had already started, by early 1900s, and in fact, the AMA, which is the group that

Andy Lazris: Pretty much drove the whole process of the industrialization of medicine was in cahoots with the drug companies from even the late 1800s, and it became their main source of revenue.

Andy Lazris: And it's interesting how most journals, even now, that we consider reputable, New England Journal, JAMA, are...

Andy Lazris: Are financed more by drug company ads than by subscriptions.

Alan Roth: Absolutely.

Alan Roth: Good morning, everyone, and, you know, I'm agreeing with Andy, as usual. Like, this is such a thorn in my side, you know, and...

Alan Roth: And, you know, we talk a lot in the book about the industrial medical complex. For anyone who's joining us for the first time, it's big pharma, it's the device makers, the big hospital systems.

Alan Roth: insurance companies, and unfortunately, many of both the medical colleges, like the American Academy of Family Physicians, and Geriatrics, and things like that, and the societies for the patients, like the Alzheimer's Association and the Diabetes Association.

Alan Roth: That's who runs medicine. Not doctors, not even really Congress. Congress has, like, the final say, but...

Alan Roth: In addition to the most TV ads, Big Pharma is also, by far and away, the biggest lobbyist in Washington. So they...

Alan Roth: they can't change things as the way it is, and people say, well, why would we never have a national healthcare system? It'd be so simple, one person to send a bill to.

Alan Roth: Well, because that won't make the lobby money go to... from the insurance companies anymore, because we won't need insurance companies the way it is currently organized, because we'd have one system and make it easy for everyone, and why should that be in our country?

Andy Lazris: And, you know, and, you know, obviously the pegs of the medical-industrial complex, which includes specialty medical societies and big pharma, they're both

Andy Lazris: pretty equal in terms of their lobbying power. It's interesting, we... you know, we talk about, like, the cardio... the American College of Cardiology as a... you know, the suit against... the complaint against me is I don't follow their guidelines. Well, they're a professional society. They lobby Congress.

Andy Lazris: to make sure cardiologists get paid a lot of money and don't get punished for doing too many things. We get punished for it. But the pharmaceuticals are right there, too, and a lot of the congresspeople talk about, oh, you know, we need to get a more stable, we have to have a drug plan, we have to do what Europe does and have restrictions on how much we're paying, but you notice they never do it. It's all talk. They're getting...

Andy Lazris: Tons of money, even... Our, our last president,

Andy Lazris: Joe Biden, who I like the guy, he's one of the highest,

Andy Lazris: takers of drug company money, and when he did his... I forget what it was called, like, Moonshot to Cancer.

Alan Roth: Yeah, that's...

Andy Lazris: It was basically a gift to the drug companies. Everyone said, oh, wow, he's gonna let us use drugs that haven't even been approved for cancer. Well, yeah, they don't want the drugs to be approved, because they... you live two days longer on a lot of these drugs, and so he made this moonshot to cancer, but it was just basically so these companies could sell their

Andy Lazris: Sometimes, Alan, \$50,000 a shot, drugs, and not have to determine if they actually work or not.

Alan Roth: Alright, so the crux of this started, because actually my wife sent me a little cartoon from the pharmaceutical industry, that's

Alan Roth: Andy told me is one of his sayings. So, you know, big pharma, a patient cured is a customer lost. And, you know, that's the truth, because if we cure you, we don't need their drugs.

Alan Roth: And nothing, almost nothing in medicine that's developed is meant to cure you. It's meant to treat you.

Alan Roth: and keep treating you, and then add another drug to treat you, or another procedure to treat you. And we see that time and time again. And there's a lot of theory out there. If you look, like, with cancer treatment, for example, if you look at the history of...

Alan Roth: cancer treatment in children, we have done an amazing job over the years, eliminating survival rates of almost 80% in most childhood cancers. And in adults, it's nothing like that. So.

Alan Roth: The conspiracy theory out there, and this is true, a conspiracy theory, you could go on the internet and look, my wife sends me some of this stuff as well, is you look out there, and like, they felt bad for the kids, so they decided, let's cure their cancers, and let's do a good job.

Alan Roth: And in adults, we can't do that, because we're screwed, because we're not going to make any money if we cure the adult cancers. So, we invest essentially nothing

Alan Roth: Very little amount of money in trying to do early detection when it's appropriate.

Alan Roth: And we do everything to treat unnecessary cancers. So, we have all these drugs for cancers that won't kill you, and that's a big business. We could talk about it from the dermatologic end, removing all kinds of crap from people that will never harm them.

Alan Roth: We could talk about it in every realm, but there is some validity to this, because there's no cancer-curing drugs out there. There's no Parkinson's-curing drugs out there. There's nothing for any kind of complex illness. It's all treatment modalities.

Alan Roth: It's interesting, we got this new technique in the hospital that potentially, if it's a renal artery problem, they could potentially cure hypertension, by doing some invasive procedures. And we know it's... it could be the case if we look at what is the true underlying causes and fix the mechanisms in some of this stuff.

Alan Roth: But that would be no good for Big Pharma at all. Can you imagine if we didn't have hypertension and obesity and diabetes? What would they do?

Andy Lazris: You have to be sick. It is true, and I think that's why we don't have any nutrition training in medical school, nor is there any emphasis on putting money into nutrition. We put \$50 billion into the GLP-1s.

Andy Lazris: Every year, but we don't put anything in nutrition. You know, insurance just doesn't pay for that, and that's part of the whole policy. And not only that, the guidelines, which we've talked about a lot, the new cholesterol guidelines, the new blood pressure guidelines.

Andy Lazris: are all about making you feel sick if you have a LDL cholesterol of 80, you have to go on drugs.

Andy Lazris: If you have a blood pressure of 130, you have to go on drugs. The guidelines are designed to put you on drugs, and the groups that design these guidelines,

Andy Lazris: in these cases, the American Heart Association are basically conduits for pharmaceutical money. You know, when we were researching for the book, I read so many things, Alan, that said, that although the drug ads...

Andy Lazris: are good, they're expensive. Bribing congressmen and women, that's good, but expensive, they said, but their biggest bang for the buck is sponsoring groups like the American Diabetes Association, and the American Heart Association, and Alzheimer's Association, and the CDC. All of them receive such copious drug company money, and they seem to be authoritative. In fact.

Andy Lazris: I know a doctor who got in trouble because they didn't follow American Diabetes Association guidelines. Well, those guidelines are designed

Andy Lazris: to sell drugs. There's no doubt there's so many articles written about this from investigative reporters that somehow don't make it,

Andy Lazris: on CNN, but... which also receives tremendous... and that's the other thing, Alan. They... these media outlets are basically surviving because they received drug company ads also.

Alan Roth: Absolutely. One hand washes the other, and we know that the guidelines are made by the experts.

Andy Lazris: Okay.

Alan Roth: Who are the experts? Not the people writing articles that say, don't do this or don't do that, it's the people that work for the pharmaceutical companies, that's how they get famous, and that's how they get picked to be on expert panels.

Alan Roth: and guidelines are not necessarily evidence-based. They'll pick the articles they want to use that end up giving more drugs, because that's what the pharmaceutical companies have. When the pharmaceutical companies come up with a study.

Alan Roth: That's not positive for them. That study gets buried somewhere and never goes to get published. Only thing that gets published is something that shows their drug is great. Period.

Andy Lazris: And there's something called a meta-analysis, and a lot of times when a big thing shows up on the New York Times, they say, a meta-analysis proved that this drug works. Meta-analysis is a compilation of a bunch of studies. Well, A, a lot of the studies are junk, what we call observational studies that the pharmaceutical companies like, because it shows correlation, i.e.

Andy Lazris: we've talked about this before, people who drive Subarus have fewer heart attacks than people who drive Ford F-150s, therefore driving a Subaru reduces your heart attack. They could link anything to whatever they want. Oh, people who take this drug, you know, have less this, this, this, and this.

Andy Lazris: But also, it does... these meta-analyses do not include the studies that were buried, that were... that were never published. And in fact,

Andy Lazris: I got in trouble for saying this too, but Tamiflu, which we use for influenza, and in fact, the CDC not only recommends it, but insists on it, as do public health departments in long-term care.

Andy Lazris: But Tamiflu was based on a CDC panel of people who are dealing with viruses. And when they looked at this panel, everyone on the panel

Andy Lazris: had been an executive or a high-level person in the drug companies that make Tamiflu. Still with stock options. And the money that was used to fund this panel was all from that company, too.

Alan Roth: Okay.

Andy Lazris: And the Cochrane analysis, which is a great group out of... in Europe that, doesn't accept any drug company money, and because Europe is not like us, they are, you know, most European countries have to watch how much they spend, because they do have single-payer systems.

Andy Lazris: They said, no, we want to look at the unpublished studies. So Cochrane got their hands on the unpublished studies, which showed that this drug does not work.

Andy Lazris: And not only doesn't it work, it harms older people.

Andy Lazris: And they said to the CDC, do you want to see this data? And the CDC said, no, we don't. We're good with what we have. And that level of complicity and deception goes across the entire industry, and yet people look at the CDC as this beacon of truth.

Andy Lazris: Where, in fact, most people who are running that organization have ties... strong ties to drug companies, and we could talk about the FDA, which is even worse.

Alan Roth: Yeah, and it's funny, like, when I talk to the residents about this stuff, whether it's Paxlovid, you know, for COVID, if it's Tamiflu for the flu, or any of these things, you know, it's... you talk to them, and when they're in...

Alan Roth: you know, they have the residents rotate one-on-one with me and my faculty practice, and, you know, we get a case of the flu, and they're, like, also gonna start a Montana flu? And I was like, why? Like, you know...

Alan Roth: And, like, it's urban legend to them, like, you know, you have the flu, you get Tamiflu. You have COVID, you get Paxlovid. They don't look at any of the negatives and anything there.

Alan Roth: And I think even in the, like, the one positive study for Tamiflu that I think got it approved, I think it said it made you better in, like, you know.

Andy Lazris: Like you said...

Alan Roth: Like, a couple of hours of time, and that was significant, significant statistically.

Andy Lazris: significant.

Alan Roth: Like, I got better 3 hours earlier, but how many people did it kill, and what was the side effects, and what was the cost, okay? And even the evidence, they use it all the time with that and prevention. Does your nursing home still put.

Andy Lazris: Oh, they didn't say they have to.

Andy Lazris: It's required.

Andy Lazris: Yes, and then...

Alan Roth: So, if somebody in the nursing home gets Tamiflu, everybody gets flu, everybody in the nursing home gets Tamiflu. So, bing ding, bing. It's like...

Andy Lazris: Yeah, this is how you sell drugs, and you create these protocols, so...

Andy Lazris: There's a great book, which we've talked about, called No More Tears, by, by a New York Times journalist.

Andy Lazris: I think his last name is Gardner, maybe that's his first name, Gardner Harris, I think. But he talks about just one company, Johnson & Johnson, and if anyone wants to really read about

Andy Lazris: the drug industry in its fullest. I mean, we've heard about the people who make OxyContin, and they're the bad people. Every single drug company plays by the same rules, which are no rules at all. And this book really points... you can see the guy getting more and more angry as he's writing, because he's... he, as a healthcare journalist, has been duped.

Andy Lazris: So many times, he says. He said he fell for all this, and he basically was an instrument of...

Andy Lazris: advertising drug companies in his, objective articles, but he said, which we know, the FDA

Andy Lazris: Drug approval process is 100% paid for by the drug companies.

Andy Lazris: And members of drug companies sit on the board that approve the drugs. This is how this dementia drug got approved, even after it failed the first time. But also, what he says, which Alan and I have talked about a lot, is not... the two places the drug companies say, and this is in our book, and we have it documented, just so you know.

Andy Lazris: The two places that drug companies say are their biggest bang for the buck are these patient-oriented organizations that we talked about, like American Diabetes Association.

Alan Roth: Absolutely.

Andy Lazris: and... Specialist doctors.

Andy Lazris: And they said, we don't even have to... all we have to do is tell the doctors, there's a new guideline, or this drug works, and it could be just right off the shelf, hardly any studies, and the doctors are gonna do it. And it's sad that the doctors, of all people... my friend and I were listening to a George Carlin joke yesterday.

Andy Lazris: routine yesterday, and you guys might not be old enough to know George Carlin, who are listening.

Andy Lazris: But he was just talking about how, you know, how doctors do this. The other great guy, this physicist, Richard Fryman, who was part of the...

Andy Lazris: Manhattan Project.

Andy Lazris: He writes all the time about doctors, and he says these are basically people who go to medical school to memorize things and become drones, non-thinking drones, so they could do the work of industry.

Andy Lazris: It shouldn't be that way, but it seems to be more and more.

Alan Roth: It's amazing, like, I've really studied the OxyContin thing, it's a great example. Another great example, if people haven't heard of the drug Vioxx.

Alan Roth: which was like a cousin of Celebrex that came out, which very quickly was shown to be really dangerous and was approved. But if you go back to OxyContin for a minute, you know, I personally know one of the people who was at the center of the scandal, who was... I'm not going to use names, because I...

Alan Roth: Who was literally one of the fathers of pain management, as well as hospice and palliative care, and I got to work with him in various palliative agencies. And, when the whole thing came out.

Alan Roth: all of a sudden, everyone started denying, but there was such a track of evidence, and it's not over yet. It's not over. I just read this week, that the marketing company that did the marketing for OxyCon

Alan Roth: They're going after them now, and looking at some of the ads that they literally showed them how to deceive the public, and they taught... they would teach the reps how to deceive the doctors.

Alan Roth: And one of the things with OxyContin that they did was they went to primary care docs as well. Like, not just the complex pain people, they went to primary care docs and said.

Alan Roth: OxyContin, which is Percocet for the people who know, Oxycodone, it's long-acting, and they sold it that this drug is safer and potentially not addicted.

Alan Roth: It is the same drug as Percocet, it's just long-acting, and in many cases, a lot more potent. It was a lot more addicting. You didn't need a study to show you that. That was common sense.

Alan Roth: And it took, like, 10 years and multiple deaths, or multiple hundreds of thousands of deaths, to show common sense is not important when it comes to the profits over the patients in pharmaceutical companies and our mega-industrial complex, which just continues to feed Congress.

Andy Lazris: And that, too, there have been... there have been movies about that. There's a great book about it,

Andy Lazris: And now I'm forgetting the.

Alan Roth: Yeah.

Andy Lazris: I guess I'm old, but...

Alan Roth: Me and Andy both have COVID brains, so...

Andy Lazris: We have COVID brains, and I never had COVID, so there you go. It just... it's living through it. The books, again, talked about

Andy Lazris: the marketing technique of this company, and this company's from the Sacklers, arthur Sackler, who's... we talk about in our book, was the father of this whole idea of

Andy Lazris: fooling people. He marketed Valium as the housewife drug, and that's how he got it to sell. You know, get your housewife will be... stop complaining if she just goes on Valium, and it became the top-selling drug. But,

Andy Lazris: Again, as Sackler said, our... we have a big sale industry, but our main sales industry are the doctors, because they'll do whatever we tell them. We give them a line, they're not going to question it, they're not going to say why, they're not going to dig into studies, they're just going to do what we say. Another book that just basically threw the doctors under the bus for doing this, and I always say, as much as... Alan, as much as I hate the drug companies.

Andy Lazris: They don't write any prescriptions. And so, I ultimately... it's our job, Alan, to be the barrier between them and our patients. We can't be the conduit through which they hurt people. We're the ones who are supposed to protect our patients, and I don't get it why the doctors aren't pushing back more.

Alan Roth: So, I get it. I have a little bit different perspective than you, Andy, being embedded in a residency. Number one.

Alan Roth: you know, from years back, it was clear what happened. From years back, doctors are busy.

Alan Roth: Family doctors would see such a high volume of patients to make a living, even in the 90s, a long time ago, okay, before the gatekeepers and all of that in healthcare. And, you know, they'd have to see, like, 50 patients a day.

Alan Roth: To make a living.

Alan Roth: And when you're seeing 50 patients, even if you're quick, you don't have a lot of time to read what's out there.

Alan Roth: And people were conned into that the drug reps are good people.

Alan Roth: And they're there not to sell you drugs, they're there to educate you. And people bought into it.

Alan Roth: And it's easy to buy into it when they're giving you, you know, a coffee mug, and a pen, and a nice dinner, or a golf outing, or a trip. I mean, they spent hundreds of millions of dollars whining and dining people.

Alan Roth: And early in my career, I must admit, I bought into some of it for a while, and I went to drug company dinners and listened, and, you know, said, oh, okay, this sounds good, and

Alan Roth: Then I became a speaker for a while for some of these drug company dinners, and I went, and I made some money. And when I look back, it's like, you know, essentially prostituting yourself, because...

Alan Roth: They sold it to me, and I sold it to other people.

Alan Roth: at the time. I quickly found out that it was... young people don't see that it's total BS.

Alan Roth: what are they reading? They got their phones out, they're reading the guidelines that are made by the pharmaceutical companies as disguised drug ads, and they don't see it. They see, like, the Gold Society for COPD and the Diabetes Society as...

Alan Roth: upward, wonderful organizations that would never mess with right and wrong, or profits over patients. They truly believe that, and they go on their phone and say, oh, this person comes in with that. I need to start them today on an antihypertensive. I need to start them on a statin, I need to start them on metformin, and a GLP, and this. And people walk out of the office with 5 prescriptions. I said.

Alan Roth: I would never start more than one prescription on a patient

Alan Roth: at a time, unless they're dying, because how the heck do you know what side effect it's coming from? Because any drug could cause anything. And they don't get the common

sense of medicine, because they're just pushed through the system, they don't think, they just read, like, their godly journal.

Alan Roth: is up to date.

Alan Roth: Up to date.

Alan Roth: It's a proprietary handheld little app that you put in a problem and it gives you the answer, and it's also made by the experts who are paid to write up to date.

Alan Roth: Period.

Andy Lazris: And yeah, pretty much every little medical app you could find has drug ads on it, which is interesting. But, yeah, I mean, that's a big point, Alan, is that the experts, in my area, they're mostly from Hopkins, because I'm in Baltimore.

Andy Lazris: They are doing research for drug companies. Every one of them is. Every expert is

Andy Lazris: And you, you could, you could look... Alan, you gave me a site to look at on ProPublica. You could, you could... and we should probably put that, we'll, we'll link.

Alan Roth: We should do a public thing.

Andy Lazris: You, Alan, and I, will be zero, because we... you know, I don't even.

Alan Roth: No, no, I'm not. I'm \$7. Seriously.

Andy Lazris: 7.

Alan Roth: \$7 on ProPublica.

Andy Lazris: Oh, man.

Alan Roth: We linked it back one day, and I was asking the staff, like, around the time we saw it, did anybody take anything? And they said, well, one day someone was in from one of the companies, and they left a box of munchkins.

Alan Roth: To try and get in to see me, and, you know, when I said I wouldn't see him, they left the munchkins and said, hey, take it for him.

Andy Lazris: Then they attributed it to you, huh?

Alan Roth: Exactly.

Andy Lazris: And munchkins, which makes the point that they do also try to poison you with food, but,

Andy Lazris: Here's the trick, though, Alan, that I learned.

Andy Lazris: this guy from Hopkins, who wrote the new cholesterol guidelines, he doesn't get money from drug companies. The drug companies pay for all his studies. They pay Hopkins. Hopkins pays him. Therefore, he won't be on that list. And he could plausibly deny that he receives drug companies.

Alan Roth: None of the studies are on the list. The list is purely, you know, speaking engagements and handouts and things like that. It has nothing to do with the studies, and the studies are trillions of dollars.

Andy Lazris: And this is... the drug companies are smarter than we are.

Alan Roth: Oh, yeah.

Andy Lazris: And they know how to evade every possible detection, and that's why their tentacles are so wide, why they hit so many different areas. So it looks like, you know, I had someone yelling at me about my views on something, I don't know, this is every day, but they said, well, you know, the doctors on CNN agreed, and this guy from Hopkins agreed, and there's an article in New York Times agreed, and Senator Sanders agreed, and you're the only one who disagrees.

Andy Lazris: And I'm like, yeah, the drug companies have spread their... Was that one.

Alan Roth: their tentacles are everywhere. They are in our government through Congress, they're in our government through the FDA and the CDC, and they're in the diabetes associations and the cardiology associations, and every association, and they come to hospitals and market their stuff there.

Alan Roth: And I'm not as much sure as in the insurance companies, but yeah, they negotiate with the insurance companies too, because we know that healthcare executives, the CEOs of

these insurance companies, they could only take a certain percentage of the income that comes in there. So the higher the premiums, and the more they spend.

Alan Roth: The more their executives make as well.

Andy Lazris: Yeah, that... which is... which is something else we should talk about, the fact that the executive pay is based on how much these insurance companies actually pay. They'll actually look for expensive stuff, but will not want to spend any money on the cheap stuff, which is you and I, Alan. Stop it!

Alan Roth: There's no money in primary care. You know, we've talked about this a lot. There's really been, you know, we talked about early the major advances in healthcare, which had nothing to do with healthcare, like water and sanitation and things like that, we know, and maybe the first antibiotics developed saved a lot of people, but it was all about sanitation and water, which changed our lives and longevity.

Alan Roth: But it's the same thing that would change our lives now, that no one wants to talk about. The only intervention in population health that's really been shown to be effective since that era is primary care, the things that me and Andy do.

Alan Roth: And the interventions in primary care that have shown, by far and away to be the most effective is lifestyle medicine. We know for a fact, and this has been well studied.

Alan Roth: That what physicians do, what healthcare providers do, only affects 10, maybe at most, 20% of someone's longevity.

Alan Roth: It's your genetics, it's what you do with those genetics, it's eating healthy, it's exercising, it's wearing a bicycle helmet, and driving a Subaru and not a pickup truck, like, you know, we know all that.

Alan Roth: Because... so Andy's right, you know, for the people who don't understand that analogy, people who drive pickup trucks smoke more and drink more alcohol. That's just a fact. And people who drive Subarus are safer people. Therefore, they're gonna live longer. That is a fact. So it must be the Subaru.

Andy Lazris: You drive the Subaru, you smoke in a Subaru, you're still protected, right? That's exactly it, but that's correlation studies. Yeah, and a primary care-based system actually costs much less and has better efficacy, but

Andy Lazris: less drugs prescribed, less procedures done. So, nobody wants a primary care-based system who is making money on the fact that we are medicalizing everything. So, we could talk about solutions maybe next time,

Andy Lazris: The biggest solution, though, Alan, is get them the heck out of every

Andy Lazris: place they are, you know, they have to get off the TVs, they have to stop, all... they cannot have any contribution to research anymore, they have to be out of the FDA and the CDC, and they can't go to doctors' offices. Or give ads

Andy Lazris: to, academic journals, because how could you possibly... it'd be like...

Alan Roth: The only ads in academic journals is from pharma.

Andy Lazris: Right.

Alan Roth: And there's this one AI thing I use a little bit called Open Evidence. I've talked about this with Andy, he doesn't like it that much, but it's very good for a simple question. Like, you know, I wanted to see the other day, I had a new patient with H. pylori infection, and...

Alan Roth: H. pylori treatment, controversial as well, is really nasty. You gotta take, like, 4 drugs, 4 times a day, for 2 weeks, and everybody gets sick from it, and very few people could finish the course.

Alan Roth: So I hadn't read about it in a while, so I was quick, it was at point of care, and I said, any updates on the treatment of H. pylori? And it was the same crap, you know, 18 drugs a day, literally for 2 weeks, and lots of sickness, and lots of diarrhea. But to get to that.

Alan Roth: I had to bypass an ad, so even on something like that, it's total ads.

Andy Lazris: Yep, and that's honestly what we have to get rid of. It's... it's very simple to do.

Alan Roth: Even the apps that advertise to physicians, like educational stuff they call, like, Medscape, and all of these things, and KevinMD, all these things, you go in there, there's ads on every single frickin' thing.

Andy Lazris: Even when you go to conferences, they remind you to go to the industry. Go visit the industry booths, which are all drug companies.

Alan Roth: They're keeping the costs of these conferences down.

Andy Lazris: Which they do, and they keep the costs of things down for convenience. You know, that's, by the way, a tiny part of their budget, and it's so easy for them to do, and all the doctors, oh, thank you, thank you, thank you.

Andy Lazris: So we... so that's... the solution's pretty easy, but, you know, when Congress is bribed, and when so many people are making money from all this, it's really difficult, and at this point, the public seems to be well deceived about what's actually going on, so it's very difficult.

Alan Roth: I mean, the answer to the biggest part of the pharmaceutical problem... well, there's not one answer, because like we said, they're in every... we need to separate them from government, we need to separate them from hospital systems. They should not be allowed to have marketing representatives. It makes no sense. You shouldn't market to physicians, okay?

Alan Roth: They should be able to have, maybe, educational specialists or something that could bring doctors the articles that were published to get the data out, so maybe they would read it or something like that.

Alan Roth: Samples in office are just a no-no, okay? They're just a no-no. It entices a doctor to start something, whether they think they're biased or not, okay?

Alan Roth: So, so if the GLP's out there, if the Ozempic rep comes to your office and brings you Ozempic every week.

Alan Roth: and the ZepBound rep comes to your office and doesn't give you samples every week, what one are you going to prescribe more? Even though you know ZepBound is a more potent drug, you're going to prescribe the Ozempic, because they're coming to visit you every week, and they're leaving you samples to start your patients.

Alan Roth: It should be totally removed. There should be no drug reps and doctors. I have none in my office, so...

Andy Lazris: Yeah, I have none in my office either, and that's very rare. The specialists in my town, a lot of them have a lot. It's ironic, but...

Alan Roth: lunch, you know?

Andy Lazris: They need lunch, and we bring a sandwich from home, but that's primary care for you. That's all we... that's all we got. Okay, Alan, well, you have a good rest of the Sunday.

Alan Roth: Andy. We'll see you next week, everybody. Don't forget to return to healing. Everything we're talking about is in the book.

Andy Lazris: And document it. Yeah.