What Can Forced Vaccination Teach Us About Medical Ethics?

Analysis by A Midwestern Doctor | April 11, 2023

STORY AT-A-GLANCE

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- I recently learned about a lawsuit filed in Washington DC. The lawsuit alleges that a physician forcefully vaccinated two children against their consent and deliberately concealed doing so from their mother
- If you review the events detailed in the lawsuit, it should be clear that the ethical constructs that occurred, greatly differ from what almost any doctor believes should be followed

One of the greatest challenges I have faced throughout my medical career is having watched physicians on so many occasions push dangerous and unnecessary treatments on patients, assuring them that they are safe.

Some of these treatments inevitably injure those patients. When this happens, if the patient asks about causation, the doctor will tend to insist that the injury had nothing to do with the doctor's therapy and instead attribute it to some other cause like pre-existing anxiety.

This dynamic is commonly referred to as medical gaslighting (summarized here), and one the most perplexing things about it is that the majority of doctors who gaslight their

patients are very intelligent individuals who sincerely want the best for their patients. Since this profound contradiction is so systemic throughout the medical field, I believe that the problem transcends the individual doctor, and the root causes need to be examined to understand why it happens.

For example, I believe a major issue is that physicians go through a **medical training process which does provide trainees with the capacity to be able to recognize most medical injuries**.

Medical Education and Medical Ethics

Medical education is currently structured in such a way that medical schools are largely judged by their ability to prepare students to get good scores on board exams. As a result, pre-clinical curriculums are geared towards maximizing board-relevant content, of which there is a lot — leading to the first two years of medical school commonly being analogized to the student drinking from a fire hose.

This, in turn, prevents a significant amount of material (which many believe is important for becoming a competent physician) from making it into the pre-clinical curriculum (which is a problem since the structured component of one's medical education largely disappears after the pre-clinical years conclude).

One of the largely neglected subjects in our medical training is medical ethics. Presently, medical school accreditation bodies require this subject to somehow be taught in the curriculum, and the medical board exams provide a few questions testing the subject. This results in the medical ethics education typically consisting of a few lectures that are largely geared towards learning the concepts tested on boards.

Board examinations, in turn, require one to understand the four principles of medical ethics (do no harm, conduct actions that benefit the patient, respect the patient's autonomy, ensure limited medical resources are fairly distributed), and then answer logical questions pertaining to given situations. This process results in medical ethics

being something that doctors can logically understand, but rarely appreciate the full implications of.

Because of this inadequate foundation, you will frequently see physicians follow practices that blatantly contradict these principles (e.g., you cannot reconcile vaccine mandates with respecting patient autonomy). Similarly, you will often observe them entertaining ethical principles that diametrically contradict each other.

For example, the same people who believe a woman has the absolute right to abort her child often simultaneously believe that a woman does not have the right to refuse to vaccinate her child. They justify this view by the belief that failing to vaccinate "endangers" the child's life, and therefore the government has the right to override the parent and forcefully vaccinate the child.

Regardless of how you view it, it is very difficult to create a logical or ethical framework that can reconcile these contradictory stances.

Since the subject of ethics and morality is glossed over in medical education, it leaves practicing physicians highly susceptible to making unethical decisions once they are under pressure. This is important because oftentimes the only thing that prevents someone from making the "wrong" decision in a difficult situation is a strong and pre-existing ethical framework.

All of this has led me to conclude that presently, the unifying principle in medical ethics is that whatever results in a billable procedure (something the medical system can make money from) is the "ethical" choice.

To use the previous example, performing abortions and vaccinating patients both create revenue, so there is a consistent "ethical" principle between them (a more detailed discussion of the current state of medical ethics and its contradictions can be found here). Fundamentally, "ethics" can represent two very different concepts:

1. How do you find a way to rationalize getting what you want?
2. How do you do the right thing when it is unclear what that is?

I believe the major problem we face now with medical ethics is that it is taught at a superficial level which focuses on how to logically answer a few test questions rather than on one that teaches physicians how to fully appreciate the consequences (including the spiritual ones) of their unethical behavior towards patients. This educational focus is a huge issue because it inevitably encourages students to adopt an ethical framework shaped by the first concept rather than the second.

If, for example, you consider what occurs throughout the medical gaslighting process, it should be clear that it violates the basic tenets of medical ethics, yet this issue rarely occurs to the gaslighting physician. I believe that this is largely a product of the doctor's failure to comprehend what the gaslighted patient is experiencing, but unfortunately, this type of empathy is not integrated into the process of teaching medical ethics.

Note: I often see medical students who have been gaslighted by doctors they saw for medical care. Since the COVID-19 vaccines came out, this has become much more common, and I have been astounded to discover how many physician colleagues (some of whom I've known for years) are in a similar boat.

When helping the medical students address their issue, I try to emphasize to them that their unpleasant experience is shared with many patients, and that it is critical for them not to perpetuate the cycle when they enter clinical practice. This has proven to be a remarkably quick and effective way to teach medical ethics, and I share this to highlight that this subject is quite feasible to teach in medical schools if the political will to do so existed.

Pushing Pills

Frequently when I review a pharmaceutical injury, I hear a very similar story from the patient. They did not want to take the pharmaceutical, but since the doctor pressured them to do so, they caved in to the doctor's authority, and afterwards they deeply regretted not listening to their intuition.

Throughout my life, I've noticed that doctors tend to develop a deep psychological irritation if a patient refuses to use a pharmaceutical which the doctor believes is in the patient's best interest (which nags at them to the point it often seems as though they stay up at night thinking about patients who declined their therapy).

I've always thought this was strange; if I told someone to do something I believed was for their own good but they declined, I'd tell them they were an adult who could live with the consequences of their decision, leave it at that, and move on with my life.

I now believe that this reflexive response to patient "non-compliance" is a foundational component of the medical gaslighting phenomena — if prescribing pharmaceuticals were not so tied to a doctor's identity, they would be far less likely to deny that injuries occurred from the pharmaceuticals they pressed on their patients.

At the same time, once a doctor's identity becomes so tied to prescribing drugs and vaccines to patients, he/she becomes much more susceptible to rationalizing why it is ethical to manipulate their patient into taking the doctor's pharmaceutical.

Consider, for example, how frequently we see studies published in premier medical journals that test out various types of persuasion to overcome vaccine hesitancy. For example, a recent peer-reviewed study was conducted by Yale researchers on 4,361 subjects to determine which statement — many of which were lies — was the most effective in overcoming COVID-19 vaccine hesitancy.

Similarly, the pharmaceutical industry spends a lot of money testing out messages to see which ones are the most effective to sell their product, which physicians then adopt without giving them a second thought. Pfizer, a very sales-oriented company, is well-known for this practice, and one ex-sales representative gave the most direct account I have seen in his book Hard Sell (his account and that of other Pfizer Whistleblowers were summarized here).

Note: For those wishing to understand more about the underlying psychology that motivates doctors to compel patients to take pharmaceuticals, the explanation I worked with many colleagues to put together can be found here.

Modern Public Health

I believe a primary cause of illness in America is our poor public health policies. For instance, our nation relies upon a predominantly processed food supply, we use bromine to oxidize flour, and we add a variety of harmful chemicals to the water supply.

Unfortunately, most of these issues are unlikely to be fixed because commercial lobbies perpetuate them, even though their total cost to the USA (due to the costly health problems they create) greatly exceeds the money that is made from continuing these terrible policies.

In earlier eras, acute infectious diseases were one of the primary causes of death. The public health profession, in turn, has been able to greatly improve the health of the world by using the principles of epidemiology and improved public sanitation to conquer these plagues.

Note: Vaccinations are commonly attributed to this decline, but the data does not support this alleged causation because the declines began long before vaccines were introduced for the diseases, and many diseases which vaccines were never developed for also declined in tandem with those that did have vaccines.

Since fatal contagious diseases have mostly been addressed by the public health profession, its focus has shifted to more chronic issues, which for the most part, the public health system has been unable to address. Instead, its focus has revolved around vaccinating as many people as possible (along with a few other harmful practices like fluorinating the population).

This is quite ironic because these policies often cause many of the chronic illnesses public health is always seeking to address.

Because of this, I have found that individuals in the field of Public Health (e.g., doctors who also have Master's degrees in Public Health [MPH]) tend to be the most close-minded regarding vaccine safety concerns. Similarly, I have noticed that many of the most vocal proponents for vaccine mandates (e.g., Richard Pan, the architect of

California's terrible vaccine mandates) tend to be M.D.s who obtained a MPH from Harvard.

Before we go any further, I would like to request that you watch this interview with an MD, MPH, FAAP (Fellow of the American Academy of Pediatricians) who has served in a variety of leadership roles both at Georgetown School of Medicine and at its Hospital:

When you watch this video, it certainly seems like Dr. Rethy is attempting to do a really good thing. However, if you consider the context of this article thus far, two possibilities should jump out at you:

- Some of the flowery language she provided might need to be disregarded, as like many other things in the medical field, this language may have ultimately been crafted by marketing teams to persuade the public and have no actual bearing on reality.
- The primary focus of this service is to vaccinate children who have not been vaccinated, and the other things that sounded so wonderful in her presentation are simply an afterthought.

McNeil Vs. Rethy

I recently learned about a lawsuit filed in Washington DC earlier this month against the physician in the above video. The lawsuit alleges that at her mobile clinic, she forcefully vaccinated two children against their consent and deliberately concealed doing so from their mother.

This is a pretty serious allegation, but I believe the alleged events (or at least something similar to them) occurred for the following reasons:

- Children's Health Defense (CHD) reported on the lawsuit and is helping to fund the lawsuit. CHD has limited resources and will only fund lawsuits they believe they can win (thanks to CHD, numerous legal rulings have been made which have served a critical role in protecting the public from the predatory vaccine industry).
- The plaintiffs are suing the doctor in the manner I would recommend if I were in their shoes (they are not taking the medical malpractice route).
- The children were provided with vaccination cards attesting that the immunizations occurred.
- There was a longstanding opposition to vaccination within the family and the children were "behind" on other vaccines they would have been pushed to get at their previous annual visits.

I would now like to review the events the lawsuit **alleged** happened as, if true, I believe they provide an excellent window into the serious deficiencies in our current approach to teaching medical ethics.

The mother had two children, a 14-year-old daughter, and a 16-year-old son whom she took to Rethy's mobile clinic on September 2, 2022, for their annual check-up and

routine physical examination required for the school year. Their appointments were scheduled at 1:00 and 1:30 p.m., and the mother was instructed to wait outside the vehicle while the appointment occurred:

Immediately after the first appointment began, the mother called her daughter's cell phone and asked to speak with the doctor (Rethy) to whom she explained that she was right outside and available to answer any questions and to provide any information as needed at any point during her children's appointments.

Dr. Rethy did not solicit any information from the mother, and at no point during the visit discussed vaccination or requested consent for any procedure that might be performed.

Once the appointment began, in the daughter's words, the medical provider "came at me with a needle." When the daughter asked Dr. Rethy what was in the injection, she was told it was a COVID-19 vaccine, which the daughter refused numerous times stating she did not want to receive the injection. Nonetheless, Dr. Rethy injected the needle, and in addition to the COVID-19 vaccine, Dr. Rethy also administered the meningococcal vaccine.

When the mother later asked her daughter why she allowed the doctor to administer the shot, the daughter stated:

> *"When she had the needle in her hand and she was coming towards me, I backed up [within a very small room] and I asked her what is that needle, and she said it was the COVID shot and I … told her I didn't want it and she said, "Well it is mandatory, you have to get it in order to go to school.""*

Like his sister, the brother had refused in numerous previous instances to be vaccinated (and had made his feelings on the subject very clear to his mother). Like his sister, he was also told by Dr. Rethy that the vaccine was required to attend school, and in addition, also received the TDaP and meningococcal vaccines. According to his mother:

> *""He's 14* and he said they didn't even ask him if he wanted it or not, but when they gave it to him, he said he thought he had to get it because his sister got it."*
> **I believe this was meant to say 16."*

Following the appointment, Dr. Rethy told the mother that she had developed a treatment plan for her son's asthma and would call in a prescription. At no point in time did Dr. Rethy or her staff inform the mother about the vaccinations or provide information about what to do if an adverse reaction occurred.

The mother did not find out about the events until the drive home, where the daughter complained that her arm hurt "pretty bad." When the mother asked her why it hurt, her daughter said she was given the COVID-19 shot, even though she told the doctor she didn't want it. Once they arrived home, the mother called the clinic to ask why this was done, and was told it was because the vaccines were required for the children's school.

In reality, there was no school mandate (in fact, the form Dr. Rethy filled out for the children stated it was recommended rather than mandatory). Additionally, a proposed law that would have allowed minors to consent to vaccination, thanks to CHD, had been blocked by an injunction six months beforehand. This meant that Dr. Rethy both lied to the children and could not have legally vaccinated the children (assuming you determined the above events counted as "consent").

Note: This illustrates why laws (like the one in California for the HPV vaccine) that allow minors to consent to vaccination without their parent's permission are so problematic. They are packaged as some type of personal empowerment, but in reality are just used to force children to vaccinate (as once away from their parents, they can be put into similar situations where they cannot say no).

To win a medical malpractice case, you need to prove that:

- The doctor violated the existing standard of care (e.g., they botched a surgery).
- That you experienced a significant complication after the event.
- That the physician's failure to follow the standard of care was what caused your injury to occur.

The problem with this legal framework is that if the medical injury occurs from something which is considered to be a standard of care (e.g. a routine vaccination), the criteria for a malpractice lawsuit, for the most part, cannot be met. I cannot prove this, but I have suspected this framework was put into place so that physicians would be incentivized to not utilize “unapproved” therapies (as being unorthodox constitutes a violation of the “standard of care”).

Similarly, it is very difficult prove within our current court system that a COVID-19 vaccine (or any other vaccine) was the cause of a patient’s medical complication.

So sadly, while I believe the alleged events constitute what I personally consider to be medical malpractice, it would be extremely unlikely a court would agree with that assessment. Instead, Dr. Rethy is being sued for the following:

- Battery (as she vaccinated the children without their consent).
- False Imprisonment (as they were kept from their mother, were pressured by an authority figure to comply, and due to the size of the mobile treatment room, the daughter could not back away from Dr. Rethy when Dr. Rethy came at her with the hypodermic needle).
- Fraud (as Dr. Rethy lied about the vaccine being required for school).

What I find the most interesting about this lawsuit, is how many times we are told in our medical training not to do anything to our patients they do not consent to, as that constitutes battery, something you can be criminally charged for.

What Motivates This Behavior?

If you review the events detailed in the lawsuit, it should be clear that the ethical constructs Dr. Rethy followed greatly differ from what almost any of us believe doctors should follow. This is particularly concerning given that Dr. Rethy, as a professor of pediatrics, is responsible for training the next generation of doctors on how to appropriately interact with children (and I am almost certain that she has previously lectured her students on the importance of not committing battery).

When I look at outrageous cases like this one, my first question is often "What on earth was going through the perpetrator's head when they did this?" The plaintiff provided an answer by citing a previous statement Dr. Rethy had made to the press about the mobile clinic shortly before the incident:

> *"Our goal is to increase vaccination rates in children here in D.C. ... For more than 30 years our role has been to be in the community to help address the problem of health disparities, bringing families care where they are. For this particular effort we are glad to be partnering with DC Health to provide both regular childhood vaccines and COVID-19 vaccines to all children."*

This bias is also corroborated by Dr. Rethy's adamant support of the vaccine narrative in the above interview. Assuming Dr. Rethy is not just evil (to her credit she did at least appear well-intentioned in the interview), the only other explanation is that Dr. Rethy genuinely believed she was doing the right thing.

On the surface, this seems inexplicable, but when people (especially pediatricians and doctors with an MPH) get pulled into the vaccine narrative, their conception of reality becomes completely distorted. In this tiny little box, vaccinating becomes the most

pressing (and often the only) thing they can do for the world — to the point the net benefit it creates justifies fully violating a patient's autonomy.

To further appreciate this mindset, we should also keep in mind that at the time these events happened, it was well-known within the conventional scientific literature that:

- Both of the children Dr. Rethy forced to vaccinate had a 0% risk of dying from COVID-19.
- The COVID-19 vaccine did not prevent transmission and therefore did not provide a communal benefit.
- Significant side effects could occur from the vaccine.

In short, there was no justifiable reason to give those vaccines — even the school mandate was gone. Yet, the power that the collective faith in vaccination holds over the medical community is so strong that the facts of the situation simply don't matter.

Furthermore, as we have seen during COVID-19, that faith kicked into overdrive. It reached the point that many public health professionals supported mandating them as a basic condition of living in society (e.g., to go to work) and nothing, even the high rate of injuries, deaths, and failure of the vaccines to prevent the transmission of COVID-19 could shake that faith.

Note: the best explanations I have come up with to explain the psychology behind this incomprehensible behavior can be found within the previously mentioned article on why doctors compulsively push pharmaceuticals on their patients and an interview between Mattias Desmet and Tucker Carlson about the collective psychological changes seen throughout the pandemic by those who fanatically adhered to the narrative.

Conclusion

Dysfunctional (but tightly held) ideologies have existed throughout the history of the medical profession. Sadly, many of these, despite having strong evidence against them, have taken decades to overturn, while others persist to the present day.

When I was younger, I commonly heard people say “[someone] was on the wrong side of history.” The events of COVID-19 have helped many of us to fully grasp just what this means — large segments of the population ardently adopted a harmful and completely unjustifiable narrative, that due to collective societal hypnosis, no degree of fact or reason could bring them to reconsider.

Within this paradigm, one can begin to comprehend why doctors like Dr. Rethy could feel it was appropriate to violate the foundational principles of medical ethics as she forced the vaccines upon those children and then tried to conceal what she did from their parent.

When a powerful mass hypnosis exists, it often requires a strong outside force to end it (e.g., Nazism only ended because it was defeated by a World War). In our more peaceful society, that force is the legal system, and when lawsuits are successful, they often set precedents that make others reluctant to conduct the same behavior:

> *“According to McNeil [the mother], she is suing because “I just feel like people shouldn’t be able to do whatever they want to do to other people and especially not to children.” As a mother, you just “took all my rights away from me to do what you wanted to do to my kids.””*

Now that the work we all have done over the last few years is beginning to reach the public (which can no longer ignore the widespread harms of the vaccines), the collective hypnosis protecting the vaccines is beginning to break, and those who pushed their narrative will likely end up on the wrong side of history.

Lawsuits like McNeil’s stand a good chance of creating lasting precedents which can prevent these types of abuses in the future, and as the COVID litigation conference last weekend showed, the door to many more is being opened.

Doctors spend a fairly brief amount of time with many different patients, and in each instance they have to get a lot done (e.g., checking all the boxes that insurance companies and their clinics require — some of which exist due to precedents set by previous lawsuits). This rapid but limited interaction often makes it challenging to

develop a real doctor-patient relationship and recognize just how much each of their actions can affect their patients.

It is my sincere hope that these lawsuits and the public's loss of trust in the medical field will put the necessary pressure on the medical schools (and post-graduate training programs) to make medical ethics become an integrated part of the entire medical curriculum.

Medical ethics needs to be a subject that allows the physician to directly empathize with the ethical consequences of their decision for each patient, other than it just being a brief lecture on a few concepts to be learned for a test.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out **The Forgotten Side of Medicine** on Substack.