

I have practiced family medicine which includes neonatal care to nursing home care for 34 years. I have treated out patients and inpatients, including ICU, as well as sideline care for athletes. I have prided myself on the excellent training I received in both medical school and residency. I can state however that most of what I know and practice now I learned from my patients on the job. My treatment encompasses the breadth of standard evidence based medicine as well as the inductive front line treatment which is valuable when there is no template for care.

In all these years one of the most important bedside components is hope and encouragement. It can literally be the difference between life and death. Unfortunately our health care system in the past two years has become unrecognizable to me. For reasons unclear to me we have removed hope from our treatment when it comes to COVID 19. We have criticized and impugned the reputation of all intellectually curious front line doctors by removing or eliminating from discussion truly effective treatments of this disease and its complications.

The most egregious of these dictates is the separation of critically ill and dying patients from their loved ones. This abominable policy has further endangered the lives of these patients while protecting no one. I would like to share with you just a few of the many catastrophic situations I have encountered

Mary was an 88 year old recently widowed nursing home resident during the first six months of the pandemic. In fact at the time the virus was not even epidemic in our county. She was a victim of the draconian lock down which allowed for no visitation of family members. Unable see in person or touch her loved ones she proclaimed to me that life was no longer worth living for her. She became depressed and stopped eating or drinking enough to sustain her. When visitation was finally allowed she had deteriorated to a state of decline which, in spite of our best efforts to her death, a broken woman who had prior to that been full of zest for living for her family.

Cindy is a 60 year old woman whose father committed suicide when she was a young girl. Her mother contracted COVID in December of 2020. Unfortunately her condition deteriorated rapidly and she was sent to Toledo for tertiary care. Our local hospital at that time was not allowed to manage these patients. She died ten days later. Cindy was never allowed to visit her mother. She was unable to say good bye to her mother.

Barbara is 89 years old and along with her husband of 70 years contracted COVID pneumonia. She recovered with some difficulty but her husband was hospitalized for several weeks. Despite the fact she had recovered and thus had immunity she was prevented from visiting her dying husband to offer encouragement and hope. She is now a broken woman.

I addressed my concerns with our hospital administration as to whom are we protecting. The hospital staff have been able for many years to provide care for contagious patients protecting both themselves and other patients and visitors. We have for years treated highly contagious individuals with measles, influenza and tuberculosis to name a few. Families who have been primary care givers at home have certainly been exposed in the patients most infectious period and most patients in ICU are past their contagious period and are dying from the inflammatory condition caused by the virus and the immune

reaction. We have adjusted our policies very little since the onset of the pandemic in spite of the information we have accumulated.

For most of my medical career I have desired little of the legislature and in fact wished only to be allowed to practice medicine with freedom to treat patients to the best of my ability within the guidelines of the law and my ethics. I am truly not familiar with our present system and its harmful regulations. I believe HB324 begins to clear some of these restrictions and allow for us to resume in part delivery of compassionate care with hope.