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Praise the Lord and Pass the Ivermectin

By Dodd Sims, M.D.

I am saddened by the recent death of televangelist Marcus Lamb. He died in November of complications of COVID-19 at age 64. By all accounts, he was a man of great faith. And he shared that faith with innumerable Christians by way of his media empire.

But I am also disheartened to learn the role that his media empire played in giving credence to disproven treatments for COVID-19 infections and in promoting unfounded skepticism about the safety and effectiveness of vaccines.

I am equally disturbed by a recent report in the *New England Journal of Medicine* detailing the meteoric rise in prescriptions for one of those ineffective drugs, Ivermectin. And it's not only the prescriptions coming from licensed physicians; sales of the veterinary forms of the drug, designed to kill parasites in animals, have surged. Sales of the over-the-counter Ivermectin cream, normally used for head lice, have shown a marked increase, too.

At the same time, we've seen a spike in calls to poison control centers inquiring about treatment for Ivermectin overdose. And with that, we see reports of Ivermectin overdose admissions to hospitals, some requiring stays in intensive care units (ICU), already overloaded in parts of the country.

But I am most upset by a patient I saw a few weeks ago in the clinic where I work as a primary care physician. An immigrant from Central America, her husband spent several weeks in an ICU last year with COVID-19. Despite her husband's near-death experience, she continues to decline the vaccine. Every time I mention it, her eyes roll towards Heaven, and she just smiles and shakes her head.

As a devoted Christian and a doctor, I have to deal with the conflict of honoring and respecting people's values, faith, and beliefs even when I disagree with those values.

By now, hundreds of my patients have been infected with COVID-19. Dozens have died. I'm not sure of the number. Many of them are immigrants, some without papers. When they die in the hospital, the doctor on duty signs the death certificate. Unless they have relatives in the area who know that their loved one had a primary care doctor who knew them and cared for them, no one calls. I don't find out about their deaths.

But I can say that most of those deaths I do hear about are in patients who have refused the vaccine. It's just so frustrating when patients decline my advice. They offer many reasons, but sometimes it's an issue of their faith.

Now, I'm used to controversies in science and medicine. And I know that there are laws against quackery and malpractice suits to curtail egregious misbehavior by doctors. But what about issues of faith? What do science and, indeed, the law have to do with faith? When my patients decline to be vaccinated, I tend to assume that they have bad information, that they are "infected" by an ideology that distorts their thinking and even their deeply held values.

As an example, I've been disdainful of claims of religious exemptions from vaccine mandates. Where in the Bible or any Creed is there a mention of

vaccines? But what about the woman who has strong feelings about using aborted fetuses to clone cell lines, when these cells are used to develop vaccines?

So yes, there is a lot of false information out there and many ideologies that seem to me to distort reality and lead to bad decisions. But how am I to respond to the simple immigrant woman whose faith is such that she doesn't think she should get vaccinated, or as well, to the well-educated professional who has "researched" all the facts and still declines the vaccine?

My point is not that faith always and everywhere trumps science and the law. Nor would I argue that these important decisions should only be driven by the data, or that we should always defer to the expert, to the one who went to school the longest.

My point is narrower – we in the caring professions, whether medicine or social work, or those of us in the church at large as Christians who care for the other, for all of the others, have a pastoral obligation to honor peoples' deeply held values. And that applies especially when we disagree with those positions.

That doesn't mean we are compelled to use drugs that are of no proven value, and certainly we are obliged to not harm patients. But we are also obliged not to overreact to decisions and attitudes that might befuddle us. We do need to take the time to listen to people with whom we disagree, to acknowledge their values, and to find a way to serve them – all while remaining true to our own core values.

And if we really are clear about our own faith, those values are simple. They are the teachings of Jesus. "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength" (Mark 12: 30). And Jesus adds this commandment connected to it – we are to love the other, all the others, as we love ourselves.