

British Medicine Greatly Lowered by Faulty “Pandemic Policies”. A Renaissance is Vital to Save Lives

The meeting of doctor and patient face to face is a vital part in our sacred calling as doctors

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Open Letter to Mid Devon Advertiser

Dear Editor,

As a doctor first, and surgeon second, who was educated at St Mary's W2 and qualifying in 1964, I need to respond to the article in last week's MDA entitled 'Trialling blood tests which could detect cancer earlier'. There is obvious irony.

Months ago it was noted that as a result mostly of HMG's policy in reaction to Covid_19 there were at least 300,000 humans in the UK waiting to be seen with symptoms of potential cancer. A good many would have had cancer within them. For most cancers, time is of the essence. Delay in diagnosis means advance of those cancers in a majority, and when and if they came to the specialists, treatment would need to be more complex, suffering greater and eventual death more likely.

Before the pandemic, there was already an obvious deterioration in UK medical services. Patients were more often 'going private' eg. finding those £14,000 to get a total hip replacement to relieve pain and disability. More often patients had to 'consult' their GP over the telephone - when they could eventually get through. Since the HMG mandated quarantining of the healthy, all has got worse for those patients. They are for instance being asked to send photos of skin conditions, including rashes caused by inoculation of experimental 'vaccines'. The necessary third phase trials have instead been taking place in vast populations and without proper surveillance as to adverse reactions. (I could expand on this in a further letter.)

The meeting of doctor and patient face to face is a vital part in our sacred calling as doctors. I use 'sacred' in a non-religious sense here, but it is also at the heart of the religions too.

Take two cancers which are becoming more frequent. Breast cancer is most often detected by the woman. Some fearing doctors and hospitals, especially now through thought of the contagion, will hide their cancers and be worse for it. Most will see their GP and palpable lumps confirmed. In most, malignant potential will be obvious. We trust they will be seen quickly by specialists and the best course of treatment decided.

Prostate cancer will rely first on the history - the symptoms of disturbed urination etc. As always the history comes first as was drummed into us in the last century. Taken carefully by doctor from patient, this gives the diagnosis before any following examination in about 70% of all those presenting. A rectal examination will determine, using the gloved forefinger, whether that prostate gland is smooth and soft, or craggy. That examination will lead to further investigation by specialists if necessary and after the PSA blood test in the general practice, though there are traps in that.

Why am I 'bothering' to write this letter at age 81? I have had the great privilege, and the vast satisfaction, of healing many thousands of patients with wonderful teams at my side. I cannot stand seeing as I live, the truthful and fine traditions of the British medical services withered weekly.

A renaissance is vital for those present and future patients (not 'clients' or 'customers'). This has to come from the profession WITH the public. Consider. The fine conception of OUR NHS on which a large majority will need to depend on more and more, was brought to life when GB was bankrupt from fighting for freedom. With the billions of 'funny money' being spewed out now via Westminster, GB is bankrupt now. In March this year the Office of National Statistics recorded that government borrowing was then 106% of UK Gross Domestic Product!

Many do not know that and some do not care. All the opposite of 'balancing the books' and that 'austerity' post 2008. Some will know that to bail out the irresponsible banks, we gave £540 billion from our Exchequer, a sum equivalent then to 5 years worth of spending on OUR NHS!

Yours faithfully,

David Halpin MB BS FRCS

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