

Top Critical Care Doctor Takes on Hospital Over Ban of Life-Saving Medicines Used to Treat COVID



A top critical care physician who filed a lawsuit against Sentara Norfolk General Hospital over its ban on [administering life-saving drugs](#) to treat COVID patients has had his hospital [privileges suspended](#).

[Dr. Paul Marik](#), chief of pulmonary and critical care medicine at Eastern Virginia Medical School and director of the ICU at Sentara Norfolk General Hospital, learned about the [14-day suspension](#) when he arrived to work on Saturday and found a letter on his desk.

While Marik was arguing his case against Sentara Healthcare before a Virginia court on Nov. 18, the hospital crafted a plan to suspend him, according to a [press release](#) issued by Front Line COVID-19 Critical Care Alliance (FLCCC).

The letter was dated Nov. 18 – the same day Marik appeared before a judge in Norfolk Circuit Court requesting a temporary injunction to lift the ban, Marik’s attorney said.

Judge David Lannetti did not [grant the temporary injunction](#) but did determine Marik had standing to bring his lawsuit, allowing the case to move forward which will give Marik the opportunity to “establish his right to administer life-saving treatments that patients have been prohibited access to by Sentara,” FLCCC [said in a statement](#).

Sentara’s attorneys didn’t tell Marik about the [suspension](#) during Thursday’s hearing, nor did they mention it to the judge, said Marik’s attorney, Fred Taylor, a partner at the Virginia law firm Bush & Taylor.

In a letter [e-filed](#) on Nov. 22 to the Judge, Marik’s attorney accused Sentara of making a material misrepresentation during the hearing by failing to disclose the letter and telling the court the hospital [would not retaliate](#) against Marik for filing the lawsuit.

“Evidently Sentara chose, for reasons of its own, not to disclose this suspension either to the court or the plaintiff during the hearing,” Marik’s attorney told the judge.

“The letter [from Sentara to Marik] gives no explanation whatsoever for the ‘coincidence’ of Sentara’s choosing to suspend Dr. Marik at this particular moment, leaving only one realistic conclusion,” Taylor told the judge. “Sentara has engaged in a blatant act of retaliation against Dr. Marik for filing this suit and for exposing to the public Sentara’s unlawful unjustified denial of safe, potentially life-saving medicines to its COVID patients in violation of Virginia statutory law and public policy.”

In Sentara’s letter to Marik, hospital officials summoned Marik to a proceeding scheduled for Dec. 2 during which, the hospital said, “no lawyer representing Dr. Marik will be

permitted and no recording/video or transcript ... will be made.”

Sentara said its suspension of Marik was based in part on an allegation that he informed COVID patients that his “hands were tied” and there was nothing more he could do for them.

Taylor’s letter to the judge stated:

“At the just-concluded hearing on November 18, 2021, Sentara expressly represented to this Court that it would not discipline Dr. Marik in any way for informing his COVID patients that Sentara was preventing him from giving them alternative treatments that are, in his medical judgment (and based on unrefuted evidence) safe, and potentially life-saving and medically appropriate for them.

“Yet, Sentara has now done exactly that. Indeed it had apparently already done exactly that when it was representing to the Court that it would not do so. International or not, this was a materially false representation made to the court, and Plaintiff respectfully requests that Sentara be held to account for it.”

During the Nov. 18 hearing, Sentara’s attorney, Jason Davis, raised the issue of whether [Marik had standing](#) to bring his case. To have standing, Marik needed to show he had a stake in its outcome or suffered an injury. Sentara said Marik did not have the standing because he hadn’t been harmed.

“Obviously, patients who are dying in the ICU can’t come to court,” Marik told Megan Redshaw during an interview. “Sentara hospital lied continuously and incessantly but at this type of hearing, I was not in a position where I could challenge the falsities.”

Taylor accused Sentara of attempting to deprive Marik of standing through a “retaliatory, pretextual suspension that

Sentara kept secret from the Court, perhaps hoping Dr. Marik would respond to Sentara by offering to drop his suit if Sentara would withdraw its suspension.”

In his [letter to the judge](#), Marik’s legal team called for a supplemental hearing to redress the new facts previously hidden from the court by Sentara.

Marik [filed his lawsuit](#) against Sentara Healthcare on Nov. 9, arguing the organization is endangering the lives of its COVID patients by preventing him from using his treatment protocol, which he says has reduced mortality rates in the ICU from approximately between 40% and 60% to less than 20%.

The [lawsuit alleges](#) Sentara’s ban on the use of certain therapies against COVID violates U.S. and Virginia medical laws and the concept of [informed consent](#) – whereby “patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care.”

Marik called Sentara’s ban on administering certain medicines for COVID patients “unprecedented” and “cruel” during his Nov. 18 testimony requesting [a preliminary injunction](#) to lift the ban.

In his [motion](#), Marik said patients are dying “unnecessarily and unlawfully” because [Sentara Healthcare](#) is “preventing terminally ill [COVID patients](#) from exercising their right to choose and to receive safe, potentially life-saving treatment determined to be appropriate for them by their attending physician.”

In an interview, Marik said the hospital is prohibiting the use of a COVID protocol called “[Math +.](#)” The protocol includes treating COVID patients with many drugs approved by the U.S. Food and Drug Administration (FDA) which has determined the drugs are safe and effective.

Instead, according to the lawsuit, Sentara [recommends](#) doctors use “toxic drugs” like [Remdesivir](#) – an expensive medication associated with [severe side effects](#) – because the hospital receives a bonus each time doctors prescribe it.

In a [press release](#), Marik said:

“This case is about doctors having the ability to honor their Hippocratic Oath, to follow evidence-based medicine, and to treat our patients the best we know how. Corporations and faceless bureaucrats should not be allowed to interfere with doctor-patient decisions, especially when it can result in harm or death.”

“Our COVID-19 protocol is based on the best scientific data available, yet Sentara claimed the medications I used were toxic and harmful, which is an absolute lie,” Marik said. “It is so outrageous.”

Marik explained:

“What happened was I was using MATH+ and I was using these medications, which I think are effective. All drugs we use are FDA- approved and very safe and they’ve been proven to be very effective for COVID, but I was banned from using them because they were dangerous, toxic and there was supposedly no data to support their use. It’s a big lie.”

“What they [the hospital] want me to use is [Remdesivir](#). We know Remdesivir increases death by 3%, increases the [risk of hospital stay](#) and increases the risk of kidney and liver failure. It does not improve patient outcomes. It is toxic. But the hospital gets a bonus if Remdesivir is prescribed. They profit from the expensive drug but not the cheap drug that people can afford.”

Marik, a [highly published](#) physician with 35 years of experience, said Sentara also tried to criticize his

character, even though they appointed him as the director of ICU.

Marik said he could no longer stand by while patients died unnecessarily without proper treatment, so he had no choice but to [file a lawsuit](#) allowing him and his colleagues to administer a combination of FDA-approved drugs and other therapies that have saved thousands of critically ill COVID patients in the last 18 months.

Until September, doctors [had been allowed](#) to use [ivermectin](#) and the other medicines – ascorbic acid (Vitamin C) IV, bicalutamide, dutasteride, finasteride and fluvoxamine – to treat COVID patients.

But after the FDA, Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH) warned against using ivermectin and other medicines for COVID patients, Sentara officials created new guidelines ordering doctors not to use the drugs.

□□Marik [argued](#) Sentara's [COVID Comprehensive Treatment Guidelines](#) are “preventing terminally ill COVID patients from exercising their right to choose and receive safe, potentially life-saving treatment.”

Math+ protocol used around the world to safely treat COVID

According to an FLCCC [press release](#), MATH+, used by Marik and physicians around the world to treat COVID, is saving lives. However, since the [prohibition went into place](#), there has seen a sharp rise in inpatient mortality.

Marik said he and his colleagues started using the Math+ to treat COVID in March 2020, because the national and international bodies provided no guidance. “So we put together guidelines and started using the protocol on March 24, and it

has evolved over time as science has evolved,” he said.

The [MATH+ protocol](#), designed for hospitalized patients, counters the body’s overwhelming inflammatory response to the SARS-CoV-2 virus.

The protocol is based on numerous medical journal publications and decades of research – and is founded upon the belief that hyper-inflammation, not the virus itself, damages the lungs and other organs and leads to death.

The MATH+ protocol is [well-tolerated](#) with no reports of adverse medical events, FLCCC said in a [press release](#).

According to [Dr. Joseph Varon](#), a renowned critical care specialist recently recognized by the United Nations for his life-saving work, the MATH+ [COVID treatment protocol](#) has achieved at least a 50% reduction in deaths from the virus in the hospitals where he serves as chief of staff.

“We take an oath as doctors to do no harm,” said Dr. Pierre Kory, president and chief medical officer of FLCCC. “I can’t think of a way of doing more harm to a patient than to not administer a treatment that you know can help them. No doctor should be forced to watch their patient die knowing that more could have been done to save them, and that is exactly what Sentara is doing.”

Medications are safe and FDA-approved, but hospital wants to use ‘toxic’ drugs

Marik said until Oct. 5, he was able to use most of the medications on the MATH+ protocol except for [ivermectin](#), which was banned in May or June.

“They’re turning this into an ivermectin thing and it’s a very

safe drug – more people have died from aspirin or Tylenol,” Marik said. “It is one of the safest drugs on the planet and the data is irrefutable, but somehow with COVID it has become a toxic medication.”

Marik explained:

“What do you have to lose when a patient is dying? When a patient is dying we do everything we can to save their lives and this system and many others are prohibiting them from getting every possible medication they can. That’s how we practice medicine, we do what we can to save the person.”

Marik said it is important for people to understand that 40% of drugs in the ICU are used off-label. “That’s the standard of care,” Marik said. “Pre-COVID, the FDA encouraged use of off-label drugs and you didn’t need informed consent to use them.”

Marik said 30% of drugs prescribed in the hospital settings are used off-label and 90% of people are discharged with prescriptions for drugs being used off-label.

For example, Marik said aspirin is recommended for atrial fibrillation – an [irregular heartbeat](#) – but that’s an off-label use. With MATH+, Marik said he can talk to families to see if they want to do it, but he can’t prescribe it. Their only option is to take a toxic therapy or transfer to another hospital potentially hundreds of miles away to utilize an alternative protocol.

Marik said:

“I try to emphasize these patients are dying. That’s why they’re there. It’s an absurd proposition to propose that I get consent from the family – or tell the families they have alternatives, but I can’t use them here, and then I have to transfer them to another hospital, which is very time-dependent.

“The longer I wait, the worse the outcome and it’s a major undertaking. To transfer an ICU patient hundreds of miles away to another hospital is impracticable.”

Marik said the hospital thinks they can do whatever they want because they control the media and they control the press, and he was put in a position where we had no option but to bring the suit.

Sentara pressured scientific journal to retract paper on COVID treatments co-authored by Marik

According to [MedPage Today](#), the same day Marik filed his lawsuit, the Journal of Intensive Care Medicine (JICM) [retracted an article](#), co-authored by Marik, on the MATH+ protocol, which includes the use of ivermectin.

Marik said the hospital pressured the journal to retract the article because it supported the use of alternative protocols, and showed a reduction in ICU mortality.

The retraction notice [cited a communication](#) it received from Sentara Norfolk General Hospital, “raising concerns about the accuracy of COVID-19 hospital mortality data reported in the article pertaining to Sentara.”

In an email to [MedPage Today](#), Sentara wrote:

“Sentara Healthcare felt obligated to reach out to JICM with our concerns about Sentara Norfolk General Hospital data that the authors used to make conclusions, and provide accurate data to the journal. After a thorough review by JICM’s editorial board, the article was retracted. The journal followed their retraction guidelines and procedures.”

Taylor told [MedPage Today](#) in an email, the lawsuit is not

about a journal article.

“This case is about whether a hospital administration can legally prohibit critically ill COVID patients from receiving information – and treatment, if they so decide it is medically appropriate for them – about safe, FDA-approved, and potentially life-saving medicines as determined by their attending physician,” Taylor said.

A Sentara spokesperson said in a statement to MedPage Today:

“Sentara generates treatment guidelines by engaging multi-disciplinary groups of clinicians to review literature, care standards and provide expert advice. In most situations, physicians are able to deviate from guidelines to individualize care for patients. However, in some scenarios, treatments that may potentially harm patients or that are widely considered to be outside the standard of care may be limited.”

The spokesperson said the CDC, NIH and FDA “currently do not recommend the use of ivermectin as a treatment for COVID-19 due to a lack of evidence regarding its safety and efficacy.”

Marik said when he and his colleagues [published their paper](#) on MATH+, they published statistics from Sentara.

“The hospital has their own protocol and they weren’t happy the director of the ICU was using his protocol and not their protocol,” Marik said. “It was a review paper and in it we quoted mortality statistics from Sentara. The chief of the hospital gave me the data on the mortality statistics, and we had approval from the Institutional Review Board to collect data and publish it.”

After it was published, Marik said they accused them of providing false and misleading data.

“The data is accurate but obviously, with time there are some

additional patients that are going to die, and that's inevitable with any paper," Marik said. "On follow-up, mortality went from 6.6% to 10%. They complained to the medical school, and the medical school agreed with me."

Marik said he updated the journal article to include a note, but Sentara pressured the journal to retract the article, claiming the data was false, and then used the fact the journal article was retracted against him.

Marik said he did not bring this lawsuit because he has something to gain, it's because he has a responsibility to his patients and physicians across the country and the world.

"I think what they need to know is that the hospital is interfering with the physician and patient relationship. The physician decides what is in the best interests of the patient, and what they're doing is unprecedented," Marik said. "The hospital is telling me how to treat my patients, and it goes against basic Hippocratic principles."

Marik said he refuses to watch another [patient die from COVID](#) knowing he was not allowed to give them proven treatments that could have saved their life.

"This case is a test case that will have implications for physicians and patients across the country," he said.