

# **Chapter 9**

## **The Professional Drone**

Professional drones are produced much the same way different grades of petroleum are fractionated in a refinery. While there are societal variations and particular aptitudes, generally the first fractionation are the doctors, then come architects and lawyers or vice versa, after that engineers, accountants, teachers and so on. I will focus on doctors; for two reasons. Firstly the principles set out here relate to all professions. Secondly the human cost of drone infestation is all too apparent in the medical sphere. There are two prime drone infection sites, context and residue. Context infections result from a doctor, who has a certain level of competency, failing to recognise that their level of ability is not up to the context that they are actually in. Context may be general or specific. In regard to general context an example is increased surgery failures late in the day and late in the week. Drones just don't keep up with the exacting rigors of surgical regimes. If you are scheduled for an op late on Friday, be sure to have your will up to date, as after heart disease and cancer, death by doctor is the most common medical form of death. Specific context is the facilities doctors work in. In a southern health district some years ago the local surgeon declared that he would not do any more operations, as he believed the facilities were subpar and the lives of his patients were thereby put in danger. The health district's response was to import a surgeon from England. After a number of deaths on the operating table, the health district had to spirit the new surgeon out of the country, before he was lynched by an angry mob. This incident is an example of how competency and mediocrity relate to context. The first doctor was a highly competent surgeon who was able to compensate for the subpar facilities. However he saw the risk and knew that he was operating on the edge of his abilities, hence his stance. The second doctor would also have been a competent surgeon, had he been working in a professional environment. Placed in a subpar environment he simply couldn't compensate and should have realised this, particularly after the first death.

Of more moment is the fact that the distillation of doctors results in an over representation of drones in the bottom fractionation, which comprises of GPs and psychiatrists. This is the residue. This fraction has the broadest effect on society, as GPs are generally at the first point of medical intervention, although the psychiatrists are doing their best to increase their market share. The problem is that the medical profession as a whole has had no ethical problem with the largesse of corporate corruption and thirty years after Thalidomide, a recent UK House of Commons committee was shocked to learn that the medical profession thinks nothing of the fact that the drug lords hush up negative drug studies, as a matter of practice. The MPs wrote that they were:

*surprised and concerned to discover that information is routinely withheld from doctors and researchers about the methods and results of clinical trials on treatments currently prescribed in the United Kingdom. This problem has been noted for many years in the professional academic literature, with many promises given, but without adequate action being taken by government, industry or professional bodies.*

So imagine what the bottom feeders are up to. Most of these drones have zero resistance to drug company reps and are merely drug dispensers. They don't diagnose, sometimes they don't even recognise their patients. I was talking to a man recently who said that his doctor gave him the same prescription that the doctor had given to his wife, although they did not have the same condition. The over representation of drones at this bottom fractionation and drone make-work infestations, means that the corporate drug pushers have their job made easy and that medicalisation of the population is ever-increasing. This phenomenon is most glaringly demonstrated in the enormous increase in the dispensing of psychotropic drugs. The American Psychiatric Association states in the 'Diagnostic and Statistical Manual of Mental Disorders (DSM-5)' that

5% of children have ADHD<sup>1</sup>. The DSM-5 assessment is not accepted by all doctors. Dr. Thomas Insel, director of the National Institute of Mental Health (NIMH) has been a leading opponent of the DSM-5, and asserts that its primary problem is a “*lack of validity*”. If it does not have validity it must be asked what does it have, besides sponsorship. Dr. Allen Frances, chair of the DSM-IV Task Force and author of *Saving Normal: An Insider’s Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life*, fears that the DSM-5 will result in a “*massive diagnostic inflation that could lead to tens of millions of people receiving psychiatric drugs they don’t need.*”

However, even beyond the DSM 5, a *Northwester Medicine* review demonstrates that there has been a 60% increase in US ADHD diagnoses in the last 10 years. This is looking very much like a growth industry. In a November 2013 article journalist Bahar Gholipour wrote:

*children and adolescents who visit a doctor have become almost twice as likely to be diagnosed with a mental disorder now compared to 1995.*

This doubling is also found in a ‘Centers for Disease Control and Prevention’ article which states that:

*the rate of antipsychotic medications given to kids 2 to 5 years old doubled between 1999 and 2007. Antipsychotic drugs typically are used to treat schizophrenia, psychosis, bipolar disorder, and other severe mental disorders, yet in this study these dangerous drugs also were given to kids diagnosed with pervasive developmental disorders (such as autism), attention deficit hyperactivity disorder (ADHD), and disruptive behavior disorder.*

Not only this but the above article's authors also report that: “fewer than half of the children in their study had received any mental health services, such as a

mental health assessment or treatment from a psychotherapist or psychiatrist.” So psychotropic drugs are being dispensed to children, without any specialist oversight.

This means that one of two things is happening. Either Americans are going crazy or drones who are unable to make a living providing useful medical services, are resorting to peddling drugs to kids. If it is a case of targeting children, it is not only disgusting, it is dangerous. In 2001 the New York State Senate introduced Senate Bill 7035 which required police agencies to report to the Department of Criminal Justice Services (DCJS) on certain crimes and suicides committed by a person who was using psychiatric drugs, including assault, homicide, sex offenses, robbery offenses, firearms and other dangerous weapons offenses, kidnapping and arson. The preamble to the Bill provided:

*There is a large body of scientific research establishing a connection between violence and suicide and the use of psychotropic drugs in some cases. This research, which has been published in peer reviewed publications such as the American Journal of Psychiatry, The Journal of the American Academy of Child and Adolescent Psychiatry, and The Journal of Forensic Science, has shown, among other things, that: certain drugs can induce mania (a psychosis which can produce bizarre, grandiose and highly elaborated destructive plans, including mass murder); . . .and certain drugs can produce an acute psychotic reaction in an individual not previously psychotic ....*

Strangely this Bill got axed. Probably by the very psychotics it was intended to identify. Drone infestation is no different in the medical profession than it is any of the other professions, there are just more immediately dangerous consequences where health is in issue. The core problem is that drones are bumped up into professional careers by various forms of preferment. Then there

is a fractionated range of abilities in which the competent are diluted by the mediocre. Ability is context dependent and as drones are indifferent, deluded or covering up, they fail to recognise this. The bottom fractionation do not have the ability to compete with the more able and so they enlarge the market by engaging in unscrupulous conduct. Despite their natural risk aversion, some drones go beyond the unscrupulousness into the illegal. Driven to display the lifestyle they have come from, but do not have the ability to financially maintain, some drones resort to whatever form of fraud their profession gives them access to. Drone failure is a significant factor in professional defalcations.