

Doctors are not healthcare providers, they're pharmaceutical compliance officers

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Today's primary care physician is a pharmaceutical compliance officer with a prescription pad, a corporate protocol to follow and overlords tracking their every move.

They've transitioned from healers to hustlers, from medical professionals to medication pushers, from trusted advisors to glorified drug dealers with better parking.

From anti-depressants to vaccines, they're little more than street-level drug dealers.

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How Your Family Doc Became a Vaccine & Drug Enforcement Agent

By Dr. Roger McFillin

Remember when your family doctor was actually **your** doctor? That quaint historical period when physicians made independent medical judgments instead of reading from pharmaceutical scripts? When they looked at you as a unique human being rather than a collection of compliance metrics needing correction?

Those days are f**king gone.

Today's primary care physician is something entirely different – a pharmaceutical compliance officer with a prescription pad, a corporate protocol to follow and overlords tracking their every move. They've transitioned from healers to hustlers, from medical professionals to medication pushers, from trusted advisors to glorified drug dealers with better parking.

I recently had a conversation with a paediatrician that exposed the naked truth of modern medicine. He confessed to me – with a mixture of resignation and discomfort – that he was “mandated” to administer the PHQ-9A (depression screening) to every adolescent, and if they scored above a certain threshold, he **MUST** offer a SSRI* antidepressant.

[*Note: Selective serotonin reuptake inhibitors (“SSRIs”) are a class of drugs primarily used as antidepressants to treat major depressive disorder, anxiety disorders, and other psychological conditions. They are the most widely prescribed antidepressants in many countries and include the drugs citalopram, fluoxetine, fluvoxamine, sertraline and escitalopram.]

“What if the teen is just going through a breakup or having normal adolescent mood swings?” I asked.

He shrugged helplessly. “Doesn’t matter. If they hit the number on the screening, protocol says I have to offer medication.”

“But you know these drugs more than double the risk of suicidal events in teenagers,” I pressed. “The black box warning exists for a reason.”

His response chilled me: “If something happened to the teen and I didn’t follow protocol – if I didn’t offer the medication – I could be held liable. My hands are tied.”

And there it was – the perfect analogy hiding in plain sight. This highly educated physician with years of training wasn’t making independent medical decisions. He was a street-level drug dealer who feared what would happen if he didn’t move enough product for his overlords. The corner pusher fears his supplier’s enforcers; the modern physician fears “liability” and “protocol violations.” Different vocabulary, identical dynamic.

Primary care has been transformed from a healing profession into a pharmaceutical distribution network with doctors serving as glorified vending machines in white coats. They’re the street-level dealers in the medical-industrial complex, pushing products with the ruthless efficiency of a cartel but with better branding and tax benefits.

The parallels between how primary care physicians push psychiatric drugs and vaccines are so perfect that they deserve admiration from a purely marketing perspective. It’s the same hustle with different packaging – one comes in pill form, the other in a needle, but the script is identical.

The SSRI Hustle

God forbid you or a family member is unfortunate enough to schedule a routine checkup during a particularly bad week. Walk into that sterile exam room while grieving a loss, stressing about work or just experiencing one of life’s inevitable rough patches, and you’ll walk out with a “mild to moderate depression” diagnosis faster than you can say “pharmaceutical kickback.”

Within minutes, you’re handed a questionnaire with loaded questions like: “Feeling bad about yourself or that you have let yourself or your family down or that you are a failure?” (You just watched your ex’s vacation photos on Instagram while eating ice cream for dinner in your unwashed sweatpants, so ... is this a trick question?)

Answer honestly, and congratulations! You've just self-diagnosed with "mild to moderate depression."

You mean what we used to call sad?

Your doctor spends approximately 90 seconds validating this with probing questions like "And how long have you felt this way?" before reaching for the prescription pad.

"I think Lexapro would really help take the edge off," they say with practised compassion, already halfway through writing the prescription. "It will balance your brain chemicals."

But it's when you express hesitation that the real sales pitch begins – fear. This is where doctors transform into pharmaceutical fear merchants: "You know, untreated depression can be very serious," they warn ominously. "It can worsen over time. It can affect your relationships, your work, your entire life. Depression is a serious medical condition – in fact, it's the leading cause of disability worldwide."

The implication hangs in the air like a guillotine blade: Refuse this medication and you're gambling with your life. They may even pull out the suicide card: "Depression can lead to suicidal thoughts if left untreated." The cosmic irony of using suicide as a scare tactic to prescribe drugs with black box warnings about increasing suicidal ideation seems lost on them.

For teenagers, the fear tactics are directed at parents. "You don't want to take chances with your child's mental health, do you?" they ask, making parents feel like monsters for questioning whether their teen's temporary sadness requires a medication that doubles their risk of suicidal events.

This isn't medical counselling. It's emotional manipulation through fear – the same tactic used by predatory salespeople in every industry. "Better safe than sorry" becomes the catch-all dismissal of legitimate concerns about medications with profound risks and modest benefits.

What they don't mention: The "chemical imbalance" theory of depression was thoroughly debunked years ago, joining phrenology and bloodletting in medicine's hall of shame. SSRIs have never proven to be clinically meaningful beyond placebo.

Complying with their prescription pad evangelism could result in permanent sexual dysfunction – as in forever, as in the rest of your life.

Withdrawal can be so brutal and protracted that patients often mistake it for "proof they need the medication" rather than recognising it as drug dependence.

And here's the cosmic punchline: in the 4-6 weeks it takes for these medications to supposedly "work," most situational "depression" would have naturally improved anyway.

When that happens?

The doctor smugly nods and thinks, "See, the drugs I prescribed fixed them!" Never mind that time, human resilience and your own natural healing did all the heavy lifting while the medication was just along for the expensive, side-effect-laden ride.

The Vaccine Hustle

Now let's watch the vaccine version of the same performance:

You visit for a completely unrelated issue – perhaps a sprained ankle or a skin rash. Before addressing your actual concern, your doctor casually mentions, "I see you haven't had your covid or flu shot this year."

The framing is already perfect – you're "behind" on something, implying non-compliance with an expected standard. Your medical record has been flagged for a deficiency that needs correcting, like a car overdue for an oil change.

Express hesitation, and witness the same script unfold: "These vaccines are very safe and effective. Side effects are usually just a sore arm or mild fatigue for a day."
(Myocarditis? Menstrual disruptions? Neurological issues, complete hijacking of my immune system? Those are so rare they're not worth mentioning, apparently.)

Ask about actual risk reduction – like how the flu vaccine isn't efficacious and doesn't prevent you from contracting the flu – and watch them shift uncomfortably.

"Why would I even risk Guillain–Barré syndrome for this Doc? I am healthy and not that scared of the flu. Regardless of the low risk of complications ... why even take that risk?"

Dare to question whether a perfectly healthy 17-year-old who already recovered from covid needs an experimental mRNA intervention that doesn't prevent transmission -and has now been shown to actually INCREASE susceptibility to infection over time, not to mention the myocarditis risks, menstrual disruptions and other "rare" side effects conveniently minimised in the sales pitch – and watch their face transform before your eyes.

First comes the reflexive smile-cramp, that frozen rictus of medical authority being questioned. Then the slightly widened eyes as they process your heretical departure from the script. Finally, that subtle hardening around the jaw as they shift from healthcare provider to pharmaceutical enforcement officer.

It's like watching someone toggle between "friendly neighbourhood doctor" and "covid compliance commissar" in real-time, all because you had the audacity to weigh risks against benefits for your own child.

But regardless of whether they're pushing pills or injections, we see the identical sales pitch every time – a masterclass in pharmaceutical propaganda. They dramatically exaggerate even the most microscopic potential benefits while feverishly minimising, dismissing or flat-out denying any risks with the practised ease of a seasoned con artist.

Watch them transform a 1% absolute risk reduction into “90% effective!” while simultaneously downgrading “known serious adverse events” to “extremely rare side effects that aren’t worth discussing.” It’s as if they’ve never read a single page of the actual scientific literature on the subject.

Spoiler alert: they haven’t.

Most haven’t ventured beyond industry-funded continuing education modules and pharmaceutical company press releases since medical school. The journal articles gathering dust in their mental libraries are pharmaceutical marketing materials disguised as science, cherry-picked datapoints that support the sales pitch while burying inconvenient truths beneath statistical sleight-of-hand. Their “expertise” is just regurgitated talking points from the last drug rep who bought them lunch.

Your Doctor Now Reports to Corporate Masters

The corporate takeover of medicine didn’t happen overnight – it was systematically engineered, with the Affordable Care Act (“ACA”) delivering the knockout blow to independent practice. While marketed as expanding “healthcare access,” Obamacare buried small practices under an avalanche of regulatory requirements, EHR [Electronic Health Records] mandates and compliance costs that made independence financially impossible.

Before the ACA, over half of physicians owned their practices; today, that number has plummeted below 30%. The rest were forced to sell out to corporate healthcare systems where their compensation and job security now depend on following protocols – including pharmaceutical prescribing patterns and vaccination targets – established by administrators who’ve never touched a stethoscope.

Your family doctor didn’t willingly transform into a pharmaceutical enforcement agent; they were legislated into compliance, their medical autonomy sacrificed on the altar of corporatised healthcare while maintaining the illusion of independent judgment.

Primary care healthcare professionals are now following protocol with the unquestioning obedience of a first-grader desperate for a gold star sticker. It makes you wonder how many who flock to primary care medicine were those perfect little rule-followers their entire lives – the ones who colour-coded their highlighters in medical school, memorised every algorithm without asking why and spent their formative years as professional hoop-jumpers. The straight-A students who never risked a teacher’s disapproval, never coloured outside the lines, never questioned authority figures even when those figures were demonstrably wrong. The ones whose entire identity became wrapped up in following instructions perfectly to achieve the next credential, the next white coat, the next professional validation.

Is it any surprise that these same personalities now cling to protocols like religious scripture, unable to exercise independent clinical judgment when a human being's complex situation doesn't fit neatly into their laminated flowchart? Critical thinking requires the courage to ask uncomfortable questions – a skill that was systematically extinguished in these pristine academic specimens long before they wrote their first prescription

Next time your primary care physician tries to prescribe you an SSRI for being human or inject you with the latest pharmaceutical subscription service, remember: you're not a patient – you're a customer they're trying to upsell.

Their script may be polished, but your bullsh*t detector doesn't need a medical degree to function properly. Ask the uncomfortable questions they're afraid to answer. Demand actual data, not rehearsed talking points. Walk out if necessary.

Find the rare physicians who still practice medicine instead of pharmaceutical compliance. And if your doctor looks horrified when you decline their latest pill or shot, smile sweetly and say, "Don't worry, I'll make sure my chart notes that YOU failed to convince ME, not the other way around."

After all, the most rebellious act in modern healthcare isn't refusing treatment – it's insisting on informed consent in a system designed to eliminate it.

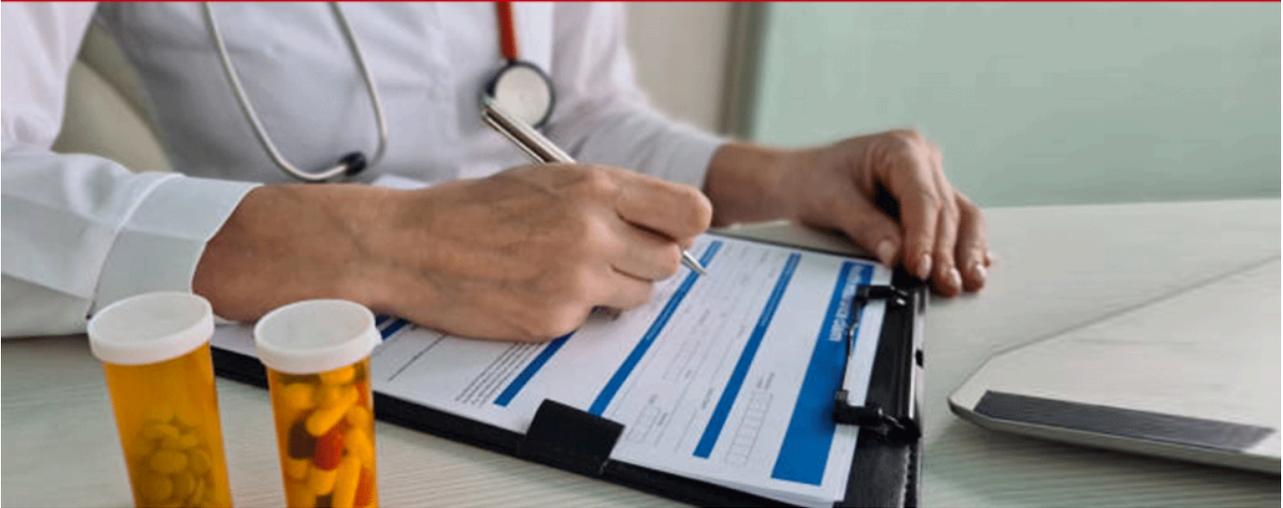
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About the Author

Roger McFillin is an American clinical psychologist, founder of the Conscious Clinician Collective and host of the Radically Genuine Podcast. He also publishes articles on his Substack page, which you can subscribe to and follow [HERE](#).

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