11th July 2021

Dear Doctor/Nurse/Vaccinator,

I write to formally bring to your attention that **you may be held personally liable for death or harm suffered as a consequence of administration of the Covid-19 vaccine.**

The General Medical Counsel (“GMC”) Ethical Guidance provides that **“you are personally accountable for your professional practice and must always be prepared to justify your decisions and actions”.**

**It is understood that Informed Consent, which has strict definition and guidelines under the Ethical Guidance set out by the GMC, in addition to requirements under UK law, is not being obtained by vaccinators of the Covid-19 vaccines, as significant information is not being disclosed prior to vaccination.**

**It is the duty of the vaccinator to be fully informed, and to provide full disclosure in order for an individual to provide Informed Consent.**

**In absence of full disclosure, you can be held personally liable for death or harm suffered as a consequence of administration of the vaccine,** irrespective of any claim to be carrying out instructions from a senior member of staff or following a surgery’s standard procedure.

There are now grave concerns regarding the mass Covid-19 vaccination roll-out that is being relentlessly pushed by the Government and mainstream media.

Whilst Emergency Use Authorisation (“EUA”) products are, by definition, experimental, an individual should be given the right to refuse them. The Covid-19 vaccines are not fully licensed - rather they have been granted an EUA and thus must be administered on a voluntary basis - they cannot be mandated and an individual should not be coerced into agreeing to be vaccinated. Under the Nuremberg Code, the foundation of ethical medicine, no-one may be coerced to participate in a medical experiment. Informed consent is vital and a legal requirement.

It seems that a significant section of the medical profession, including doctors and nurses, have supported the roll-out of the Covid-19 vaccine without question or scrutiny. The absolute risk of being infected with Covid-19 and dying from Covid-19 has been misrepresented by the mainstream media. You should have knowledge of the facts and be ready to share the same with your patients.

Covid-19 vaccines are being rolled out across the country before completion of the Phase 3 clinical trials - this represents a departure from established practice. In spite of this, the majority of the general public believe the Covid-19 vaccines are fully approved when in reality, due to the on-going trials, as stated above they have only received EUA - they remain experimental. The “precautionary principle” should have been adopted by the Government. It was not. It should most certainly be adopted by you and all in the medical sector.

**Informed Consent**

In addition to the Ethical Guidance set out by the GMC (as detailed below), UK law requires a patient to give Informed Consent prior to any medical treatment. Informed Consent is permission granted by a patient to a medical intervention in full knowledge of the possible consequences of the intervention **i.e. the doctor, nurse, or vaccinator must disclose all of the possible risks and benefits**. Consequently, the obtaining of such Informed Consent, in relation to Covid-19, must include a discussion of all material risks that a reasonable person might be expected to wish to know.

As previously mentioned, it is apparent that many doctors, nurses and vaccinators have not taken steps to be **personally informed** about several aspects of the vaccines including ingredients. AstraZeneca, for example, includes chimpanzee adenovirus and genetically modified human embryonic kidney cells. Such facts have the potential to raise moral and ethical issues for individuals. **If not disclosed, Informed Consent has not been given.**

It is clear that patients are not being provided with comprehensive information pre-vaccine. Many are seemingly unaware of the Medicines and Healthcare Products Regulatory Agency’s (“MHRA”) Yellow Card reporting system (see below). The NHS “Patient Information Leaflet” which is supposed to be provided to all patients ahead of vaccination (and is often not) does not make clear that the vaccines are in clinical trial, makes no reference to alternative treatments, does not make clear that the mRNA vaccine is experimental (described by the US Food and Drug Administration as “gene therapy”), does not make clear that clinical trials to prove safety and efficacy fail to include particular cohorts, nor that clinical trials only use people who have not been infected, and does not set out the difference between absolute risk and relative risk.

When a candidate for vaccine is not provided with the above information in order to make a personal evaluation, **it cannot be held that Informed Consent has been obtained and to proceed is therefore unlawful.** This position becomes increasingly alarming when parental decisions are being made for children to have the vaccine.

The public look to the medical sector for guidance and in the absence of being notified of areas of concern the public proceed with the vaccine believing such to be fully approved, safe and efficacious when that, is in fact, not the case. As previously stated, **on that basis you may be held personally responsible for any adverse reaction (including death) or claim that a decision was not fully informed.**

**Liability**

As you are no doubt aware, all Covid-19 vaccine manufacturers have declined to accept any compensation liability for harm or death caused by their products.

**Side-effects**

It should be evident that medium and long-term effects of the Covid-19 vaccines are unknown. Short term effects are only beginning to be understood and the data is alarming. This is especially true bearing in mind the novel technologies being used. Only six months safety data is available, the trial participants were largely healthy and did not include the elderly, frail, disabled, immune-compromised, covid-19 recovered, pregnant or lactating women. Consequently, safety data cannot be extrapolated for these groups.

The potential harm from the vaccines in children and adolescents is real. Safety analysis has not been carried out and the required time to follow-up to ascertain safety was limited to a median of 2 months in the initial trials.

**MHRA**

The MHRA Yellow Card database allows for the recording of deaths and adverse effects arising from the administration of the Covid-19 vaccines.

As of 19 June 2021, there had been 15,472 post-vaccination deaths and 1,654,407 adverse reactions recorded in Europe. However, it is apparent that reporting is often subjective and **may represent less than 10% of the true number of total deaths and injuries**, which include blindness, paralysis, blood disorders, heart inflammation, and spontaneous miscarriage.

The MHRA has only received early clinical trial data. The remainder of the clinical trial data will not be available for scrutiny and peer review until the trials end in 2023. This is inconsistent with previous high-quality research for vaccines and is a violation of good medical practice.

It is generally held that the MHRA is considered “independent”. However, it is now known that the MHRA has accepted funding from an exponent of the vaccine programme, The Bill and Melinda Gates Foundation. The MHRA therefore is operating under a conflict of interest.

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**Treatment Protocols**

There are numerous successful early treatment protocols available for Covid-19 which include the use of vitamins and already existing drugs. The question has to be raised as to why those infected with Covid-19 are not offered any treatment protocols by their doctors, but rather left, instead, to risk hospitalisation and possible death, through lack of treatment.

**GMC Ethical Guidance**

This letter is to remind doctors of the Ethical Guidance set out by the GMC which demands that doctors must show respect for human life and provides that, as a good doctor, you will:

Knowledge, skills and performance

* make the care of your patient your first concern; provide a good standard of practice and care (work within your competence and keep your professional knowledge and skills up-to-date);
* **in order to meet the Ethical Guidance regarding “knowledge, skills and performance” you should fully understand the clinical trial status of the Covid-19 vaccines and that vaccine manufacturers are exempt from liability; have comprehensive knowledge of MHRA’s Yellow Card reporting system; have comprehensive knowledge and understanding of the treatment options; have an understanding of the absolute risks associated with covid-19.**

Safety and quality

* take prompt action if you think patient safety, dignity or comfort is being compromised;
* **in order to meet the Ethical Guidance regarding “safety and quality” you should have up-to-date and comprehensive knowledge of the deaths and adverse reactions as reported to the Yellow Card system.**

Communication, partnership and teamwork

* treat patients as individuals and respect their dignity, treat patients politely and considerately, respect a patient’s right to confidentiality, listen to and respond to patients concerns and preferences, give patients the information they want and need in a way they can understand, respect patients’ rights to reach decisions with you about their treatment and care, support patients in caring for themselves to improve and maintain their health, work with colleagues in a way that best serves the patients’ interests;
* **in order to meet the Ethical Guidance regarding “communication, partnership and teamwork” you must share with your patient everything detailed above: trial status of the vaccines, deaths and adverse effects from the vaccines, absolute risk, alternative treatments and you must respect their decision.**

Maintaining Trust

* be honest and open and act with integrity, never discriminate unfairly against patients, never abuse your patients’ trust in you or in the public’s trust in the profession;
* **it is evident, from the points outlined above, that trust has been eroded for many and no doubt, in some cases, totally destroyed.**

The Nursing and Midwifery Council (“NMC”) provide similar ethical guidance, as above, for nurses. By way of example, the NMC code provides nurses must **“respect and uphold people’s human rights”** and “Prioritise People” Section 4.2 of the NMC Code states nurses must **“make sure that [they] get properly informed consent and document it before carrying out any action.”**

**Summary**

As Covid-19 vaccines only have EUA, there is no medium to long term safety data nor are efficacy studies completed and the fact that alternative treatments exist, one has to question on what basis you are able to recommend, let alone administer, the Covid-19 vaccines.

Finally, you are reminded that GMC Ethical Guidance provides that **“you are personally accountable for your professional practice and must always be prepared to justify your decisions and actions”** **and reiterate that in the absence of Informed Consent you can be held personally liable for death or harm suffered as a consequence of administration of the vaccine.**

Yours faithfully,

Concerned Citizen

cc: General Medical Council [standards@gmc-uk.org](mailto:standards@gmc-uk.org)

Nursing and Midwifery Council [newreferrals@nmc-uk.org](mailto:newreferrals@nmc-uk.org)