|  |  |
| --- | --- |
| [Respondent Name]  [Name of University/College]  [Address1]  [Address2]  [City/Town]  [Postcode]  [Date] | c/o [Address1]  [Address2]  [City/Town]  [County name in full]  {NB: The format of your address is very important. It retains your full rights in law, and illustrates that this is for receipt of correspondence only and not for the benefit of Government or it’s agencies – delete note before sending} |

**NOTICE-OF-LIABILITY**Notice-to-Principal-is-Notice-to-Agent; Notice-to-Agent-is-Notice-to-Principal

**To:**[Full Name of relevant person]

Copy to whom it may concern

**Applicable to All Successors and Assigns**

**From:**[Full Name of Mother /Father/ sender]

**This is a Notice of Liability setting out your personal responsibilities and liabilities for conducting experimental medical trials on University or College grounds and or encouraging students to have experimental medications and or the insistence that students are Covid-19 “vaccinated” as a condition of attendance and or residence and or discrimination against students who are unvaccinated**

**NOTICE**

It is not my intention to harass, intimidate, offend, conspire, blackmail, coerce or cause anxiety, alarm or distress. This Notice of Liability is presented with honourable and peaceful intentions and is expressly for your benefit to provide you with due process and a good faith opportunity to remedy this most serious matter.

**Personal Liability**

This legal and lawful notice of liability may be used as evidence in court if needed and intends to enlighten you and protect you from attracting civil and criminal liability whether domestic or international and whether in an existing court or one to be convened under Natural Law principlesin relation to your action(s) and all your omissions in relation to the alleged SARS-CoV-2 pandemic and the measures that have been, and or are being, taken within the United Kingdom and world-wide to control its alleged spread and effect(s) including, but not limited to, allowing the administration of experimental COVID-19/SARS-CoV-2 mRNA modRNAgene therapies injections vaccines (and or viral vector injections vaccines) on university / college premises and/or encouraging men and women, boys and girls to have the said experimental gene therapies and the harm and death caused.

You may be held personally liable for and or privately liable for and or civilly and or criminally liable for participating in unlawful, illegal and or criminal activity and or for supporting crimes against humanity, genocide, bio-warfare and or failing to prevent acts so defined, including but not limited to acts that are purposely committed as part of a widespread and or systematic policy, directed against living men and women,

boys and girls, committed in furtherance of government policy.

The Covid-19 vaccinations are all currently in phase 3 of clinical trials which are due to end at various points throughout 2023 dependent on the vaccine concerned, most of the vaccines are using for the first time in humans mRNA (messenger RNA) and modRNA (nucleoside-modified messenger RNA) technology. Notwithstanding the emergency use authorisation for the administration of these experimental medications, the Government is only underwriting the manufacturers of these experimental medications against any liability arising from their administration; I do not believe that the same applies to you, acting on their behalf in advising and or encouraging and or coercing and or singling out students and or facilitating the administration of these experimental medications to students.

The efficacy of the vaccines have been exaggerated by the pharmaceutical companies, as reported in the medical journal, The Lancet1;

***“Vaccine efficacy is generally reported as a relative risk reduction (RRR). It uses the relative risk (RR)—ie, the ratio of attack rates with and without a vaccine—which is expressed as 1–RR. Ranking by reported efficacy gives relative risk reductions of 95% for the Pfizer–BioNTech, 94% for the Moderna–NIH, 90% for the Gamaleya, 67% for the J&J, and 67% for the AstraZeneca–Oxford vaccines.***

***However, RRR should be seen against the background risk of being infected and becoming ill with COVID-19, which varies between populations and over time. Although the RRR considers only participants who could benefit from the vaccine, the absolute risk reduction (ARR), which is the difference between attack rates with and without a vaccine, considers the whole population.***

***ARRs tend to be ignored because they give a much less impressive effect size than RRRs: 1·28% for the AstraZeneca–Oxford, 1·24% for the Moderna–NIH, 1·19% for the J&J, 0·93% for the Gamaleya, and 0·84% for the Pfizer–BioNTech vaccines.”***

**Allowing Covid-19 ‘vaccines’ to be administered on educational premises**

The Nuremberg Code2 first principle provides that medical experiments or trials **require voluntary and informed consent of all participants.**

The words “Voluntary” and “informed” when considering legal and lawful consent of students (young people, men, women, boys and girls) and when considering if any purported consent from their parents is lawfully and legally valid, could not be more important for you to pay careful attention to.

Attached is an informed consent form which sets out the law relating to informed consent (based on the supreme Court ruling in Montgomery v Lanarkshire Health Board [2015] UKSC 11)3andwhich should be gone through with every person (whether adult or child) in order to enable them to provide informed consent.

What full and objective information does the student or their parent have in order to enable them to give true voluntary and informed consent? For example, have they been made aware of possible alternative treatments for COVID-19 symptoms should they experience them? Have they been made aware of the true likely medical benefits to the student and the actual risks of the trial medication on offer? Are they aware that there is currently no objective data available to suggest that the benefits outweigh the risks on a personal basis to any young person?

**If the long-term risks and harms are not fully known (which nobody can possibly argue theycan, given the experimental nature of these medications), then how can any man, woman, boy or girl weigh up the “benefits” to the individual student concerned when they are at such a very low risk of harm from COVID-19 itself?**

**Does the student know that there are potential impacts on future fertility and that the mRNA and RNA technologies are completely novel technology and experimental on humans with the possibility of unanticipated and unpredictable long term and late onset health effects**?

**And if a student is influenced or encouraged by their tutor, lecturer, teacher, headteacher, classmates or celebrity adverts as to the trend to have the vaccine in order to “protect others” or because it has been presented that it will be necessary for University, College, travelling or even attending student unions, music events, how can any student be said to be giving true voluntary consent?**

**How can you be satisfied that each student in your care is not allergic to any of the ingredients in the experimental medication?**

**Do you have a full list of the vaccine ingredients and have you then carried out an individual risk assessment for each student in your care to ensure the vaccine ingredients are safe for that particular student which is being either encouraged, required and or permitted to take the vaccine whilst under your duty of care? If not, how can you be sure that the student or parent of student has given “informed” consent?**

Take note ***“Safe”*** is defined by Black’s Law Dictionary as   
***“the amount of exposure that will cause no harm or no damage after exposure”***.

Pursuant to the Duty-Holder’s obligations under Section 3 of The Health and Safety at Work Act 19744 and the Health and Safety at Work Regulations 1999, there is a duty to ensure that any person working onsite performs individual risk assessments. In context of Education, an education establishment holds a primary duty of care towards a student safeguarding them from potential risks – a duty that cannot be delegated to a third-party [R v Associated Octel Co Ltd (1996) 4 All E R 846]5

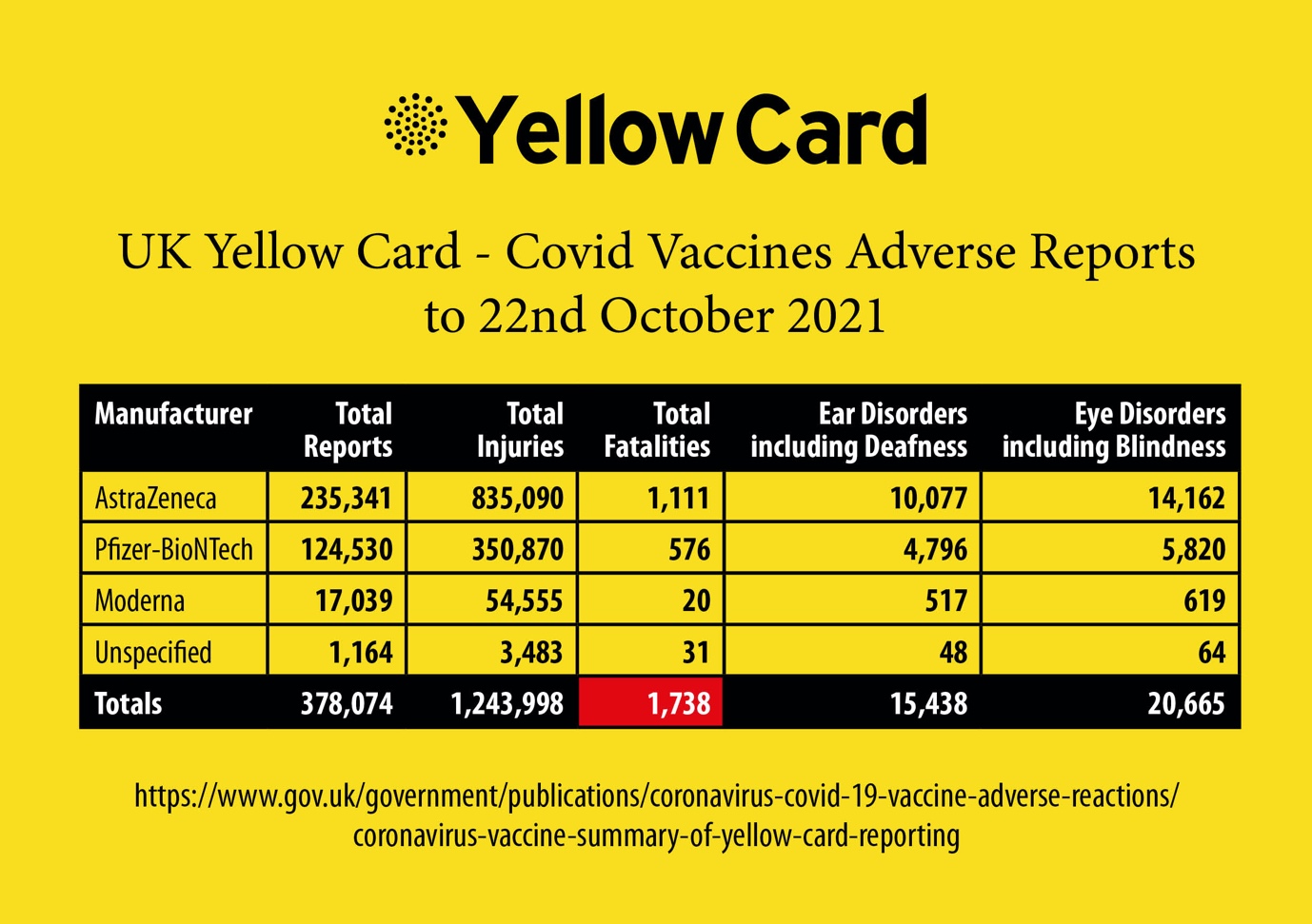
It is unlawful, unethical and immoral to facilitate the administration of and or encourage students, to whom you have a duty of care to safeguard, to be subject to a trial procedure to which they are at risk of injury or death (see below for the reported government figures form the Yellow card scheme).

Of relevance to the issue of informed consent is the Yellow Card Scheme[6](#YellowCardSystemReports) which the UK Government has established. This System shows that death has been listed 1,738 times as an outcome directly related to COVID-19 vaccines as at October 22, 2021. Deafness as a direct outcome related to COVID-19 vaccines has increased from a minimum of 280 occasions in May 2021 to 1,332 as at October22, 2021, and Eye Disorders including Blindness now reported as a direct outcome 20,665 occasions. It follows that the rates of increase of death and significant harm (excluding blood clotting/strokes/heart attacks) are increasing as the vaccination programme is rolled out. As of October22, 2021 the System shows a total of 1,243,998adverse reactions to the experimental vaccines.**The government estimates that the number of adverse reactions/deaths reported in the Yellow Card System are understatedsuch that the true figure could be 90 – 99% higher than this (i.e. that the figure recorded in the scheme is somewhere between 1 % and 10% of adverse reactions including death on the yellow card scheme), therefore the Government own estimate would deaths anywhere between 16,000 and 160,000.**

**It is a failing as regards informed consent not to make available this information to any student, man or woman in relation to providing informed consent.**

Fewer young persons worldwide have died from COVID-19 itself (recorded as death due to a positive result, with or without symptoms, and where underlying health conditions were present and often the cause of death) than those who have died from side-effects from the experimental vaccines. The most common side effects are neurological disorders, blood coagulation/clots and thromboembolic events such as pulmonary embolisms.

There is no benefit to a young person from the experimental vaccine since they are at verylow risk of harm from COVID -19, but they are unquestionably at risk from potential side-effects and unknown long-term issues from the experimental COVID-19 vaccines.

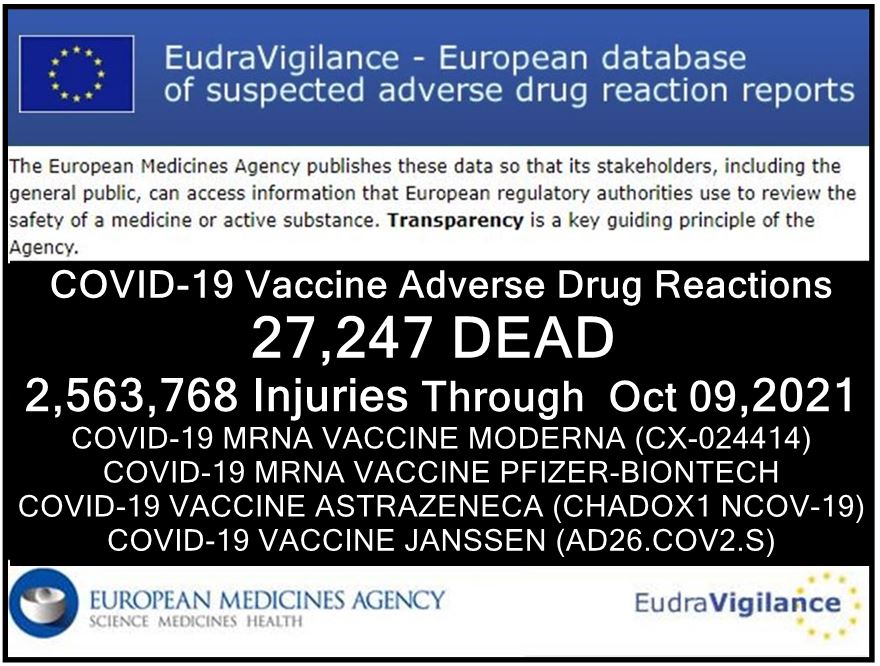
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<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

|  |  |  |  |
| --- | --- | --- | --- |
| **COVID-19 VACCINE DAMAGE – OCTOBER 2021** | | | |
|  | **Deaths** | **Injuries** | **Date** |
| **UK** | *1,738* | *1,243,998* | 22ndOctober |
| **EU** | *24,247* | *2,567,685* | 9thOctober |
| **USA** | *17,128* | *818,042* | 22ndOctober |
| **TOTAL** | **43,113** | **4,629,725** |  |

In addition, on the VAERS7 USA (Vaccine Adverse Events Reporting System) Death has been listed as an outcome related to COVID-19 vaccines at least 3,924 times as of May 8, 2021 a figure which at October 22, 2021 had risen to 17,128.

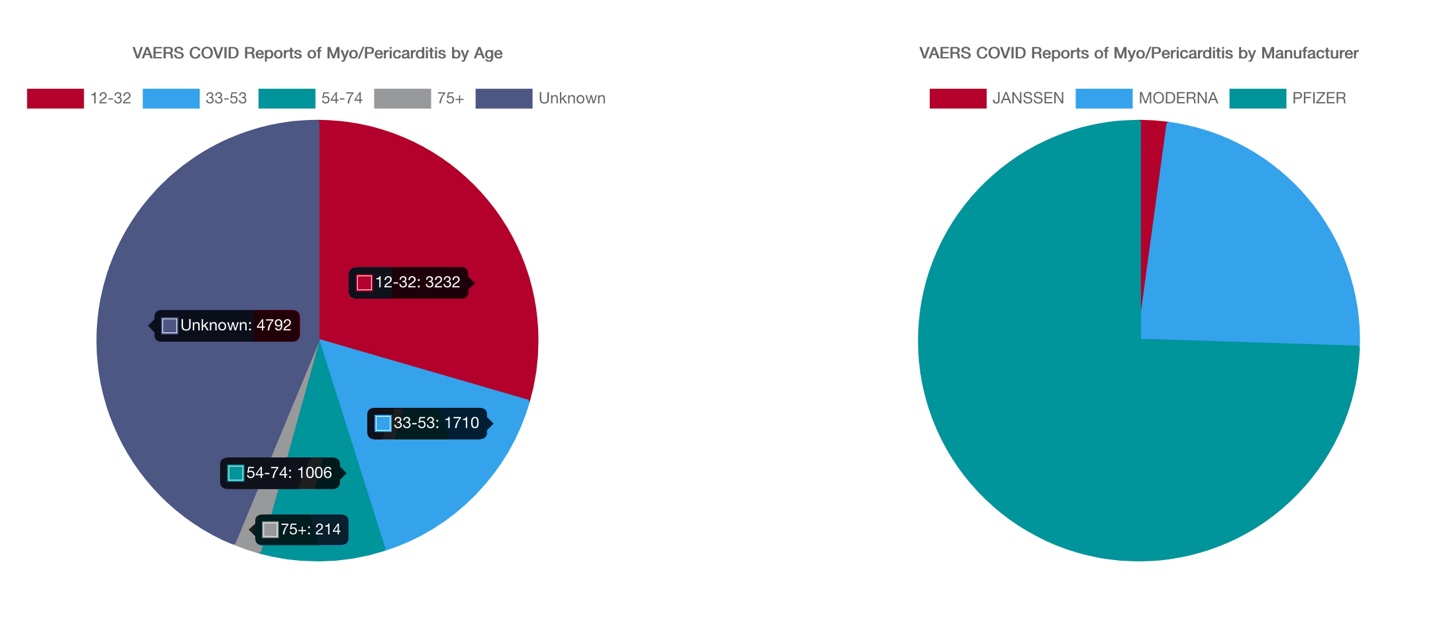
On the European database EudraVigilance Death has been listed as an outcome related to COVID-19 vaccines at least 27,247times as of October 9th, 2021 and includes 2,563,768adverse reactions.

**

Absent emergency authorisation which is being used by the UK Government and others around the world to roll out the experimental vaccines, these medications would have to be withdrawn from the “market”. In the USA, for example, deaths in relation to other vaccines numbering as few as 50 (in a country with a population in excess of 360 million) would cause withdrawal of the relevant medication. Comparable provisions apply in the UK and in Europe. This too is something directly relevant to informed consent, as is **the data which shows that children who participated in the Pfizer covid vaccine clinical trials have had an adverse reaction rate at 86%**12

**“*Myocarditis and Pericarditis …  
The observed risk is highest in males 12 through 17 years of age*”13**

**There is a wider acknowledged link to heart conditions (myocarditis/ myopericarditis and pericarditis) in young men and boys globally, in the US the VAERS reporting system (as of 22ndOctober) has captured 893 reports of myocarditis/myocardial infections and diseases & pericarditis/pericardial infections and diseases for age 6-17 year olds9 and 2,236 for age 18-29 year olds9 grand total for all ages of 10,954\* (\* see chart below).**



The US Food and Drug Administration (FDA) documentation acknowledges that in the case of the Pfizer-BioNTech*“There is no information on the co-administration of the Pfizer-BioNTech COVID-19 Vaccine with other vaccines”.*10 Therefore the risks and potential harm arising from co-administration with say HPV or Influenza “Flu” vaccines for example are unquantified at this time.

NHS Guidance limits the advice to be provided in relation to “informed consent” to communication of “the anticipated benefits of vaccination in the simplest of terms”, “the likely side effects from vaccination and any individual risks they may run should be addressed”, and “the disbenefits of not consenting to the vaccination”. It will be noted then that the stance of the NHS as regards the issue of consent is inadequate when compared with provision of fully informed consent, as shown in the attached document which sets out the law relating to informed consent which should be gone through to ensure informed consent is being given.

Principle 5 of the Nuremberg Code2 states that no medical experiments or trials should be conducted where there is an a priori (theoretical) reason to believe that death or disabling injury will occur. You will appreciate that these medical experiments (the trials for which conclude in 2023) are not theoretical as regards death or disabling injury: there is clear evidence of both arising.

That these medical experiments are not theoretical as regards causing deaths is confirmed by the release of figures during September 2021 by Public Health England (‘PHE’), those as at 16thSeptember 2021 showing that 70% of deaths in hospitals said to relate to Covid-19 were from recipients of two doses of the experimental vaccines, a figure which had risen to 78% as at 3rd October 2021. Of note is that (i) a person is now only considered to be fully vaccinated after receiving two doses and at least 14 days has passed since the second, and (ii) the release of these figures by PHE was made at times when mainstream media was concentrating on reporting on increases to national insurance contributions and on issues relating to availability of fuel respectively.

Further, there is now clear evidence11 to show that those people who have received two doses of an experimental vaccine, when testing positive for Covid-19, have a viral load between 251 – 256 times greater than people who are unvaccinated. Accordingly, these studies show that (contrary to government narrative) those who are vaccinated present a greater risk by way of viral load (for transmission purposes) both to the unvaccinated and to those who vaccinated, the latter now accepted to be at risk of repeated reinfection.

The percentage of figures provided by PHE and the studies referred to are consistent with government expectation as set out in the government’s document (dated 31/3/2021) entitled SPI-M-O: Summary of further modelling of easing restrictions-Roadmap 2, which sets out the government’s anticipation that deaths would predominantly come from those who are vaccinated.

**Duty of Care**

You have a duty of care, and a duty to do no harm and to prevent harm.

Tutors, lecturers, teachers, educational establishments hold a high degree of trust with students in that what a tutor / teacher says or presents is assumed to be correct by a student, an imparting of knowledge that is unbiased, factual, and ethical.

It is reasonable to assess therefore that a breach of this implied trust and professional ethics occurs when Teachers do not provide students with the acknowledged risks and potential consequences of an experimental drug, nor the relationship of their individual risks from either catching or spreading SARS-CoV-2.

**Receipt of this notice shows that you have been made aware that death or other serious injuries are possible outcomes for students taking the COVID-19 experimental vaccinations and that you are accepting responsibility for any injuries and or deaths that result from the said experimental vaccinations should you or those reporting to you in an employment and or contracting capacity require, encourage or indeed facilitate students to receive experimental COVID-19/SARS-CoV-2 mRNA/modRNAgene therapies/injections/vaccines (and or viral vector injections/vaccines).**

In conclusion, given the clear evidence that serious harm (or worse) can and does arise as a consequence of these experimental vaccines given to men, women, boys and girls, those involved at educational establishments (whether Dean, tutor, lecturer, teacher, governors or staff) involved in the process of requiring, encouraging or allowing the administration of COVID-19 vaccinations to students, whether directly or indirectly, render themselves liable to criminal prosecution for assault/wounding (or worse if death results) before the domestic courts, in addition to liability for prosecution before the International Criminal Court for breaches of the Nuremberg Code. This is quite separate to any civil liability that arises, or any prosecution for offences contrary to common law.

I therefore seek your reassurance that you will ensure that [insert students name] will not be vaccinated on educational premises and neither will there be any requirement or encouragement for [insert student’s name]to receive any COVID-19 or other experimental medications from staff, assuming that the university/ college is content to be involved in any way at all in what amount to clinical trials.

**Discrimination against unvaccinated students**

The Equality Act 2010, Part 6, Chapter 2, section 91(2)(a) prohibits an institution from discriminating against a student: in the way it provides education for the student; in the way it affords the student access to a benefit, facility of service; by not providing an education to the student; by not affording the student access to a benefit, facility or service; by excluding the student; by subjecting the student to any other detriment. Subsection (7) makes similar provision as regards victimisation of students.

It is now known that some educational establishments are purporting to exclude unvaccinated students from certain of its facilities and or services. This can only purport to be justified on the basis that unvaccinated students present some form of enhanced risk of either receiving Covid-19 (as regards which there is no medical or scientific evidence) or of transmitting it to others, which is directly contradicted by medical findings and statistics released by PHE.

A blanket preclusion of unvaccinated students from facilities or services may also amount to direct discrimination on medical, ethical or religious grounds. Accordingly, an institution which fails to undertake a person-specific assessment as whether such person would be considered to be exempt from vaccination on any ground would offend the provisions relating to any particular excluded student who has a claim to exemption by imposing, without more, an exclusion or limitation on that student. Such direct discrimination is, of course, quite separate to the application of Section 91 and quite separate from the issue of coercion in terms of young persons who have been unduly influenced to obtain a vaccine as opposed to have given their informed and free.

You will appreciate that the provisions of the Equality Act 2010 prevent you, or indeed anyone else, from making enquiry as to why a student may be exempt from having a medical procedure (including vaccines, and indeed PCR and lateral flow tests). It is imperative therefore that, not only do you refrain from requiring any student to have the medical procedure as a condition of any entrance or attendance but that you also do not require any student to provide reasons for any asserted exemption. Discrimination against any student who has not been vaccinated is lawfully, legally, ethically and morally wrong and could well result in financial penalties against you personally or the establishment.

I would also encourage you to send a letter to all students and their parents/guardians informing them of the points raised above, so as to suitably inform any decisions they may take concerning their health.

### Cited References:

1. COVID-19 vaccine efficacy and effectiveness—the elephant (not) in the room - <https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext>
2. The ten points of the Nuremberg Code

The ten points of the code were given in the section of the judges' [verdict](https://en.wikipedia.org/wiki/Verdict) entitled "Permissible Medical Experiments"

1. The voluntary consent of the human subject is absolutely essential.
2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

Source: Permissible Medical Experiments. Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10: Nuremberg October 1946–April 1949. Washington: U.S. Government Printing Office (n.d.), vol. 2, pp. 181-182.

<https://catalog.gpo.gov/F/?func=direct&doc_number=000786119&local_base=GPO01PUB>;   
<https://www.loc.gov/rr/frd/Military_Law/pdf/NT_war-criminals_Vol-II.pdf>

1. Legal basis for Informed Consent:<https://www.supremecourt.uk/cases/docs/uksc-2013-0136-judgment.pdf>
2. HASAWA Section 3: <https://www.legislation.gov.uk/ukpga/1974/37/section/3>
3. HASAWA relevant case law <https://publications.parliament.uk/pa/ld199697/ldjudgmt/jd961114/octel01.htm> -
4. YELLOW CARD SYSTEM REPORTS (UK)
   1. Website of vaccine reported adverse events - <https://coronavirus-yellowcard.mhra.gov.uk>
   2. Sample of Pfizer reported adverse events - <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986035/DAP_Pfizer_050521.pdf>
   3. Sample of Astra Zeneca reported adverse events - <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986033/DAP_AstraZeneca_050521.pdf>
   4. Sample of Moderna reported adverse events - <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986034/DAP_Moderna_050521.pdf>
   5. Sample of unspecified reported adverse events - <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/986036/DAP_Unspecified_050521.pdf>
5. VAERS REPORT (USA)

Run your own report to check results here by clicking link below and follow instructions:

<https://wonder.cdc.gov/vaers.html>

**Instructions for use**

Click ‘I agree’

Click ‘Data Report’

Choose from section 1. ‘Group results by - Vaccine manufacturer’

Choose from section 3. ‘Vaccine products - Covid 19 vaccines’

Choose from section 4. ‘Location – All Locations’

Choose from section 5. ‘Event category - Death’

Scroll to bottom of page and press ‘Send’

View latest data for deaths reported from Covid Vaccines grouped by Vaccine manufacturer

1. <https://dailyexpose.co.uk/2021/05/30/shocking-86-of-children-suffered-an-adverse-reaction-to-the-pfizer-covid-vaccine-in-clinical-trial/>; (<https://www.afinalwarning.com/522797.html>); <https://www.fda.gov/media/144413/download>
2. Myopericarditis following COVID-19 vaccination: Updates from the Vaccine Adverse Event Reporting System (VAERS) [Aug 30, 2021] <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-08-30/03-COVID-Su-508.pdf>
3. FDA Pfizer-BioNTechinformation: <https://www.fda.gov/media/144413/download>
4. <https://theexpose.uk/2021/10/02/dod-ai-programme-finds-ade-is-accelerating-in-the-fully-vaccinated/>

<https://poseidon01.ssrn.com/delivery.php?ID=852002002112006110065104018080123071089046022072028063018031100012044097056098123042106102094026047009115095005016077091122026046006072031112026017064085022091097007098075069059001095068011028055028000065034078042090084089102084070020006021082071110100113110125069022116068093095103087020099&EXT=pdf&INDEX=TRUE>

### OTHER SUPPORTING REFERENCES

DrAlasdair P S Munro, NIHR Southampton Clinical Research Facility and NIHR Southampton Biomedical Research Centre, University Hospital Southampton NHS Foundation Trust: <https://adc.bmj.com/content/105/7/618>

“NHS England draws up plan to give Covid jabs to children 12 and over;

Contingency planning in place to vaccinate secondary school pupils at start of new academic year”

<https://www.theguardian.com/world/2021/may/02/nhs-england-draws-up-plan-to-give-covid-jabs-to-children-12-and-over>

“The ongoing phase III trials for covid-19 vaccines are some of the most consequential randomised trials ever done.”.....“The covid-19 vaccine protocols should be scrutinised by the widest possible readership, to open a critical discussion of many questions about their design and conduct. These include why children, immunocompromised people, and pregnant women have been excluded from most trials; whether the right primary endpoint has been chosen; whether safety is being adequately evaluated; and whether gaps in our understanding of the clinical implications of pre-existing T cell responses to SARS-CoV-2 are being addressed.”

<https://www.bmj.com/content/371/bmj.m4058>

“Following extensive pre-clinical testing, this next phase of the trial will allow us to refine our innovative, self-amplifying RNA vaccine for the first time in humans.”

<https://www.imperial.ac.uk/covid-19-vaccine-trial/>

**COVID-19 VACCINATION CONSENT FORM**

**(including additional questions for students and young persons)**

**Purpose:**

This form has been designed to support the Informed Consent process for Covid-19 vaccinations.

**FOR THE LEGAL ADMINISTRATION OF ANY CV19 VACCINE, BOTH PARTIES MUST READ AND SIGN THIS DOCUMENT**

**Audience:**

• Doctors (or their delegated Health Care Professionals)

• Patients receiving Covid-19 Vaccine

**Background:**

This document is based on the Montgomery Judgement and GMC Guidelines.

The Montgomery Judgement and Informed Consent

<https://www.themdu.com/guidance-and-advice/guides/montgomery-and-informed-consent>

This Supreme Court judgement of Montgomery v Lanarkshire (2015) changed the standards of consent. The key passages from Montgomery Judgement state:

“...The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments....”

“The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.”

Before Montgomery, a doctor's duty to warn patients of risks was based on whether they had acted in line with a responsible body of medical opinion - known as the “Bolam test”. Now, **doctors must provide information about all material risks to which a reasonable person in the patient's position would attach significance**. This puts the patient at the centre of consent process, as their understanding of material risk must be considered. Both patient and doctor need to sign this document. If doctors fail to properly discuss the risks and alternative treatments with the patient, this renders them personally responsible for damages. This document therefore protects the patient and the doctor.

**General Medical Council Guidance - Decision Making and Consent (2020)**

(<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent> )

This states that doctors MUST attempt to find out what matters to patients, so they can share information about the benefits and harms of proposed options and reasonable alternatives. Note the word MUST makes this a legally binding directive. GMC Guidance states doctors MUST address the following information:

a) Recognise risks of harm that you believe anyone in the patient’s position would want to know. You’ll know these already from your professional knowledge and experience.

b) The effect of the patient’s individual clinical circumstances on the probability of a benefit or harm occurring. If you know the patient’s medical history, you’ll know some of what you need to share already, but the dialogue could reveal more.

c) Risks of harm and potential benefits that the patient would consider significant for any reason. These will be revealed during your discussion with the patient about what matters to them.

d) Any risk of serious harm, however unlikely it is to occur.

e) Expected harms, including common side effects and what to do if they occur.

**References**

|  |  |  |
| --- | --- | --- |
| **Vitamin D** | **Vitamin C** | **Iodine** |
| 1. <https://www.researchsquare.com/article/rs-21211/v1>    2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7513835>    3. <https://www.grassrootshealth.net/wp-content/uploads/2020/04/Grant-GRH-Covid-paper-2020.pdf>    4. <https://www.bmj.com/content/356/bmj.i6583> | 1. <http://orthomolecular.org/resources/omns/v16n25.sHtml>    2. <https://orthomolecular.activehosted.com/index.php>    3. <https://ccforum.biomedcentral.com/articles/10.1186/s13054-020-03249-y>    4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7592143/> | 1. <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3563092>    2. <https://www.medrxiv.org/content/10.1101/2020.05.25.20110239v1>    3. <https://www.researchgate.net/publication/34076984>    4. Iodine\_Intake\_to\_Reduce\_Covid-19\_Transmission\_and\_Mortality  <https://www.medrxiv.org/content/10.1101/2020.09.07.20180448v1> |

**Vaccine development & testing timeframes**:

“The discovery and research phase is normally two-to-five years, according to the Wellcome Trust. In total, a vaccine can take more than 10 years to fully develop”

<https://www.weforum.org/agenda/2020/06/vaccine-development-barriers-coronavirus/>

**Vaccines trigger post viral syndromes:**

“We present epidemiological, clinical and experimental evidence that ME/CFS constitutes a major type of adverse effect of vaccines” (2019 paper)

<https://www.sciencedirect.com/science/article/abs/pii/S1568997219301090>

**Allergy and autoimmunity effects of vaccines:**

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**References**

With respect to the new COVID-19 vaccinations the Doctor MUST inform the patient of the following and tick the box to indicate such:

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| **Montgomery Judgement & GMC Guidance** | **Facts** | **Notes** | **Discussed** |
| 2015 Montgomery Judgement on Informed Consent | The doctor is therefore under a duty to **take reasonable care** to ensure that the patient is aware of .......... **any reasonable alternative** or variant treatments. | Vitamin D, 5,000iu daily has proven benefit to prevent and treat Covid-19  Vitamin C, 5 grams daily has proven benefit to prevent and treat Covid-19  Topical antiseptics (such as iodine) are of proven benefit to reduce the loading dose, and hence disease severity, of Covid-19  **Ivermectin and Hydroxychloroquine are available alternative medications for prophylaxis and or treatment of COVID-19.**  **Individual medical practitioners who are licensed to prescribe Ivermectin, for example, have been advised by the MHRA in writing that they are permitted to do so if their clinical judgment is such that this is an appropriate course to take have undertaken the appropriate clinical assessment of a patient.** | Yes/no |
| **GMC Guidelines to Doctors** | **Facts** | **Notes** | **Discussed** |
| a. Recognised risks of harm that you believe anyone in the patient’s position would want to know. You’ll know these already from your professional knowledge and experience. | Limited short-term safety data: **NO** long-term  safety data available on current CV-19 vaccines,  including potential impacts on fertility.  mRNA vaccines are a completely novel  technology - essentially experimental, with the possibility of unanticipated/unpredictable long term/late onset health effects  Risk of Antibody Dependent Enhancement causing more severe Covid-19 illness on exposure to virus post-vaccination | CV-19 vaccine development accelerated. Vaccine safety testing normally c.10 years. Current CV-19 vaccines trialled for a few months with little/no animal testing. PHASE 3 trials won’t complete for 2 years  <https://www.bmj.com/content/370/bmj.m3096/rr>  <https://www.bulatlat.com/2020/08/21/hazards-of-the-covid-19-vaccine/>  CV-19 vaccines may sensitise recipients to more severe disease  <https://doi.org/10.1111/ijcp.13795>  Potential cross-reactivity of vaccine-induced antibodies to virus spike protein, with the placental protein syncytin-1, could cause infertility  <https://2020news.de/en/dr-wodarg-and-dr-yeadon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/> | Yes/no |
|  | There have been reports of some serious side effects including 2 cases of transverse myelitis and neurological conditions in the Astra Zeneca vaccine trial. | Astra Zeneca Transverse Myelitis report  <https://www.nature.com/articles/d41586-020-02594-w>  <https://www.nytimes.com/2020/09/19/health/astrazeneca-vaccine-safety-blueprints.html> | Yes/no |
| **GMC Guidelines to Doctors** | **Facts** | **Notes** | **Discussed** |
| continued | The CDC identified 6 case reports of anaphylaxisfollowing Pfizer-BioNtech vaccine meeting  Brighton Collaboration criteria for anaphylaxis  CDC updated advice on equipment necessary atall vaccination sites to deal with anaphylaxis | Anaphylaxis reports: [https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020- 12/slides-12-19/05-COVID-CLARK.pdf](https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-%2012/slides-12-19/05-COVID-CLARK.pdf)  Preparations to manage anaphylaxis vaccine recipients: <https://www.cdc.gov/vaccines/covid-19/info-byproduct/pfizer/anaphylaxis-management.html> | Yes/no |
| **b. The effect of the patient’s individualclinical circumstances on the probability ofa benefit or harm occurring.   If you knowthe patient’s medical history, you’ll knowsome of what you need to share already,but the dialogue could reveal more.** | It is known that vaccines can switch on allergy  and autoimmunity.    May be contraindicated with pre-existing autoimmune conditions or CFS/ME, or previous vaccine injury/reactions.    MHRA 09 December 2020: Any person with a history of anaphylaxis to a vaccine, medicine or food should not receive the Pfizer/BioNTechvaccine.    A second dose should not be given to anyone who has experienced anaphylaxis following  administration of the first dose | Any patient with a history or strong family history of allergies or    autoimmune conditions may choose to refuse a CV-19 vaccine. Doctors working with CFS/ME patients already advise them to avoid vaccination as this may trigger a relapse.  <https://www.gov.uk/government/news/confirmation-of-guidance-tovaccination-centres-on-managing-allergic-reactions-following-covid-19-vaccination-with-the-pfizer-biontech-vaccine> | Yes/no |
| **c. Risks of harm and potential benefits that the patient would consider significant for any reason. These will be revealed during your discussion with the patient about what matters to them.** | **Patient’s individual risk from Covid-19 MUST be discussed – IFR <0.05% for <70 years to weigh up against risk from vaccine. Patient expectation of vaccine benefit i.e. reducing risk of severe illness, hospitalisation and preventing infection with and transmission of SARS-Cov-2 Patients MUST be made aware of the full list of vaccine ingredients** | **Covid-19 IFR estimate by age (Table 2):**  <https://spiral.imperial.ac.uk:8443/bitstream/10044/1/83545/8/2020-10-29-COVID19-Report-34.pdf>  Make patient aware that current trials are not designed to show if CV-19 vaccine will reduce their risk of hospitalisation or death or will prevent infection and transmission of virus as may affect risk v benefit profile  <https://www.bmj.com/content/371/bmj.m4037>    Ethical/religious considerations e.g. animal products - vegetarianism/veganism, WI-38 human diploid cells (aborted fetus source) - pro-life/religious belief | **Yes/no** |

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| **GMC Guidelines to Doctors** | **Facts** | **Notes** | **Discussed** |
| **d. Any risk of serious harm, however unlikely it is to occur.** | The Doctor MUST consider the significance that the Patient may place on risk of material harm.    Patient MUST be made aware that the vaccine manufacturers have demanded and been granted immunity from liability for injury or death caused by the vaccines | One example may be if a patient has first-hand knowledge of a relative who has suffered serious harm following vaccination.    <https://www.gov.uk/government/consultations/distributing-vaccines-and-treatments-for-covid-19-and-flu/outcome/government-response-consultation-on-changes-to-the-human-medicines-regulations-to-support-the-rollout-of-covid-19-vaccines#extending-immunity-from-civil-liability> | **Yes/no** |
| **e. Expected harms, including common side effects and what to do if they occur.** | Full list of adverse reactions in insert to be shared. Common side-effects include chills, fever, myalgia, fatigue, arthralgia, headache, and pain at the injection site.  A reaction to the first dose increases risk of a major reaction to a second dose | Moderna vaccine -100% of high-dose participants report systemic side effects after second dose,  some severe  <https://www.nejm.org/doi/full/10.1056/NEJMoa2022483>  Before a second dose, the patient must be asked about their reaction to the first dose. | **Yes/no** |

**To be signed by both parties and a copy held by both parties for at least 7 years.**

**Doctor confirmation:**

**I confirm that I have discussed the above issues at length with the patient below, in accordance with the 2015 Montgomery Judgement and GMC Guidelines, *including:***

*For a boy or girl or young man or woman, exclusion of peer, celebrity, social or educational establishment pressure and, in particular, ensuring that the young person is aware that they are entitled to decide not to have the vaccine and that they will not be discriminated against in any way as a result of their choice.*

**I understand that failure to correctly and fully inform my patient renders me personally and legally responsible for any damages.**

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| --- | --- |
| **Date and Time** |  |
| **Name of doctor or Nurse**  **administrating** |  |
| **Professional number of doctor**  **(GMC) or nurse (GNC)** |  |
| **Name of vaccine, batch number**  **and date of administration** |  |
| **Signature** |  |

**Patient consent:**

**I confirm that I have discussed the above issues at length with the doctor or health professional above. I accept that I have been correctly informed of possible side effects of the Covid-19 vaccine and the alternatives to vaccination. I choose and consent to receive the Covid-19 vaccination.**

|  |  |
| --- | --- |
| **Date and Time** |  |
| **Name of Patient** |  |
| **Name of parent or guardian if consenting on behalf of a child** |  |
| **Contact phone number or email** |  |
| **Signature** |  |