

Incident reference	780335
Date opened	08/06/2021
Date closed	15/06/2021
End user	No name provided
End user email	[REDACTED]
Reference	<p>It says on your right to refuse treatment page that for consent to treatment or refusal of treatment to be valid: "Appropriately informed: you must be given full information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment doesn't go ahead." You have conducted a disinformation campaign, with pharmaceutical conglomerates and governments to suppress doctors from speaking about ivermectin and hydroxychloroquine, as effective treatments and prophylactics. You've put up insane barriers to "prove" effectiveness, while pushing an illegitimate experimental treatment. This seems to be a crime. It is against your own policy here. Please stop pushing the vaccine as an only option. Actually, revoke the emergency use authorisation! (As, with effective alternative treatments, it doesn't pass the hurdle that requires this "warp speed") . Absolutely stop giving it to fertile people!! ARE YOU MAD?!? Do I have to sue you? someone needs to, if there's no adults there. DOCTORS ARE NOT MERE TECHNICIANS, give them back their voice!! FOR IT IS OUR VOICE! Or get out of the way and stop infantilising everyone!</p>
Correspondence	
08/06/2021 15:20:34:	nhswebsite.servicedesk@nhs.net to [REDACTED]
	<p>Dear Sir/Madam,</p> <p>Thank you for taking the time to contact the NHS Website service desk. We have logged a ticket for you under the reference SDT-780335. A member of our service desk team will be in touch.</p> <p>Please be aware that the NHS Website Service Desk cannot advise on queries relating to the Book a Coronavirus Vaccination tool or the national vaccination program. If your query is regarding this then please contact the vaccination programme call centre at 119. For medical advice please call 111 or go to https://111.nhs.uk/</p> <p>This service desk does not give medical advice to or about any patient. Submitting feedback is not a substitute for a medical consultation.</p> <p>This service desk is not monitored 24 hours. We are unable to act on any feedback that:</p> <ol style="list-style-type: none"> 1) is seeking medical advice; 2) threatens self-harm; or 3) threatens or describes criminal activity. <p>Additionally 2) and 3) may result in us passing your feedback and contact details to the police or appropriate local services, please see our privacy policy for details: https://www.nhs.uk/our-policies/privacy-policy/</p> <p>The service desk team endeavour to assist everyone, however queries and issues that do not relate to www.nhs.uk are out of our</p>

	<p>control. This may cause a delay in our response, as we attempt to obtain additional information to aid you further.</p> <p>Please be aware due to the high volume of contact that we receive daily, we are not always able to provide a response on the same day. We will, however, attempt to contact you at our earliest opportunity and we thank you for your patience at this time. Please see the bottom of this email for useful contacts for queries and issues that don't relate to www.nhs.uk.</p> <p>If you require an update at any time, please feel free to respond to this email quoting the reference SDT-780335.</p> <p>If the below answers your query or you would like to close your ticket --> Please Click Here <--</p> <p>Kind Regards, NHS Website Service Desk</p>
Resolution info	
10/06/2021 15:57	No response provided to end user
	Closure Notes – Feedback

Incident reference	780336
Date opened	08/06/2021
Date closed	15/06/2021
End user	No name provided
End user email	[REDACTED]
Reference	<p>It says on your right to refuse treatment page that for consent to treatment or refusal of treatment to be valid: "Appropriately informed: you must be given full information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment doesn't go ahead." You have conducted a disinformation campaign, with pharmaceutical conglomerates and governments to suppress doctors from speaking about ivermectin and hydroxychloroquine, as effective treatments and prophylactics. You've put up insane barriers to "prove" effectiveness, while pushing an illegitimate experimental treatment. This seems to be a crime. It is against your own policy here. Please stop pushing the vaccine as an only option. Actually revoke the emergency use authorisation! (As, with effective alternative treatments, it doesn't pass the hurdle that requires this "warp speed") .. Absolutely stop giving it to fertile people!! ARE YOU MAD?!?! Do I have to sue you? someone needs to, if there's no adults there. DOCTORS ARE NOT MERE TECHNICIANS, give</p>

	them back their voice!! FOR IT IS OUR VOICE! Or get out of the way, and stop infantilising everyone!
Correspondence	
08/06/2021 15:21:10:	nhswebsite.servicedesk@nhs.net to [REDACTED]
	<p>Dear Sir/Madam,</p> <p>Thank you for taking the time to contact the NHS Website service desk. We have logged a ticket for you under the reference SDT-780336. A member of our service desk team will be in touch.</p> <p>Please be aware that the NHS Website Service Desk cannot advise on queries relating to the Book a Coronavirus Vaccination tool or the national vaccination program. If your query is regarding this then please contact the vaccination programme call centre at 119. For medical advice please call 111 or go to https://111.nhs.uk/</p> <p>This service desk does not give medical advice to or about any patient. Submitting feedback is not a substitute for a medical consultation.</p> <p>This service desk is not monitored 24 hours. We are unable to act on any feedback that:</p> <ol style="list-style-type: none"> 1) is seeking medical advice; 2) threatens self-harm; or 3) threatens or describes criminal activity. <p>Additionally 2) and 3) may result in us passing your feedback and contact details to the police or appropriate local services, please see our privacy policy for details: https://www.nhs.uk/our-policies/privacy-policy/</p> <p>The service desk team endeavour to assist everyone, however queries and issues that do not relate to www.nhs.uk are out of our control. This may cause a delay in our response, as we attempt to obtain additional information to aid you further.</p> <p>Please be aware due to the high volume of contact that we receive daily, we are not always able to provide a response on the same day. We will, however, attempt to contact you at our earliest opportunity and we thank you for your patience at this time. Please see the bottom of this email for useful contacts for queries and issues that don't relate to www.nhs.uk.</p> <p>If you require an update at any time, please feel free to respond to this email quoting the reference SDT-780336.</p> <p>If the below answers your query or you would like to close your ticket ---> Please Click Here <---</p> <p>Kind Regards,</p> <p>NHS Website Service Desk</p>
Resolution info	
10/06/2021 15:57	No response provided to end user

Closure notes – General feedback- No response required
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Incident reference	785580
Date opened	23/06/2021
Date closed	01/07/2021
End user	[REDACTED]
End user email	[REDACTED]
Reference	<p>Response required.</p> <p>It says on your right to refuse treatment page that for consent to treatment or refusal of treatment to be valid: "Appropriately informed: you must be given full information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment doesn't go ahead." You have conducted a disinformation campaign , with pharmaceutical conglomerates and governments to suppress doctors from speaking about ivermectin and hydroxychloroquine, as effective treatments and prophylactics. You've put up insane barriers to "prove" effectiveness, while pushing an illegitimate experimental treatment. This seems to be a crime. It is against your own policy here. Please stop pushing the vaccine as an only option. Actually revoke the emergency use authorisation! (As, with effective alternative treatments, it doesn't pass the hurdle that requires this "warp speed") .. Absolutely stop giving it to fertile people!! ARE YOU MAD?!?! Do I have to sue you? someone needs to, if there's no adults there. DOCTORS ARE NOT MERE TECHNICIANS, give them back their voice!! FOR IT IS OUR VOICE! Or get out of the way, and stop infantilising everyone!</p>
Correspondence	
23/06/2021 10:41:26	[REDACTED] to nhswebsite.servicedesk@nhs.net
	Response required
25/06/2021 14:26:16	Information request from nhswebsite.servicedesk@nhs.net to [REDACTED]
	<p>Dear aran,</p> <p>Thank you for contacting the NHS Website Service Desk.</p> <p>In order for us to investigate SDT-785580 further, please can you provide us with the following information?</p> <p>A link to the page you are referring to</p> <p>Kind Regards</p> <p>NHS Website Service Desk</p>
25/06/2021 14:43:36	[REDACTED] to nhswebsite.servicedesk@nhs.net
	https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/do-i-have-the-right-to-refuse-treatment/

25/06/2021 14:46:16	████████████████████ to nhswebsite.servicedesk@nhs.net
	You better not just scrub it.
25/06/2021 15:01:57	████████████████████ to nhswebsite.servicedesk@nhs.net
	<p>It appears that you have prevented informed consent for all vaccinated individuals. Thus logically are legally culpable for any downstream consequences, the buck stops at the NHS I'm afraid. Since the Supreme Court decision in 2015 changed the number and size of compensation payouts has increased dramatically and this data comes from before the vaccine rollouts. I truly don't see the NHS surviving what's next.</p> <p>It also appears that you have coerced people into taking treatments in every possible way that you could have.</p> <p>For instance, you have done this by suppressing information on alternative treatments in order to enable an emergency use authorisation of a dangerous new technology.</p> <p>You have inflated case numbers in order to manufacture fear, this was achieved by over cycling PCR tests (as per various FOI releases).</p> <p>You have also undercounted adverse vaccine events.</p> <p>You have used applied psychology and what amounts to state terrorism in concert with media and technology companies (as per the SAGE admissions reported in the telegraph).</p> <p>Public health authorities globally have threatened, maligned and silenced leading doctors for speaking out.</p> <p>Etc etc....</p>
25/06/2021 15:09:52	████████████████████ to nhswebsite.servicedesk@nhs.net
	<p>Correction:</p> <p>It appears that you have prevented informed consent for all vaccinated individuals. Thus are legally culpable for any downstream consequences of those treatments. The manufacturers have immunity, it doesn't matter that your board was co-opted by the government with emergency powers, ultimately it is each medical professionals responsibility to ensure informed consent.</p> <p>See Supreme Court decision <i>Montgomery v Lanarkshire Health Board</i> The effect of this decision has already increased compensation payouts and award frequency apparently at least 4 fold, this increase is pre vaccine rollout.</p>
30/06/2021 10:37:35	████████████████████ m to nhswebsite.servicedesk@nhs.net
	Are you going to give me a response then?
	What is your malfunction?

01/07/2021 07:39:07	[REDACTED] to nhswebsite.servicedesk@nhs.net
	<p>You appear to be an “appeal to authority” kind of group, so here, I copy an essay from: https://www.rwmalonemd.com/news someone more accredited and knowledgeable about this subject than your superiors. (Regardless of attempts to write him out of history)</p> <p>READ IT, GROW UP, ACT!</p> <p>I still want a response, sooner than later, every day you harm more people, should I be initiating legal proceedings? Do you have any reason why I should now?</p> <p>June 30, 2021 Bioethics of Experimental COVID Vaccine Deployment under EUA: It’s time we stop and look at what’s going down</p> <p>I provide this brief essay because you are involved or at least interested in human subject clinical research. By way of background, please understand that I am a vaccine specialist and advocate, as well as the original inventor of the mRNA vaccine (and DNA vaccine) core platform technology. But I also have extensive training in bioethics from the University of Maryland, Walter Reed Army Institute of Research, and Harvard Medical School, and advanced clinical development and regulatory affairs are core competencies for me.</p> <p>Before examining the bioethical foundations of current policy and practice which underpin experimental COVID vaccine deployment in many in many western nations, allow me to begin by sharing some “real world” first-hand evidence.</p> <p>I was on a call with a Canadian primary care physician last week for a couple of hours. He related the story of the six (in his mind) highly unusual clinical cases of post-vaccination adverse events that he has personally observed in his practice involving vaccination of his patients with the Pfizer mRNA vaccine product. Keep in mind that it was Canadian physicians – acting of their own accord – who filed the FOIA to gain access to the Pfizer vaccine IND (see https://trialsitenews.com/did-pfizer-fail-to-perform-industry-standard-animal-testing-prior-to-initiation-of-mrna-clinical-trials/).</p> <p>What was most alarming to me was that my clinical primary practice physician colleague told me that each of these cases were reported as per the proper channels in Canada, and each was summarily determined to not be vaccine related by the authorities without significant investigation. Furthermore, he reported to me that any practicing physician in Canada who goes public with concerns about vaccine safety is subjected to a storm of derision from academic physicians and potential termination of employment (state-controlled socialized medicine) and loss of license to practice.</p>

This is one face of censorship in the time of COVID (see <https://www.embopress.org/doi/full/10.15252/embr.202051420>). But what are official public health leaders afraid of? Why is it necessary to suppress discussion and full disclosure of information concerning mRNA reactogenicity and safety risks? Let's analyze the vaccine-related adverse event data rigorously. Is there information or patterns that can be found, such as the recent finding of the cardiomyopathy signals, or the latent virus reactivation signals? We should be enlisting the best biostatistics and machine learning experts to examine these data, and the results should- no must- be made available to the public promptly. Please follow along and take a moment to examine the underlying bioethics of this situation with me.

I believe that adult citizens must be allowed free will, the freedom to choose. This is particularly true in the case of clinical research. These mRNA and recombinant adenovirus vaccine products remain experimental at this time. Furthermore, we are supposed to be doing rigorous, fact-based science and medicine. If rigorous and transparent evaluation of vaccine reactogenicity and treatment-emergent post-vaccination adverse events is not done, we (the public health, clinical research and vaccine developer communities) play right into the hands of anti-vaxxer memes and validate many of their arguments. The suppression of information, discussion, and outright censorship concerning these current COVID vaccines which are based on gene therapy technologies cast a bad light on the entire vaccine enterprise. It is my opinion that the adult public can handle information and open discussion. Furthermore, we must fully disclose any and all risks associated with these experimental research products.

In this context, the adult public are basically research subjects that are not being required to sign informed consent due to EUA waiver. But that does not mean that they do not deserve the full disclosure of risks that one would normally require in an informed consent document for a clinical trial. And now some national authorities are calling on the deployment of EUA vaccines to adolescents and the young, which by definition are not able to directly provide informed consent to participate in clinical research – written or otherwise.

The key point here is that what is being done by suppressing open disclosure and debate concerning the profile of adverse events associated with these vaccines violates fundamental bioethical principles for clinical research. This goes back to the Geneva convention and the Helsinki declaration. See <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>. There must be informed consent for experimentation on human subjects. The human subjects – you, me, and the citizens of these countries – must be informed of risks. As a community, we have already had a discussion and made our decision – we cannot compel prisoners, military recruits, or any other population of humans to participate in a clinical research study. For example, see the Belmont report, which provided the rationale for US federal law Code of Federal Regulations 45 CFR 46 (subpart A), referred to as “The Federal Policy for the Protection of Human Subjects” (also known as the “Common Rule”).

Quoting from the Belmont Report:

“Informed Consent. — Respect for persons requires that subjects, to the degree that they are capable, be given the opportunity to choose what shall or shall not happen to them. This opportunity is provided when adequate standards for informed consent are satisfied.

While the importance of informed consent is unquestioned, controversy prevails over the nature and possibility of an informed consent. Nonetheless, there is widespread agreement that the consent process can be analyzed as containing three elements: information, comprehension and voluntariness.”

<https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>

Information, comprehension, and voluntariness. To my eyes, it appears that in many regions public health leadership has stepped over the line and is now violating the bedrock principles which form the foundation upon which the ethics of clinical research are built. I believe that this must stop. We must have transparent public disclosure of risks – in a broad sense – associated with these experimental vaccines. It is either that, or the entire modern bioethical structure which supports human subjects research will have to be re-thought.

I really think we need to

“stop, children, what’s that sound – everybody look what’s going down”

(For What it’s Worth, Buffalo Springfield)

Furthermore, as these vaccines are not yet market authorized (licensed), coercion of human subjects to participate in medical experimentation is specifically forbidden. Therefore, public health policies which meet generally accepted criteria for coercion to participate in clinical research are forbidden.

For example, if I were to propose a clinical trial involving children and entice participation by giving out ice cream to those willing to participate, any institutional human subjects safety board (IRB) in the United States would reject that protocol. If I were to propose a clinical research protocol wherein the population of a geographic region would lose personal liberties unless 70% of the population participated in my study, once again, that protocol would be rejected by any US IRB based on coercion of subject participation. No coercion to participate in the study is allowed. In human subject clinical research, in most countries of the world this is considered a bright line that cannot be crossed. So, now we are told to waive that requirement without even so much as open public discussion being allowed?

In conclusion, I hope that you will join me; stop to take a moment and consider for yourself what is going on. The logic seems clear to me. 1) An unlicensed medical product deployed under emergency use authorization (EUA) remains an experimental product under clinical

	<p>research development. 2) EUA authorized by national authorities basically grants a short-term right to administer the research product to human subjects without written informed consent. 3) The Geneva Convention, the Helsinki declaration, and the entire structure which supports ethical human subjects research requires that research subjects be fully informed of risks and must consent to participation without coercion. Has that bright line been crossed? If so, what actions are to be taken? I look forward to learning from your thoughts and conclusions.</p> <p>Author: Robert W. Malone, MD, MS</p>
Resolution info	
28/06/2021	No response provided to end user
	Closure Notes – No response required

Incident reference	790176
Date opened	04/07/2021
Date closed	19/01/2022
End user	No name provided
End user email	[REDACTED]
Message	<p>Still waiting...</p> <p>I'm not alone. I'll cc another relevant open letter here again:</p> <p>Sir Simon Stevens Chief Executive Officer NHS England 2 July 2021 Dear Mr Stevens Re: My Client: Dr Sam White I am instructed by Dr Sam White, a GP. Dr Sam White has had his licence to practise within the NHS suspended by letter from the NHS dated 26 June 2021. Please treat this letter as a public interest disclosure or whistle blow in that it raises allegations of alleged criminal conduct and breach of legal obligations by those leading the covid response. The reasons given for my client's suspension have been inconsistent. My client has been told one thing verbally and another in writing. What my client has been told in writing is he has been suspended on the basis of his social media output. My client's social media output does not differ in any material extent to other clinicians also with an online presence who have not been suspended. My client raised concerns during his NHS five year revalidation appraisal process with the NHS in November 2020. All of these concerns were raised during the revalidation appraisal process and overlap with what is in my client's social media content.</p> <p>The NHS took no action on either the substance of the concerns raised in my client's appraisal nor did the NHS take any action</p>

against my client for raising those concerns during his appraisal. My client's appraisal was signed off by the NHS Responsible Person. The same Responsible Person who later suspended my client.

It would appear that the reason the NHS took the action they did of suspending my client from practice in the NHS was the fact that the contents of Dr White's video went viral clocking up over a million views in June 2021.

The NHS appears to have taken umbrage at my client letting the cat out of the bag. The NHS appear to have acted in the way they did because my client pointed out that there are a number of elephants in the room. My client is entitled to point out alleged wrongdoing and is also entitled not to be victimised for so doing.

My client's social media output sets out two main propositions which are further developed here:

The vaccine programme has been rolled out in breach of the legal requirements for clinicians to obtain the free and informed consent of those being vaccinated.

That the requirement to wear face coverings in an NHS setting is in breach of common law obligations not to cause harm and breaches statutory obligations in relation to provision of PPE.

My client has instructed me to write to you setting out the complaint that he has been victimised and harassed for telling the truth by the organisation you head.

Clinicians should feel able to voice genuine concerns relating to alleged malpractice without fear for their ability to practice within the NHS being suspended.

The truth that Dr White is telling may be uncomfortable for you to hear. But hear it you must.

I am instructed to copy this letter to the relevant regulators as well as law enforcement.

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I am also instructed by my client to publish this letter on social media as the public has the right to know what is happening and how truth is being suppressed.

The allegations are that the following groups of people have committed unlawful and potentially criminal acts in breach of their common law obligations to act in the best interests of the public as well as in breach of their common law obligation of doing no harm to the public.

The Nolan Principles of Standards in Public Life are alleged to have been breached.

The groups of people who my client alleges have breached common law obligations are:

- HM Government.
- The Executive Board of the NHS.
- SAGE.
- Senior public office holders within the civil service.
- The Executive Board of the MHRA.

In relation to the MHRA they have failed to ensure that the vaccine advertising programme meets their common law obligations as well as their statutory obligations.

The MHRA in granting emergency use authorisation for the vaccines has failed in their obligation to consider whether there are

safe and effective medicines available as an alternative to vaccination.

The MHRA is failing in its obligations in failing either to instruct a bio-distribution study is conducted on those who have been vaccinated or in failing to publish the findings of such a bio-distribution study. A bio-distribution study is a study of what happens to the vaccine after it is injected into the body.

I am instructed to set out the factual allegations in a comprehensible way, free of jargon, so the general public can follow what is being said.

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To assist my client has provided source material to back up every single one of his principal facts and that source material will be referenced via footnotes or endnotes.

The Vaccination Roll Out:

Clinicians practising within the NHS are obliged to do two things when administering a vaccine:

To do no harm.

To obtain the free and informed consent of those being vaccinated.

The law on free and informed consent is set out in the case of Montgomery.

Montgomery's case which went to the Supreme Court laid down the principles for what amounts to free and informed consent.

That the patient is given sufficient information – to allow individuals to make choices that will affect their health and well being on proper information.¹

Sufficient information means informing the patient of the availability of other treatments.²

That the patient is informed of the material risks of taking the vaccine and the material risks of declining the vaccine.

The Montgomery principles are in line with Article 6 of the Unesco Declaration of Bio- Ethics and Human Rights, the right to decline any medical treatment without being penalised is enshrined in International Law.³

¹ Per Lord Justice Simon in Webster v Burton Hospitals NHS Foundation Trust [2017] EWCA Civ 62

² Montgomery v Lanarkshire Health Board [2015] UKSC 11 3
http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html

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Breach of these principles on free and informed consent is professional gross misconduct at an individual level.

At an organisational level if the NHS does not have clear evidence that every person being vaccinated has given free and informed consent it will render those holding executive office within the NHS as legally liable for those institutional failings.

The Government has set the vaccination strategy. The NHS has led the roll out. The strategy and roll out has included the provision of information to the public.

Much of the information has been inadequate or misleading.

1. Montgomery Guideline 1: Sufficiency of Information:

The provision of information has been inadequate. The principal source of information to the public has been the following:

- The Daily Press Conferences.
- The NHS badged advertisements.
- The Patient Information Leaflet.

The information presented has not informed the public of the following material risks:

- The material risk of being infected with the coronavirus.
- The material risk if infected of being hospitalised by the coronavirus.
- The material risk if infected of not being hospitalised by the coronavirus.
- The material risk of dying from the coronavirus infection.
- The material chance of recovering from the coronavirus infection.
- The material chance of having an asymptomatic infection.
- The numbers of people with existing antibody immunity or memorised T cell response.

Before we come to what information has been presented to the public it should be noted that those presenting the information have not publicly declared at the press conferences their financial links to the vaccine industry. Public Office Holders should

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act with integrity and transparency when presenting information to the public, particularly information relating to public health.

Those financial links include direct investment in the vaccine industry as well as financial assistance with grants from charitable foundations set up by those with investments in the vaccine industry.⁴

It should be noted that Moderna's share price has risen from \$10 to over \$200⁵ in the space of eighteen months. Bill Gates and his charitable foundation are significant investors in Moderna⁶, one of the companies supplying a vaccine. It should also be noted that Bill Gates has a known association with Geoffrey Epstein.⁷

Many of those presenting the information to the public are associated with or employed directly or indirectly by organisations who have been financially funded by the Gates Foundation.

The MHRA, the UK regulatory body approving the vaccines, has itself been funded by the Gates Foundation.⁸

Finally the former secretary of state did not declare to the public that he had a girlfriend and he did not declare that that girlfriend had financial links through her business with PPE and other contracts⁹ over which Matt Hancock had responsibility.

When presenting information on a public health matter the Nolan Principles require transparency.

⁴ <https://www.conservativewoman.co.uk/sages-covert-coup>
<https://tinyurl.com/c89nke49>

⁵ <https://www.modernatx.com/ecosystem/strategic-collaborators/foundations-advancing-mRNA-science-and-research>

⁷ <https://www.nytimes.com/2019/10/12/business/jeffrey-epstein-bill-gates.html>

⁸ <https://www.gov.uk/government/news/mhra-awarded-over-980000-for-collaboration-with-the-bill-and-melinda-gates-foundation-and-the-world-health-organisation>

<https://www.prweek.com/article/1700784/hancock-faces-questions-luther-pendragon-shareholder-hired-advisory-role>

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The Nolan Principles requires those presenting the information to declare any interests publicly so that those receiving the information can determine whether the information has been presented in an objective way or in a way that lacks balance and may favour any undeclared interests.

How many people know for example that our Chief Medical Officer has been or is involved in Vaccine organisations which have been substantially funded by the Gates Foundation as well as other vaccine businesses?10

How many people know that our Chief Scientific Officer has substantial investments in Astra Zeneca?

Dominic Cummings talked about Mr Gates' influence in government during his session in select committee.

If a Public Office Holder is presenting information about public health to the public, those people should be upfront and transparent about their interests and who has funded those interests as they might have a bias towards vaccination when other more optimal routes may be available. Vaccination should not be presented as the only route out of the declared pandemic when there are other routes that can be run in tandem. The Officials should level with the public.

It seems from day one the Public have been informed via press conferences that there was only one medical route out of the pandemic and that was via vaccination. That route is not the only available route. Quicker, cheaper and less risky routes are also available as an alternative to those who have no need or desire to be vaccinated and these routes have been known about for many months.

Taking each risk in turn:

The material risk of being infected:

10 <https://www.gavi.org/investing-gavi/funding/donor-profiles> 7

The Government and the NHS has supplied information to the public information on the number of infections.

That information does not differentiate between:

Those individuals testing positive without a Doctor or nurse diagnosing

that individual and confirming that they are infected and or are ill with covid.

Those individuals testing positive where a Doctor or nurse has diagnosed infection in that individual and has diagnosed that they are

ill with covid.

The principal diagnosis tools have been:

The lateral flow test.

The PCR test.

Primary Care in the form of General Practice Doctors have by and large been kept out of the diagnostic loop.

The NHS's internal leaflet says that a positive test should not be relied on alone but a clinician, a Doctor or nurse, should confirm the fact of infection by clinical diagnosis.

The tests have been subject to major criticism for being unreliable and producing false positives. 11 The writer of this letter has a letter from his MP stating that the tests used can test for any Winter virus. It is probable therefore that the data presented by the government as infections with coronavirus also includes individuals who have tested positive but the test has failed to distinguish what sort of virus is present and whether that virus is old or recent.

Dr Fauci admitted that PCR tests do not test for infectiousness.12 Reports of schoolchildren testing positive using lemon juice show how unreliable these tests are. 13

The inventor of the PCR test has also stated that the PCR test should not be used as a diagnosis tool.

11 <https://cormandrostenreview.com/report/>
 12 https://www.youtube.com/watch?v=a_Vy6fgaBPE
 13 <https://inews.co.uk/news/technology/tiktok-fake-covid-positive-test-schools-1079693>

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The Portuguese Court of Appeal said it is contrary to international law for a positive test result alone to be used without a Doctor or nurse also seeing the person with that test result and diagnosing an infection.14

The public do not know how many people have been classed as an infection on test alone or on test and clinical diagnosis. That is a major failing in gathering data and presenting data.

The cycle threshold at which the PCR test has been set is too high to give reliable data on infection.

The WHO suggested re-setting the cycle rate on the PCR test in January 2021 it is unknown whether the NHS has adopted that advice.15

The press conferences have heightened the public's sense of the material risk as the information presented has in my client's view exaggerated the numbers in a material way.

There has been no publicity at all at the press conferences that covid is not a High Consequence Infectious Disease.16

The material risk of being hospitalised with covid:

The numbers of hospitalisations of people with covid has been presented to the public at the press conference and then disseminated via news broadcasts.

That information has not differentiated between:

Those presenting in hospital with covid illness.

Those presenting in hospital with another condition who have subsequently been tested positive for coronavirus.

Whether those hospitalised with coronavirus have caught the infection in hospital.

The information presented to the public has also not set out the numbers of people who have recovered from covid.

In assessing material risk the public need to have adequate information.

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<https://translate.google.com/translate?hl=&sl=pt&tl=en&u=http%3A%2F%2Fwww.dgsi.pt%2Fjtrl.nsf%2F33182fc732316039802565fa00497eec%2F79d6ba338dcbe5e28025861f003e7b30>

15
 16 <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid-9>

<https://www.who.int/news/item/20-01-2021-who-information-notice-for-ivd-users-2020-05>

The allegation is that the information has been presented in such a way to make the public think that the material risks are greater than they are. This has either been intentional or grossly negligent.

Presenting information in a distorted way affects the public's ability to weigh up the material risk that coronavirus presents.

The public are unable to give proper informed consent to vaccination if the material risks have been exaggerated or distorted.

The material risks of dying from covid:

The information presented to the public does not differentiate between:

- Those dying from covid.
- Those dying from another condition but who have tested positive within 28 days of death.
- Those dying from another condition but who have tested positive after death.

The death certificates are allowed to be signed by Doctors who may not have seen the individual who has died before death.

Anyone who has died within 28 days of a positive test is recorded as a covid death.

The public is unable to determine what their material risk is of dying from covid as the numbers of deaths from covid have been exaggerated and are unreliable. The CDC in the USA has recently presented its information in a different way to enable any individual to find out how many people have died from covid alone without having any other medical condition or co-morbidity.¹⁷

A Portuguese Court has recently found that the numbers of people said to have died from covid has been exaggerated.¹⁸

<https://www.the-scientist.com/news-opinion/no-the-cdc-has-not-quietly-updated-covid-19-death-estimates-67902>

<https://www.expatica.com/pt/news/lisbon-court-rules-only-0-9-of-verified-cases-actually-died-of-covid-100196/>

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The data about risk of dying has also been confused by the fact that Do Not Resuscitate Notices have been used unilaterally without consent and the widespread use of Midazolam during the pandemic in care home settings.^{19 20}

The information that has been presented shows that the distribution of risk is uneven.

Those under 75 who are healthy are unlikely to die from covid.

The risk is asymmetrical.

The vaccination roll out has been symmetrical.

The government's communication on vaccination has been inconsistent.

The Prime Minister of the country in January 2021 described the vaccination

roll out as an immunisation programme. That communication gave the public

the impression that vaccines would provide immunity.

The vaccine trials have been set up to have as their trial design and trial protocol

to reduce symptoms²¹. The Prime Minister was at best sloppy with his language

as the vaccine trial protocols was to test for efficacy of symptom reduction.

It should also be noted that the vaccine protocols also refer to the use of PCR

tests in the clinical trials, despite those tests' known unreliability.²²

¹³ None of the vaccines provide immunity. None of the vaccines stop

transmission.

¹⁴ Initially the government said that only those identified as

vulnerable should be

vaccinated. That then changed. Mr Gates met with the PM before the change

in policy, this meeting with Mr Gates was to discuss a global

vaccine strategy.²³

Initially the government said that children would not be vaccinated. That then

changed.

Initially government said restrictions would be released when 15 million people

had been vaccinated, that then changed.

Initially government said it had no plans for vaccination passports, that then

changed.

[https://www.dailymail.co.uk/news/article-9374291/Scandal-500-](https://www.dailymail.co.uk/news/article-9374291/Scandal-500-care-home-patients-given-DNR-orders-without-consent.html)

[care-home-patients-given- DNR-orders-without-consent.html](https://www.dailymail.co.uk/news/article-8514081/Number-prescriptions-drug-midazolam-doubled-height-pandemic.html)

[https://www.dailymail.co.uk/news/article-8514081/Number-](https://www.dailymail.co.uk/news/article-8514081/Number-prescriptions-drug-midazolam-doubled-height-pandemic.html)

[prescriptions-drug-midazolam- doubled-height-pandemic.html](https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf)

²¹ [https://cdn.pfizer.com/pfizercom/2020-](https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf)

[11/C4591001_Clinical_Protocol_Nov2020.pdf](https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf)

²² [https://cdn.pfizer.com/pfizercom/2020-](https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf)

[11/C4591001_Clinical_Protocol_Nov2020.pdf](https://cdn.pfizer.com/pfizercom/2020-11/C4591001_Clinical_Protocol_Nov2020.pdf)

²³ [https://www.gov.uk/government/news/pm-hails-herculean-effort-](https://www.gov.uk/government/news/pm-hails-herculean-effort-of-life-science-companies-to-defeat-coronavirus)

[of-life-science-companies- to-defeat-coronavirus](https://www.gov.uk/government/news/pm-hails-herculean-effort-of-life-science-companies-to-defeat-coronavirus)

	<p>11</p> <p>19</p> <p>20</p> <p>18. Providing inconsistent and changing information does not enable the public to have adequate information to give informed consent.</p> <p>The Patient Information Leaflet: The NHS has provided the Patient Information Leaflet to some patients who are being vaccinated.</p> <p>That Patient Information Leaflet does not present the material risks and the material benefits of the vaccination in an adequate way: The Patient Information Leaflet does not make clear that the vaccines are still in clinical trial.</p> <p>The Patient Information Leaflet does not make any reference to alternatives to vaccination.</p> <p>The Patient Information Leaflet does not make clear that the mRNA vaccines are experimental in that these vaccines have never been used before and there is no data on medium term to long term safety. mRNA vaccines are described by the FDA as gene therapy.²⁴</p> <p>The Patient Information Leaflet does not make clear that the clinical trials being run to show the safety and efficacy of the vaccine did not include particular cohorts of people including pregnant women and the very elderly. There is therefore no evidence available to show that they are safe and efficacious for those cohorts.</p> <p>The Patient Information Leaflet does not make clear that the clinical trials are only using people who have not been infected with covid. There is therefore no data on safety and efficacy for vaccination of those who have been infected. Many people who have been infected with coronavirus are also being vaccinated.</p> <p>The Patient Information Leaflet does not set out the difference between the absolute risk and the relative risk from coronavirus infection.</p> <p>https://www.sec.gov/Archives/edgar/data/1682852/00016828522000017/mRNA-20200630.htm</p> <p>12</p> <p>24</p> <p>7. By being vaccinated each individual is reducing their absolute risk of being infected and dying from covid by 1%. ²⁵</p> <p>Advertising of the vaccine: The NHS allowed its logo on a series of adverts using celebrities to promote vaccination.</p> <p>It is also alleged that a number of celebrities have been paid to promote the vaccine via their social media.</p> <p>None of the vaccines have received marketing authorisation from the MHRA²⁶. So there is a question mark as to whether an</p>
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emergency use authorised vaccination should be advertised at all as there is very limited number of vaccines to choose from.

Advertising of licensed medicines is strictly regulated. The Human Medicines Regulations 2012²⁷ make it a criminal offence for licensed medicines to be advertised by celebrities and any advert should notify the viewer what the active ingredient is in the vaccine if there is only one active ingredient. These adverts breach the law in my client's view.

The NHS has taken no steps to distance itself from HM Government's attempt to fetter every UK citizen's right to decline any medical intervention.

The advertising campaign has placed pressure on people to have a vaccination. In the advertisement it is suggested that vaccination protects other members of a family including the elderly. However free and informed consent

25 <https://pubmed.ncbi.nlm.nih.gov/33652582/>

26 <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/conditions-of-authorisation-for-pfizerbiontech-covid-19-vaccine>

27 <https://www.legislation.gov.uk/uksi/2012/1916/part/11/crossheading/enforcement/made> 13

means that no one should be under any pressure from any family member to have a vaccination or indeed any medical treatment. The NHS website even states that in its section on informed consent.²⁸

The vaccination adverts give the impression that the vaccines have been licensed rather than the true position which is that they have been emergency use authorised which is a lower regulatory threshold than licensing.

The advertisements infer that the vaccines are safe. Safety is about risks. The adverts make no reference to the risk, however small, of serious adverse events.

Information on Vaccine Passports:

HM Government has linked vaccination with the ability to travel using a vaccination passport. ²⁹

Many UK citizens know at least one person whose only reason for being vaccinated is to go on holiday.

HM Government has been coercive in linking release of restrictions to vaccination.

A publicly funded National Health Service is breaching its obligations to its patients in not distancing itself and calling out such unlawful government coercion. NHS clinicians should be not be used as conduits for government policy. That politicises health.

The NHS should make it clear that it does not endorse coercion or any fettering of an individual's right to consent or decline any medical intervention.

28 <https://www.nhs.uk/conditions/consent-to-treatment/>

<https://www.dailymail.co.uk/news/article-9744557/Double-jabbed-Brits-able-travel-quarantine-free-July-26.html>

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2. Montgomery Guideline 2: Availability of other treatments:
 The NHS has published no information in its Patient Information Leaflet on the efficacy of other available treatments available to combat coronavirus infection or the disease of covid.
 The body has an incredible way of treating itself if it is infected. It's called the immune system.
 The NHS should not be proposing a medical intervention when most people have a readily available treatment system to combat the infection and disease namely their immune system.
 The immune system for most people will fight off the infection by the production of antibodies.
 Further that immune response will be memorised by the T cells and B cells and will provide long lasting protection.
 It is proven from SARS Coronavirus 1 in 2002 that T cells and B cells memorise the antibody response for many years.³⁰³¹
 There has been very little information to the public on the efficacy of the immune system to fight off any covid infection. The immune system is the first line of defence yet has been ignored by our NHS and by the government and SAGE.
 It is accepted that the thymus gland which produces T cells and B cells gets less efficient over the age of 70 or if a person is immune compromised.
 Taking vitamin D will enhance the immune system. These have only been provided as supplements.
 At no time during any of the press conferences has the government and its advisers stressed the importance of the immune system and how to take care of
 30 <https://www.nature.com/articles/s41467-021-23333-3> 31
<https://www.nature.com/articles/s41467-021-24377-1>
 15

it as a first line of defence against coronavirus. It's only ever been about the vaccine. The failure to provide adequate information of the role of the immune system is an egregious breach of Montgomery.
 Immunity gained via infection is better than any immunity enhancement from vaccination.³²
 Professor Whitty, to be fair, did say that for most people covid will be a mild illness. He therefore implied, without expressly stating it, that most people's immune system will fight off the illness arising from a coronavirus infection.
 There is now ample data that there are a number of therapeutics that will work to prevent infection, and prevent hospitalisation and death.
 Those therapeutics are:
 Ivermectin. There are numerous studies showing the efficacy of Ivermectin, it is also proven safe.³³ ³⁴Courts have ordered the use of Ivermectin in some jurisdictions.³⁵
 HCQ and Zinc.³⁶
 Budoneside or anti-inflammatory respiratory inhalers³⁷.³⁸
 16. The evidence has been available for some time that all these work to prevent infection, to prevent, hospitalisation and to prevent death.

32
<https://www.medrxiv.org/content/10.1101/2021.04.20.21255670v1.full.pdf> 33
https://journals.lww.com/americantherapeutics/Abstract/9000/Ivermectin_for_Prevention_and_Treatment_of.98040.aspx
 34 Published Ahead-of-Print : American Journal of Therapeutics (lww.com)
 35
 36 <https://vladimirzelenkomd.com/zelenko-prophylaxis-protocol/> 37
<https://www.bmj.com/content/373/bmj.n957>
 38

[https://www.webmd.com/lung/news/20210506/covid-patient-in-coma-gets- ivermectin-after-court-order](https://www.webmd.com/lung/news/20210506/covid-patient-in-coma-gets-ivermectin-after-court-order)

[https://www.ox.ac.uk/news/2021-04-12-asthma-drug-budesonide-shortens- recovery-time-non-hospitalised-patients-covid-19](https://www.ox.ac.uk/news/2021-04-12-asthma-drug-budesonide-shortens-recovery-time-non-hospitalised-patients-covid-19)
 16

There is limited or no information in the Patient Information Leaflet on available treatments other than vaccination.
 Why haven't these medicines been made available? These medicines have been successful in a number of other countries and have prevented death and hospitalisation.
 Why hasn't the MHRA investigated these other available and cheaper alternatives before granting emergency use authorisation to vaccines with no proven long term safety record?
 My client cannot understand why the NHS does not make available safe and effective medicines. This is grossly negligent.
 These safe and effective medicines and the immune system are the elephant in the room. The NHS does not want to look at them. The regulator does not want to look at them. SAGE does not want to look at them. The government does not want to look at them.
 Who's pulling the strings?
 The question is why isn't the public being given a choice? Do commercial considerations and political agendas take precedence over public health? If so that's an extremely serious matter.
 The NHS and the government appear to be very quick to vaccinate the population but very slow to consider and make available cheaper, safer and effective alternatives, to give the people an option. Why is that?

3.Montgomery Guidelines: Risks of Vaccination:
 At none of the press conferences have the risks of vaccination been presented.
 The advertising campaigns infer that the vaccines are safe.
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 The mRNA method of vaccination is considered a gene therapy product according to the US FDA.³⁹
 Serious adverse event data is being collected by the MHRA. But is not being disseminated to news outlets or via the press conferences⁴⁰
 That serious adverse event data is not being presented by Government or the NHS in its Patient Information Leaflet.
 Data from deaths falling within 28 days of vaccination is not being collected, let alone communicated.

The Salk Institute has found that the spike protein, a constituent component in the vaccine or the vaccine's mode of action, is a toxin.⁴¹

The Japanese medicine regulator has found that those who have been vaccinated have a concentration of spike proteins in every organ of their body, in particular the ovaries⁴². This study is called a bio-distribution study.

The NHS does not appear to have done any bio-distribution study of those who have been vaccinated.

The MHRA has not required a bio-distribution study to be conducted to check the safety of vaccination and if there has been a bio-distribution study conducted it has not been communicated to the public.

A number of regulators around the world have required health authorities to stop using the vaccine on health grounds.

The last UK emergency vaccine after swine flu was also suspended on safety grounds after 50 deaths.

The material risks from vaccination known to date are:
 Death in extreme cases. Over 1300 deaths reported on the yellow card system.⁴³
 Bells Palsy.
 Thrombo-embolic events with low platelets.
 Capillary Leak Syndrome.

<https://www.sec.gov/Archives/edgar/data/1682852/000168285220000017/mRNA-20200630.htm>
<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>
<https://www.salk.edu/news-release/the-novel-coronavirus-spike-protein-plays-additional-key-role-in-illness/>
⁴² <https://regenerativemc.com/biodistribution-of-pfizer-covid-19-vaccine/>
<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

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Menstrual disorder and extreme bleeding.
 Myocarditis and Pericarditis.
 Antibody dependant enhancement.

The public is not able to give informed consent to vaccination as the data on the material risks on vaccination is being inadequately collated and the data that is collected is then not communicated to the public at any Press Conference.

The public is being informed that the vaccination is a public health benefit, the risks of vaccination are not being communicated in as

systematic way as coronavirus infections and deaths are communicated.

It is up to individuals to decide whether they want to take material risks, however low the likelihood of the risk materialising, yet no or inadequate information is being presented on those risks.

Adults may shortly be asked to give consent to vaccination for their children when the risks of coronavirus to children is exceptionally low. This is one of the reasons my client did not want any involvement in the vaccination programme.

Every clinician vaccinating any individual must tell the individual of the risk of a serious adverse event, however small that risk is. This requirement does not appear to be built into the vaccine roll out in any systematic way.

My client is raising these concerns in this letter and these concerns are consistent with his obligation as a professional to act in accordance with the law and with professional ethics. The public who paid his wages up until recently deserve nothing less.

The second issue is the requirement for the public to wear masks in the NHS setting.

1. The requirement to wear a mask in an NHS setting is unlawful for the following reasons:

The requirement is for the public and clinicians to wear masks on NHS facilities.

The mask is not defined.

If the mask is a piece of PPE, the 1992 PPE Regulations are engaged.⁴⁴

⁴⁴ <https://www.legislation.gov.uk/uksi/1992/2966/contents/made> 19

The employer is

Correspondence

04/07/2021
19:06:12:

nhswebsite.servicedesk@nhs.net to

Dear Sir/Madam,

Thank you for taking the time to contact the NHS Website service desk. We have logged a ticket for you under the reference SDT-790176. A member of our service desk team will be in touch.

Please be aware that the NHS Website Service Desk cannot advise on queries relating to the Book a Coronavirus Vaccination tool or the national vaccination program. If your query is regarding this then please contact the vaccination programme call centre at 119.

For medical advice please call 111 or go to <https://111.nhs.uk/>

This service desk does not give medical advice to or about any patient. Submitting feedback is not a substitute for a medical consultation.

This service desk is not monitored 24 hours. We are unable to act on any feedback that:

- 1) is seeking medical advice;
- 2) threatens self-harm; or
- 3) threatens or describes criminal activity.

	<p>Additionally 2) and 3) may result in us passing your feedback and contact details to the police or appropriate local services, please see our privacy policy for details: https://www.nhs.uk/our-policies/privacy-policy/</p> <p>The service desk team endeavour to assist everyone, however queries and issues that do not relate to www.nhs.uk are out of our control. This may cause a delay in our response, as we attempt to obtain additional information to aid you further.</p> <p>Please be aware due to the high volume of contact that we receive daily, we are not always able to provide a response on the same day. We will, however, attempt to contact you at our earliest opportunity and we thank you for your patience at this time. Please see the bottom of this email for useful contacts for queries and issues that don't relate to www.nhs.uk.</p> <p>If you require an update at any time, please feel free to respond to this email quoting the reference SDT-790176.</p> <p>If the below answers your query or you would like to close your ticket ---> Please Click Here <---</p> <p>Kind Regards, NHS Website Service Desk</p>
06/07/2021 10:24:06	Information request from nhswebsite.servicedesk@nhs.net to [REDACTED]
	<p>Dear Sir/Madam,</p> <p>Thank you for contacting the NHS Website Service Desk.</p> <p>In order for us to investigate SDT-790176 further, please can you provide us with the following information?</p> <p>Could you please provide a link to the nhs.uk page you are referring to?</p> <p>Kind Regards NHS Website Service Desk</p>
08/07/2021 11:22:08	[REDACTED] to nhswebsite.servicedesk@nhs.net
	<p>Where do you get off asking me to be prompt in my reply when I've been waiting over a month for you and have always replied within the hour? How very dare you be so incompetent?</p> <p>What did you ask whom on the 6th of July? And why didn't you ask them on the 8th of June when I opened this? And how many have you coerced into vaccination while denying their ability to provide informed consent in that time?</p>

Re:
SDT-780336
SDT-785580
SDT-790176

Are you stuck on loop?

I've provided the requested information twice.

You just generate another "alert! Request for information re. Ticket#x"

Then you wait a bit, then you send a request for a link to the page I'm referring to again.

I'm referring to the page that states what, by law, you need to do to ensure informed consent:

<https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/do-i-have-the-right-to-refuse-treatment/>

This page alone demonstrates that you are off script on every other page, you are following orders from board members that are coerced by social engineers corrupted by global politics and industry, justified nebulous "public health" considerations, only one answer allowed, trumping individual medical considerations and rights. You are complicit in masking truth to maintain an emergency use authorisation for a dangerous unnecessary procedure.

I'm referring to the lack of said information about alternative options and treatment risks at least on this page but also across your site:

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/>

<https://www.nhs.uk/conditions/coronavirus-covid-19/covid-pass/> (this is disgusting social coercion)

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/safety-and-side-effects/>

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/pregnancy-breastfeeding-fertility-and-coronavirus-covid-19-vaccination/>

	<p>https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding#risk-factors-for-pregnant-women</p> <p>I'll just say all of your pages relating to covid. They are more of an advert than anything.</p> <p>The pregnancy page for instance says that pregnant women are more at risk of covid. Implying heavily that the vaccine will help them. No mention that the spiked protein alone is cytotoxic always, that it travels to the ovaries that 4 in 5 vaccinated women will miscarry that many will have menstrual issues, such as spotting or biweekly cycles, etc.</p> <p>Where is the mention of risk of death?</p> <p>Where is the mention of ivermectin?</p> <p>I'm referring to nearly every page of yours with yellow alert banners spinning people off from basic symptom searches on the purported medical NHS site into "public health" sociologist propaganda funnels in .gov sites pushing for more experimental medical interventions and dubious tests, false positives of which are used to induce politically motivated change through fear, as evidence by the SAGE team's own admission in April 2021.</p> <p>I'm also referring to the campaign of coercion and lies, utilising said case number stats from over cycled pcr testing. Miscounted deaths both to inflate covid risks and mask "vaccine" risks.</p> <p>I'm referring to the unethical vaccine passport system you are trying to implement. The track and trace and digital identity panopticon being constructed around your lies.</p> <p>Etc etc</p>
08/07/2021 11:26	790176 has been assigned to Content Manager by [REDACTED]
	<p>Reason:</p> <p>This user has provided heavy criticism of our pages regarding covid- see comments section.</p> <p>Could someone please provide an appropriate response?</p> <p>Kind regards [REDACTED]</p>
15/07/2021 11:25	Incident assign back to [REDACTED] by [REDACTED]

	Notes to Service Desk: Please can you assign to [REDACTED] - he should have the history of the ticket via email but if you could attach the collated issues again that would be good.
15/07/2021 11:28	790176 has been assigned to [REDACTED] by [REDACTED]
	Reason: Hi [REDACTED] Please could you look into this ticket? Find attached a file callating information from other tickets sent in by this user. Thanks [REDACTED]
Resolution info	
14/01/2022 14:59	No response provided to end user Closure Notes – No action in this ticket for a while or no chase from end user- will resolve ticket no reply.

Incident reference	846595
Date opened	17/11/2021
Date closed	23/11/2021
End user	[REDACTED]
End user email	[REDACTED]
Message	What changes are planned to "Consent to treatment" (nhs.uk/conditions/consent-to-treatment/) in light of the government mandate to only permit people vaccinated against COVID-19, or those exempt, to enter care homes? The government mandate does not recognise consent. They are unable to mandate vaccination of the population due to the restrictions of the Control of Disease Act 1984 so have opted for coercion and incentivisation. Both are forms of pressure intended to influence a persons decision. The NHS has followed a similar path. See, for example, the "Rhythm of life" advert (youtube.com/watch?v=CPjoQ3XpzkM). This uses celebrity endorsement and unsubstantiated claims to promote vaccination with no mention of the importance of voluntary consent or side-effects. It ends with the comment "Just get a vaccination" delivered with a tone of contempt. "Consent to treatment" does not currently include the government or media as influencers however both are running intensive campaigns to pressure the public into vaccination.
17/11/2021 22:23:43	From: nhswebsite.servicedesk@nhs.net To: [REDACTED]
	Dear Sir/Madam, Thank you for taking the time to contact the NHS Website service desk. We have logged a ticket for you under the reference SDT-846595. A member of our service desk team will be in touch. Please be aware that the NHS Website Service Desk cannot advise on queries relating to the Book a Coronavirus Vaccination tool or the

	<p>national vaccination program. If your query is regarding this then please contact the vaccination programme call centre at 119. For medical advice please call 111 or go to https://111.nhs.uk/</p> <p>This service desk does not give medical advice to or about any patient. Submitting feedback is not a substitute for a medical consultation.</p> <p>This service desk is not monitored 24 hours. We are unable to act on any feedback that:</p> <ol style="list-style-type: none"> 1) is seeking medical advice; 2) threatens self-harm; or 3) threatens or describes criminal activity. <p>Additionally 2) and 3) may result in us passing your feedback and contact details to the police or appropriate local services, please see our privacy policy for details: https://www.nhs.uk/our-policies/privacy-policy/</p> <p>The service desk team endeavour to assist everyone, however queries and issues that do not relate to www.nhs.uk are out of our control. This may cause a delay in our response, as we attempt to obtain additional information to aid you further.</p> <p>Please be aware due to the high volume of contact that we receive daily, we are not always able to provide a response on the same day. We will, however, attempt to contact you at our earliest opportunity and we thank you for your patience at this time. Please see the bottom of this email for useful contacts for queries and issues that don't relate to www.nhs.uk.</p> <p>If you require an update at any time, please feel free to respond to this email quoting the reference SDT-846595.</p> <p>If the below answers your query or you would like to close your ticket ---> Please Click Here <---</p> <p>Kind Regards,</p> <p>NHS Website Service Desk</p>
Resolution info	
18/11/2021 16:33	<p>No response provided to end user</p> <p>Closure Notes – no response</p>

Incident reference	CS0007573
Date opened	07/12/2021
Date closed	03/03/2022
End user email	[REDACTED]
Reference	Dear Service Desk,

Please could you provide an update regarding my question relating to the "Consent to treatment" page on the website.

Thanks,

[REDACTED]

From: nhswebsite.servicedesk@nhs.net

<nhswebsite.servicedesk@nhs.net>

Sent: 17 November 2021 22:23

To:

[REDACTED]
Subject: SDT-846595 | Contact us about the NHS website has been created

Dear Sir/Madam,

Thank you for taking the time to contact the NHS Website service desk. We have logged a ticket for you under the reference SDT-846595. A member of our service desk team will be in touch.

Please be aware that the NHS Website Service Desk cannot advise on queries relating to the Book a Coronavirus Vaccination tool or the national vaccination program. If your query is regarding this then please contact the vaccination programme call centre at 119.

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- 2) threatens self-harm; or
- 3) threatens or describes criminal activity.

Additionally 2) and 3) may result in us passing your feedback and contact details to the police or appropriate local services, please see our privacy policy for details: <https://www.nhs.uk/our-policies/privacy-policy/>

The service desk team endeavour to assist everyone, however queries and issues that do not relate to www.nhs.uk are out of our control. This may cause a delay in our response, as we attempt to obtain additional information to aid you further.

Please be aware due to the high volume of contact that we receive daily, we are not always able to provide a response on the same day. We will, however, attempt to contact you at our earliest opportunity and we thank you for your patience at this time. Please see the bottom of this email for useful contacts for queries and issues that don't relate to www.nhs.uk.

If you require an update at any time, please feel free to respond to this email quoting the reference SDT-846595.

If the below answers your query or you would like to close your ticket

---> Please Click Here <---

Kind Regards,

NHS Website Service Desk

NHS Website: www.nhs.uk

Follow us on Twitter: www.twitter.com/nhsuk

Find us on Facebook: www.facebook.com/nhswebsite

Watch us on You Tube: www.youtube.com/nhs

Want to know how we handle your data? You can read our privacy policy here:

<https://www.nhs.uk/our-policies/privacy-policy>

Useful Contacts for queries not relating to www.nhs.uk. Please let us know, by response if one of these links resolves your query, thank you:

To share your personal experience about a recent visit to a NHS organisation, please use the following link:

<http://www.nhs.uk/servicedirectories/Pages/HospitalCommentInput.aspx?servicetype=gp&searchtype=commentsearch>

For employment and career opportunities with the NHS, please see NHS Job:

<http://www.jobs.nhs.uk>

To apply, amend or renew your European Health Insurance Card (EHIC):

<http://www.ehic.org.uk>

e-Referral Service:

<https://www.ebs.ncrs.nhs.uk/>

Raising a Freedom of Information request or asking for data?

Please check if the information is already available on:

<https://www.nhs.uk/about-the-nhs-website/contactus/pages/freedom-of-information.aspx>

For enquiries related to the provision of NHS services, please contact NHS England:

england.contactus@nhs.net

For general NHS policy issues:

<http://www.info.doh.gov.uk/contactus.nsf/memo?openform>

For enquiries how to make a complaint:

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/complaints/Pages/NHScomplaints.aspx>

For issues or feedback regarding the NHS 111 service, please contact the local provider. This is normally your local ambulance service or clinical commissioning group.

{CMI: NHSCSD983896}

This message may contain confidential information. If you are not the intended recipient please:

- i) inform the sender that you have received the message in error before deleting it; and
- ii) do not disclose, copy or distribute information in this e-mail or take any action in relation to its content (to do so is strictly prohibited and may be unlawful).

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Correspondence	
10/01/2022 17:15	d [REDACTED] to nhswebsite.servicedesk@nhs.net
	Please could you provide an update regarding my question relating to the "Consent to treatment" page on the website.
	Thanks, [REDACTED]
Resolution Info	
11/01/2022 14:32	nhswebsite.servicedesk@nhs.net to [REDACTED]
	There are currently no changes planned to the consent to treatment page on nhs.uk
03/03/2022 09:23	nhswebsite.servicedesk@nhs.net to [REDACTED]

	Thank you for confirming closure of your case CS0007573. Your case has now been closed
--	---

Incident reference	CS0020054
Date opened	13/01/2022
Date closed	04/02/2022
End user email	[REDACTED]
Reference	I previously contacted you to tell you about incorrect information on the website and was asked to email details of the incorrect information. I responded 3 times but every time later received an email saying you had not heard from me and my case would be closed if I did not respond by a certain date. I have now been told that my case has been closed. The case number was : CS0012423 It was regarding incorrect information on this page nhs.uk/conditions/consent-to-treatment/children/ can you please confirm if or not you got my reply where I explain what the incorrect information was
Correspondence	
18/01/2022 14:40	nhswebsite.servicedesk@nhs.net to [REDACTED] The information we require is: We had not received a response from you - please could you respond to this email with your feedback? The last email we received from you 05/01/2022 12:50:48 "It was not an incorrect email which i found on the website It was incorrect information. Can i submit details of this incorrect information via this system or do i need to email a specific department? [REDACTED]" We then requested the following information to which we did not receive a response 05/01/2022 13:46:57 "Please reply with the details which you suggest to be incorrect. We will then submit these to the appropriate team for them to review and decide what the appropriate action is to take."
20/01/2022 09:10	[REDACTED] to nhswebsite.servicedesk@nhs.net Thank you for getting back to me The incorrect statement is on this page. https://www.nhs.uk/conditions/consent-to-treatment/children/ incidentally the page says it is up for review on 29 March 2022

Commented [REDACTED] Note: this ticket did not make a reference to consent to treatment. It was a general message about a non-specific error on an unspecified page. The ticket shown here (CS0020054) is the first time any specifics about consent to treatment were mentioned.

the incorrect statement is

"The parents of a young person who has refused treatment may consent for them, but it's usually thought best to go through the courts in this situation."

This is a misconception of law, a commonly printed one but none the less it is incorrect.

Only the courts can override a competent child's decision to refuse treatment, a parent cannot.

This state of law was held to be the case in *AC v CD* : [2021] EWHC 741 (Fam) (<https://www.judiciary.uk/wp-content/uploads/2021/03/AB-v-CD-and-ors-judgment.pdf>)

The summary of the law can be found at paragraphs 67-70 and 114 and I quote

"in my view, that a parent's right to consent or "determine" treatment cannot trump or overbear the decision of the child" (paragraph 67)

"I conclude that the parents' right to consent to treatment on behalf of the child continues even when the child is Gillick competent to make the decision, **save where the parents are seeking to override the decision of the child**". (paragraph 114)

These quotes form the Ratio decidendi of the case as so they are legally binding.

Before the *AC v CD* case English law was silent regarding if or not a parent can consent when a competent child refuses to consent (since consent is a defence the absence of a law stating that it is valid in a particular circumstance means it is not valid in that circumstance).

This was recognised in the recent supreme court case of *D (A Child)* [2017] EWCA Civ 1695 (<https://www.supremecourt.uk/cases/docs/uksc-2018-0064-judgment.pdf>) at S 26(i) which reads

"Whether the consent of a parent remains effective even if a child, with capacity, has refused consent is a more controversial question (which fortunately does not arise in this case)."

The full quote at S 26(i) of the case is

"Section 8(1) of the Family Law Reform Act 1969 provides that the consent of a child of 16 to any surgical, medical or dental treatment "shall be as effective as it would be if he were of full age" and that where a child has given an effective consent it is not necessary to obtain the consent of a parent or guardian. That is why the discussion in Gillick related to children below that age. However, subsection (3) provides that "Nothing in this section shall be construed as making ineffective any consent which would have been effective if this section had not been enacted". Lord Fraser of Tullybelton saw this as recognising that the consent of a child below that age might also be effective. Whether the consent of a parent remains effective even if a child, with capacity, has refused consent is a more controversial question (which fortunately does not arise in this case)."

Additionally at section 80 of the same case it reads

*"In modern times, statute had intervened in respect of a child's capacity to consent to medical treatment from the age of 16 onwards, **but neither statute nor case law had ruled on the extent and duration of parental right** in respect of children under the age of 16. So, Lord Scarman said, it was "open ... to the House to formulate a rule"*

This quote seems to be a modified version of a quote from an earlier case - *Gillick v West Norfolk and Wisbech Area Health Authority* 1985

"Although statute has intervened in respect of a child's capacity to consent to medical treatment from the age of 16 onwards, neither statute nor the case law has ruled on the extent and duration of parental right in respect of children under the age of 16. More specifically, there is no rule yet applied to contraceptive treatment, which has special problems of its own and is a late comer in

	<p><i>medical practice. It is open, therefore, to the House to formulate a rule. "</i></p> <p>The misconception of law comes from a court of appeal case in the early 90s (Re W. (A Minor) (Medical Treatment: Court's Jurisdiction))</p> <p>In this case there were 3 judges, one of them did say words to the effect of "If a child with the capacity to consent refuses treatment, the parents, can override this decision" the other 2 judges did not say anything to this effect - the statement was not supported by the majority of the court therefore could not form a legally binding precedent. It was a case of 1 vs 2.</p> <p>In addition it was stated in this case that if or not any person with parental responsibility consented was not known, as a result any comments made on the matter could not be part of the reasons for the judgement and therefore could not be legally binding even if a majority had agreed (this is known as obiter dictum) in law.</p> <p>The only legal principals established in this case were that certain previous laws did not expressly give competent children a absolute right to refuse treatment but those laws did not state when a child could not refuse treatment. This left it open for the court to determine if or not they could order treatment against a competent child's wishes (and they unanimously held that they could)</p> <p>Of course Re W is referenced by and pre-dates both D (A Child) and AC v CD both of which I have quoted above which means the comments made in the D (A Child) and AC v CD cases reflect what the state of the law was after Re W.</p> <p>Thank you</p>
28/01/2022 16:17	nhswebsite.servicedesk@nhs.net to [REDACTED]
	<p>Thank you for contacting the NHS Website Service Desk. We have provided the following solution to your case CS0020054.</p> <hr/> <p>Our proposed solution:</p> <p>Thank you for contacting the NHS website regarding consent to treatment.</p> <p>I confirm that we have received your email with details of the incorrect information. This is now with the content team and we will be reviewing the page and making any changes needed.</p>

	<p>Thanks again for getting in touch.</p> <p>Best regards,</p> <p>The NHS website content team</p>
	<p>Your original case details were:</p> <p>Consent to treatment page feedback</p>
	<p>Please click on the following link if you feel that your case has not been answered or addressed: Reject Solution.</p> <p>Please click in the following link if you are satisfied with our response to your case: Accept Solution.</p> <p>If we do not hear from you within 7 days your case will be closed.</p> <p>Kind Regards, NHS Website Service Desk</p> <p>Want to know how we handle your data? You can read our privacy policy here: https://www.nhs.uk/our-policies/privacy-policy</p>
Resolution Info	
04/02/2022 23:30	nhswebsite.servicedesk@nhs.net to [REDACTED]
	<p>Thank you for contacting the NHS Website Service Desk.</p> <p>We have recently provided you with a response to your case.</p>
	<p>Our proposed solution:</p> <p>Thank you for contacting the NHS website regarding consent to treatment.</p> <p>I confirm that we have received your email with details of the incorrect information. This is now with the content team and we will be reviewing the page and making any changes needed.</p> <p>Thanks again for getting in touch.</p> <p>Best regards,</p> <p>The NHS website content team</p>
	<p>Your original case details were:</p> <p>Consent to treatment page feedback</p>

As we did not hear from you within 7 days, we have closed your case.

If you still need assistance from us, please respond to this email.

You can share with us your experience of the service you've received by clicking on the following link.

[Customer Satisfaction Survey](#)

Kind Regards,
NHS Website Service Desk

Want to know how we handle your data? You can read our privacy policy here:

<https://www.nhs.uk/our-policies/privacy-policy>