NOTICE OF REQUEST FOR INFORMED CONSENT

Dear Doctor(s), medical staff & colleague(s) and/or other(s)
('colleagues' defined by the GMC (General Medical Council) as "***Colleagues include anyone a doctor works with, whether or not they are also doctors***.").

I write in regard your invitation for me, Mr/Mrs/Miss XXXXXXXX, to partake in the invasive and intrusive 'experimental' COVID-19 vaccination schedule currently being rolled out by the UK (and international) Government.

I am confident that you, being a medical professional, are aware of your duty and legal obligation to provide me, the proposed patient, with 'informed consent'.

In accordance with paragraph 7 of 'Good Medical Practice' published by the GMC (General Medical Council) https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf?la=en&hash=DA1263358CCA88F298785FE2BD7610EB4EE9A530

> **"*You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research*".**

More recent from the GMC (coming into force 09 November 2020), is the publication titled "Guidance on professional standards and ethics for doctors Decision making and consent" https://www.gmc-uk.org/-/media/documents/updated-decision-making-and-consent-guidance_pdf-84160128.pdf wherein the opening paragraph(s) state that:

> **"*Consent is a fundamental legal and ethical principle. All patients have the right to be involved in decisions about their treatment and care and to make informed decisions if they can. The exchange of information between doctor and patient is essential to good decision making. Serious harm can result if patients are not listened to, or if they are not given the information they need - and time and support to understand it - so they can make informed decisions about their care.***
>
> ***Doctors must be satisfied that they have a patient's consent or other valid authority before providing treatment or care. The purpose of this guidance is to help doctors to meet this standard. It reflects the ethical principles that underpin good practice.*"**

This same document also sets out in paragraph 6 (following 'The seven principles of decision making and consent') that:

> ***"Obtaining a patient's consent needn't always be a formal, time-consuming process. While some interventions require a patient's signature on a form, for most healthcare decisions you can rely on a patient's verbal consent, <u>as long as you are satisfied</u> they've had the opportunity to consider any relevant information (see paragraph 10) and decided to go ahead."***
>
> (Side note): ***"Although a patient can give consent verbally (or non-verbally) you should make sure this is recorded in their notes."***

The document also makes it apparent (paragraphs 69 – 71) that, to be valid, the patient MUST exercise "free will" without any undue influence when giving consent ***"If a patient can't make a decision freely, <u>they won't be able to consent.</u>"***

Importantly, paragraph 72 states that:

> ***"If you suspect a patient's rights have been abused or denied, you must follow local safeguarding procedures and consider raising a concern.***

According to paragraph(s) 28 - 30 of 'Good practice in research and Consent to research' again published by the GMC, it states:

> ***"You must get consent from participants before involving them in any research project. You must have other valid authority before involving in research adults who lack capacity, or children or young people who cannot consent for themselves."*** and
>
> ***"You must make sure that people are informed of, and that you respect, their right to decline to take part in research and to withdraw from the research project at any time, with an assurance that this will not adversely affect their relationship with those providing care, or the care they receive."*** and
>
> ***"When seeking consent for research, you must follow the guidance in Consent to research and, where relevant, Consent: patients and doctors making decisions together."***

This fundamental human right is only fortified by Article 6 of the Nuremberg code (1947) wherein Section 1 states:

> ***"<u>The voluntary consent of the human subject is absolutely essential.</u> This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment."***

Despite various online 'fact checkers' claiming that the Nuremberg code is not valid or legally binding, the BMJ published 'BRITISH MEDICAL JOURNAL No 7070 Volume 313: Page 1448, 7 December 1996.' https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf wherein they state:

> ***" The judgement by the war crimes tribunal at Nuremberg laid down 10 standards to which physicians must conform when carrying out experiments on human subjects in a new code that is now <u>accepted worldwide</u>."***

The Lancet, on their website, https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(05)60641-1.pdf state the following:

> ***"The tension between Hippocratic medical ethics and human rights is perhaps nowhere better illustrated than by the Nuremberg Code. The Code was formulated in August, 1947, in Nuremberg, Germany, by American judges sitting in judgement of 23 physicians and***

scientists accused of murder and torture in the conduct of medical experiments in the concentration camps (the Doctors' Trial). It has rightly been characterised as the most authoritative set of rules for the protection of human subjects in medical research."

On the NHS (National Health Service) website https://www.nhs.uk/conditions/consent-to-treatment/ it clearly sets out and defines 'consent'. It states:

"Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination.
This must be done on the basis of an explanation by a clinician.

Consent from a patient is needed regardless of the procedure, whether it's a physical examination, organ donation or something else.

The principle of consent is an important part of medical ethics and international human rights law.

Defining consent

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision.

The meaning of these terms are:

- ***voluntary – the decision to either consent or not to consent to treatment must be made by the person, and must not be influenced by pressure from medical staff, friends or family***
- ***informed – the person must be given all of the information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead***
- ***capacity – the person must be capable of giving consent, which means they understand the information given to them and can use it to make an informed decision***

If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected.

This is still the case even if refusing treatment would result in their death, or the death of their unborn child."

The MHRA (Medicines & Healthcare products Regulatory Agency) published the conditions for the use of this experimental medical intervention (COVID-19 vaccine) pursuant to Section 174(1) of the The Human Medicines Regulations 2012
https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/conditions-of-authorisation-for-pfizerbiontech-covid-19-vaccine

More important but seldom stated; is that the UK Government published a status update on COVID-19 wherein the 4 nations public health HCID group and the Advisory Committee on

Dangerous Pathogens (ACDP) downgraded the status of COVID-19 from a HCID (High Consequence Infectious Disease) https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid they state:

> ***"[...] in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase."***

This status is still available, current and valid and only aids to clarify the overall survival rate of COVID-19 as being 99.9X% (depending on age group and underlying conditions) (according to the ONS (Office for National Statistics).

According to the UK Government's 'Yellow Card Reporting Scheme', a total of 495345 adverse reactions (including death) have been reported up to 21 March 2021 https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting

As with ALL vaccinations, the UK Government have given blanket immunity for liability to the pharmaceutical industry and instead offer "***a one-off tax-free payment of £120,000***" for injury or death. https://www.gov.uk/vaccine-damage-payment

Pursuant to your Hippocratic oath, medical ethics and legal obligations and in order to make an informed choice and offer consent; I require from you ALL available information relating to (where applicable) the COVID-19 vaccination that you and/or your colleagues are persistently 'pushing' (undue influence) me to receive inclusive of, but not limited to the following:

1. My personal chances of death (%) upon contracting COVID-19 prior to receiving a vaccination?

2. My personal chances of death (%) upon contracting COVID-19 after receiving a vaccination?

3. My personal chance of serious illness (%) upon contracting COVID-19 prior to receiving a vaccination?

4. My personal chance of serious illness (%) upon contracting COVID-19 after receiving a vaccination?

5. My personal chance of illness/ailment/discomfort (%) upon contracting COVID-19 prior to receiving a vaccination?

6. My personal chance of illness/ailment/discomfort (%) upon contracting COVID-19 after receiving a vaccination?

7. Clarification as to whether or not the COVID-19 vaccine is an experimental pharmaceutical drug?

8. A fully inclusive list of all the possible short term adverse reactions from receiving the

COVID-19 vaccination?

9. A fully inclusive list of all the possible long term adverse reactions from receiving the COVID-19 vaccination?

10. A fully inclusive list of all the possible short term adverse effects after receiving an RNA vaccination of any kind?

11. A fully inclusive list of all the possible long term adverse effects after receiving an RNA vaccination of any kind?

12. Possibility of contracting COVID-19 (%) prior to receiving vaccination?

13. Possibility of contracting COVID-19 (%) after receiving vaccination?

14. Possibility of transmitting COVID-19 (%) prior to receiving vaccination?

15. Possibility of transmitting COVID-19 (%) after receiving vaccination?

16. Whether or not, you as a medical professional or colleague would advise me (based on my personal circumstances and current scientific (not Governmental) data) that the COVID-19 vaccination is safe? (standard English language definition of the word 'safe' implied).

17. If you advise that the COVID-19 vaccination is safe, please advise on the hundreds of thousands of reported side effects (including death) listed on the UK Government website and in fact the requirement for the yellow card reporting scheme at all?

18. Whether or not, you as a medical professional or colleague would advise me (based on my personal circumstances and current scientific (not Governmental) data) to take the COVID-19 vaccination?

19. Due to the fact that the pharmaceutical industry has been given blanket immunity for vaccine injury and death, please clarify whether or not you as a medical professional or colleague are in any way liable for such injury or death should I take your advice and receive the COVID-19 vaccination?

20. Assuming that I am fit and healthy with no underlying ailments (terminal or not), please list the benefits to me personally if I do receive the COVID-19 vaccination and how they outweigh the risks?

This notice is to be treated as a formal request for the information I require to make an informed decision in order to give my expressed consent to an invasive medical intervention. On account that you are expressly offering me this medical intervention you now have an ethical, professional and legal obligation to supply the information requested forthwith. Wherever possible, please include your sources for information supplied.

I look forward to your honest and speedy response in order for me to make a truly unbiased and informed decision free from the undue influence of the government (whom are neither qualified nor

scientists), big pharma and indeed the mainstream fake media.

Yours thankfully