South East Coast Ambulance Service
NHS Foundation Trust

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28th September 2022

Email:

Dear,

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 220913.

You requested the following information, please also see our response below:

FOI Request

I look forward to your prompt response detailing precisely what steps you and your organisation will be taking to fulfil your ethical and legal obligations to ensure patient and staff submission to Covid vaccination is given with free, voluntary, and fully informed consent.

***Note this is inclusive of your patients and staff, not just patients.**

Context

I am writing to you regarding the current Covid booster programme, which offers a new and reformulated Covid vaccine to all over-50s, and all clinically vulnerable under-50s – a total of around 26 million people.

The vaccine in question has not been tested on any human beings (please see reference 1 at the footer of this letter).

I am contacting you today because I am deeply concerned about this situation, and that the often highly vulnerable people the injection is targeted at – many of them elderly and suffering with cognitive decline, many others with learning difficulties or struggles with literacy – are not being adequately safeguarded where it comes to ensuring their consent to medical treatments is fully informed.

As you will know, medicine in the United Kingdom is governed by the Montgomery ruling (2), which states that, for patient consent to be both ethically and legally valid, the patient must in advance be informed of all "material risks" of a treatment. 'Material risks' are defined by this ruling as "any risks to which a reasonable person in the patient's position would attach

significance", and the "significance" of a risk is not defined by how common it is. Rare risks are also extremely significant to those that suffer them, and therefore, all risks (not just the more common) must be fully disclosed in advance.

Regrettably, this is not reliably happening with the Covid vaccinations, where patients are generally not informed in advance of the possible risks of such serious disorders as myocarditis and pericarditis, despite the UK Government warning on its website of these possible adverse outcomes (3).

Astonishingly, despite myocarditis being an extremely serious condition that proves fatal within five years of diagnosis to around 50% of patients (4), and despite the fact incidences of this condition have soared in frequency since the introduction of the Covid vaccinations (5), the UK's National Health Service has removed all mention of the condition from its website (6), information that was previously there. There is no valid or legitimate explanation for this, but it does strongly indicate that the NHS is actively attempting to suppress informed patient consent, which is a very grave matter indeed.

There is a myriad of further risks to the first generation of Covid vaccines, which remain the subject of ongoing study, and at the present time, there have been enough reports to the Yellow Card Scheme in this country, and other medical watchdogs in other countries, to have warranted the recall from market similar products in the past (7).

This situation is clearly deeply concerning and is dramatically exacerbated by the introduction of a second generation of "reformulated" vaccines, about to be offered to the UK public, which have no verifying human safety data to support their usage at all (1).

To be clear, these vaccines have been developed with such unprecedented rapidity, that they have not been tested on a single human being, meaning the impending nationwide inoculation campaign, is itself the trial.

Clearly, the tenets of the Montgomery ruling make it your obligation to fully inform patients of these facts, and that they are subjecting themselves to medical experimentation. To be derelict in this duty would fall foul of multiple medical ethics and human rights laws, including the Nuremberg Code (8), which clearly stipulates that fully informed patient consent prior to medical experimentation is critical.

The lack of safety data on these new injections means that it is not possible for you to fulfil your obligations on informed consent in any other way. You cannot warn patients of "all material risks" of the treatment, because without clinical safety trials on human beings, these are not known. Therefore, this must be made clear to patients – that you do not know the risks of the new vaccines, and nor does any other individual or body. Only when this is made

abundantly clear to patients can they make the informed choice to consent to the vaccine.

To give some context on what the risks are likely to be, you are obliged to inform them of documented adverse effects of the first generation of Covid vaccines, including cardiac disorders as detailed earlier in this correspondence. There are a wide range of other formally documented risks to these injections, and I invite you to study both the reference section of this letter and the resources available at the information site 'Informed Consent Matters' (www.informedconsentmatters.co.uk) to further familiarise yourself with these.

Please know that I care very deeply about vulnerable people and that I am extremely invested in ensuring that neither they, nor any other individuals, are misled, deceived, or manipulated into action that is not in their interests.

We are not administering COVID-1 booster hence we are unable to comment on the above.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

FOI@secamb.nhs.uk

Yours sincerely

Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust