
Is it ethical for doctors to inject children with covid-19 injections?

Elizabeth Hart <elizmhart@gmail.com>

Tue, Jun 15, 2021 at 3:47 PM

To: communications@ahpra.gov.au, racgp@racgp.org.au, racp@racp.edu.au, president@ama.com.au
Cc: chief.scientist@chiefscientist.gov.au, a.wilson@sydney.edu.au, "Marshall, Larry (Executive, Black Mountain)" <larry.marshall@csiro.au>, PBAC <pbac@health.gov.au>, Greg.Hunt.MP@aph.gov.au, "Kelly, Craig (MP)" <craig.kelly.mp@aph.gov.au>, A.Albanese.MP@aph.gov.au, mark.butler.mp@aph.gov.au, "Plibersek, Tanya (MP)" <tanya.plibersek.mp@aph.gov.au>, dunstan@parliament.sa.gov.au, ministerforhealth@sa.gov.au, laborleader@parliament.sa.gov.au, Labor Shadow Health <ShadowHealth@parliament.sa.gov.au>, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Hanson, Pauline (Senator)" <senator.hanson@aph.gov.au>, senator.roberts@aph.gov.au, senator.canavan@aph.gov.au, ElectorateOffice.Willoughby@parliament.nsw.gov.au, electorate.fanniebay@nt.gov.au, daniel.andrews@parliament.vic.gov.au, "Collignon, Peter (Health)" <peter.collignon@act.gov.au>, Peter Collignon <collignon.peter@gmail.com>, wa-government@dpc.wa.gov.au, Premier@ministerial.qld.gov.au, BARR Reception <barr@act.gov.au>, david.anderson@abc.net.au, j.shine@garvan.org.au, robert.clancy181@gmail.com, Peter Doherty <pcd@unimelb.edu.au>, senator.lambie@aph.gov.au, george.christensen.mp@aph.gov.au, michael.mccormack.mp@aph.gov.au, barnaby.joyce.mp@aph.gov.au, Brendan.Murphy@health.gov.au, covid19vaccinerfi@health.gov.au, christopher.blyth@uwa.edu.au, Allen Cheng <Allen.Cheng@monash.edu>, sue.macleman@mtpconnect.org.au, mark.sullivan@medicinesdevelopment.com, george.williams@unsw.edu.au, john.skerritt@health.gov.au, nicola.spurrier@flinders.edu.au, ATAGI Secretariat <atagi.secretariat@health.gov.au>, "Peter A. McCullough" <PeterAMcCullough@gmail.com>, Nick Hudson <nick.hudson@pandata.org>, libadm@liberal.org.au, media@liberal.org.au, brett.sutton@dhhs.vic.gov.au

Please forward this email to the people addressed below.

For the attention of:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, Chair, Australian Health Practitioner Regulation Agency (AHPRA) Agency Management Committee
- Mr Martin Fletcher, CEO, AHPRA
- Dr Karen Price, President, Royal Australian College of General Practitioners (RACGP)
- Professor John Wilson AM, President, Royal Australasian College of Physicians (RACP)
- Dr Omar Khorshid, President, Australian Medical Association (AMA)

Dear Dr Tonkin, Ms Callister, Mr Fletcher, Dr Price, Professor Wilson and Dr Khorshid

Please see below my emails to Dr Fiona Godlee, Editor in Chief of *The BMJ*, challenging her on doctors' ethical duty to obtain 'informed consent' before a medical intervention, and questioning the ethics of injecting children with covid-19 injections, as children, and many others, are not at serious risk with the SARS-CoV-2 virus, i.e. not at serious risk of covid-19.

It's appalling that doctors are a party to this gross over-vaccination of children, which is looming for children in Australia, and already underway in South Australia, with 16 year olds in country areas already being pressed to have covid-19 injections, see [COVID-19 vaccine rollout extends to teenagers in regional South Australia](#), ABC, 24 May 2021.

Again, as raised in [my previous email to you](#), **I ask you to very carefully consider health practitioners' ethical duty to obtain informed consent from their patients (from parents in the case of children), and the conflicted situation currently being created by the Morrison and State Governments' taxpayer-funded covid-19 injection rollout.**

Sincerely

Elizabeth Hart

Independent person investigating the over-use of vaccine products and conflicts of interest in vaccination policy

----- Forwarded message -----

From: **Elizabeth Hart** <elizmhart@gmail.com>

Date: Mon, Jun 14, 2021 at 5:20 PM

Subject: Is it ethical to vaccinate children to protect the elderly?

To: Fiona Godlee <fgodlee@bmj.com>

Cc: Sharon Davies, Peter Doshi, Kamran Abbasi, Theodora Bloom, Allyson Pollock, John Ioannidis, Simon Wain-

Hobson, Richard Ebright, Marc Lipsitch, Michael Osterholm, Tom Inglesby, Carl Heneghan, Michael Levitt, Martin Kulldorff, Jayanta Bhattacharya, Sucharit Bhakdi, Gus Dalglish, Karol Sikora, Anders Tegnell, Johan Giesecke, Ian Frazer, Peter Doherty, Peter Collignon Roy Anderson, Peter Openshaw, Adrian Smith, David Cannadine, Venki Ramakrishnan, Andrew Goddard, Chris Conlon, Dan Sumners, John Shine, Robert Clancy, Sunetra Gupta, Andrew Pollard, Heidi Larson, Graham Medley, Melinda Mills, John Bell, David Kennedy, Andrew Read, Neil Ferguson, Patrick Vallance, Chris Whitty, Peter A. McCullough, Nick Hudson

For the attention of:

Dr Fiona Godlee
Editor in Chief of *The BMJ*

Dear Dr Godlee, further to my previous email to you asking: **Why should people not at risk of covid-19 be pressed to have covid-19 injections?**, to which you did not bother to respond.

I also submitted my email to you as a rapid response on Mohammad S Razai et al's article **Covid-19 vaccination hesitancy**, but again, sadly, it appears you decided my response to you on the important topic of 'informed consent' before a medical intervention did not merit publication.

Dr Godlee, it's very disappointing that the medical establishment has so little regard for the ethical duty to obtain informed consent from patients before a medical intervention. Really, I think it should be raised as a major topic on *The BMJ*, particularly in these bizarre times, with the entire world population poised to be injected for life with covid injections, against a virus which isn't a serious threat to most people.

Take children for instance, they don't seem to be at serious risk with the SARS-CoV-2 virus, and are unlikely to be hospitalised due to the virus, and yet the UK MHRA has **approved the Pfizer/BioNTech covid-19 injection for children aged 12 to 15**. Why?

I suggest this puts doctors in a very tricky position...how can they in all conscience persuade parents, or indeed the children themselves, to have this medical intervention which is not specifically for their benefit, particularly as it would interfere with their own effective natural response to the virus, with the aim of hooking them onto covid-injections for life - this is seriously unethical Dr Godlee!

In regards to injecting children with covid injections, I remind you of my *BMJ* rapid response which was published in August last year, i.e.

Is it ethical to vaccinate children to protect the elderly? <https://www.bmj.com/content/364/bmj.l108/rr-4>

Dear Editor

In his rapid response, Dr Anand says "Are drugs, including vaccines and blood products, monitored conscientiously by the good doctors? I believe not."^[1]

I also have my doubts in regards to doctors conscientiously monitoring the growing number of vaccine products being pressed upon the community.

There are many vaccine products on the burgeoning vaccination schedule for children, including annual flu vaccination, and now fast-tracked coronavirus vaccination is looming.

Do any doctors wonder about the extraordinary number of vaccinations and revaccinations given to children nowadays? We have no idea of the long-term cumulative effects of this ever-increasing vaccine load.

I was astonished recently to read in The Guardian that children in the UK are given the nasal spray flu vaccine to protect their grandparents, even though children do not often get severe flu.^[2]

This was acknowledged by Professor Peter Openshaw, from Imperial College London, one of the members of the UK's Sage scientific advisory sub-group Nervtag, during a House of Lords science and technology committee meeting in June to discuss COVID-19 vaccine development.

And now there are plans afoot to vaccinate children against SARS-CoV-2/COVID-19 to protect the elderly.

According to The Guardian article "A vaccine against Covid-19 may not work well in older people who are most at risk of becoming seriously ill and dying from the disease..." and this "may mean immunising others around

them, such as children".

It's been reported that most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild and severe COVID-19 disease in children is rare. (See comment published in *The Lancet Child & Adolescent Health*[3])

How can it be ethical to vaccinate mass populations of children against SARS-CoV-2 to protect the elderly if most SARS-CoV-2 infections in children are mild, and severe COVID-19 disease in children is rare?

How can it be ethical to vaccinate mass populations of children against flu if children do not often get severe flu?

Vaccinations are medical interventions which have risks. It seems to me unethical to vaccinate someone against a disease which is not a significant threat to them to protect others, e.g. the elderly. This is a particularly serious matter to consider in countries which have coercive vaccination policies, e.g. Australia and the United States.

And now Reuters reports "AstraZeneca has been granted protection from future product liability claims related to its COVID-19 vaccine hopeful by most of the countries with which it has struck supply agreements..."

According to Reuters, Ruud Dobber, a member of Astra's senior executive team, said "This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects".[4]

So AstraZeneca has been granted protection from future product liability, and children around the world will be left with the risk of side effects in order to supposedly protect the elderly.

In my opinion this is not ethical.

What do doctors think about this, about vaccinating children with flu vaccines and future coronavirus vaccines to supposedly protect the elderly?

This is not to negate the risks of flu and SARS-CoV-2 for the elderly, but efforts should be concentrated on finding medications to help them directly, children's right to their own natural defences should not be sacrificed in this regard.

Can Fiona Godlee and Rapid Recommendations editors please urgently consider this matter?

References:

1. on Fiona Godlee. We can change practice - can we also change culture? *BMJ* 2019;364:l108
2. Covid-19 vaccine may not work for at risk older people, say scientists. *The Guardian*, 24 June 2020.
3. The immune system of children: the key to understanding SARS-CoV-2 susceptibility? [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30135-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30135-8/fulltext))
4. AstraZeneca to be exempted from coronavirus vaccine liability claims in most countries. Reuters, 30 July 2020.

Competing interests: No competing interests

Dr Godlee, you'll see **I asked in my *BMJ* rapid response that you and Rapid Recommendations urgently consider the matter of vaccinating children to protect the elderly - did you ever give this any thought?**

Again Dr Godlee, **doctors are in a very tricky position in regards to pressing covid-19 injections upon children, and others, who are not at serious risk with SARS-CoV-2/covid-19, I suggest this is unethical.**

Sincerely

Elizabeth Hart

Independent person investigating the over-use of vaccine products and conflicts of interest in vaccination policy

On Sun, May 30, 2021 at 4:15 PM Elizabeth Hart <elizmhart@gmail.com> wrote:

For the attention of:

Dr Fiona Godlee
Editor in Chief of *The BMJ*

Dear Dr Godlee, in a recent article on *The BMJ*, Mohammed Razai et al "offer an overview of vaccine hesitancy and some approaches that clinicians and policymakers can adopt at the individual and community levels to help people make informed decisions about covid-19 vaccination".[1]

Currently it appears the covid-19 vaccine products aren't claimed to prevent infection/transmission re SARS-CoV-2, they're purported to reduce the symptoms of the disease covid-19. (*This is an important distinction, which I realised after publication of my BMJ rapid response last year, requesting clarification of whether these were really covid-19 vaccines...or SARS-CoV-2 vaccines?[2] I question the status of the covid-19 'vaccines' and the quality of the 'immunity' they provide, and prefer to describe these products as covid-19 'injections'.*)

But if people aren't at serious risk of covid-19, why should they be pressed to have covid-19 injections? This applies to most people, particularly children and young people, who are not greatly affected by SARS-CoV-2.

Why are people not at serious risk of covid being set up to have covid injections throughout their entire lives?

This includes many people who may already be naturally immune. Their own effective natural immune response will be interfered with via these injections.

It's planned to press these covid injections on the entire global population throughout life. We have no idea of the long-term consequences of this medical intervention to purportedly protect against a disease which isn't a serious threat to most people.

Who initiated this plan to inject the entire global population with covid-19 injections, how was this plan evaluated? Certainly there was no public consultation about this rushed and unprecedented global covid-19 injection rollout, which is relevant to us all.

Now vaccine industry CEOs announce people may face a lifetime of covid injections, with Pfizer CEO Albert Bourla saying "people will likely need a booster dose of a covid-19 vaccine within 12 months of getting fully vaccinated" and "it's possible people will need to get vaccinated against the coronavirus annually".[3] How many billions will the vaccine industry make out of the booming covid injection market?

With covid-19 injections now being pressed upon people of all ages, including children in some countries, **there must be public discussion on the ethics of injecting people who are not at risk with covid-19 with covid-19 injections, and the unknown cumulative consequences of covid injections throughout life, on top of the other vaccine load.**

Dr Godlee, it's commendable that Mohammed Razai et al are keen "to help people make informed decisions about covid-19 vaccination", **but clinicians and policymakers must think very carefully about pressing people not at risk of covid-19 to have covid-19 injections, potentially for the rest of their lives, as this is an ethical and legal minefield.**

Razai et al and clinicians and policymakers and others would do well to **pay careful attention to the points raised by Noel Thomas in his BMJ rapid response relevant to informed consent**, e.g. "The many things that UK law expects of doctors when obtaining informed consent, include discussion of all material risks that a reasonable person might be expected to wish to know about" and "The fact that covid-19 vaccine makers have all declined to accept any compensation liability for their products, would surely be essential information to explain to any reasonable person, who might, in other circumstances, wonder at the wisdom of accepting an electric kettle, a bicycle, or a car, whose maker similarly lacked confidence in their product?"[4]

Just how informed is 'the consent' being given by the millions of people around the world being pressed to have covid-19 injections?

Dr Godlee, people not at serious risk of disease should not be coerced by doctors and others to have medical interventions of questionable benefit for them.

Sincerely
Elizabeth Hart

Independent person investigating the over-use of vaccine products and conflicts of interest in vaccination policy

References:

1. Covid-19 vaccination hesitancy: <https://www.bmj.com/content/373/bmj.n1138>
2. Covid-19 vaccines...or SARS-CoV-2 vaccines? Clarification needed: <https://www.bmj.com/content/370/bmj.m3258/rr-14>
3. Pfizer CEO says third Covid vaccine dose likely needed within 12 months: <https://www.cnn.com/2021/04/15/pfizer-ceo-says-third-covid-vaccine-dose-likely-needed-within-12-months.html>
4. Re: Covid-19 vaccination hesitancy: <https://www.bmj.com/content/373/bmj.n1138/rr-19>