Doctor Elizabeth Evans — Transcript

Will Jones (Interviewer). Doctor Elizabeth Evans is a former NHS doctor who now works in complementary medicine. She is CEO of the UK Medical Freedom Alliance.

Liz Evans. For over 3½ years, the UK Medical Freedom Alliance has repeatedly sought to engage with government ministers, policymakers, decision makers, regulators and healthcare professionals, presenting an evidence-based and rational perspective on unethical and dangerous policies.

Sadly, we have been largely ignored and even smeared and censored. I like this quote from a US Supreme Court Justice who said ethics is knowing the difference between what you have a right to do and what is right to do. We have experienced a pandemic of ethical violations over the last four years.

During the COVID era, fundamental ethical principles were abandoned, and not just in relation to the COVID vaccine rollout. How will history judge us? Did we do the right thing?

As a Christian, I believe you can judge a tree by its fruit to understand if a policy is right or wrong, good or evil. What do you see when you look at these pictures? I see pain, suffering and cruelty. Gross examples of man's inhumanity to man. This is what unethical looks like, and importantly, this was a choice. These abusive and unethical policies have left people deeply traumatised.

The public was gas lit and lied to. They understandably want to forget, but we must not forget. It's time to acknowledge the terrible things that were inflicted upon people, to take action to right the wrongs and to compensate the injured and bereaved. And to hold accountable those who are responsible, important questions must now be answered.

Was it morally or ethically right to roll out the COVID vaccines in the way we did? Did we really have no choice? And how can we make sure this never happens again?

We must now bring the conversation back to fundamental ethical principles. Medical ethics are the vital framework that recognise and uphold the equal worth, value and dignity of every individual. And their right to freely decide what happens to their own bodies. They recognised the unavoidable power imbalance in the doctor patient relationship. Holding healthcare professionals accountable for their actions and protecting vulnerable patients from abuse and atrocities.

A healthcare professional is obliged to follow four key ethical principles.

The first is autonomy, which is the respect for the patient's right to self determination over their own body and the freedom to accept or reject medical interventions. This is the foundation on which all other human rights are built.

Then beneficence, which is the duty of the doctor to act for the benefit of the patient. To do good.

Non malfeasance is the duty of the doctor to do no harm, ensuring that the benefit outweighs the risk.

And justice is to treat all people equally.

There's a legal and ethical requirement that informed consent must be obtained for all medical treatment. The clinician must disclose all material risks, benefits and alternatives to treatment. Consent is only valid without coercion or pressure being applied, such as the threat of a penalty if consent is refused.

Privacy and confidentiality are also vital, and it's important to understand two key points. The first is that medical ethics are vitally important and should be non-negotiable in a civilised society. And that medical ethics cannot just be discarded in an emergency for the greater good.

This is when decisions are most likely to be driven by panic or fear, making abuse more likely. The maxim first do no harm must be always upheld with a full risk benefit analysis applied to all interventions for both the individual and wider society. It is our opinion that significant suffering and death were caused by the failure of the government, public health authorities and most importantly, healthcare professionals to uphold the ethical principles that have always framed and constrained the delivery of healthcare.

To ensure that we first do no harm. There was a complete failure to see the bigger picture as political and medical decisions were made in a moral and ethical vacuum. The other witnesses have presented overwhelming evidence that the COVID vaccines were neither safe nor effective.

Catastrophic and avoidable harm has resulted from the reckless rollout of an insufficiently tested technology to a frightened and coerced population. The supreme arrogance of the authorities and their failure to consider the wider cost of their actions has had devastating consequences that we will be living with for years or decades to come.

What were we thinking? We rolled out a completely new technology with no long term safety data, not just to those at most risk from COVID, but to those at little or no risk, including children and pregnant women. This surely goes against all common sense, violating well established medical practise and ethics and discarding the precautionary principle, making it reckless in the extreme medical insanity.

Tragically, most of the medical profession and wider public were deceived by the incessant government and media messaging that the vaccines were our only way out and that we should trust the science.

We strongly challenge the claim that we had no choice due to the threat from COVID. We always have a choice and the choices made were unwise and unethical and should never have been allowed regardless of the safety profile of the jabs. Just because we can do something doesn't mean that we should.

The end does not justify the means. The fallout from the ill judged COVID vaccine rollout is arguably the biggest avoidable public health disaster in human history. And has had a profoundly negative impact on the doctor, patient relationship and the wider practise of ethical medicine.

The unprecedented fast tracking of the vaccines was only achieved by violating ethical principles and practise during the clinical trials, with a complete failure to follow the established UK policy framework for health and social care research.

Trial protocols were deviated from, including the shocking decision of government and regulators to allow the pharmaceutical companies to vaccinate the control group before the trials ended, eliminating the ability to acquire long-term safety data. Trials were incomplete prior to the rollout of the vaccines and shockingly, would never be completed in accordance with the initial trial protocols.

And raw trial data was never made available for public scrutiny.

The UK drugs regulator, the MHRA, failed in their ethical and regulatory duty to protect the public, prioritising big pharma interests over public safety. They failed to rigorously assess all evidence or hold industry responsible for proving the safety of their products, instead taking claims of safety on trust based on incomplete datasets.

Having knowingly taken a serious risk by authorising the vaccines prematurely, the MHRA then failed to implement a robust post-marketing surveillance system that could have picked up the many safety issues that have subsequently emerged. They also failed to warn the public of the experimental nature of these products or involve them in proactively reporting side effects. The yellow card system was not fit for purpose as most people, including medics, were unaware of it, so adverse events were seriously and significantly underreported.

Why was there not a high profile public campaign to alert people and their doctors to report new symptoms or illnesses in the weeks or months post vaccine? We suggested such a rigorous and active approach in an open letter to government ministers, the MHRA and the Joint Committee on Vaccination and Immunisation dated 23rd of November 2020, before the vaccines were authorised. Rolling out a novel and inadequately tested product to the entire population without stringent procedures in place for reporting and capturing potential adverse events can only

be described as profoundly unethical, grossly negligent and in stark violation of the basic principles of clinical research and medical practise.

And why was the government allowed to indemnify the pharmaceutical companies for harms caused by their products? This flawed system further endangered the public with no onus on the pharmaceutical companies to produce a safe product. Instead, they were incentivized to produce the vaccines as quickly as possible in as large quantities as possible to maximise their risk-free profit.

And the yellow card data collected and released by the MHRA is unprecedented and shocking. If this is not a safety signal, then what is? The ethical and moral failure of the MHRA, public health officials and government to act on clear safety signals or communicate risk clearly to the public as data became available was outrageous.

An essential part of the safe and ethical practise of medicine involves responding to new data and safety signals and withdrawing dangerous drugs from the market. When it came to the jab rollout, the failure of the authorities to implement the precautionary principle was staggering. We always rejected the ill judged assertion that every person in the country should be inoculated with a COVID vaccine as soon as possible, regardless of their individual risk, benefit profile or immune status.

As all medical interventions carry a risk of harm, we have a professional duty to act with care and proportionality. How was a pharmaceutical product still in clinical trials allowed to be recommended and administered to children and pregnant women on such a mass scale? Without long term safety data on either the mRNA vaccines or specific COVID vaccines, the MHRA had no evidence to rule out potential long-term effects on health or fertility.

Children, pregnant women and their babies became unwitting guinea pigs in this long-term trial. How did we stand by and let this happen? And the fact that it was considered acceptable to use children as human shields, vaccinating them to protect Granny was horrific.

In a civilised society, protecting vulnerable children and pregnant women from harm should be the top priority. We must never again take such a reckless approach with a new product.

We saw widespread and unprecedented use of coercive messaging and deliberate fearmongering by the public health authorities to pressure and shame people into accepting a COVID vaccine.

Who can forget Boris Johnson accusing anti-vaccine campaigners of speaking jumbo or Chris Witty telling anti vaxxers that they should be ashamed. Maximising vaccine confidence and minimising vaccine hesitancy was prioritised over the ethical duty to establish vaccine safety and effectiveness and respect individual medical choice. Use of the term vaccine hesitancy or the more pejorative anti vaxxer label was highly coercive and divisive and shut down legitimate questions and concerns and ignored the fact that different people had different risks and benefits.

Policies to address vaccine hesitancy in fact undermined individual autonomy and the right to freely choose which medical treatments to accept or reject. And so many people took the jab under false pretences because they were told it would protect others, which was an outright lie.

The media went further with the disgusting article by Andrew Neil calling for vaccine refuseniks to be punished.

Esther Ransom was just one example of several celebrities who used vile and divisive rhetoric. She demanded on live TV that those who refused a COVID jab should be forced to stay at home and even denied NHS care. The vaccinated were pitted against so-called anti vaxxers, resulting in profound and unquantifiable damage to societal cohesion, dividing marriages, friendships, families and communities.

Unbelievably, we even saw bribes used in the rollout with government collusion. These were used especially to target young people to persuade them to accept vaccines. Such as the University of Sussex who offered double jabbed students a chance to win £5000 in a draw.

The government encouraged businesses to incentivize customers by offering perks to the vaccinated, such as vouchers from Asda and Deliveroo and free taxi rides from Uber. Students were put under intolerable pressure to

accept vaccines to allow them to live a normal life. The threatened with missing out on clubbing and told their only way back to normal was with the jab.

Vaccine centres were set up at music festivals to capture young people, a completely inappropriate place to administer medical treatments. Some nightclubs even introduced vaccine passports for entry. And we heard of universities and medical schools mandating COVID jabs for their students or making life for the unvaccinated miserable.

And as a society, we should be outraged at the unethical psychological and marketing techniques that were used to attempt to influence and persuade our youngest children to take this jab.

We describe the NHS Superhero poster campaign aimed at children aged 5 to 11 years in our witness statement. This surely demonstrates how far we strayed as a society from responsible and sober medical practise and from the Hippocratic Oath to first do no harm.

Arguably, no one gave legally valid informed consent to COVID vaccination. The UK Medical Freedom Alliance published a COVID Vaccine Gold Standard Consent form on our website in late 2020 to help the public and medical professionals understand the information required in our professional opinion to properly obtained informed consent. This full information disclosure was not covered in the standard NHS vaccination process.

Informed consent was undermined by a complete lack of transparency and honesty from government and public health bodies who aggressively promoted the vaccines. Benefits were grossly overstated, and known and unknown risks were downplayed or denied. There was an unethical and unscientific one-size-fits-all approach which failed to recognise individual variations in risk-benefit calculation. And the use of vaccine mandates was a very dark moment for this country, crossing the line into overt medical tyranny.

Under the 2021 No Jab, No Job policy, mandating COVID vaccines for care workers, care staff were denied the right to decline a medical intervention without losing their jobs and livelihoods. This extreme form of coercion led to 40,000 care workers leaving the profession in protest. Tragically many accepted a vaccine against their will to keep their job.

UKMFA worked hard to advocate for and support healthcare workers to understand and access their legal and ethical rights at an incredibly stressful and devastating time for them. We also campaigned successfully to prevent these draconian mandates being imposed on staff in early 2022. Sadly, healthcare professionals lost sight of the fact that their primary ethical duty of care is to the patient in front of them, not to the NHS or their employer, the government or wider public. Under the GMC Good Practise Medical Code, doctors must raise patient safety concerns.

However, during COVID, it was disturbing to witness the failure of the medical profession to stand up and speak out against unethical policies and practises to protect their patients. Doctors have largely been silent and complicit, leading to a serious loss of public trust in the medical profession. Ethical doctors were threatened and punished for acting as their patients advocate or voicing vaccine safety concerns.

They risked GMC investigation and even being struck off. As a result, it was almost impossible to find a doctor prepared to sign a medical exemption form for the COVID vaccine, however valid. The reason?

Alarmingly, COVID has set a precedent normalising the unethical. With hundreds of mRNA vaccines in the pipeline and the WHO seeking more power and control, we must urgently reestablish ethical red lines that can never be crossed by policymakers, healthcare workers, regardless of the circumstances. Politicians and bureaucrats have no place in the consulting room and the practise of medicine on individuals.

Governments must never again be allowed to override individual medical choice by mandating medical treatments or vaccines to access basic human rights such as employment or travel. We must hold to account those who have failed in their duties and responsibilities to protect the public, including in a court of law if indicated. We are calling for justice for the vaccine injured and bereaved, for public recognition and proper compensation for the appalling and unnecessary harm that they have suffered.

The UK Medical Freedom Alliance has joined thousands of doctors and scientists around the world in calling for an immediate, complete halt to the COVID mRNA vaccine rollout. It is indefensible that governments and public health authorities are still recommending the injection of these products into anyone, let alone into children and pregnant women.

In conclusion, we are faced with a stark and urgent choice between the technocratic, dehumanising, protocol driven medicine we have been subjected to over the last four years or a return to Hippocratic, ethical, patient-centered medicine. Fundamental individual rights and medical ethics must be invariably and firmly upheld in any future pandemic response.

Thank you, Doctor Evans. That was a really necessary reminder of all that happened over the last several years back in the pandemic. Why was the medical profession, in your view, so ill-equipped to stand up for these fundamental ethical principles that you've outlined for us, and to call out and hold the line against, well, as we've heard, unethical government policies?

Yeah, I, I completely agree with you. I think that's the part that has shocked me the most. But actually thinking about it, this didn't come about overnight. I think this stage has been set over the last 30 to 40 years. So when I was training, evidence based medicine was coming in sort of in the late 80s, early 90s. And it was initially a really noble endeavour to make sure that medical practise was based on evidence.

But over the decades happened is that increasingly, instead of medicine just being informed by, you know, knowing the latest evidence, it's become dictated by the evidence. So initially there was guidelines, but they have become algorithms and over time have become protocols. So doctors have been increasingly used to practising in a way where they make a diagnosis and they reach for a protocol and they follow what they're told to do. Which takes out their sort of professionalism, their ability to use their experience, their their wisdom, their judgement, innovate, you know, try different things.

And there's that sense of safety for the doctors that as long as they follow these guidelines or the protocols as they now are, then they're safe. But if they stray outside of a protocol, they feel unsafe. And that they might, you know, if anything goes wrong and obviously nothing's 100% safe in medicine, they could be censured for it.

But then during this 30-40 years now we have vested interests influencing these guidelines and protocols. And it feels like what's happened is that evidence based medicine has been hijacked by big Pharma and effectively you've ended up with, you know, the evidence that's selected. It tends to be very much pharma focused, you know, randomised controlled trial as the gold standard. But the only people who do randomised controlled trials are you know who can afford it are the Pharmaceutical industry.

So you've ended up with this situation where a very narrow sphere of evidence is leading everybody to a drug based protocol for any illnesses. So I think because of that, when the pandemic came in, doctors were ill equipped to be able to think on their feet and to say no to policies because that's how they're trained these days. So I think that that's been a massive issue. Yeah. So culture of just following orders to some extent, Yes, definitely scary.

So what dangers can you see resulting from the precedent, some some pretty awful precedents set during the last four years by these unethical public policies?

We've normalised the unethical which is a very worrying situation because obviously once people have accepted that once, that will then be used to justify things in the future. But I think also we've seen globally, maybe not so much in this country yet, but there have been moves to sanction doctors including jail time and huge fines. I think, you know, hundreds of thousands of dollars in Canada, any doctors who express an opinion that deviates from the medical orthodoxy, and that orthodoxy is these written protocols by distant bureaucrats.

So basically that's going to pull doctors into line and they will have no option but to to follow the consensus. So we've had that in QLD. It happened in California Bill 2098, and more recently British Columbia and Canada passed Bill 36. And all of those are really going to silence doctors from raising concerns. So we really have to make sure that doesn't happen in the UK.

So we've got this idea that one-size-fits-all, but that is totally unethical and very dehumanising. You've got patients being treated like they're all the same. But of course, we all know you don't have to be a doctor to know we're not the same and we have different physical, emotional, psychological, spiritual needs and wishes. And also medicine isn't an exact science. It's an applied science. You know, in science you update and you refine as new evidence comes in. And I think this precedent that's been set will completely stop any of that refinement and change in direction when there's a problem. So real danger that we just won't be able to learn from mistakes and we just won't even we won't even learn about mistakes until, until long time afterwards. So just can't have that self correction.

So how do you think we can move forward and prevent this happening again?

We've spent the last few years lobbying, you know, government, the regulators and we've realised that it's very hard to take it from a top down perspective. I don't think we're going to change. You know, we've got a very strong regulatory capture, strong lobbying from Pharmaceutical industry that this business model is really working for them.

So I think we've really got to the hearts and minds of doctors and healthcare professionals and it needs to be a doctor centred return to patient-centered medicine. We need the doctors to start re engaging with their medical ethics. I think we need them to stand up and protect their patients from medical tyranny, which is effectively what it is. Because I think people need to realise the public should start demanding ethical medicine from their doctors. They need to be challenging when they're told. You don't have a choice or well, this is the only way.

And I think patients need to start to understand medical ethics, what the rights are to informed consent, to accept or reject a treatment, that they should never be put under pressure and call the medical profession out when they're acting against their their ethics. So I think a combination of the public becoming more informed and demanding ethical healthcare from their medical professionals, but also, you know, I feel doctors have been really de-professionalised over the last 30-40 years and it must be less satisfying way of practising medicine so they could get back to the art of medicine. Medicine is an art and a science, but the evidence based medicine has taken it far too far into the science side but has lost the art of medicine. And that's the compassion, the humanity, the wisdom, the intuition.

You know, doctors, really good doctors have gut feelings and they stop and they think, do you know what, I don't think this is going to work for you or I've got a feeling this <u>is</u> going to work. We have to allow doctors to have that the benefit of their clinical experience and to innovate on patients.

Thank you, Doctor Evans. That's real wisdom, really important. And let's just hope that the medical profession is listening.