NZDSOS
NEW ZEALAND DOCTORS SPEAKING OUT WITH SCIENCE

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Outline of Oral Presentation to the Royal Commission of Inquiry into Covid-19

Medical Ethics

Morals and ethics are important moral codes without which any human group dissolves into anarchy. We are all aware of Lord of the Flies.
The medical ethics principles of:

-do good
-do not harm
-bodily autonomy - including informed consent
-justice

are not nice to haves.
These principles provide the ***only*** protection patients have from a dehumanised public health system, a paternalistic "doctor knowns best" attitude and and speaks to the fact that: ***All medical interventions carry a risk of harm.***

History tells of the disasters that can occur when these ethical principles are ignored e.g thalidomide, vaccinations and medications that have been withdrawn due to harms. Benefit and lack of risk can ***never*** be guaranteed and thus the individual should always be able to say no.

This lack of guarantee was acknowledged during covid. Dr Paul Offit, a paediatrician and vaccine said in Dec 2020: "You're not going to know everything until the vaccine is actually out there and given to a large number of people" and "And you're only going to find out a rare serious outburst event post-approval."

Furthermore, because vaccines are unavoidable unsafe, manufacturers have been given liability protection for these products in the US.

However, a doctor's primary duty of care is to the patient, not the pharma industry, community guidelines, or government narrative. It is not that long ago that physicians acted as agents of a social program that resulted in the murder of 6 millon people. For this very reason human rights and ethical principles must not be discarded, no matter the emergency.

We posit, that pandemics and other emergencies do not provide a legitimate reason to opt out of adhering to well-established ethical principles and norms of medicine or of accepted moral codes. Indeed, it is at just such times that the importance of these principles is paramount.

The Nuremberg code was a promise to humanity that we would never again endorse uniformed, non-voluntary decision making, even for the patient's own good, or for the sake of the public good.

The Nuremberg code embodies the principle of voluntary informed consent, protecting the right of the individual to control his / her own body. These principles have been extended into general codes of medical ethics. In the rush to do something, these codes were violated

Very early on, in 2020 concerns were raised that valid informed consent was not obtained from the trial participants in the original Pfizer trial as specifically the potential for the vaccines to sensitie recipients to more severe disease (than if they were not vaccinated) was not sufficiently disclosed. But this was just the start.

It can be easily argued that no-one in New Zealand consented freely to the vaccines.

Informed Consent is a legal and ethical requirement for all medical interventions."*Services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent,*

This requirement includes a full disclosure of ***risks, benefits and alternatives*** to the intervention and that the consent must be given freely and without coercion, deception, manipulation or other undue influence.

It is thus incomprehensible that influencers, government experts and politicians were urging and coercing the population to undergo a novel medical procedure. Not only were the risks and alternatives not broadcast but they were censored.

The continual safe and effective narrative, along with the lack of information regarding the known and unknown short-, medium- and long-term side effects, the poor actual efficacy (ARR 0.84 at best and more likely worsening of clinical disease), the lack of protection against transmission and the experimental nature of the vaccines was a gross violation of medical ethics, human rights and the Nuremberg Code.

In looking back at the Key Decision to mandate vaccinations, the government's actions appear to be arrogant at best. The single focus of 90% vaccination to allow lockdowns to end coerced even those not mandated to be vaccinated. The vaccination rollout regardless of lack of efficacy and without due assessment of harms has had devastating consequences.

Trivial if any scientific evidence existed to justify vaccine mandates; but even if there was, it is indisputable that medical ethics were violated.

- How could forcing an ineffective and dangerous vaccination on anyone but particularly those at low risk of significant disease be beneficence?
    - How can withholding and censoring effective treatments be beneficence?
- How could countless vaccine injured patients denied exemptions and being forced to take a further vaccine by a practicing doctor not be maleficence?

- How can coercing and manipulating anyone into receiving a medical intervention be upholding bodily autonomy?
- How can excluding those with a different health philosophy / medical choices be just?

Pregnancy and Children

A particularly egregious disregard for medical ethics was the recommendation and in many cases the mandating of the covid vaccines to pregnant women and children.

The long held pregnancy norms of extreme caution, considered the first and final bastion of medical ethics appeared to have been disbanded.

We were taught to consider very carefully the use of even paracetamol in pregnancy, images of limbless children forever engrained in our minds. Thus the threshold for advising pregnant women to take a medical product is always very high, especially when the consequences of not doing so were trivial.

Peter McCullough (internist, cardiologist, epidemiologist) suggested that the covid vaccines be labelled as Category X, indicating a high risk of permanent damage in offspring and contra-indicated in pregnancy. Even if this categorisation is controversial, a modicum of safety needs to be proven prior to large-scale recommendations for use in pregnancy. Ignoring the lack of evidence for safety in pregnancy and willfully recommending the vaccine to pregnant women, equates with maleficence for both mother and unborn child – with often heartbreaking ramifications for loved-ones.

It was thus with great alarm that we witnessed the unbreakable principle of not doing harm in pregnancy was so easily cast aside. Once that principle was breached, it should have been no surprise, that even those with vaccine injuries were mandated to be injected again.
But of course, we were surprised and alarmed many times over.

We were surprised that adults, whose greatest duty of care is to children, not only accepted protection by children but promoted it. The earliest predictions of an IFR of 0.0003% in under 19 year olds, with most children suffering the mildest of diseases, the understanding that vaccine prevented transmission was not proven and the concerns about "not knowing everything about a vaccine" should have immediately halted any consideration of the vaccination of children. In advertisements and in the coercion of exclusion from public life, children were blatantly manipulated into receiving a vaccination. Our grip on the moral framework established in response to past horrors was, once again, shown to be remarkably fragile.

We have heard stories of young people getting vaccinated without parental consent due to peer pressure, to fit in and to attend events. It is one thing for an adult, who HAS been told of the risks, benefits and alternatives to get vaccinated say to travel, but for a young person to be pressured into taking a medical intervention which may have devastating and life-long consequences is unthinkable; this is especially egregious where the young person has been manipulated into doing it for their whanau.

What sort of being uses its offspring as a shield against danger?

Medical Council of New Zealand

The stated purpose of the Medical Council is to protect the public. Patients typically lack medical expertise and place their trust in doctors. The doctor-patient relationship is thus one of trust, vulnerability and good faith. The aims of the Medical Council are to ensure that doctors are competent in their provision of medicine and that they act for the patient rather than for any other purpose.

However, as described in our report we have grave concerns as to the independence of the council from both pharmaceutical and government influence.

We were alarmed at the change from usual practice by the council in investigating doctors. It appeared and was later confirmed in court that the council acted aggressively in response to so-called “anti-vax doctors”, calling for harsh, vindictive sanctions for the most minor cases.

We were even more concerned when we learnt about the statement of the then Chair of the medical council, Dr Curtis Walker, who stated that the covid vaccine was zero risk. As previously described, there is no guarantee ever that any medication, vaccination or even natural treatment, will not result in harm. If a zero-risk statement was made by a GP and the patient came to harm, the statement by the doctor would likely be considered to constitute grave medical misconduct. However, here the chair of the medical council, meant to protect the public, ignored the most basic tenets of medical practice and medical ethics.

Dr Walker also publicly stated that the council had zero tolerance for anti-vaccination messaging. We had previously written to the council requesting clarification on anti-vaccination messaging – a request that was met with a curt reply of non-engagement. In this statement, Dr Walker exposed that the council’s purpose had changed from that of protecting the public, to that of enforcing the government’s pandemic response.

As stated by Dr Elizabeth Evans, “doctors who can’t act autonomously and ethically become mere agents of the state”. History shows us where that leads.

Given the alignment of the MCNZ with the government and its likely influence by the pharmaceutical industry, our conclusion is that the council no longer fulfills it statutory duties of independently protecting the public.

Persecution and Moral Injury of Doctors

We have outlined that at least 25 doctors have been investigated and punished by the Medical Council for their actions during covid, despite the actions being legal and aligned with professional and ethical duties. Twenty five may not seem a large number -but it had a large effect, effectively warning and silencing every other doctor.

We do not wish to portray ourselves as knowing more or doing better. Most of the doctors who signed the original open letter in support of Sue Grey's action against the provisional consent of Comirnaty were from an Integrative Medicine background. We were in a unique position and our experience in advocating for patients, even if that meant working outside of the usual medical guidelines, to stand back and question.

Even so, only 1/3 of registered doctors signed a letter in support of vaccination and some names on the letter were obviously in error. We suspect and have subsequently heard from many doctors who had concerns about the covid response but who stayed silent.

During 2021 and 2022 it was hard to fathom that doctors would disregard their principles so easily. On reflection the reasons appear to be many - no one wants to be seen as a pariah, as outside the herd. While payments were made for patients vaccinated (whether by the medical practice or outside of it), a doctor's standing amongst their peers and the fear of being ridiculed played a large part in doctors complying and thus patients being harmed. The responsibility for this lies directly with the medical council.

In the practice of medicine and as citizens, those with power and knowledge have a moral and ethical duty to do good, not harm and to respect the autonomy of the individual. Given our knowledge and experience, knowing what we could do and concerns that the precautionary principle was being abandoned, we were unable to look

away and had to call out when others remained silent. This made us a target. Many have borne significant costs.

We had no choice but to speak out as is our duty and we did so despite the lawfare directed against us. It was also our legal duty to act as soon as we had an inkling of the harms that were accruing and that we could be held liable for silence in the face of these harms.

You have a record of the large volume of correspondence to various government and regulatory authorities regarding our concerns; concerns based on data and experience. It was in fact hard to tell who was in charge and who was authorising the injections and mandates. We were ignored, persecuted and some suspended.

Furthermore as IM practitioners it is common practice for us always to advise patients of the advice our conventional colleagues would give and of the mainstream guidelines. This was not only as part of "defensive practice" but allowed patients to make fully informed decisions. However, suddenly this weas no longer allowed. As evidenced by the conditions placed on my practicing certificate, I was only allowed to advise patients of the mainstream guidelines. This condition in itself is a violation of the principle of informed consent – and something that we had never imagined happening.

Many have left the profession in horror and disgust at the maleficence they witnessed.

Those that stayed attempted to do everything at their disposal to treat and reassure patients – to do good; But this was not allowed. If we consider the common cold, where doctors tell patients to rest, drink fluid and take paracetamol (the latter actually doing more harm than good), the act of visiting the doctor with a sick child or elderly relative "just for a check" in

itself provides reassurance and thus healing. Even this simple interaction was denied.

Treatments with evidence for effect in corona viruses such as ivermectin and hydroxychloroquine were effectively quashed. Suddenly “natural treatments” such as NAC became scares and Artemisia annua, a herb with significant anti-viral effects was made a prescription only drug, effectively preventing its use.

This outbreak could have been an opportunity to improve the health of the public – to encourage a healthy diet, exercise, time in nature, sensible sun exposure and a coming together of community – all actions that would improve immunity. Instead, we were told to shelter in place until 90% were vaccinated.

And we were not allowed to treat patients.

As doctors were silenced, patients missed out on effective treatment and reassurance in the face of all the fear propagated by authorities.

While doctors bore the costs, personally and professionally, of upholding medical ethics, it is the patients who suffered.

We knew, we tried to warn our patients, our colleagues and the authorities meant to serve us. But we failed. Could we have done more? We were entrusted with the lives of our patients and in effect the public but the might of the single pursuit of a “needle in every arm” overwhelmed us.

This is the deepest wound. They used us. The government used the medical system to coerce and divide the population. They used us to do the one thing we swore not to do: harm.

And harm we did. The covid response measures were in effect not only pointless (everyone got covid) but they caused great harm – to the people and to the country. On first principles of science and ethics, the futility and harms of these measures were predictable and should have been investigated.

The impact of this moral injury, which pales when compared to physical, emotional and spiritual vaccine injury suffered by many, has had a lasting and devasting impact on health care delivery, which has now morphed into being an arm of the pharmaceutical industry. The practice of medicine is now adversarial, with every new vaccine, medication or pronouncement by any number of medical bodies being met not only with suspicion but with dread. Will this intervention be mandated? What will we do this time? Will patients be harmed?

The burden of attempting to uphold ethical and moral norms and the subsequent persecution has led some to opt out of life, including the renowned Dr Jackie Stone, who saved countless in Zimbabwe and the (luckily) unsuccessful attempt by UK Dr David Cartland to end his life. In NZ a doctor suffered a rare and life-threatening condition likely precipitated by malicious investigation (without a patient complaint) by the MCNZ.

Slide 7: Conclusions and recommendations

Despite the lack of effect, the evidence of harm -which has now reached indisputable levels and the blatant violations of medical ethics, the vaccination program was rolled out and mandated.

This has resulted in the worst medical disaster in history.

Authorities cannot claim ignorance. Not only is it their duty to investigate and to honestly assess the risks, benefits and alternatives of an interventions cast upon the public, but they were told – by us and others, repeatedly.

Every tenant of medical ethics and moral codes enabling humans to live together peacefully and optimally were glaringly disregarded. People were manipulated by covid messaging and restrictions to clamour for relief. While the desperation of the population could have been interpreted by the government as a mandate to suspend statutes, this does not excuse or mitigate the harms caused.

Given the blatant and horrifying disregard of medical ethics, it comes with little surprise that

- we hear of cruel experimentation on animals – and of experimentation on orphans in the US and the poor in Africa in the very recent past
- we see the consideration of euthanasia for "informed minors" in Canada
- abortion to and beyond term in the UK and NZ
- NZ has the most young people on puberty blockers globally

History is repeating itself before our eyes. Never again is happening.

Irrespective of belief, if humanity is to be valued, the foundations of human rights and medical ethics must be upheld. We have fought for humanity and will continue to do so. The authorities and the government already know they are in receipt of information that could have saved lives and thus they have a common law duty to act on this information.

We have done our duty. We are handing this over to you to fully investigate the key decisions taken by the Government in its response to covid, taking into account the scientific evidence and ethical mores presented today.

In planning for the future, our recommendations are those of:

1. Transparency regarding those responsible for decision making- where the buck stops.
2. Guarding against panic, group think and "power trips" by officials

3. Removal of political and industry influences and conflicts of interest from the Medical Council and government health committees
4. Improving the real health of individuals and the public not just access to mainstream medicine, which appears to have become an arm of the pharmaceutical industry.
5. No matter the urgency, an argument against all measures should always be sought

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