

Written evidence from Mrs Jaclyn Dunne (COV0048)

Human Rights implications of the government's Covid-19 measures are numerous and complex. My main concern is the management of informed consent to medical treatment.

While article 8 of the convention rights allows for state interference to protect health, these measures need to be "necessary", which implies both a level of proportionality and sound scientific basis.

To date, Covid-19 has not inundated hospitals apart from a few in inner cities. Many have empty wards and spare intensive care beds and it is widely acknowledged that the overall number of deaths in the UK in 2020 will very likely be no higher than in 2019 despite the Pandemic. With this in mind, the current emergency legislation may already be on thin ice but it will certainly cross the line for us if medical treatment or vaccinations are directly or indirectly mandated. By indirectly, I refer to examples such as a vaccination being required to allow free movement or attendance at school.

The steps that need to be taken to ensure the Governments management of the COVID-19 pandemic are human rights compliant:

Measures must be proportional and based on sound scientific knowledge and the more they interfere with human rights the more this applies. It is hard to see how any mandatory new treatment, medication or vaccine that has been rushed through a less rigorous process than normal could be a proportional measure. Taking vaccinations as an example, leading figures such as Bill Gates and Paul Offitt warn that vaccinations for this sort of disease have in the past been problematic. People who had the vaccines and then contracted the illness fared significantly worse than the unvaccinated.

These warnings don't come from vaccine sceptics but world-leading advocates of vaccinations. They warn that governments will have to indemnify manufacturers against any harm done by their products.

Furthermore, if we take the recent swine flu vaccine, Pandemrix, as an example, it induced narcolepsy in hundreds of people, leaving the public to question the safety and efficacy of vaccinations introduced at speed, during a pandemic.

Mandatory medical intervention may never happen but even now, government guidelines are based on erroneous assumptions and cannot, therefore, form the basis of lawfully restricting human rights. One example is the lack of studies between the comparative health of vaccinated and unvaccinated children. Until such a peer reviewed study exists, it is impossible to state whether mandating vaccines would be for the benefit of public health.

It is also worth drawing attention to the vaccine compensation scheme, by it's very existence would lead us to assume that this is risk involved in vaccinating. However small that risk is deemed to be, where there is risk, there must be choice so as not to violate the universal declaration of bio-ethics and human rights.

The management of COVID 19 has highlighted the lack of reliable data on transmission rates, on the reliability of tests, on real case fatality rates and on whether the virus was the main cause of death in the very old or very frail.

Data from Italy shows that only 0.8% of covid-19 victims had no underlying conditions while half had three or more underlying conditions. This suggests the need to protect the most vulnerable rather than blanket measures.

Doctors have even asked for data on who was treated with anti-pyretics as these would increase the risk of adverse outcomes and yet the data is not collected. Anti-pyretics are fever-lowering drugs and are almost always administered despite almost all clinical data advising against it.

With such an unprofessional approach to fighting a pandemic, serious doubt would be cast on any measures that interfere further with our human rights. Government needs to act on the basis of sound facts and sound facts appear to be lacking. A decision affecting our human rights can simply not be made based on such flawed and unreliable data.

I believe that unless the above points are addressed, the UK will be in breach of Article 8 ECHR. Forced medical intervention is currently limited to testing and confinement for relatively short periods, as I understand it. However, additional measures are being considered right now. Blanket measures would be disproportional as well as experimental.

In the UK, it is a long-established legal principle that valid consent must be obtained before any medical intervention can lawfully take place. Such rights are not abandoned lightly, in the heat of the moment, when politicians want to be seen to be doing something. A rigorous process of checks and balances is needed now more than ever.

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