

Open Letter from UK Medical Freedom Alliance, Lawyers for Liberty, and Workers of England Union to:

Andrea Sutcliffe CBE - Chief Executive, Nursing and Midwifery Council (NMC)

Professor Dame Donna Kinnair - Chief Executive, Royal College of Nursing (RCN)

Josie Bird - President, Unison

Professor Kate Gerrish CBE - Chair - General Nursing Council for England and Wales Trust (GNCT)

Rt Hon Nadhim Zahawi - Minister for Covid-19 Vaccine Deployment

Ruth May - Chief Nursing Officer, NHS England

Rt Hon Matt Hancock - Secretary of State for Health and Social Care

Dr June Raine - Chief Executive, MHRA

Professor Deborah Sturdy OBE - Chief Nurse for Adult Social Care

Duncan Selbie - Chief Executive - Public Health England

Eileen Shepherd - Nursing Times Clinical Editor

Dr Julie Yates - Lead Consultant Screening and Immunisation, PHE

11 March 2021

Re: Coercion of nurses to accept a Covid-19 vaccine and nursing culture silencing concerns

The UK Medical Freedom Alliance (UKMFA) is a team of medical professionals, academics, scientists, and lawyers campaigning for Medical Freedom, Informed Consent and Bodily Autonomy to be protected and preserved.

Lawyers for Liberty is a group of solicitors and barristers who are monitoring and highlighting legal implications relating to Covid-19 restrictions and policies. These groups and the Workers of England Union will be referred to as “we” throughout this letter.

Summary of our concerns

- **Lack of informed consent and coercion of nurses into accepting a Covid-19 vaccine**
- **Workplace culture preventing nurses raising unpopular concerns**

Coercion of nursing staff to accept a Covid-19 Vaccine:

1. A culture of peer pressure and coercion is being reported within the nursing profession, with some nurses being put under extreme pressure to agree to Covid-19 vaccination. This is having a negative impact on the well-being of these healthcare professionals. Although the Covid-19 vaccine is not mandatory, there



is a consistent and pervasive message being communicated, that nurses must comply with a Covid-19 vaccination or risk being discriminated against by their colleagues and employers. Nurses are also being told that they are placing their patients at risk by not accepting a Covid-19 vaccine, calling their nursing ethics and values into question.

2. In March 2020, to increase adherence to social distancing measures, a leaked SAGE document clearly outlines advice to the government on tactics to use to increase fear in the public, such as coercion, persuasion and incentivisationⁱ. These psychological tactics, designed to change human behaviour, continue to be used to maximise uptake of Covid-19 vaccinesⁱⁱ. We argue that a coercive culture is now evident and endemic within healthcare services and workplaces.

3. The NMC has made the following statement regarding Covid-19 vaccinations:

*“Although there aren’t any mandatory vaccines in the UK, the Code and our standards make clear that professionals have a responsibility to maintain their own level of health.... we would expect the majority of professionals on our register to be vaccinated - where a vaccine has been approved and is available.”*ⁱⁱⁱ

4. Although the NMC state that Covid-19 vaccination is not mandatory, we are concerned that pressure is being applied to individual staff from bosses and colleagues. We are aware of nurses, who do not wish to be vaccinated, experiencing negative comments and disapproval at work.
5. There is clear messaging playing on a nurse’s sense of responsibility for others. This, directly or indirectly, can lead nurses to conclude that they will pose a risk to their patients or colleagues if they are unvaccinated, despite the lack of evidence that current Covid-19 vaccines reduce or eliminate transmission of SARS-CoV-2^{iv}. In fact, the Covid-19 vaccines have not yet been shown to have a wider public health benefit beyond the vaccinee^v. In addition, the available evidence does not support asymptomatic transmission to be a driving factor in cluster outbreaks^{vi}. For these reasons there is no scientific justification for the policy of vaccination of all staff.
6. Information being disseminated to nurses via internal communications, social media posts by Trust executive members, and other nursing organisations carry messages that could be interpreted as coercive in nature. For example, an article written by the Nursing Times claims that nurses should “*lead by example*” and accept the vaccine^{vii}.
7. The Royal College of Nursing (RCN) messaging is contradictory. In an official video, RCN Chief Executive, Professor Dame Donna Kinnair, states that nurses are ‘central’ to vaccination^{viii}. However, the RCN also make it clear that they do NOT support coercion, stating in a separate document that:

“The RCN do not support staff being made or coerced into having the vaccine. Vaccination should not be a condition of employment or part of employment contracts.... If RCN members decide they do not want the vaccine the reasons should be explored. If they remain anxious about having the vaccine, the RCN would support their decision. It may be appropriate for employers to consider redeploying them to lower risk areas”^{ix}.

Potential NMC Code Breaches

8. The use of coercive behavioural strategies, which cause fear and stress, could have significant, negative health impacts, both physically and mentally^x, on healthcare professionals. Over the past year, wider



society's coercive culture, largely resulting from Government and media messaging, has inevitably filtered into healthcare practice and may lead to breaches of the NMC Code of Conduct^{xi}

9. One aspect of the NMC Code of Conduct that is at risk of being breached is:

20.2 Act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment^{xii}

10. We are aware of nurses who have faced negative comments and disapproving remarks from colleagues. We have been notified of situations where nurses have been victimised in their workplace for voicing their concerns regarding Covid-19 vaccinations and even publicly identified within their team as declining a Covid-19 vaccine. Not only is this a distressing experience for the nurses involved, but it is also a breach of data protection laws around confidential medical information.
11. Promoting a culture which applies social pressure to be vaccinated does not adhere to current legislation aimed to prevent discrimination and can lead to discrimination and bullying in the workplace.
12. The **Equality Act 2010^{xiii}** protects individuals from discrimination relating to protected characteristics.

Laws and Declarations Protecting Informed Consent and Outlawing Coercion to Medical Treatments

13. Nurses and other healthcare staff are individual citizens who are entitled to the same human rights and other legal protections as other citizens. Some of the relevant legislation outlawing coercion to take medical treatments is detailed below.
14. The **Parliamentary Assembly of the Council of Europe passed Resolution number 2361** on 27 January 2021^{xiv} which states that:
- 6.1 Paragraph 7.3.1 - ensure that citizens are informed that the vaccination is NOT mandatory and that **no one is politically, socially, or otherwise pressured to get themselves vaccinated if they do not wish to do so themselves.***
- 6.2 Paragraph 7.3.2 - ensure that **no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated.***
15. In the UK, legislation enshrines the right to give or refuse consent prior to any medical treatment. The **UK Supreme Court case Montgomery v Lanarkshire Health Board (2015)** established the principle of an individual's right to informed consent without coercion or penalty^{xv}.
16. The following legal rights are set out in the **NHS Constitution** that was last updated in 2015^{xvi}, and the **guidance issued by the NHS**, updated on 29 March 2019^{xvii}:
1. You should be free to accept or refuse treatment that is offered.
 2. You should not be given any treatment unless you have given valid consent.
 3. You should be given information about the test and treatment options available, what they involve and their risks and benefits, and base your decision on that advice.



4. You should be involved in planning and making decisions about your health and care with your care provider or providers.
 5. Your decision should be voluntary and must not be influenced by pressure from medical staff, friends, or family. Your decision must be respected.
17. The **Universal Declaration on Bioethics and Human Rights**^{xviii} protects an individual's bodily autonomy, the right to informed consent, and the right to refuse medical interventions without penalty or restriction. It states:

“any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information.”

and in relation to experimental treatment (such as the current Covid-19 vaccines)

“Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned.”

18. The **Public Health (Control of Disease) Act 1984** (section 45E)^{xix} provides that Regulations made under certain sections of that Act:

“may not include provision requiring a person to undergo medical treatment “Medical treatment” includes vaccinations and other prophylactic treatment”.

These provisions are replicated in the Coronavirus Act 2020, Schedules 18 and 19, in relation to Northern Ireland and Scotland

Wider Cultural Pressure on Nursing Staff to accept Covid-19 Vaccination

19. A toxic culture affecting informed consent in the NHS is being fuelled by a wider cultural demonisation of anyone who questions the safety or efficacy of any vaccine, and the labelling of these people with pejorative terms such as ‘anti-vaxxers’, ‘covid-deniers’ or ‘conspiracy theorists’. No distinction is made between someone who wishes to decline a Covid-19 vaccination and someone who opposes all vaccinations.
20. Public figures have further fuelled this pressure on healthcare workers and incited public attacks on nurses and care workers who do not wish to have a Covid-19 vaccine e.g. Piers Morgan’s Twitter post on 16th February 2021 saying:

‘NHS and Care Home workers who refuse to have the vaccine should not be allowed to go into work until the pandemic is over. Just extraordinary how many are apparently declining this basic protection to spreading the virus in the most vulnerable places. Jab up or stay home’^{xxx}.

Please refer to the UKMFA Open Letter in response to a related tweet by Piers Morgan^{xxi}.

21. Although we appreciate that the NMC have no control over these posts, we question how the NMC will support and protect nurses who are feeling bullied by this rhetoric.

Current nursing culture is discouraging concerns being raised:

22. Nurses are trained to be critical thinkers, to continue accessing education to update their knowledge and to use the best available evidence.

23. The NMC Code of Conduct states:

6.1 Make sure that any information or advice given is evidence-based, including information relating to using any health and care products or services.

6.2 Maintain the knowledge and skills you need for safe and effective practice.

Nurses should be supported and empowered to keep updated with **all** the best available evidence so that they can make informed decisions about their own, and their patients', health regarding Covid-19.

24. Nurses who have done their own research into the trial data and scientific literature relating to Covid-10 vaccines are adhering to the NMC Code of Conduct detailed above, but face criticism and bullying. The UKMFA 'Open Letter to Employers re: Proposed Covid-19 Vaccine Mandates'^{xxii} under the titles "Questionable efficacy of the vaccines" and "Potential harm from the vaccine" details valid, evidence-based concerns, including the lack of any long-term safety data (at this stage) to rule out late-onset effects such as autoimmune diseases, cancers, neurological disorders and fertility issues.

25. The current climate discourages nurses from speaking freely about scientific and medical evidence that contradicts the Government narrative and policies, which are influenced by political and commercial agendas^{xxiii}. The essence of good science involves ongoing debate and scrutiny, yet in matters relating to Covid-19, debate has been heavily censored. Careful examination of all evidence is particularly important for Covid-19 vaccines, as they are still experimental, and use novel biotechnology.

26. It should be made clear to staff and patients that all the Covid-19 vaccines are still experimental, with Phase 3 Trials not due to end until 2023. Post-marketing pharmacovigilance, by all NHS staff members, should be prominently endorsed and encouraged. The consequence of heavily emphasising the importance of Covid-19 vaccinations, while silencing of any debate or dissent, may be to prevent nurses raising the alarm if they notice worrying trends among their patients that suggest potential risks to public safety.

27. The NMC state their commitment to promoting a culture whereby nurses feel able to speak their concerns^{xxiv}. They acknowledge that nurses, midwives, and nursing associates are often best placed to recognise things that might cause harm^{xxv}. However, in the current climate, the fear of reprisal may well prevent nurses from taking appropriate action should they witness or research any cause for concern that could influence best practice.

28. Following the Mid Staffordshire enquiry and the publishing of the Francis Report, the NMC responded with a commitment to ensure registered nurses recognise their duty to always put patients before themselves^{xxvi}.

29. In the NMC Report "Raising concerns: Guidance for nurses, midwives and nursing associates", the guidance states that nurses must "not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wants to raise a concern"^{xxvii}. We are concerned that the NMC are not demonstrating a commitment in this current situation to allow nurses holding concerns to be able to speak out and share their professional opinion, knowledge, and experience.

Conclusion and recommendations:

There is a highly emotive and divisive rhetoric in society, promoted by Government and the NHS, relating to the Covid-19 vaccine rollout, which is presented as the only way out of restrictions and back to normality. This will inevitably impact upon nursing culture and the workplace. We ask that the NMC and other nursing-related organisations consider how to actively support healthcare professionals on the register, without fear of judgement or reprisal, should they decline a Covid-19 vaccination for their own individual and personal reasons.

We also ask the NMC to consider how the ethics and values of nursing are conflicted and challenged by the current use of covert psychological strategies to elicit behavioural change, and by other Government policies that impact the healthcare system. We call on those responsible for policy to ensure that the NMC Code of Conduct is consistently adhered to as we navigate our way through this unprecedented time, for the benefit of public safety and duty of care to patients.

We call for the NMC and other nursing-related organisations:

- **To actively take a leading role to reduce coercion in the workplace and to show a commitment to protect nurses who do not wish to receive a Covid-19 vaccine from any form of discrimination or bullying.**
- **To promote a culture of openness, respect and value for the opinions and beliefs of all healthcare professionals.**
- **To take an active role to protect the reputation and wellbeing of the nursing profession from negative publicity regarding a perceived professional obligation to accept a Covid-19 vaccination “for the greater good”.**

We appreciate your time and attention in reading this letter and await your urgent response.

UK Medical Freedom Alliance www.ukmedfreedom.org

Lawyers for Liberty www.democracydeclaration.com/lawyers-for-liberty

Workers of England Union www.workersofengland.co.uk

ⁱ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/887467/25-options-for-increasing-adherence-to-social-distancing-measures-22032020.pdf

ⁱⁱ <https://www.local.gov.uk/sites/default/files/documents/Vaccination%20do%20and%20donts%20by%20audience%20cohorts.pdf>

ⁱⁱⁱ <https://www.nmc.org.uk/news/coronavirus/vaccines/>

^{iv} <https://www.bmj.com/content/371/bmj.m4037>.

^v <https://www.bbc.com/future/article/20210203-why-vaccinated-people-may-still-be-able-to-spread-covid-19>

^{vi} <https://jammi.utpjournals.press/doi/full/10.3138/jammi-2020-0030>

^{vii} <https://www.nursingtimes.net/news/coronavirus/leaders-call-on-nurses-to-lead-by-example-in-having-covid-19-jab-29-01-2021/>



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- viii <https://www.rcn.org.uk/clinical-topics/public-health/immunisation/covid-19-vaccination>
- ix <https://www.rcn.org.uk/covid-19/rcn-position/whether-staff-must-have-the-covid-19-vaccine>
- x <https://www.coronababble.com/post/the-ethics-of-using-covert-strategies-a-letter-to-the-british-psychological-society>
- xi <https://www.nmc.org.uk/standards/code/read-the-code-online/>
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- xix <https://www.legislation.gov.uk/ukpga/1984/22/contents>
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- xxii https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/6017f56ad166465fb9025da6_UKMFA_L4L_Workers_Union-Employers_Vaccine_Open_Letter.pdf
- xxiii <https://www.transparency.org.uk/corruption-coronavirus-covid-19-latest>
- xxiv <https://www.nmc.org.uk/news/news-and-updates/the-freedom-to-speak-up-is-vital-for-patient-safety-and-public-protection/>
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- xxvi <https://www.nmc.org.uk/globalassets/sitedocuments/francis-report/nmc-response-to-the-francis-report-18-july.pdf>
- xxvii <https://www.nmc.org.uk/globalassets/blocks/media-block/raising-concerns-v2.pdf>