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By **Lucie Wilk** November 15, 2021



AS an NHS hospital doctor, I have had a front-row seat as the drama of the coronavirus pandemic has unfolded. It has been a year and a half of confusion, frustration and anger for me as I've watched our profession drawn into complicity with what I anticipate will be regarded as one of the most egregious public health disasters in history.

I have watched as 'the science' has been presented on the national stage flanked by Union Jack flags as an unassailable truth. For something so apparently inviolable, it seems to shift and change disconcertingly from week to week, and for those of us looking beneath the pomp to the plain data, we see the rather unexciting (and unchanging) truth: the novel coronavirus SARS-CoV-2, as it turns out, has a **much lower infection fatality rate than early predictions**. It is less deadly than the seasonal flu in children. The Office for National Statistics has reported **the mean age of a Covid-attributed death** in the UK to be 80.3 years, slightly older than deaths from other causes (78.2 years over the comparable time period).

What has been most upsetting for me has been the unquestioning compliance from the medical community as increasingly draconian, non-evidence-based and destructive virus control measures have been implemented. Some of the overt corruption, financial conflict of interests and politicisation has been laid bare in editorials in **prominent medical journals such as the BMJ**. But the vast majority of doctors have had no interest in asking questions or looking further.

My concern over our professional passivity turned to alarm as our compliance required us to support the roll-out of an experimental vaccine to a trusting population.

Contrary to the basic tenets of evidence-based medicine, pronouncing an experimental medical intervention 'safe and effective' now does not seem to require any peer-reviewed evidence of safety or clinically meaningful efficacy. The vaccines **have not been shown in clinical trials to reduce transmission, hospitalisation or death**. The phase 3 trials are not over and the safety data is not complete; the earliest trials will run into 2023.

The consent form for the Covid-19 vaccine does not disclose its status as an unlicensed experimental product. The risks remain largely unknown, although it is becoming clear that the vaccine has resulted in death or injury in a rising number of healthy people. A growing number of vaccine-induced syndromes are being recognised, including immune thrombotic thrombocytopenia, myocarditis and menstrual irregularities, among many others being published in the literature. At the time of writing, there have been more than 380,000 reports, 1.2million injuries and 1,700 fatalities submitted under the MHRA Yellow Card scheme.

The Prime Minister himself [has communicated the latest evidence](#), that two doses of the vaccine do not stop one contracting the virus, nor do they stop person-to-person transmission, they merely reduce the severity of symptoms. Despite this, it is clear the public are being subjected to a relentless media campaign of shame and coercion, that they must take this experimental product 'for the greater good' lest they be viewed as selfish cowards. A vaccine passport is now likely to be rolled out under 'Plan B', which proposes to return unlawfully usurped fundamental human rights and freedoms to only the vaccinated. Workers in the care home sector have had their livelihoods tethered to their compliance with the vaccine mandates, and a recent announcement confirms that this will soon include NHS employees. Not only is there no scientific basis for these mandates, these coercive actions breach the Nuremberg Code, as does the unprecedented lack of animal safety data for a novel medical product. A betrayal of the Nuremberg Code constitutes a crime against humanity.

It does not end there. The campaign marches on, and now includes the vaccination of children against a disease that has a [statistically negligible chance of harming them](#). In the world of evidence-based medicine we doctors must weigh risks and benefits, we must ensure the risk of harm is far exceeded by the potential for protection or cure. In this case, [with no real risk to healthy children](#) from the infection, any harm is utterly unjustifiable. And the risk of harm is very real and measurable. [Vaccine-related myocarditis is now a recognised injury](#), the risk inversely proportionate to age. Although rare, [myocarditis can be fatal](#), and fatality is more common in the younger population. For reasons that have nothing to do with health, and despite the JCVI advisory board concluding that the health benefits do not outweigh the risks to children, the government is advising that we administer a medicine that carries a risk of serious injury to children who are healthy and who have no significant risk from the disease it purports to protect them against.

Despite all this, and despite our training to look at scientific literature and data with a critical eye, the silence from the medical community in the UK has been deafening. Yet we are the ones who should be shouting all of this from the rooftops. This is a duty of care and an oath we have forgotten.

It is typically those of us most conditioned by the expectations of society, utterly obedient and deferent to authority, who gain entry to medicine. One can see the path: we were good, compliant children and then good, compliant students. Now we are good, compliant doctors. I'm beginning to understand that goodness is measured in a different way, and obedience is not a virtue.

Obedience is learned through fear, threat and intimidation; it is in fact trauma programming and achieved through small control gestures when we were young and helpless. Now we are adults but still operating under these childhood programmes of beliefs and fears. We still feel helpless and beholden to a higher authority. We still submit to an authoritative decree even when it overrides our inherent moral compass.

The horrors of the classic [Milgram experiment](#) demonstrated that we live in a deeply traumatised culture, and the same conditioning, in my view, has shaped the medical community and its silence.

Even on the occasion when my counter-narrative evidence cannot be denied by a colleague, the usual response is: 'It's coming from the government; our hands are tied.' But the truth is that most of the time doctors don't want to see the evidence; their subconscious has prevented them seeing that the parent-like authorities of government, Sage and the MHRA, upon which we project a childlike trust, might be misguided, corrupted or dishonest.

And so we comment to each other on all the changes we are witnessing months into the vaccine roll-out: the unseasonal surge in hospital admissions, the post-jab autoimmune conditions and coagulation disorders, the numbers of 'double-jabbed' patients admitted with severe Covid infection, the numbers of lives ruined by lockdown and other Covid control policies. I challenge any doctor to deny that all of this simply feels wrong. To avoid this uncomfortable, authentic, human feeling – important information that should be acted upon – we will reach for something rote. 'Anecdote is not evidence' and 'association is not causation' will be the justification for carrying on, no questions asked, even though most of the damaging control measures implemented from on high were not based on any evidence at all. Meanwhile, an already struggling NHS has been damaged beyond repair by many of these policies. We are overwhelmed by the demand that we cannot meet, and the complexity of the crisis feels far beyond just one hospital 'Trust'. The locus of responsibility to investigate remains above us and we wait for someone with more authority to come round and make sense of it.

And as we remain silent, the destruction continues.

Most of us went into medicine for the right reasons: to help the vulnerable, to reduce suffering. I know my colleagues are kind and well-intentioned and that their faith in our unelected public health policymakers is the result of a lifetime of conditioning. For those of us who have looked at the data and see the truth, I understand the fear: the risk of non-conformity is immense; careers, reputations and livelihoods are at stake. I recognise an even larger threat: a threat to our chosen profession, our life purpose, the possibility that we have been following a false god in our honest intentions to help the ill. We are at a difficult crossroads, but the choice for me is clear.

Although I am not on the front line in the 'fight' against coronavirus, and have had nothing to do with the vaccine campaign, I feel complicit in this public deception. I can no longer hide within a system that has proved itself to be weak-willed and unwilling to stand against the irrevocable erosion of inalienable human rights and freedoms in the name of public health safety. It is past the time for us to grow up, stand up and speak out.