

28 April 2022

## **Open Letter from the UK Medical Freedom Alliance to:**

- Chief Executives of NHS Trusts / Health Boards

### **Re: Visitation Rights of Hospitalised Patients**

The UK Medical Freedom Alliance is an alliance of medical professionals, scientists and lawyers who are campaigning for Informed Consent, Medical Freedom and Bodily Autonomy to be protected and preserved.

We understand that you were reminded by the NHS Chief Nursing Officer Ruth May on 22<sup>nd</sup> April 2022 to follow the recently published NHS guidance that “**No patient should have to attend a hospital appointment alone**”<sup>i</sup>. We are writing to demand that you heed that guidance with immediate effect and to appeal to you to remove ALL restrictions on the visitation of hospitalised patients and accompanying/chaperoning of outpatients and A&E attendees, which have been introduced as pandemic-related measures.

Such measures have led to countless patients being deprived of company and support from their family and friends during times of need and suffering and in many cases even during their last hours, resulting in them dying alone.

We demand that no person, and especially no baby or child, must suffer such a cruel and inhuman policy going forward, no matter what the circumstances, and that the right to be accompanied to medical appointments and to receive healthy visitors in hospital must be upheld at all times.

We further request that visitors should not themselves be required to be subjected to medical interventions (including diagnostic tests, face masks, vaccinations) as a condition of visitation. Individuals who are ill should be trusted to make responsible decisions themselves to refrain from visiting while symptomatic, as has been normal practice for decades.

Below, we further expand on specific reasons for our requests under the following categories:

- 1. Human Rights and Medical Ethics**
- 2. Increased risks of illness and death with lack of social interaction**
- 3. Risk of neglect exacerbated by staff shortages**
- 4. Hospital visitation must not be conditional**

We also wish to remind you of **your legal and ethical duties of care to your patients, under the NHS Constitution and GMC and NMC Professional Codes of Practice, as well as National and International Law**. We remind you of the legal position should you breach those duties by failing to consider the issues outlined below, especially if this results in an adverse outcome for the patient or family member.

#### **1. Human Rights and Medical Ethics**

Denying the rights of visitation, especially to someone suffering an illness, injury or even impending death, constitutes a cruel and inhuman denial of their basic human rights and those of their loved

ones, which are upheld by national and international laws and treaties, as well as written into the NHS Constitution and GMC/NMC Codes of Practice.

**Article 8 of the Human Rights Act 1998** protects the right to respect for private and family life and the “*right to enjoy family relationships without interference from government*”. Interference with this right is “*only allowed where the authority can show that its action is lawful, necessary and proportionate*”<sup>ii</sup>. According to Citizens Advice, Article 8 is relevant when family is not allowed to come and visit in hospital<sup>iii</sup>. They state that “*Public authorities must make sure they respect and protect your human rights when they provide health and care services.*”

**Article 9 of the UN Convention on the Right of the Child** states that a “*child shall not be separated from his or her parents against their will*”. **Article 16** states: “*No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family*” and “*The child has the right to the protection of the law against such interference*”. **Article 37** states: “*No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment*”<sup>iv</sup>. There can be no justification to restrict parental access to their children during times of hospitalisation.

**Article 3 of the Human Rights Act 1998** enshrines the right not to be tortured or treated in an inhuman or degrading way, including in a healthcare setting<sup>v</sup>. Some of the current inhuman policies, including keeping loved ones separated and allowing patients to die alone and uncomforted, may be in breach of this law.

Even within the framework of state punishment, prisoners’ visitation rights are “*widely recognised as an important feature of a just and humane prison system, providing important benefits for prisoners and their family*”<sup>vi</sup>. **Prisoners are entitled to a visit within 72 hours of arriving in the prison and then regularly throughout their imprisonment**<sup>vii</sup>. Restricting social interaction whilst in prison is seen and used as additional punishment<sup>viii</sup>, and indeed social isolation is used as a form of torture.

**The NHS Constitution** is clear that hospitals, funded by the public to serve their health needs, must care for the ill, the injured and the infirm in a way that best supports their recovery, not causing additional distress when they are at their most vulnerable. The Constitution states that “*The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.... It touches our lives at times of basic human need, when care and compassion are what matter most*”<sup>ix</sup>. **Limiting contact between patients and their family and friends is against the core values of the NHS Constitution, including that “the patient will be at the heart of everything the NHS does” and is profoundly unethical.**

On 8<sup>th</sup> March 2022, NHS England published clear guidance stating that “*Visiting should be accommodated for at least one hour per day and ideally for longer*”<sup>x</sup>. It also states that “*This includes when a patient wishes or needs to be accompanied by someone at outpatient/diagnostic appointments, and in the emergency department, they must be allowed to do so*” and “*No patient should have to attend on their own unless it is their personal choice to do so.*” **Hospital Trusts that continue to impose these restrictions are in direct violation of official NHS England policy and guidance.**

## **2. Increased risk of illness and death from lack of social interaction**

It is undisputed that social relationships have a profound effect on mental as well as physical health<sup>xi</sup>. The value of direct person-to-person contact cannot be overstated, and indeed psychological studies have gone as far as to say that *“Face-to-face contact is like a vaccine”*<sup>xii</sup>. Human touch can help to reduce stress and anxiety and may even have an analgesic effect<sup>xiii</sup>. On the other hand, loneliness can be extremely detrimental and has been described as a major public health hazard<sup>xiv</sup>.

Loneliness has even been reported to be *“as lethal as 15 cigarettes per day”* with evidence from longitudinal studies showing that *“people who experience loneliness during a period of their life tend to be more likely to have worse health later down the line”* and *“self-reported loneliness among adults aged 55-85 predicted mortality several months later”*<sup>xv</sup>.

Recovery from illness is a complex process, and social support to improve psychological well-being is a vital part of this process. Denying patients this much needed support works in direct contrast to the stated aims of patient care to help them recover and may even increase the risks of deterioration and adverse health outcomes. This essential factor must not be overlooked when decisions are taken that will severely disrupt conditions that would favour a swift restoration of health.

## **3. Risk of neglect exacerbated by staff shortages**

Vulnerable and sick patients, including children, the elderly and disabled people, are likely to need increased assistance with activities of daily living and self-care whilst in hospital. Visitors have always played a vital role in contributing to these increased care requirements.

Denying patients assistance from their family and friends may increase the risk of neglect and subsequent deterioration of health, especially at a time of a widely acknowledged acute staffing crisis in the NHS<sup>xvi</sup>. Undignified conditions at time of death have been described in care homes during the pandemic, where visiting has also been severely restricted<sup>xvii xviii</sup>. Visitors are often the first witnesses to poor or substandard care, and help to hold hospitals and medical professionals accountable to deliver the highest standards of care. Without this scrutiny and accountability, neglect is more likely to occur.

## **4. Hospital visitation must not be conditional**

Hospital visitation must not be conditional on asymptomatic (healthy) visitors undergoing any medical intervention, including mask wearing, testing or vaccination.

### **a. Informed Consent**

Human rights are not conditional. All medical interventions require fully informed consent, as documented clearly in **Article 6 of the Universal Declaration on Bioethics and Human Rights 2005**, where it states that, *“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”*<sup>xix</sup>. Informed consent involves freedom to accept or decline any medical intervention without coercion, penalty or restriction. The **NHS Constitution** states that consent must not be influenced by pressure from medical staff, friends, or family<sup>xx xxi</sup>. These requirements are not fulfilled if medical interventions are imposed on people under threat of denying them access to visit a family member or friend. Imposing any medical procedure, intervention or treatment without fully informed consent is a criminal offence.

## **b. Asymptomatic SARS-CoV-2 transmission is not clinically significant**

Mandating healthy individuals to agree to any of the measures mentioned above is not proportionate or justifiable, as the risk of SARS-CoV-2 transmission from an asymptomatic person is negligible and certainly outweighed by the benefits of patients seeing their visitors as outlined above.

The theory of asymptomatic individuals being clinically significant in community spread of SARS-CoV-2 was postulated early in 2020 and has never been re-evaluated or proven. Convincing evidence of asymptomatic spread of SARS-CoV-2 has not been demonstrated in the published literature. This is because effective transmission is directly correlated to viral load, which is known to be extremely low or zero in the absence of symptoms.

Data from a large Chinese population study suggest there is no requirement for using source control measures in asymptomatic people, even after a positive test<sup>xxii</sup>. Over 10 million residents in Wuhan, China, were screened in May 2020, finding no new symptomatic and only 300 asymptomatic cases. There were no positive tests amongst 1,174 close contacts of asymptomatic cases. A meta-analysis of 54 trials, examining nearly 80,000 close household contacts, also found that the risk of asymptomatic spread of SARS-CoV-2 was almost zero<sup>xxiii</sup>.

Another detailed analysis of the literature, by consultant pathologist Dr Clare Craig FRCPath, highlighted the paucity of evidence that asymptomatic transmission is of any clinical significance<sup>xxiv</sup>. Close examination of the raw data from meta-analyses revealed that any conclusions about the relevance of asymptomatic transmission are *“based on a surprisingly small number of cases (six in total globally)”*, adding a caution that *“the possibility that they are all coincidental contacts with false positive results cannot be ruled out”*. Pre-symptomatic and asymptomatic transmission appears to be rare, posing a negligible risk to others.

There is therefore no scientific justification for applying restrictive infection control measures to healthy people, including hospital visitors. Indeed, on the basis of the published literature, the UK Medical Freedom Alliance called for an appropriate exit strategy from these measures in August 2021<sup>xxv</sup>.

## **c. COVID-19 Vaccination does not prevent transmission**

It is now commonly understood and acknowledged by the manufacturers and Health Authorities around the world that COVID-19 vaccines do not prevent infection and therefore cannot prevent transmission<sup>xxvi xxvii xxviii xxix</sup>. Multiple studies have found that vaccinated individuals are just as likely to harbour and spread the virus, with comparable viral loads in vaccinated and unvaccinated people<sup>xxx xxxi xxxii</sup>. Recent Vaccine Surveillance Report data from the UK Health Security Agency (UKHSA)<sup>xxxiii</sup> shows that the vaccinated now appear MORE likely to be infected than the unvaccinated (Fig 1) and hence more likely to transmit the virus to others. **There is therefore no scientific justification for requiring hospital visitors to be vaccinated.**

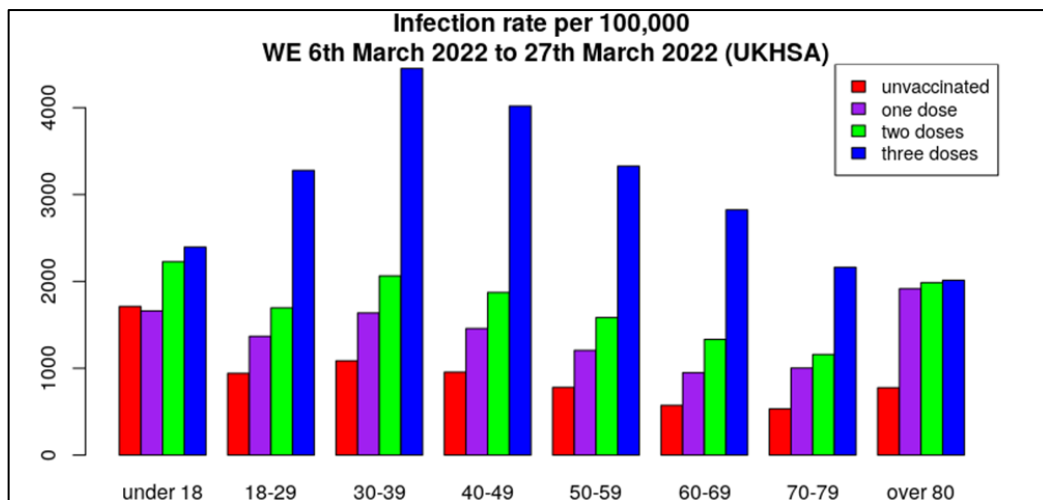


Fig 1 – UKHSA Vaccine Surveillance Report Week 13 Data – Daily Sceptic Graphic<sup>xxxiv</sup>

## **Conclusions & Requests**

- A) **Hospitals are legally, constitutionally and ethically bound to deliver compassionate and patient-centred medical care.** Patients' human rights, privacy and dignity must be respected and upheld at all times.
- B) **The benefits of receiving visits from loved ones, on patients' physical, emotional, and spiritual health are indisputable and vital for recovery.** We therefore request that any and all remaining restrictions on visitation introduced during the pandemic are permanently lifted.
- C) **No child or baby requiring hospitalisation must ever experience separation from their parents as a result of hospital policies introduced during a pandemic.** This is completely immoral and unacceptable in a civilised society.
- D) **All restrictions on asymptomatic individuals visiting hospitals must be lifted.** It is disproportionate, unjustifiable and a violation of the principles of informed consent to impose medical interventions as a condition of visitation.
- E) **Visitors should be welcomed to help and support the care of their family and friends** to facilitate recovery and early discharge from hospital, especially in the current NHS staffing crisis, which has reduced the capacity of staff to meet the basic needs of patients.

We encourage you to follow the example of the Governor in Florida (US) Ron DeSantis, who has just signed into law guaranteed visitation rights for care home residents and hospitalised patients, recognizing the vital importance of social interaction for mental, physical and emotional health<sup>xxxv</sup>.

Thank you for considering all the points made in this letter. We trust that you will amend your policies to create a humane and compassionate environment in your hospital and to provide the highest standards of ethical, patient-centred care.

UK Medical Freedom Alliance

[www.ukmedfreedom.org](http://www.ukmedfreedom.org)

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