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Review Article

Curing the pandemic of misinformation on COVID-19 mRNA vaccines through real evidence-based medicine - Part 2

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Abstract

Background: Authorities and sections of the medical profession have been promoting COVID-19 mRNA vaccines and vaccine passports, undermining the principles of ethical medicine. This is a symptom of the 'medical information mess': The tip of a moral iceberg that has caused a major cause of death globally after heart disease and cancer.

Aim: To identify the major root causes of these public health failures.

Methods: A narrative review of both current and historical data.

Results: Underlying causes for this failure include regulatory capture by pharmaceutical corporations that stand to gain from the sale of those medicines, and a missed opportunity to help individuals lead healthier lives.

Conclusion: There is a strong scientific, ethical and moral case for reform. This has not been subjected to fully independent scrutiny. Looking to reform the industry to eschew the tainted dollar of the medical-industrial complex. The future of medicine – both humanity and the medical profession – depends on it.

Contribution: This article highlights the importance of addressing the issue of informed consent as a risk factor for poor outcomes from COVID-19.

Keywords: COVID-19; mRNA vaccine; cardiac arrests; real evidence-based medicine

A pandemic of misinformation

What has become clear with regard to the coronavirus disease 2019 (COVID-19) pandemic is that a large, misinformed and unwittingly harmed public has been created. A particularly egregious mis-step, especially in the light of clear evidence that COVID-19 is a disease that should have been suspended in younger age groups – should have been suspended. Such poor informed consent, to the detriment of optimising patient outcomes.

In his 2017 paper, 'How to survive the medical misinformation pandemic', I argued that:

[M]ost clinical trial results may be misleading or not useful. (Most clinical trial decisions) do not fully acknowledge the poor quality of evidence used as criteria for accuracy, and many stories exaggerate benefits.

A senior doctor in regular contact with the United Kingdom's medical profession felt most of his colleagues in leadership positions influencing

stories on COVID-19 and the vaccine. This is consistent with (CDC), whose optimism in the efficacy of Pfizer's COVID-19 \ Pfizer's own press release.² (#CIT0002_72)

Has the UK's Chief Medical Officer Professor Chris Whitty criticized the importance of healthcare staff to become vaccinated against 'The COVID-19 vaccines are safe and effective'. It would have been to being as effective as we'd hoped for. Not even in the same

Professor Chris Whitty stated:

Our professional responsibility is to get the covid vaccine

He should have said as far as omicron is concerned, 'the vaccine once infected there is no significant difference in transmission

Professor Whitty's statements are especially surprising given the vaccine offer very limited protection, if any'.⁵ (#CIT0005_72)

Could it be that Professor Whitty is also a victim of the medical

There are four key drivers and seven sins that are at the root

- Drivers:
 - Much published medical research is not reliable or is of u
 - Most healthcare professionals are not aware of this prob
 - Even if they are aware of this problem, most healthcare and
 - Patients and families frequently lack relevant, accurate r
- Sins:
 - Biased funding of research (that's research that's funded
 - Biased reporting in medical journals
 - Biased reporting in the media
 - Biased patient pamphlets
 - Commercial conflicts of interest
 - Defensive medicine
 - An inability of doctors to understand and communicate h

Ioannidis and colleagues highlight that:

'Ignorance of this problem, even at the highest levels

Compounded over several decades, these upstream and downstream environment we find ourselves in today. Over-prescription of 10 years (the *BMJ* and *JAMA Internal Medicine*) have launched cofounder of the Cochrane Collaboration, Peter Gøtzsche, pre and cancer.⁷ (#CIT0007_72) This is not surprising when one un trials are exaggerated, and harms downplayed (**Box 1** (#B0C

BOX 1: (<https://insulinresistance.org/index.php/jir/article> usefulness of drug industry-sponsored clinical trials.

If a doctor is making clinical decisions on biased information,

[Shortcomings of the medical profession](#)

According to Professor Carl Heneghan and urgent care General 'with every intervention you do as a doctor you must ask you

Building on the Academy of Medical Royal Colleges Choosing 2020 issued guidance on the duty of doctors to engage in Sh

There are six components essential to informed decision making discussion of risks and benefits (in absolute terms); (4) disclosure elicitation of the patient's preference.

If the administration of the vaccine did not adhere to these principles then it is also a significant breach of General Medical Council understand'.¹³ (#CIT0013_72)

It is instructive to note that the greater the financial interest: been already demonstrated in Part 1 **15 (#CIT0015_72)** of this a little to no effect on preventing infection and serious illness, informed consent. It does, however, dramatically enhance th of the population that are very low risk of serious complicatio events such as myocarditis or sudden cardiac death, Pfizer ha lucrative products in history. If policymakers had focussed m shared decision making with patients using transparent com improved, **16 (#CIT0016_72)** but the drug companies' profits w *New England Journal of Medicine* Dr Marcia Angell has previo

Institutional corruption and erosion of public trust

Institutional corruption is defined as an institution's deviator through studies and lawsuits) of the strategies in which drug literature and misrepresentation of data by companies keen t consequences of millions of patients suffering from avoidable

Prior to 2020 there already existed gross shortcomings in the clinical decision making. This has not gone unnoticed, resulti Sciences in 2017 revealed that 82% of GPs and 63% of the p unbiased. **19 (#CIT0019_72)** Similarly, only 37% of the public tr family. **20 (#CIT0020_72)**

This growing lack of trust – most recently exacerbated by co reported vaccine harms in the population – has been most re In addition, with all the attention on COVID-19 (which poses even worse raises the suspicion of, more efficacious and safe vaccination rates have hit their lowest for 10 years.

Failure of regulation and research misconduct

Authorities want the public to 'trust the science', but vaccine that indemnify them against any financial liability in the ever grant Pfizer indemnity from harms for its vaccine. An Indian

[7]he whole problem with Pfizer is the indemnity bond question them [Pfizer]. If somebody challenges in a cc company. **21 (#CIT0021_72)** (p. 1)

Pfizer walked away from the Indian market rather than unde

It is important to first understand that drug companies have provide you with the best treatment. At a talk at the Centre (many of those with a responsibility to patients and scientific financial gain. **23 (#CIT0023_72)** It is this very industry that ha 11 pharmaceutical companies paid \$28.8 billion in fines just illegal marketing of drugs, manipulation of results and hiding to mitigate these harms. **9 (#CIT0009_72)**

In an international survey of respondents from higher educat data, and 34% of scientists report questionable research pra concealing conflicts of interest. **25 (#CIT0025_72)** An egregious influenced the European Society of Cardiology guidelines on t University for 'violations in academic integrity', including usin by 27% resulting in 800 000 excess deaths across Europe ov

In evidence submitted to the UK parliamentary science and t Dr Peter Wilmshurst lists a number of risk factors that drive t solution, which I agree with, would be to ensure that serious that allegations of such activity should be investigated by an

BOX 2: (<https://insulinresistance.org/index.php/jir/article> Science and Technology Research Integrity Committee (June

One researcher at a prestigious UK institution contacted me t suppressing research that revealed that the mRNA vaccine w

compared to the unvaccinated. The chair of the group expressed industry.^{28 (#CIT0028_72)} After I had alluded to this on GB Ne members of the team involved in this particular area of rese

Evidence-based medicine and COVID-19 vaccine roll-out

Neither the drug regulators nor the vaccine manufacturers had (#CIT0029_72) The raw data from clinical trials comprise thousands because historically when independent researchers have on clinical published trials: A case in point is Tamiflu.^{30 (#CIT0030_72)} Giv effective than paracetamol for influenza and also came with a drug that in effect proved to be useless despite claims by the illness. The independent researchers who were able to analyse until proven otherwise.

It is against this backdrop that transparency advocates sued (BNT162b2) vaccine was granted emergency use authorisation release this data.^{32 (#CIT0032_72)} Why would the FDA – ‘which products, and tobacco’^{33 (#CIT0033_72)} – do this? Secrecy sh

Aaron Siri reported that:

[7]he government also sought to delay full release of the dead. That form of governance is destructive to liberty

Instead, the judge ordered the FDA to release the data over

A major risk factor for failure to protect the public from such Research (CDER) receives 65% of its funding from the pharmaceutical the approval process for its COVID-19 vaccine, Pfizer made a *Prescription Drug User Fee Act* of 1992.^{36 (#CIT0036_72)} Full disclosure despite recent evidence emerging that the original RCT data because of COVID-19.

Separate analyses have revealed the overwhelming majority shown to be just copies of old ones, which is not surprising when on researching new molecular entities, which all contributes to 11% were found to be truly innovative. In the US it’s estimated survey of FDA scientists revealed 70% of them did not feel that and helping the public get accurate science-based information

An analysis of every new drug product approved in France between at 15.6% – were found to be more harmful than beneficial with colossal waste of public money.^{18 (#CIT0018_72)} Similar conclusions that the overall net effect of the pharmaceutical industry in the

COVID-19 vaccination in lower risk individuals

Irrespective of the merits of inoculating higher risk groups with lower risk children in the name of preventing asymptomatic transmission

In the UK the Office for National Statistics has revealed an increase children since May 2021. Given what we now know of potential (even in 16- to 39-year-olds) has the COVID-19 vaccine been

In September 2021, the Joint Committee on Vaccination and is marginally beneficial for 12- to 15-year-old children.^{40 (#C equivalent of the FDA) had previously stated that:}

[7]hey have carefully reviewed clinical trial data for Pfizer concluded that the benefits of this vaccine outweigh any effects were identified and the safety data in children. majority of adverse events were mild to moderate, relative

Is this in keeping with the totality of the evidence?

Award winning investigative science journalist Maryanne Den Garay. After experiencing severe abdominal pain followed by bound and fed through a nasogastric tube. In Pfizer’s trial the

It is important to emphasise that the risk of death from COVID-19 is not zero. The ethical evidence-based medical practice through shared decision making is that a vaccine will prevent infection, transmission, serious illness or death where it occurs in up to 1 in 2700⁴³ (#CIT0043_72) – and serious illness. Without informed consent: without understanding the numbers involved the public interest is not served.

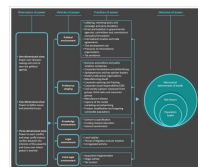
Could financial interests be biasing the recommendations?

On its website the MHRA declares that the majority of its funders are from the Melinda Gates Foundation (BMGF). Are policymakers and the public interest (including McDonald’s and Coca-Cola) and pharmaceutical companies often driven by personal interests, not the health priority? The public interest is often called for attention given Mr Gates’ personal belief in the efficacy of the vaccine. (#CIT0045_72)

Obesity researcher Dr Zoe Harcombe has also investigated the impact of financial interests on immunisation and discovered that the subcommittee members were also worth noting that Professor Wei Shen Lim, chairman of the committee, received by his department from Pfizer.⁴⁷ (#CIT0047_72) This lack of confidence in an organisation such as the JCVI is imperative for the selection of panellists, the scrutiny of evidence and the methodology.

The most proximate cause of detrimental health outcomes: Corporations

The commercial determinants of health are best defined by the World Health Organization as 'factors that are detrimental to health'.⁴⁸ (#CIT0048_72) Corporations exert their ability to define the dominant narrative: set the rules and procedures for ordinary people; and take ownership of knowledge and ideas. In the case of the mRNA vaccine, Pfizer has at least to some degree taken ownership of the political environment (lobbying), preference shaping (corporate media), the legal environment (limit liability) and the extra-legal narrative that the vaccine is safe and effective.⁴⁵ (#CIT0045_72) This is in direct comparison with time-tested traditional vaccines and most of the other factors.



(<https://insulinresistance.org/index.php/jir/article/view/72>)

Biased reporting in the media and censorship of legitimate science

Corporations are able to shape preferences and frame the dominant narrative through the ownership of mass media. The global media landscape is dominated by a few large corporations. The global newspaper industry in the US is worth \$50 billion.⁵⁰ (#CIT0050_72) The grants paid to global media outlets have been in receipt of over \$12m in grants from the BMGF over the past few years. This has influenced editorial decisions. Most health journalists (including a large number) have been deliberately shaped by the private interests of major corporations.

The BBC, though seemingly not directly influenced by industry, has been negligent in its coverage of issues surrounding COVID-19. In my view, the BBC's coverage has been grossly negligent. During a recent broadcast, a presenter failed to mention the fact that Dr Malhotra has had COVID-19 and that it is a severe disease, and that systemic side effects are almost certainly a result of the vaccine. Furthermore, the BBC falsely framed a guest on popular podcast 'The Malhotra Show', failing to mention that Dr Malhotra is a co-inventor of the mRNA vaccine. The BBC's failure to report on the significant stories of the pandemic published in one of the most respected journals, as well as the revealed evidence of poor practices at a contract research company, the slow to follow up on adverse events. The very same day that Dr Malhotra subsequently commenced litigation under whistle-blower legislation.

US). Pfizer’s motion to dismiss the case (which apparently dismisses all the complaints, hence the allegations were not material to the Government’s case).

In the US, Senator Ron Johnson, who conducted hearings with the aim of exposing adverse effects from the mRNA jabs, which deserved widespread attention, was blocked by a filibuster. Will they be held accountable for their role in this deception?

Social media platforms continue to be guilty of spreading misinformation, which makes society increasingly lose access to the truth and worsen the situation. So-called ‘fact checkers’ have censored anything that challenges the narrative (and are completely safe). They even labelled the *BMJ*’s investigation as a conspiracy theory. The story on their platform. A letter from the journal’s current fact checkers:

[R]ather than investing a proportion of Meta’s substantial resources in fact-checking social media, you apparently delegated responsibility to people who are not experts in the field.

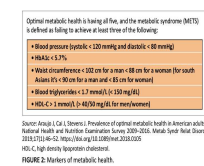
It has also come to light that Facebook has partnered with drug companies to promote COVID-19 and the vaccine. **54 (#CIT0054_72)** Is Facebook aware of its relation to their pain killer Vioxx? **55 (#CIT0055_72)** Not only did Vioxx outperform ibuprofen (a point) in comparison with ibuprofen, but it significantly increased the risk of heart disease between 40 000 and 60 000 Americans over a 5-year period.

Improving metabolic health

Failure of public health messaging and policies to help individuals to improve and mitigate harms from respiratory diseases such as COVID-19, and other conditions related to excess body fat. More than 90% of the participants in the UK Biobank were overweight or obese. The United Kingdom’s biobank data demonstrate that, depending on lifestyle factors. For example, a non-smoking and physically active individual had a 1 in 1521 chance of being admitted to hospital compared to 1 in 327. **57 (#CIT0057_72)**

Postulated pathophysiological mechanisms of risk and complications in COVID-19, including inflammation at the root.

Even a single high blood glucose reading in non-diabetics (a marker of metabolic health) is associated with worse outcomes. **58 (#CIT0058_72)** It has also recently emerged that more than 10% (17 371) had COVID-19 as the only cause on the list of causes from COVID-19 (**Figure 2 (#F002_72)** **59 (#CIT0059_72)**) with **60 (#CIT0060_72)**



(<https://insulinresistance.org/index.php/jir/article/view/15>)

The government and medical authorities should have made it easier to access quality carbohydrates to reduce risk. They could have made the public aware of the benefits of carbohydrates – independent of weight loss – within four weeks of the start of the pandemic.

The coronavirus disease 2019 was a momentary crisis that exposed the underlying health issues of the population (**#CIT0059_72**), which is also the predominant root cause behind the current health crisis under increasing strain for decades. It is estimated that health issues related to cardiovascular disease and type 2 diabetes. **63 (#CIT0063_72)**

Optimising metabolic health would not just improve immune response. Learning lessons from tobacco control, policy changes that target the quality of carbohydrates would significantly reduce the burden of disease within a few years (see **Box 3 (#B003_72)** **62 (#CIT0062_72)**)

BOX 3: (<https://insulinresistance.org/index.php/jir/article/view/15>)

The solutions

There was never any evidence justifying any COVID-19 vaccine for governments worldwide. Every patient who was offered any vaccine according to age and risk factors. In keeping with ethical medicine, the infection from previous more lethal variant being approximated to last for a few months. They should also have provided more information on what the true rates of serious adverse effects from the vaccine is, what the true rates of serious adverse effects for doctors and patients have all this information that they can't access – including this vaccine – is right for them.

The profession must explain that optimising metabolic health is reducing their risk of chronic disease including heart disease,

The time has come to stop misleading evidence flowing down into unscientific policy decisions. It's time for real evidence-based

BOX 4: (<https://insulinresistance.org/index.php/jir/article>)

There is also a strong scientific, ethical and moral case to be made for access to raw data for independent scrutiny.^{30 (#CIT0030_72)} This will allow comparison from the vaccine versus those who are more likely to be harmed.

Given all the recent well-documented aforementioned shortcomings in the literature ('may simply be untrue'), the editor of the *Lancet* Respiratory Medicine was going to take the first step in cleaning up the system.⁶⁵ Access to the raw data, with increasing evidence of significant profits of the drug industry, have highlighted modern medicine's impact on health.

We must use this as an opportunity to transform the system of medicine and public health. Until all the raw data on the mRNA vaccines can confer a net benefit to humankind cannot be considered to be

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The authors declare that they have no financial or personal relationships

Author's contribution

A.M. is the sole author of this article.

Ethical considerations

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Data availability

Data sharing is not applicable to this article as no new data were generated.

Disclaimer

The views and opinions expressed in this article are those of the author.

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