

The Wayback Machine - <http://web.archive.org/web/20210404113016/https://www.bmj.com/content/372/...>
Intended for healthcare professionals

🗨️Rapid response to:

Careers

Do doctors have to have the covid-19 vaccine?

BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.n810> (Published 29 March 2021)

Cite this as: BMJ 2021;372:n810

Read our latest coverage of the coronavirus outbreak

- [Article](#)
- [Related content](#)
- [Article metrics](#)
- [Rapid responses](#)
- [Response](#)

Rapid Response:

Re: Do doctors have to have the covid-19 vaccine?

Dear Editor

I have had more vaccines in my life than most people and come from a place of significant personal and professional experience in relation to this pandemic, having managed a service during the first 2 waves and all the contingencies that go with that.

Nevertheless, what I am currently struggling with is the failure to report the reality of the morbidity caused by our current vaccination program within the health service and staff population. The levels of sickness after vaccination is unprecedented and staff are getting very sick and some with neurological symptoms which is having a huge impact on the health service function. Even the young and healthy are off for days, some for weeks, and some requiring medical treatment. Whole teams are being taken out as they went to get vaccinated together.

Mandatory vaccination in this instance is stupid, unethical and irresponsible when it comes to protecting our staff and public health. We are in the voluntary phase of vaccination, and encouraging staff to take an unlicensed product that is impacting on their immediate health, and I have direct experience of staff contracting Covid AFTER vaccination and probably transmitting it. In fact, it is clearly stated that these vaccine products do not offer immunity or stop transmission. In which case why are we doing it? There is no longitudinal safety data (a couple of months of trial data at best) available and these products are only under emergency licensing. What is to say that there are no longitudinal adverse effects that we may face that may

put the entire health sector at risk?

Flu is a massive annual killer, it inundates the health system, it kills young people, the old the comorbid, and yet people can chose whether or not they have that vaccine (which had been around for a long time). And you can list a whole number of other examples of vaccines that are not mandatory and yet they protect against diseases of higher consequence.

Coercion and mandating medical treatments on our staff, of members of the public especially when treatments are still in the experimental phase, are firmly in the realms of a totalitarian Nazi dystopia and fall far outside of our ethical values as the guardians of health.

I and my entire family have had COVID. This as well as most of my friends, relatives and colleagues. I have recently lost a relatively young family member with comorbidities to heart failure, resulting from the pneumonia caused by Covid. Despite this, I would never debase myself and agree, that we should abandon our liberal principles and the international stance on bodily sovereignty, free informed choice and human rights and support unprecedented coercion of professionals, patients and people to have experimental treatments with limited safety data. This and the policies that go with this are more of a danger to our society than anything else we have faced over the last year.

What has happened to “my body my choice?” What has happened to scientific and open debate? If I don't prescribe an antibiotic to a patient who doesn't need it as they are healthy, am I anti-antibiotics? Or an antibiotic-denier? Is it not time that people truly thought about what is happening to us and where all of this is taking us?

Competing interests: No competing interests

02 April 2021

K Polyakova
Consultant
London