

Health

What is medicrime?

by **DEBI EVANS**

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Medicine crime, or 'medicrime', is a crime which includes a wide range of illegal and illicit activities spanning many different communities and many environments, including the medical profession. The discussion of what medicrime actually is may well end up generating more questions.

Historically, there has always been much debate, press attention and legislation around street drug crime, the purchasing of illegal drugs online, and counterfeit medicines. However, in this article I hope to draw attention to a crime that has thus far remained in the shadows and that is open to interpretation.

As we watch highly-qualified medical professionals advocate, administer and encourage us all to be injected with experimental solutions at 'warp speed' and to swallow experimental genomic medicine with *no* long-term safety data (sometimes no safety data at all), we must ask ourselves whether it is both ethical and legal for medical professionals to continue knowingly and intentionally to administer, prescribe, recommend or inject a substance of which they have no knowledge of either the ingredients or the contraindications consequences or side effects it may have on their patients

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Any consequences of [serious injury](#) appear no longer to be a priority, as legal indemnity for both manufactures and medical professionals takes top place. With no worries of being sued, vaccinators appear to be operating with impunity while the unaware public take the risk and the blame. As we enter the no-blame era, let's ask ourselves why.

Family doctors

In a letter to me earlier in 2022, featured on UK Column News, the Honourable Secretary of the Royal College of General Practitioners, Dr Michael Mulholland, wrote:

The reason the GP cannot give you long-term information on side effects or the exact ingredients of a vaccine is because that information is not available to them.

So are all GPs (family doctors) committing a medicrime in their Covid vaccination work? What information should they insist on knowing before agreeing to administer to their unsuspecting patient? Few would willingly offer their arm and their career for the sake of a job that they knew could change, or, at worst, end their own life. Yet we continue to see doctors following the narrative.

The British medics' registration body, the [General Medical Council](#), issues [Good Medical Practice](#), which states that drugs and treatment (including repeat prescriptions) should only be prescribed by a doctor with adequate knowledge of the patient's health and who is satisfied that the prescription serves the patient's needs. Doctors should never allow their own interests to influence or affect the way they prescribe for patients. The principle of [informed consent](#) requires a doctor to inform the patient fully why the proposed medication is being recommended and what side effects and therapeutic effect to expect.

As of the time of writing, doctors are unable to do any of the above.

One in five clinical negligence claims against doctors is made in relation to medication errors. These errors cost £750 million per year in Britain, and inappropriate prescribing and serious adverse events are the main drivers of them. When negligent behaviour harms patients, physicians are usually subject to claims of medical malpractice. The actions of doctors, and the subsequent outcomes, are usually the factors that determine whether the prescription constituted a criminal offence.

In order for medical malpractice to be held accountable at criminal level, the prosecutor must be able to establish that the healthcare provider's conduct meets every one of the necessary criteria (cumulative proof). Usually, these crimes involve actions of medical professionals using some medical procedure or other to line their pockets.

Healthcare serial killers can remain invisible for years, exploiting and exerting their influence on the elderly and the vulnerable. Sometimes taken as angels of mercy, they often believe they are working in their patients' best interest. Doctors and nurses are amongst the most trusted members of our society, so it is unimaginable that any of them should want to kill their patients.

Although patient-murderers are relatively rare as a percentage of medics, there have been countless examples of them around the world, including in the UK. Dr Harold Shipman was a general practitioner who is considered one of the most prolific serial killers in modern history, with an estimated 250 victims; his final death toll we may never know.

The Covid pandemic has seen a mass [exodus from the NHS](#), with both nurses and doctors citing distress, [burnout](#), compassion fatigue and post-traumatic stress as factors in their resignations. The emotional states experienced by physicians who went on to commit suicide were identified in a [recent US study](#) as:

1. Deathscapes and impoverished care
2. Systemic challenges and self-preservation
3. Emotional exhaustion
4. Unhelpful support

Handling adverse reactions

Nurses, too, have been [deeply affected](#) by what they have experienced, and report being forever altered by the impacts of Covid-19. A [study conducted in Ontario in 2012](#) concluded that although pharmacists who were given upgraded permissions to administer vaccinations did accept this new role, more research was needed in order to examine the impact their on their workload and their knowledge and perceptions of injection-related pain and fear.

This vaccinating role should have required a personal familiarity with the medical history of each patient presenting for vaccination and a knowledge of the side effects to expect in the event of a serious adverse reaction at time of administration. We should remember that the majority of the UK population were vaccinated by a masked stranger who they had never met before and were not even made aware of their name or professional status.

Currently, there are over 464,000 reports of serious adverse reactions after administration of the Covid-19 vaccine, according to the data from the British medicines regulator, the Medicines and Healthcare products Regulatory Agency (MHRA), that [UK Column makes searchable on its website](#). Each one of these injections has been administered by someone. Those *someones*, according to a straightforward reading of the law, would appear to be complicit in and potentially liable to be convicted of a medicrime. However, the MHRA Criminal Enforcement Team appears to think differently, and reports have reached UK Column from various countries that healthcare professionals administering Covid-19 vaccines have been guaranteed blanket immunity by the state prosecuting bodies.

In the UK, medicines are only meant to be granted licences if strict safety and quality standards are met. The MHRA works to ensure that any medicine approved for treating people in the UK is as safe as possible and has followed strict safety tests. The Head of the Criminal Enforcement Unit at the MHRA, [Andy Morling](#), says:

It is a criminal offence to sell controlled, unlicensed or prescription only medicines without appropriate authorisation.



That is, medicines which have not been *authorised for use by the MHRA* for safety, effectiveness and quality are not welcome on our shores. This enforcement could be perceived as the MHRA collaborating with Big Pharma and philanthropic organisations such as the [Bill and Melinda Gates Foundation](#) in order fully to control and monitor what the public are doing.

At the MHRA Board Meeting on 21 June 2022, covered from shortly after the one-hour mark in the [23 June episode](#) of UK Column News, it was revealed that one in ten people in the UK are buying illegal drugs from online websites. The driver of this surge in online purchasing currently appears to be partly due to the failure of patients being able to see their GP's in order to get a prescription or their GP failing to prescribe.

Ring of steel instead of reflection

It is the intention of the MHRA Criminal Enforcement Unit to install both a physical and a virtual 'ring of steel' around the UK to keep British consumers 'safe' from illegal suppliers. The Criminal Enforcement Unit appears to be prioritising these illegal websites, which the MHRA admits are 99% outside the UK, rather than casting their gaze within to acknowledge the devastation that is being caused by British medical professionals jabbing millions of people in Britain with MHRA Emergency Use Authorisation Covid-19 'vaccines'.

Do the MHRA study their own database of serious adverse reactions to the Covid-19 vaccine? Do they care? Never in history have there been so many serious adverse reactions reported in such a short period of time, yet the MHRA still insist, 'Nothing to see or worry about here, move on'.

The MHRA goes further in trying to instil confidence in the public by speaking of gathering intelligence from a variety of sources and private partners. The agency prides itself on getting that information from other government departments, describing its external colleagues as 'heavy hitters' in intelligence who overlay that understanding onto a standard risk assessment model which is used across British law enforcement to prioritise topics as diverse as terrorism and child sexual abuse. These are both areas that the MHRA's Head of Criminal Enforcement, Andy Morling, has previous experience in.

Medicrime is big business. The Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes Involving Threats to Public Health (otherwise known as the [Medicrime Convention](#)) is an international criminal-law convention of the Council of Europe (a body with a much wider membership than the EU) addressing the falsification of medicines and medical devices.

The Convention's main goals are to criminalise certain acts, protect the rights of victims, promote national and international cooperation. The counterfeiting of medical products and similar crimes is a growing threat for many countries, due to the low level of deterrence afforded by national and international legislation. As the world's only international legal instrument to fight against falsified medical products, the Convention represents a milestone in tackling transnational organised crime. [International alerts](#) can be raised for medicrime.

The MHRA will continue to strengthen its position with regard to medicrime and will prioritise those beyond our shores that it sees as the culprits, despite itself being involved in the biggest medical crime in history in collaboration with giants including Pfizer, AstraZeneca, Moderna and GlaxoSmithKlein. The 'ring of steel' will tighten, and soon the British public will only be able to access novel, untested ([100 Day Mission](#)) genomic pharmaceutical products, approved by the MHRA, and will be allowed no access to generic products from overseas. So who are the MHRA? An enabler, as its CEO, Dame June Raine, has proudly declared that the agency now is? A professional public legal body? A safety regulator? Or a legalised snake oil merchants' guild? Part owned and funded by the Bill and Melinda Gates Foundation and by Big Pharma, the MHRA appears to have the ability to commit medicrime unchallenged, unregulated, unaccountably and in plain sight. How long will [our Parliament](#) allow this to continue?

The MHRA believes that it is in control—the warden of the pharmaceutical panopticon—and that we, the inmates, don't see it at work. Its bosses fail to notice that while they weren't looking, the situation reversed, and we are now [watching them watch us](#).



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