Dear Sir/Madam

I have been informed that I ‘must’ have the Lateral Flow Testing before I am able to have my (XXXX) medical procedure. As per the regulations on The Care Quality Commission (CQC) - “The Secretary of State and the NHS must observe the Human Rights Act 1998, including the right to life (article 2), humane and dignified treatment (article 3), the right to autonomy, privacy and family life (article 8) and the right against discrimination (article 14), which is another facet of the right to equality (Equalities Act 2010 s 149 and the National Health Service Act 2006 s 1C).”

There are many reason why I do not give my consent to be tested, but my main motive is for health reasons. The testing swabs are sterilised in Ethylene Oxide [1], which has been labeled a Group 1 Carcinogen, the most potent form of cancer causing chemical [2]. As well as this major health hazard, there are other detrimental side effects from short term exposure to ethylene oxide which include eye and upper respiratory tract irritation, nausea, vomiting, diarrhoea, headache, dizziness, malaise, fatigue, muscle weakness, and signs and symptoms of peripheral neuropathy [3].

Lateral flow testing is extremely unreliable -“ University of Birmingham and Scottish universities suggesting that the lateral flow tests had a sensitivity of just 3% (the proportion of people with covid-19 who tested positive) and that 58% of the positives were false positives.”[4]

As well as being very unreliable, it is not even a medically accurate form of testing. “Previous data from the Liverpool mass testing pilot programme found that lateral flow tests detected just 48.89% of covid-19 infections in asymptomatic people when compared with a polymerase chain reaction (PCR) test. It also found that the Innova Lateral Flow SARS-CoV-2 antigen test failed to detect three in 10 cases with the highest viral loads.”[5] A minister at the Department of Health and Social Care admitted that mass swab testing was “not an accurate way of screening the general population” and could provide false reassurance.[6]

In another study by Public Health England, published in the British Medical Journal, it states - “The absence of strong evidence that asymptomatic people are a driver of transmission is another good reason for pausing the roll out of mass testing in schools, universities, and communities”[7]

A meta-analysis of 54 studies looking at infections inside houses where people live together, involving nearly 78,000 participants, found that asymptomatic or presymptomatic index case transmission was 0.7%. In other words, 1 asymptomatic person would need to encounter about 140 people INSIDE A HOUSE for them to infect another. The chance of infection when in larger areas (e.g., stores) and particularly when outside is far less, to the extent that you may need to encounter thousands of people before infecting another.[8]

Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China shows no asymptomatic transmission. The citywide screening of SARS-CoV-2 infection in Wuhan recruited nearly 10 million people, and found no newly confirmed cases with COVID-19. All close contacts were studies and virus cultures were negative for all asymptomatic positive and repetitive cases, indicating no viable virus in positive cases detected in this study.[9]

Another study concluded “that the infectivity of some asymptomatic carriers is weak”[10]

As you can see, I am declining this on for multiple reasons, but the science is overwhelmingly against these testing strategies and asymptomatic transmission.

The NHS Code of Conduct states; “Refusal or withdrawal of treatment must, if challenged, be justified on the grounds of the best interests of the patient, or medical effectiveness, or on the basis of a rational, reasonable, proportionate and fair priority scheme for the use of available resources.” If you are still refusing me medical care based on my ethical reasons to decline the LFT, please put that in writing so I can send a copy to the GMC, CQC and the Parliamentary and Health Service Ombudsman. I am not symptomatic, and have never been symptomatic. If this does change, I will, of course self isolate immediately and inform yourselves and anyone that I have been in contact with.

Kind regards

References -

[1] - <https://cdn.website-editor.net/6f54caea7c6f4adfba8399428f3c0b0c/files/uploaded/Innova-SARS-Cov-2-Antigen-test-IFU.pdf>

[2] - <https://www.epa.gov/sites/production/files/2016-09/documents/ethylene-oxide.pdf>

[3] - <https://www.ncbi.nlm.nih.gov/books/NBK208167/>

[4] - <https://www.bmj.com/content/371/bmj.m4941?ijkey=d740dd9b9acc2b5a861ea203e42064d195b6f02e&keytype2=tf_ipsecsha>

[5] - <https://www.bmj.com/content/371/bmj.m4848?ijkey=59b33a7ebf5a97073ffa050d1923b7af1a949fce&keytype2=tf_ipsecsha>

[6] - <https://www.bmj.com/content/371/bmj.m4916?ijkey=6b6478434764d5b13f1f0a88d02b60f7c30baf09&keytype2=tf_ipsecsha>

[7] - <https://www.bmj.com/content/371/bmj.m4851?fbclid=IwAR2DM5AJakLqtVnLrikEYQRz2oA7WVCQzIIchbOOaioZv80Oi1KCnkrbNgo>

[8] - <https://pubmed.ncbi.nlm.nih.gov/33315116/>

[9] - <https://www.nature.com/articles/s41467-020-19802-w>

[10] - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7219423/>