

Dear

.....

Re: COVID-19 testing patients

I am a patient at your hospital undergoing regular dialysis for renal failure. I am writing to you in regards to a policy I have recently been alerted to, regarding your intention to conduct regular COVID-19 testing on dialysis patients.

I do not wish to receive a COVID-19 test under any circumstances, and this is for a number of reasons that I will subsequently elucidate upon. However, in the first instance, I would like to underline that my right to decline this test is protected under the Nuremberg Code (1947), which clearly stipulates that all medical procedures must have the voluntary consent of the human subject. To withhold urgent and life-saving treatment from me unless I submit to a test I do not wish to receive would be in breach of all medical ethics and human rights law. I know and appreciate that the medical profession is strictly governed by principles of informed, voluntary consent, meaning that any patient who withholds their consent for COVID-19 testing is fully protected by the law to do so, and must not be disadvantaged in any way for declining this test.

My reasons for declining this test are that, in the first instance, the test currently being deployed to detect COVID-19 infection is the Polymerase Chain Reaction (PCR) test. This test, however, was not developed for and is not a reliable indicator of the presence of infectious disease. The Nobel-Prize winning inventor of the test, Kary B. Mullis, is quoted as stating: "PCR tests cannot detect free infectious viruses at all" (1). They can detect genetic sequences of viruses, but not viruses themselves. PCR test technology relies on amplifying results many times over. If they are amplified less than about 35 times, no-one will test positive. If they are amplified 60 times, everyone will test positive. So to be clear - a positive PCR test result is not evidence that a person is either unwell with any infection, or in any way infectious to others.

It is important to recognise that inappropriate use of PCR tests to misdiagnose infectious disease is not a new phenomenon; in 2007, the presence of positive PCR tests led staff at Dartmouth-Hitchcock Medical Center in the USA to falsely believe they were in the midst of a pertussis epidemic. Nearly 1,000 health care workers at the hospital in Lebanon, N.H., were given a preliminary test and furloughed from work until their results were in; 142 people were told they appeared to have the disease; and thousands were given antibiotics and a vaccine for protection. Hospital beds were taken out of commission, including some in intensive care.

However, nearly a year later, the entire episode was declared a false alarm, since not a single case of whooping cough was confirmed with the definitive test, growing the bacterium, *Bordetella pertussis*, in the laboratory. Instead, it appears the healthcare workers were probably afflicted with ordinary respiratory diseases like the common cold. According to epidemiologists and infectious disease specialists, this episode occurred because too much faith was placed in a quick and highly sensitive molecular test - the PCR test - that led them astray.

Reflecting on the situation, Dr. Cathy A. Petti, an infectious disease specialist at the University of Utah, said the story had one clear lesson.

"The big message is that every lab is vulnerable to having false positives," Dr. Petti said. "No single test result is absolute and that is even more important with a test result based on PCR." (2)

Given the above, I do not feel it is advisable or necessary for me to receive a PCR test for COVID-19, as the test is not fit for purpose when it comes to diagnosing the presence of active infection.

Further, I do not believe this test is adequately safe. The intranasal nature of the PCR test represents a highly invasive experience that is not only potentially extremely distressing (and given my current complex and life-threatening medical needs, I make it a concerted priority to avoid as many distressing and traumatic experiences as I can) but it also carries with it risks to health. Media reports have detailed cases of the nasal swab penetrating the blood-brain barrier and causing brain fluid to leak (3), and there are also reports of the tests being contaminated due to inadequate quality controls (4).

Given the above, I will not be volunteering my consent for a COVID-19 test, and I would very much appreciate your prompt acknowledgement that my decision to decline this test will be fully accepted by the hospital and that it will not negatively impinge upon my receiving my urgent and life-saving treatment in any way.

I look forward to hearing from you.

Yours sincerely,

..... / Date

