



Email: info@vaccinechoicecanada.com
Mail: P.O. Box 169, Winlaw, BC, V0G 2J0
Web site: www.vaccinechoicecanada.com

School Vaccination Clinics and Informed Consent

Part 1: Tim Sullivan and the Ontario College of Teachers Disciplinary Hearing

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Part 1: Tim Sullivan and the Ontario College of Teachers

In February of 2017, Ontario high school science teacher, Tim Sullivan, was called before a disciplinary committee of the Ontario College of Teachers for unprofessional conduct. The allegations against him are contained in the Notice of Hearing ([pdf](#)). He was found guilty and will find out what penalties he faces later in March. The Counsel for the Ontario Teachers has recommended a one-month suspension and anger management training.

Sullivan's concern was about proper informed consent procedures for students. As he told the [Globe and Mail reporter](#), "I'm not an anti-vaxxer," he said. "I'm pro-informed consent, pro-science, pro-asking questions." Some of Mr. Sullivan's students rallied around him by posting an on-line [petition of support](#), which has received over 2,000 signatures to date.

The press (see [here](#), [here](#) and [here](#)) ran the story under "anti-vaccine" headlines. An observer who attended the Hearing reported to us that the issue of proper informed consent procedures was never addressed at the hearing. Unfortunately, Mr. Sullivan did not have legal representation at the hearing. Apparently each time he attempted to discuss informed consent, the lawyer for the Ontario College of Teachers objected. As the local [newspaper](#) reports:

"An[sic] Norfolk science teacher accused of pushing anti-vaccination views, scaring students and berating a public health nurse has been found guilty of professional misconduct.

"Sullivan, a teacher at a Norfolk high school, denied the accusations, but admitted to leaving class once to speak with nurses and to telling one student that a side effect of one of the vaccines was death.

"He maintains that the students weren't given proper information to consent to the vaccine, including information about potentially serious, but rare, side effects of the shots."

The two allegations that stand out as most egregious in Tim Sullivan's disciplinary case are that as a teacher he

- a) 'harassed' public health nurses during an in school vaccination day for inquiring whether they provide students with the risk information listed in the vaccine product monograph prior to vaccination,
- b) that he "abused" students by frightening them about vaccine risks.

Several obvious questions arise:

1. Why is it "harassment" for a science teacher to ask medical professionals if they obtain informed consent from students prior to injecting them with complex biochemical pharmaceutical products that carry a risk of injury and death for some?

2. Why would it be considered “abuse” of students when a science teacher initiates a discussion about published risks disclosed in the vaccine manufacturer’s product monograph about pharmaceutical products students may receive by injection in the school setting?
3. Why is published information which vaccine manufacturers are required by law to disclose prior to obtaining licensure for their vaccine products, forbidden to be discussed with students in the school setting?
4. Why is the concept of informed consent forbidden to be discussed with students?

Part 2: Informed Consent

Informed consent is the ethical cornerstone of the practice of medicine. Every medical professional, including nurses, is taught the theory and application of medical ethics. As such, nurses understand that informed consent is the foundational medical ethic on which ethical medical practice rests. Nurses also understand that obtaining informed consent from the patient prior to any medical procedure, including vaccination, is an essential requirement both legally and ethically.

Every human being, prior to submitting to a medical treatment that carries known risks, has the right to know the risks and side effects that can result from such a medical treatment, has the right to consider the risks and benefits prior to making a voluntary, informed decision and has the right to accept or reject the treatment. Informed consent to medical risk taking is accepted as a basic human right.

The informed consent ethic is enshrined in numerous international treaties to which Canada is signatory. The *Universal Declaration on Bioethics and Human Rights* is one such treaty: ¹

Article 6 – Consent in the treaty reads as follows:

“Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.” ¹

The medical ethic of informed consent is also clearly articulated in provincial health acts referred to below.

A. Ontario’s Health Protection and Promotion Act

It is a widely documented medical fact that vaccines can and do cause a range of side effects and injuries, including death in some people. ² A particular procedure for informing consenting persons of certain adverse events is set out in Ontario’s *Health Protection and Promotion Act*³, Section 38 titled, *Immunization Definitions*.

First, in section 38 (1) **reportable events** are defined:

38. (1) In this section... “reportable event” means,
- (a) persistent crying or screaming, anaphylaxis or anaphylactic shock occurring within forty-eight hours after the administration of an immunizing agent,
 - (b) shock-like collapse, high fever or convulsions occurring within three days after the administration of an immunizing agent,
 - (c) arthritis occurring within forty-two days after the administration of an immunizing agent,
 - (d) generalized urticarial [hives], residual seizure disorder, encephalopathy, encephalitis or any other significant occurrence occurring within fifteen days after the administration of an immunizing agent, or
 - (e) death occurring at any time and following upon a symptom described in clause (a), (b), (c) or (d).

Next, section 38 (2) articulates the medical providers’ duty to inform the patient of the importance of reporting reportable events that may occur following vaccination:

Duty to inform

(2) If consent to the administration of an immunizing agent has been given in accordance with the *Health Care Consent Act, 1996*, the physician or other person authorized to administer the immunizing agent shall cause the consenting person to be informed of the importance of immediately reporting to a physician or a registered nurse in the extended class any reaction that might be a reportable event.

So a patient would necessarily need to have a list of reportable events that relate to the vaccine or vaccines being administered and the window of time within which they need to let the person who administered the vaccine know that such an event has occurred.

Section 38 (3) then sets out one more duty for anyone who administers a vaccine:

Duty to report reactions

(3) A physician, a member of the College of Nurses of Ontario or a member of the Ontario College of Pharmacists who, while providing professional services to a person, recognizes the presence of a reportable event and forms the opinion that it may be related to the administration of an immunizing agent shall, within seven days after recognizing the reportable event, report thereon to the medical officer of health of the health unit where the professional services are provided.

This Act therefore clearly sets out a chain of events that are to take place regarding certain serious adverse reactions for both patients and their health care provider. To our knowledge this law is not generally being followed or enforced.

In this regard, the *2014 Annual Report of the Office of the Auditor General of Ontario* ⁴ noted the importance of **reportable events information** in Recommendation 10 reproduced below [emphasis ours].

Recommendation 10

To enable meaningful analysis of adverse events following immunization and to help prevent future adverse events, the Ministry of Health and Long-Term Care, in conjunction with Public Health Ontario, should:

- **require health-care providers who administer vaccines to give patients standardized information about which adverse events should be reported;**
- collect information on health-care providers who have administered vaccines associated with adverse events; and
- follow up on any unusual trends, including areas where adverse event rates look unusually low or high.

B. Ontario's Health Care Consent Act

This act is very clear about the parameters of Informed Consent. While the protections provided by the Act insure that individuals are protected from medical overreach, public health officials override these protections in the school setting resulting in a gross abuse of public health authority.

Stipulations of the *Health Care Consent Act*⁸, Part II: Treatment

No treatment without consent

10. (1) A health practitioner who proposes a treatment for a person shall not administer the treatment, and shall take reasonable steps to ensure that it is not administered, unless,

- (a) he or she is of the opinion that the person is capable with respect to the treatment, and the person has given consent; or
- (b) he or she is of the opinion that the person is incapable with respect to the treatment, and the person's substitute decision-maker has given consent on the person's behalf in accordance with this Act.

Elements of consent

11. (1) The following are the elements required for consent to treatment:

1. The consent must relate to the treatment.
2. The consent must be informed.
3. The consent must be given voluntarily.
4. The consent must not be obtained through misrepresentation or fraud.

Informed consent

11. (2) A consent to treatment is informed if, before giving it,
- (a) the person received the information about the matters set out in subsection (3) that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and
 - (b) the person received responses to his or her requests for additional information about those matters.
11. (3) **The matters referred to in subsection (2) are:**
- 1. The nature of the treatment.
 - 2. The expected benefits of the treatment.
 - 3. The material risks of the treatment.
 - 4. The material side effects of the treatment.
 - 5. Alternative courses of action.
 - 6. The likely consequences of not having the treatment.

Are public health nurses providing students and parents with “reportable event” information prior to vaccination as stipulated by Section 38 (2) of *Ontario’s Health Protection and Promotion Act*? If not, why not?

What is the reason for vaccine nurses’ reluctance to fully disclose the known risks and side effects of vaccine products prior to injecting students in the school setting (as stipulated in the *Health Care consent Act*)?

Are Ontario’s public health nurses obtaining proper informed consent prior to injecting students of various ages with these complex biochemical pharmaceutical products?

C. Adverse Events and Informed Consent

Vaccines can trigger a range of side effects from very mild symptoms, like soreness at the injection site, to extreme injuries that can result in damage to the immune system that result in autoimmune diseases, neurological injuries like Guillain Barre syndrome as well as brain damage. This is well documented in the medical literature², corroborated by cases in the U.S. vaccine injury compensation system [<https://www.mctlawyers.com/vaccine-injury/cases/>]. This is also corroborated by Canada’s vaccine adverse events reporting systems run by Health Canada and the Public Health Agency of Canada as discussed in this *VCC Vaccine Safety Report*.²¹

At this point in time, there is no medical testing that can be done prior to vaccination to determine who is at risk of injury.

Canadian Medical Law⁵ stipulates that patients must be informed of all material risks, no matter how small or remote, prior to consenting to any medical treatment. The consent must also be voluntary and not obtained through coercion, manipulation or fraudulent information. When voluntary informed consent is not properly obtained prior to any medical procedure, it constitutes a “**battery**” as articulated by Canadian Medical Law.

The Canadian Medical Protective Association (CMPA)⁶ provides clear guidelines about Informed Consent for doctors and other healthcare providers. Their detailed document on the requirements for valid consent states that,

“For consent to serve as a defence to allegations of either negligence or assault and battery, it must meet certain requirements. The consent must have been voluntary, the patient must have had the capacity to consent and the patient must have been properly informed.”⁶

The document goes on to emphasize that as the law on consent to medical treatment has evolved, it has become a “**basic accepted principle**” that,

“every human being of adult years and of sound mind has the right to determine what shall be done with his or her own body.” Clearly physicians may do nothing to or for a patient without valid consent. This principle is

applicable not only to surgical operations but also to all forms of medical treatment and to diagnostic procedures that involve intentional interference with the person.”⁶

Furthermore, in the context of “**voluntary consent**”, the CMPA guidelines caution that, “Patients must always be free to consent to or refuse treatment, and be free of any suggestion of duress or coercion. Consent obtained under any suggestion of compulsion either by the actions or words of the physician or others may be no consent at all and therefore may be successfully repudiated.”⁶

Part 3: The Mature Minor Doctrine⁷ and its application in school vaccination clinics

The Mature Minor doctrine incorporated into Ontario’s Health Care Consent Act in 1996, allows minor children of no specific age (some as young as age 11), to make their own medical decisions without parental knowledge or consent. The Mature Minor doctrine as explained by the CMPA guidelines holds that, “an individual who is able to understand the nature and anticipated effect of proposed medical treatment and alternatives, and to appreciate the consequences of refusing treatment, is considered to have the necessary capacity to give valid consent.”⁷

The Mature Minor doctrine also gives children the same basic human right as adults enjoy, namely the right to voluntary informed consent when considering a medical treatment, and **the right to refuse it**. Public health officials are given free rein to conduct vaccine clinics in Ontario schools and have for decades ignored the informed consent ethic as it applies to underage children.

The legal and ethical right to voluntary informed consent is regularly abused by public health nurses conducting vaccination programs in the school setting in several ways;

1. When parental consent has not been obtained, and when a legal vaccine exemption is not on file, minor children of no specific age are told by public health nurses that they don’t need their parents’ permission to get the shots and that they have the right to make their own vaccine decision.
2. Factual vaccine risk information as disclosed in manufacturers’ information sheets is withheld from underage children.
3. Children in Ontario are told that if they don’t get the shots being offered, they will be suspended from school, creating a climate of fear, intimidation and coercion.
4. While children are told that they can make their own vaccine decision, and that they can sign their own consent form, they are at the same time threatened with school suspension if they don’t submit to the injections. Normal parameters of the basic human right to voluntary, informed consent are violated.
5. When children are threatened with school suspension, and are not informed that they have the legal right to refuse vaccination, it constitutes an extreme form of bullying and coercion and could be construed under Canadian Medical Law as a “battery”.

The “mature minor” doctrine usurps parental authority giving governments the power to coerce children into making health care decisions that conflict with family values. Every reasonable person knows that an 11 year old child does not have the maturity or life experience to evaluate the risks or benefits of receiving one or multiple vaccines. A child this young is incapable of making an informed decision about complex medical issues. Added to this insult is the pro-vaccine propaganda disseminated in the public school system which paints a rosy picture of vaccines without disclosing the very real risks of injury associated with all vaccines.

At best, school based vaccination programs could be described as ‘assembly line’ medicine that overrides and ignores children’s legal right to make a voluntary, informed decision about the vaccine treatment they are submitting to. At worst, the Mature Minor doctrine as applied to children captive to public health dictates in the school setting, is a profound violation of the spirit and intent of ethical and legal norms in medicine. The Mature Minor doctrine enables public health employees to prey on the vulnerability of minor children, to

impose its vaccine agenda, and enables public health officials to override all normal ethical and legal rules governing medical treatments.

At no time are children told that vaccination is VOLUNTARY in Canada as the following statement from Health Canada confirms:

“Unlike some countries, immunization is not mandatory in Canada; it cannot be made mandatory because of the Canadian Constitution. Only three provinces have legislation or regulations under their health-protection acts to require proof of immunization for school entrance. Ontario and New Brunswick require proof for diphtheria, tetanus, polio, measles, mumps, and rubella immunization. In Manitoba, only measles vaccination is covered [since retracted]. It must be emphasized that, in these three provinces, exceptions are permitted on medical or religious grounds and reasons of conscience; legislation and regulations must not be interpreted to imply compulsory immunization.”¹⁷

See also: <http://vaccinechoicecanada.com/exemptions/immunization-is-not-mandatory-in-canada/>

When students are not adequately informed of the published, documented risks associated with vaccination as outlined in Section 38 of *Ontario's Health Promotion and Protection Act*³ or as disclosed in vaccine product monographs or the medical literature², when they are not properly informed of their legal right to refuse this medical procedure as stipulated by both the *Health Care Consent Act*⁸ and the *Immunization of School Pupils Act*⁹, we have a complete abandonment of protection of the legal rights of minor children and imposition of medical tyranny on a captive population.

A decision by a British Columbia court¹⁰, when parents of an 11 year old student who was coerced by a public health nurse to submit to a hepatitis B vaccination, over the child's own protests and without her parents' knowledge or consent, provides insight into how the legal system views this issue. Cases of children captured by the public health vaccination dragnet are periodically reported in the media.^{11,12,13}

Unanswered concerns in vaccinology

There is profound and just reason for exercising informed consent prior to vaccination. A 2013 Institutes of Medicine vaccine safety review¹⁴ found that,

“Most vaccine-related research focuses on the outcomes of single immunizations or combinations of vaccines administered at a single visit. Although each new vaccine is evaluated in the context of the overall immunization schedule that existed at the time of review of that vaccine, elements of the schedule are not evaluated once it is adjusted to accommodate a new vaccine. Thus, key elements of the entire schedule – the number, frequency, timing, order and age at administration of vaccines – have not been systematically examined in research studies.”

Between 1987-2011, Health Canada and the Public Health Agency of Canada received 115,837 reports of adverse events following immunization (AEFI).²⁰ Of these, 6,180 were reports of serious adverse events (SAE) which resulted in a life threatening event, hospitalization, congenital deformity, disability or death.

The *VCC Vaccine Safety Report 2*²¹ provides evidence from periodic vaccine adverse events reports published by the Canadian government, that the vast majority of adverse events and injuries following immunizations occur in children and continues to rise. In 2014 children of all ages experienced 80% of serious adverse events (SAEs). In 2015 this had risen to 84%. In 2014 babies and infants under the age of 2 experienced 60% of SAEs. In 2015 this had risen to 63%.²¹

It is an accepted fact that only between 1-10% of vaccine reactions and injuries are reported to government agencies. This means the 6,180 serious adverse events reports, the vast majority of which were experienced by children, represent somewhere between 618,000 and 61,800 **actual** total serious adverse events in the 25 year time span.

A 2011 Supreme Court decision in the U.S. found that vaccines are “unavoidably unsafe”¹⁵. Vaccination cannot be both “safe and effective” as claimed by the medical industry, and be ‘unavoidably unsafe’ at the same time.

In the U.S., the National Vaccine Injury Compensation System has to date paid out over \$3.3 billion dollars in compensation to vaccine injury victims since its inception in 1986. It is estimated that as few as 1-10% of vaccine injuries are reported and only a tiny fraction of these are compensated. Examples of vaccine injuries settlements paid by the U.S. government is provided in reference #16.

Canada has no federal vaccine injury compensation system. When a person is vaccine injured^{18,19}, they and their families are on their own.

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http://www.royalcollege.ca/portal/page/portal/rc/common/documents/bioethics/section1/case_1_5_2_e.html
and:http://www.royalcollege.ca/portal/page/portal/rc/common/documents/bioethics/section1/case_1_5_2_e.html
8. **Ontario’s Health Care Consent Act**, is explicit about Informed Consent:
<https://www.ontario.ca/laws/statute/96h02#BK12>
9. **Immunization of School Pupils Act**. <https://www.ontario.ca/laws/statute/90i01> While this Act is the legal instrument that enables public health to monitor children’s vaccine status in the school setting, it also gives parents the legal right to refuse any or all ‘prescribed’ vaccines and allows partially vaccinated or unvaccinated children to attend school. The Act allows the Medical Officer of Health to order a child whose vaccination record is incomplete to be excluded from school for the duration of the outbreak. Parents who wish to forego any or all vaccines can file with public health a vaccine exemption affidavit stating that immunization conflicts with the sincerely held convictions of the parent based on the parent’s religion or conscience. It is known as a “statement of conscience or religious belief”. Once filed, this legal exemption permitted by the Act, allows a child to attend school regardless of their vaccine status.

10. Toews v. Weisner and South Fraser Health: <http://www.courts.gov.bc.ca/jdb-txt/sc/01/00/2001bcsc0015.htm>
11. BC family furious teen vaccinated without parental consent: <http://www.cbc.ca/news/canada/british-columbia/b-c-family-furious-teen-vaccinated-without-parental-consent-1.2570354> and in this article, it's admitted that "'Nurses will, in fact, go and look for the unvaccinated kids to see if they can get them vaccinated," stated Provincial Health Officer Perry Kendall to *CBC.ca*,.... And in many cases, they are successful in convincing these impressionable young minds to follow the state's lead rather than first consult their parents:
http://www.naturalnews.com/044413_childhood_vaccination_consent_Canadian_parents.html
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21. Vaccine Safety Report 2: <http://vaccinechoiccanada.com/wp-content/uploads/Vaccine-Safety-Report-2-20B29E.pdf>