



Open Letter to the Northern Ireland Public Health Bill Team

A Call for Urgent Revision: The Public Health Bill Endangers Rights and Lacks Evidence.

Wednesday 18 September 2024

Public Health or Overreach? A Critical Analysis of the Proposed Legislation.

Dear Public Health Bill Team,

I am responding to the consultation on the proposed Public Health Bill for Northern Ireland. As the founder of The Food Phoenix and a former consultant paediatrician with 15 years of experience in the NHS, I bring a unique perspective to this consultation. My qualifications include MB BCH MAO (QUB), MA (Cantab), and Dip NLC (IHS). Currently, I work as a nutrition and lifestyle coach, focusing on root-cause analysis of health challenges with a particular interest in toxic exposures and metabolic disorders.

In response to question 1, I'm afraid I have to disagree with the proposed statement of intent. The questions asked in the consultation document are leading and superficial. They miss the crux of the issues with the policy. Therefore, I will outline below some of my concerns about this document.

After carefully reviewing the proposed bill, I have significant concerns about its content, scope, and potential implications for public health and individual rights. While I appreciate the need to update public health legislation for the 21st century, the current proposal must be revised in several critical areas. It potentially introduces new risks to both public health and civil liberties.

My primary concerns are as follows:

1. Absence of a Comprehensive Risk-Benefit Analysis:

The proposed bill lacks a thorough assessment of potential benefits weighed against the risks of the measures it seeks to implement. This oversight is particularly alarming in legislation that could have far-reaching consequences for public health and individual freedoms.

2. Vagueness and Potential for Misuse:

The "all-hazards" approach, while potentially valuable, is defined so broadly that it risks overreach into personal lifestyle choices and non-emergency situations. The lack of clear definitions and boundaries is concerning.

3. Insufficient Focus on Actual Health Outcomes:

Despite being a public health bill, there is a striking lack of emphasis on measurable health benefits or outcomes. The focus appears to be more on granting powers to authorities than on improving the health and well-being of the population.

4. Deceptive Redefinition of Medical Treatment:

The bill attempts to arbitrarily exclude vaccines and prophylactic treatments from the definition of "medical treatment." This is not only scientifically inaccurate but also appears to be a dangerous attempt to circumvent protections against forced medical interventions. This redefinition lacks legal basis, contradicts established medical definitions, and potentially enables coercive health measures while claiming to protect against them.

5. Inadequate Safeguards and Oversight:

The bill does not provide sufficient mechanisms for oversight, appeal, or protection against potential abuses of power. This is particularly concerning given the broad scope of powers being proposed.

6. Potential Human Rights Violations:

Several aspects of the proposed bill risk infringing on fundamental human rights, including the right to bodily autonomy, freedom of movement, and privacy. These potential violations need to be carefully addressed and mitigated.

7. Lack of Diverse Expert Input:

The development of this bill has not adequately involved a diverse range of health experts, including those from outside the NHS. This narrow focus risks missing crucial perspectives and alternative approaches to public health.

In the following sections, I will elaborate on these concerns and provide specific recommendations for improving the proposed legislation...

II. General Concerns with the Proposed Bill

A. Vagueness and Potential for Misuse of Powers:

The bill's language is often ambiguous, particularly in defining what constitutes a public health threat. This vagueness could lead to misuse of powers, allowing for unjustified interventions in personal freedoms under the guise of public health protection. For instance, the broad "all-hazards" approach could be interpreted to impose restrictions on diet, travel, or lifestyle choices without clear justification.

B. Lack of Clear Safeguards and Oversight Mechanisms:

While the bill grants extensive powers to health authorities, it fails to provide adequate checks and balances. There is a notable absence of robust oversight mechanisms, independent review processes, or clear criteria for when and how these powers should be used or rescinded. This lack of safeguards increases the risk of overreach and abuse of authority.

C. Insufficient Focus on Actual Health Outcomes:

Despite being a public health bill, there is a striking lack of emphasis on measurable health benefits or outcomes. The bill appears more focused on granting powers to authorities than on articulating clear, evidence-based strategies for improving population health. This approach risks implementing measures that may be ineffective or even counterproductive to public health goals.

D. Potential for Human Rights Violations:

Several aspects of the proposed bill risk infringing on fundamental human rights protected by national and international law. These include:

- Right to life (Article 2, ECHR)
- Right to liberty and security (Article 5, ECHR)
- Right to respect for private and family life (Article 8, ECHR)
- Freedom of thought, conscience and religion (Article 9, ECHR)
- Freedom of assembly and association (Article 11, ECHR)

- Prohibition of discrimination (Article 14, ECHR)

The bill must be carefully revised to ensure compliance with these rights and to provide clear justification for any proposed limitations.

E. Inadequate Consideration of Unintended Consequences:

The bill fails to address the potential unintended consequences of its proposed measures adequately. These could include:

- Negative mental health impacts from isolation or quarantine measures
- Economic hardships resulting from restrictions on work or movement
- Erosion of public trust in health institutions due to perceived overreach
- Exacerbation of health disparities in marginalised communities

A thorough impact assessment considering these factors is essential before implementing such far-reaching legislation.

F. Absence of a Comprehensive Risk-Benefit Analysis:

Perhaps most critically, the proposed bill lacks a thorough risk-benefit analysis. There is no clear articulation of how the proposed measures are expected to improve public health outcomes, nor is there a detailed assessment of the potential risks associated with these measures. This omission makes it impossible to judge whether the proposed powers are proportionate or justified.

III. Specific Issues with the "All-Hazards" Approach

A. Risk of Overreach into Personal Lifestyle Choices:

The "all-hazards" approach, while potentially valuable for addressing a wide range of public health threats, is defined so broadly that it risks unjustified interference in personal lifestyle choices. Without clear boundaries, this approach could be used to impose restrictions on diet, exercise, or other personal health decisions under the guise of public health protection.

B. Potential for Misuse in Non-Emergency Situations:

The broad powers granted by the bill could be invoked in non-emergency situations, leading to a normalisation of extraordinary measures. This risks creating a situation where personal freedoms are routinely curtailed without proper justification.

C. Lack of Clear Definitions and Boundaries:

The bill fails to define what constitutes a public health emergency or threat clearly. Without these boundaries, there is a risk that the powers could be applied arbitrarily or excessively. The legislation needs to delineate the circumstances under which these extraordinary powers can be invoked and the process for their termination.

IV. Human Rights and Ethical Concerns

A. Potential Contraventions of National and International Laws:

The proposed bill risks violating several critical human rights protections enshrined in national and international law. These include:

- The European Convention on Human Rights (ECHR)
- The Human Rights Act 1998 (UK)
- The International Covenant on Civil and Political Rights (ICCPR)
- The UN Convention on the Rights of the Child
- The UN Convention on the Rights of Persons with Disabilities

The bill must be carefully revised to ensure compliance with these legal frameworks and to provide clear justification for any proposed limitations on rights.

B. Erosion of Informed Consent and Bodily Autonomy:

Of particular concern is the potential for the bill to undermine the principle of informed consent, a cornerstone of medical ethics. The proposed powers to impose medical examinations, treatments, or vaccinations without explicit provisions for individual consent are deeply troubling. This approach not only violates personal autonomy but also risks eroding public trust in health institutions.

C. Risk of Discrimination and Unequal Application of Measures:

The broad powers granted by the bill could lead to discriminatory application of public health measures. Without clear safeguards, there's a risk that certain communities or demographic groups could be disproportionately affected, exacerbating existing health inequalities.

D. Historical Context and Potential for Misuse:

History provides numerous cautionary examples of public health powers being misused for political or discriminatory purposes. From the forced sterilisations under eugenics programs to the Tuskegee syphilis experiment, we must remain vigilant against the potential abuse of public health authority. The broad powers proposed in this bill, without adequate safeguards, risk repeating these historical injustices.

E. Specific Concerns for Children and Young People:

As a former consultant paediatrician, I am particularly concerned about how this bill might impact children and young people. The proposed measures could significantly affect children's education, social development, and mental health. There is a notable absence of child-specific protections or considerations in the bill, which is a serious oversight given the unique vulnerabilities of this population.

V. Deceptive Redefinition of Medical Treatment: A Dangerous Precedent

The proposed Public Health Bill contains a profoundly troubling provision: "Specific provision will be made prohibiting regulations that impose or enable the imposition of a requirement that a person undergoes medical treatment. Medical treatment does not include vaccination and other prophylactic treatment."

As a former consultant paediatrician, I must express my grave concern and outright objection to the bill's attempt to redefine medical treatment. The statement: "Medical treatment does not include vaccination and other prophylactic treatment" is not only scientifically inaccurate but also ethically reprehensible and potentially illegal. To suggest otherwise is disingenuous at best and a dangerous foray into medical misinformation at worst.

Vaccines and prophylactic treatments are, and always have been, considered forms of medical treatment for the following reasons:

- 1. Standard Medical Definition:** Vaccines and prophylactic drugs are developed and approved as medical interventions to prevent diseases. They involve the administration of substances with therapeutic intent, inherently classifying them as medical treatments.
- 2. Regulatory Approval:** These interventions require rigorous licensing and regulatory approval for specific medical use, further confirming their status as medical treatments.
- 3. Pharmaceutical Rationale:** The development, patenting, and marketing of these products by pharmaceutical companies underscore their classification as medical treatments. Any attempt to classify them otherwise is a blatant distortion of medical fact.
- 4. Arbitrary Redefinition:** This proposed reclassification seems arbitrary and unfounded, lacking a clear scientific or legal basis. Such a change may facilitate mandatory interventions under the guise of non-treatment.
- 5. Ethical Violation:** This redefinition appears to be a thinly veiled attempt to create a loophole for mandating specific medical interventions while claiming to protect against forced medical

treatment. This directly violates the principle of informed consent, a cornerstone of medical ethics.

6. Legal Overreach: Under what authority does this bill presume to redefine established medical and legal terms? This arbitrary distinction lacks any scientific or legal basis and potentially exceeds the legislative scope of the bill.

7. Potential for Coercive Control: By separating vaccines and prophylactics from the traditional concept of medical treatment, the Bill could create a loophole allowing for coercive measures, undermining individual rights to informed consent, individual liberty, and bodily autonomy.

8. Dangerous Precedent: If allowed to stand, this redefinition opens the door for further manipulation of medical terms to suit political or administrative agendas, eroding the foundations of medical ethics and patient rights.

9. Lack of Transparency: The absence of a clear rationale for this redefinition raises serious questions about the motivations behind it. The public deserves a full explanation of the reasoning and intended consequences of this change.

10. Erosion of Trust: This manipulation of medical language undermines public trust in both healthcare institutions and the legislative process. It creates a chilling effect, suggesting that medical terminology can be twisted to serve political agendas.

I demand, in the strongest possible terms, that this attempt to redefine medical treatment be immediately struck from the bill. Furthermore, I call for:

1. A full, public explanation from the bill's authors regarding the rationale behind this attempted redefinition.
2. A thorough, independent legal review of this aspect of the bill to determine its compatibility with existing medical law and human rights legislation.
3. A commitment to adhere to established medical definitions and ethical guidelines in all future drafts of this legislation.
4. The scientific and ethical justification for distinguishing these interventions from other medical treatments.

Failure to do so will confirm the suspicion that this Bill prioritises control over genuine public health and individual liberty.

This deceptive redefinition is unacceptable and must not be allowed to stand. It appears to be an effort to circumvent ethical standards and potentially facilitate coercive public health measures. It undermines the integrity of medical practice, threatens individual rights, and erodes public trust in health institutions. I urge all stakeholders to reject this dangerous precedent and insist on a bill that respects established medical science, ethics, and law.

VI. Lack of Risk-Benefit Analysis

A. Failure to Quantify Potential Benefits of Proposed Measures:

The bill critically fails to provide quantifiable metrics for how its proposed measures would improve public health outcomes. There are no projections for reductions in morbidity or mortality nor any clear goals for health improvement. Without this information, it's impossible to judge whether the proposed powers are proportionate or justified.

B. Inadequate Assessment of Potential Risks:

Equally concerning is the lack of a comprehensive assessment of the potential risks associated with the proposed measures. These risks could include:

1. Physical health risks from enforced medical interventions
2. Mental health impacts of isolation or quarantine measures
3. Social and economic consequences of restrictions on movement or work
4. Long-term effects on public trust and health behaviours

C. Importance of Evidence-Based Decision Making in Public Health:

As a medical professional, I cannot stress enough the importance of evidence-based decision-making in public health policy. The absence of a thorough risk-benefit analysis in this bill represents a departure from best practices in public health and medical ethics.

D. Need for Transparent Evaluation of Trade-offs:

Any public health measure involves trade-offs between collective benefits and individual rights. These trade-offs must be explicitly acknowledged, quantified, and subject to public scrutiny and debate.

E. Need for Independent and Unbiased Research:

The bill fails to address the critical need for independent, unbiased research to inform public health decisions. The experience of the recent pandemic highlighted how government-sourced or pharmaceutical industry-linked research was prioritised, while contradictory evidence, even of higher quality, was often dismissed or censored. This approach undermines scientific integrity and public trust.

VII. Unintended Consequences of Public Health Measures

A. Mental Health Impacts:

The bill fails to adequately consider the potential mental health consequences of its proposed measures. Prolonged isolation, fear of enforcement, and loss of social support can lead to increased rates of anxiety, depression, and other mental health disorders.

B. Social and Economic Consequences:

The economic impact of stringent public health measures can be severe, leading to job losses, business closures, and increased poverty. These financial stressors can, in turn, have significant negative impacts on public health.

C. Long-term Effects on Public Trust in Health Institutions:

Overly restrictive or poorly explained public health measures risk eroding public trust in health institutions and government. This loss of trust can have long-lasting consequences, potentially undermining future public health efforts.

D. Potential for Increased Health Disparities:

There's a significant risk that the proposed measures could exacerbate existing health disparities. Marginalised communities often bear the brunt of both the disease burden and the negative consequences of public health interventions.

E. Long-Term Economic Consequences:

The potential economic impact of the proposed measures extends far beyond immediate disruptions. Broad public health powers could create an environment of uncertainty that stifles innovation, discourages entrepreneurship, and disproportionately affects small businesses. The cumulative effect could be a long-term erosion of economic resilience and increased health disparities due to economic factors.

F. Technology and Privacy Concerns:

While technology can play a crucial role in public health, the bill fails to address the risks associated with digital health interventions adequately. The potential implementation of digital health passports, expansive contact tracing systems, or other tech-based measures raises serious privacy concerns. Without robust safeguards, these technologies could lead to unprecedented levels of surveillance and control.

G. Mental Health Implications:

The potential mental health consequences of restrictive public health measures cannot be overstated. Prolonged isolation, constant uncertainty, and loss of personal agency can lead to increased rates of anxiety, depression, and other mental health disorders. The bill fails to adequately consider these long-term psychological impacts or provide mental health support in the wake of restrictive measures.

VIII. Inadequate Provisions for Adverse Effects

A. Lack of Compensation Mechanisms for Those Harmed:

The bill fails to provide any precise mechanism for compensating individuals whom the proposed public health measures may harm. This is a significant oversight, particularly given the potential for enforced medical interventions or treatments. As someone who has witnessed firsthand the devastating impacts of adverse reactions to medications and vaccinations, I cannot stress enough the importance of having a robust compensation system in place.

B. Insufficient Acknowledgment of Medication and Vaccination Risks:

While medical interventions can be crucial in managing public health crises, they are not without risks. The bill appears to downplay these risks, particularly in its approach to vaccination and prophylactic treatments. This approach fails to align with the principle of informed consent and may lead to a dangerous underestimation of potential adverse effects.

C. Need for Greater Transparency and Accountability:

There is a pressing need for greater transparency in how decisions about public health measures are made and accountability for their outcomes. The bill should include provisions for regular public reporting on the implementation and effects of any measures, including adverse events and unintended consequences.

IX. Alternative Approaches to Public Health

A. Focus on Root Cause Analysis and Prevention:

As a practitioner focused on root cause analysis, I strongly advocate for a shift towards preventative approaches in public health. The bill's emphasis on reactive measures fails to address the underlying factors contributing to public health crises. A more effective strategy would involve addressing social determinants of health, promoting healthier lifestyles, and improving overall population resilience.

B. Importance of Holistic Health Approaches:

The bill's narrow focus on specific interventions overlooks the potential of holistic health approaches. Integrating nutritional support, stress reduction techniques and other complementary therapies can significantly enhance public health outcomes and individual resilience to disease.

C. Empowering Individuals through Education and Informed Choice:

Rather than relying on coercive measures, public health policy should empower individuals with knowledge and resources to make informed health decisions. This approach respects individual autonomy and will likely be more effective in the long term.

D. Importance of Thorough Risk-Benefit Analysis in Policy Making:

Any public health intervention should be subject to a rigorous risk-benefit analysis, with clear metrics for success and mechanisms for ongoing evaluation and adjustment. This approach ensures that interventions are evidence-based, proportionate, and effective.

E. Community-Based and Educational Models:

Rather than relying on top-down control and coercive measures, public health policy should prioritise community-based approaches and public education. Empowering local communities

with knowledge and resources can lead to more sustainable and effective public health outcomes. This could include initiatives such as:

1. Community health worker programs
3. Support for local health initiatives and grassroots organisations
4. Promotion of health literacy and critical thinking skills

X. Need for Diverse Expertise in Health Policy Decision-Making

A. Limitations of Relying Solely on NHS-Affiliated Advisors:

The apparent lack of diverse input in the development of this bill is concerning. While NHS expertise is valuable, it's crucial to recognise that the NHS operates under particular constraints and pressures from the government. This can limit the ability of NHS practitioners to advocate for evidence-based practices or challenge government directives fully.

B. Importance of Including Diverse Health Backgrounds:

To develop truly comprehensive and effective public health policy, it's essential to include perspectives from a wide range of health backgrounds. This should include:

1. Holistic and integrative medicine practitioners
2. Independent researchers and academics
3. Public health experts from non-governmental organisations
4. Patient advocates and those with lived experience of health conditions

C. Benefits of Multi-Disciplinary Approach:

A multi-disciplinary approach to health policy can provide:

1. A broader perspective on health and wellness
2. Inclusion of alternative and complementary approaches
3. Better representation of patient interests and experiences

D. Critique of Current Consultation Process:

The current consultation process appears inadequate. The superficial nature of the questions provided and the apparent lack of substantive input from healthcare experts in the bill's development are deeply concerning. A more comprehensive and inclusive consultation process is needed.

E. Comprehensive Public Consultation and Impact Assessment:

The current consultation process is inadequate. We need a more comprehensive and transparent public consultation, including:

- Public hearings
- Input opportunities for a wide range of stakeholders
- A rigorous impact assessment considering human rights, ethics, economics, social cohesion, and long-term societal impacts

This expanded consultation should be a mandatory step before any significant public health legislation is enacted.

XI. Recommendations for Improving the Bill

A. Clear Definitions and Limitations on Powers:

The bill must provide precise definitions of what constitutes a public health emergency and clear limitations on the powers granted. This should include specific criteria for invoking emergency powers and explicit sunset clauses to ensure these powers are not indefinitely extended.

B. Robust Oversight and Appeal Mechanisms:

Implement robust and independent oversight mechanisms to monitor the use of any emergency powers. This should include a straightforward appeals process for individuals affected by public health measures and regular legislative review of ongoing interventions.

C. Mandatory Impact Assessments:

Require comprehensive impact assessments (health, economic, social) before implementing any significant public health measures. These assessments should be made public and subject to expert and community review.

D. Stronger Protections for Individual Rights and Informed Consent:

Explicitly safeguard the principles of informed consent and bodily autonomy. Any limitations on individual rights must be demonstrably necessary, proportionate, and time-limited.

E. Inclusion of Compensation Provisions:

Establish a clear, accessible compensation scheme for individuals who suffer adverse effects from public health interventions, including enforced medical treatments or vaccinations.

F. Greater Emphasis on Transparency and Public Engagement:

Mandate ongoing public reporting on the implementation and effects of public health measures. Establish mechanisms for meaningful public consultation and engagement in decision-making processes.

G. Mandate Comprehensive Risk-Benefit Analysis:

Require thorough, evidence-based risk-benefit analyses before implementing any public health measures. These should be publicly available and subject to independent expert review.

H. Require Ongoing Evaluation and Adjustment:

Implement a regular review system and adjustment of public health measures based on observed outcomes and emerging evidence.

I. Establish an Independent, Diverse Advisory Panel:

Create a statutory requirement for an independent advisory panel comprising experts from diverse health backgrounds, including holistic and integrative medicine practitioners, to inform health policy decisions.

J. Prioritise Preventative and Holistic Approaches:

Shift the bill's focus towards preventative health measures and holistic approaches to improving population health resilience.

K. Clear Definitions of Key Terms:

The bill must provide clear, unambiguous definitions for terms such as "quarantine," "isolation," and "prophylaxis." These definitions should be based on scientific evidence and subject to public scrutiny.

L. Mandate for Independent Evidence Assessment:

Implement a requirement for all proposed public health measures to be independently assessed for their evidence base. This assessment should include:

- Degrees of certainty in the evidence
- Potential biases in the research
- Comprehensive analysis of both benefits and risks, including potential increased health risks due to factors such as stress

M. Address Technological Considerations:

Include explicit provisions regarding the use of technology in health surveillance, ensuring robust data protection and cybersecurity measures. The bill should explicitly address the risks of data breaches and misuse of collected health information.

N. Evaluate Impact on Healthcare Services:

Require an assessment of how proposed powers might affect routine healthcare delivery and the potential risk of diverting resources from essential health services.

O. Implement Rigorous Monitoring and Evaluation:

Establish a framework for ongoing monitoring and evaluation of the effectiveness and impact of any measures taken under the bill. This should include regular public reporting and independent review.

P. Support Community and Individual Resilience:

Include strategies to support and enhance community and individual resilience in the face of public health hazards, focusing on education, support systems, and capacity building.

Q. Ensure Public Transparency and Access to Information:

Mandate public access to information about how powers granted by the bill are being used, including data collection practices and justifications for any restrictions imposed.

R. Protect Whistleblowers:

Include strong protections for whistleblowers who expose potential abuses of power or violations of human rights related to implementing public health measures.

S. International Best Practices:

The bill should be revised to align with international best practices in public health legislation. For example, Sweden's focus on sustainable, long-term measures rather than harsh lockdowns offers an alternative model worth considering.

T. Scenario Planning and Safeguards:

The bill should include detailed scenario planning to illustrate how proposed powers would be applied in various situations. Explicit safeguards should accompany this to prevent misuse. For example:

1. Clear criteria for invoking emergency powers
2. Mandatory parliamentary oversight and regular review
3. Robust appeal processes for individuals affected by measures
4. Independent monitoring of the application of public health powers

XII. Concerns About Document Accessibility and Public Engagement

A. Inaccessible Language:

The language used in this proposed bill is highly complex and inaccessible to most of the population. With a Flesch-Kincaid Reading Ease Score of 46.3, it is considered "difficult to read" and requires a college-level education to comprehend fully. This is unacceptable for a document that proposes changes affecting every citizen of Northern Ireland.

B. Need for Simplified Presentation:

Given the constitutional significance of these proposed changes, it is imperative that the Department of Health (DoH) presents this information in a manner understandable to all citizens. The document should be rewritten to achieve a Flesch-Kincaid Grade score of 6-9, suitable for readers aged 11-14. This would ensure that most of the population can engage meaningfully with the proposed changes.

C. Inadequate Public Notification:

The DoH has an obligation to ensure that every person in Northern Ireland is made aware of these proposed changes. The current approach falls far short of this requirement. A more comprehensive public awareness campaign is essential.

D. Call for Broader Participation:

Given the scope and potential impact of these changes, the development of this bill should have involved a much more comprehensive range of Northern Ireland's population. The limited stakeholder engagement to date is insufficient for legislation of this magnitude.

E. Referendum Consideration:

The sweeping nature of the proposed changes suggests that a referendum is more appropriate for seeking public consent. This would allow for a more democratic and inclusive decision-making process.

F. Transparency in Stakeholder Engagement:

The DoH should provide full transparency regarding which stakeholders were consulted in developing this bill. This information is crucial for understanding the perspectives that have shaped the proposed legislation.

G. Freedom from Coercion:

It must be explicitly stated and ensured that no coercion is applied to any individual or organisation participating in this consultation process. The right to freely express concerns or disagreement must be protected.

XIII. Absence of Key Health Metrics

A critical oversight in this proposed Public Health Bill is its failure to address its potential impacts, both positive and negative, on crucial health metrics. Any comprehensive public health legislation should explicitly consider its effects on:

1. Life extension and mortality reduction
2. Reduction in illness rates and severity

3. Decreased need for medical interventions (GP visits, hospitalisations, ICU admissions, etc.)
4. Reduced reliance on medications and associated side effects
5. Improved quality of life
6. Better mental and emotional health outcomes
7. Enhanced social health and support systems
8. Improved access to preventive care and health-promoting activities (exercise, nutrition, etc.)
9. Increased individual choice in healthcare options, including alternative therapies
10. Improved access to allied health services (physiotherapy, occupational therapy, etc.)
11. Protection from environmental health threats
12. Support for independence and self-determination in health decisions

The absence of these considerations underscores a fundamental flaw in the proposed legislation. A valid Public Health Bill should have these metrics at its core, with clear strategies for improvement and mechanisms for measuring progress. The failure to address these essential aspects of public health raises serious questions about the bill's efficacy and true intentions.

XIV. Contravention of Existing Legal and Ethical Frameworks

The proposed Public Health Bill conflicts with numerous existing legal and ethical frameworks that govern medical practice and human rights in Northern Ireland and internationally. These contradictions raise serious concerns about the bill's legality and ethical standing:

A. Northern Ireland Act 1998:

The proposed bill potentially conflicts with the human rights protections enshrined in the Northern Ireland Act 1998. Specifically:

1. Section 69 of the Act establishes the Northern Ireland Human Rights Commission, tasking it with reviewing "the adequacy and effectiveness in Northern Ireland of law and practice relating to the protection of human rights."
2. Crucially, Section 69(4) states: "The Commission shall advise the Assembly whether a Bill is compatible with human rights—
 - (a) as soon as reasonably practicable after receipt of a request for advice and
 - (b) on such other occasions as the Commission thinks appropriate."

This provision underscores the importance of ensuring that any new legislation, including this proposed Public Health Bill, is thoroughly vetted for compatibility with human rights standards. It's unclear whether the Northern Ireland Human Rights Commission has been consulted on this bill, as mandated by the Act.

The proposed measures in the Public Health Bill may infringe upon rights protected by the European Convention on Human Rights, incorporated into Northern Ireland law through the Human Rights Act 1998. Specific concerns include potential violations of:

- Article 5 (Right to liberty and security)
- Article 8 (Right to respect for private and family life)
- Article 9 (Freedom of thought, conscience and religion)
- Article 11 (Freedom of assembly and association)

Given these potential conflicts, the Assembly must seek advice from the Northern Ireland Human Rights Commission on the compatibility of this bill with human rights, as required by the Northern Ireland Act 1998. This assessment should be conducted proactively and transparently, ensuring public scrutiny and informed debate.

B. Medical Ethics:

The bill appears to contradict fundamental principles of medical ethics, including:

1. Declaration of Helsinki:

- Respect for the individual
- Right to self-determination
- Importance of informed consent

2. Oviedo Convention:

- Protection of human dignity and identity
- Non-discrimination
- Prohibition of financial gain from the human body

3. World Medical Association (WMA) Medical Ethics Manual:

The bill appears to contradict fundamental principles of medical ethics, including those outlined in the World Medical Association (WMA) Medical Ethics Manual:

1. Respect for autonomy: The proposed measures potentially infringe on individual autonomy by allowing mandatory medical interventions without explicit consent.

2. Beneficence and Non-maleficence: The bill's broad powers risk violating the principles of doing good (beneficence) and avoiding harm (non-maleficence) by potentially exposing individuals to treatments or restrictions without clear evidence of benefit outweighing risks defined by a comprehensive risk-benefit analysis.

3. Justice: The bill's measures could lead to unequal application of health interventions, potentially impacting marginalised communities disproportionately and violating the principle of justice in healthcare distribution.

4. Informed consent: The proposed powers to enforce medical examinations or treatments conflict with the ethical requirement for informed consent in medical practice, undermining trust in healthcare.

5. Confidentiality: The bill's surveillance and data collection provisions may compromise patient confidentiality, a cornerstone of medical ethics.

6. Medical research ethics: While the bill's focus isn't directly on medical research, any public health measures involving experimental treatments without clear ethical oversight could contravene standards set for ethical research involvement. Any research conducted under the bill's powers must adhere to strict ethical guidelines for human subjects research.

These ethical principles are crucial for maintaining trust in the healthcare system and protecting individual rights. The proposed Public Health Bill, in its current form, risks undermining these fundamental ethical standards that guide medical practice and research.)

- Importance of confidentiality

4. Belmont Report:

- Respect for persons
- Beneficence
- Justice

5. Nuremberg Code:

The Nuremberg Code, established in 1947, laid out fundamental principles for ethical human experimentation. While primarily focused on medical research, several of its core tenets are directly applicable to the proposed Public Health Bill, raising significant ethical concerns:

1. Informed Consent: The Code emphasises the absolute necessity of voluntary, informed consent. The bill's potential for enforcing medical interventions without explicit provisions for consent directly contradicts this fundamental principle.

2. Avoiding Unnecessary Suffering: The Code mandates avoiding all unnecessary physical and mental suffering. The bill's broad powers, without adequate safeguards, risk imposing measures that could cause undue psychological distress or physical discomfort.

3. Risk vs. Benefit: The Code stipulates that risks should not exceed the humanitarian importance of the problem. The bill's lack of a comprehensive risk-benefit analysis fails to demonstrate that its potential public health benefits outweigh the risks to individual rights and well-being.

4. Right to Withdraw: The Code ensures participants can end their involvement anytime. The bill's potential for enforced quarantine or treatment contradicts this principle of personal autonomy.

5. Subject Protection: The Code requires protection against even remote possibilities of harm. The bill's broad powers, without clear limitations, fail to protect individuals from potential overreach or misuse of authority adequately.

6. Ethical Conduct: While not explicitly stated in the Code, the overall emphasis on ethical treatment of subjects is relevant. The bill's potential to override individual rights in the name of public health raises serious moral questions.

7. Termination of Harmful Procedures: The Bill must include provisions to halt any health measures if they are found to be harmful, upholding the Nuremberg Code's guidelines for terminating unethical practices.

While the Nuremberg Code was developed in response to unethical medical experimentation, its principles have broader implications for medical ethics and human rights. The proposed Public Health Bill's apparent disregard for these established ethical guidelines is deeply concerning. It underscores the need for a thorough ethical review of the legislation to ensure it respects fundamental human rights and dignities, even in public health emergencies.

6. UNESCO Universal Declaration on Bioethics and Human Rights:

The proposed Public Health Bill stands at the intersection of public policy and human rights, where principles from the UNESCO Universal Declaration on Bioethics and Human Rights provide essential guidance. In its current form, the Bill appears to disregard critical principles enshrined in the UNESCO Universal Declaration on Bioethics and Human Rights - a concerning oversight with potentially dire consequences for individual rights and public trust. Several fundamental principles from the Declaration resonate with the concerns raised about the Bill:

- 1. Human Dignity and Rights:** The bill's broad powers risk infringing on individual dignity and rights without robust justification, particularly in scenarios of enforced medical interventions or restrictions on movement. This conflicts with the Declaration's emphasis on respecting human dignity in all biomedical practices.
- 2. Informed Consent:** The bill's vague language regarding consent in emergencies potentially undermines this fundamental principle, which the Declaration stresses as crucial for all medical procedures.
- 3. Non-Discrimination and Equality:** Without clear safeguards, the bill's powers could be applied unequally, risking discrimination and unequal access to healthcare - direct contradictions to the Declaration's principles.
- 4. Benefit and Harm:** The absence of a comprehensive risk-benefit analysis in the bill fails to align with the Declaration's mandate to maximise benefits and minimise harm in all biomedical interventions.
- 5. Privacy and Confidentiality:** The potential for extensive data collection and sharing under the bill raises significant concerns about protecting personal health information, a crucial aspect of the Declaration.
- 6. Solidarity and Cooperation:** While public health measures inherently involve collective action, the bill's approach risks undermining social cohesion and trust - essential elements for effective health interventions, as the Declaration emphasises.
- 7. Responsibility:** The Declaration affirms the responsibility of governments to promote ethical practices. The proposed bill, in its current form, falls short of fulfilling this obligation by overriding individual rights without sufficient justification or safeguards.
- 8. Respect for Cultural Diversity:** Policies must consider and not interfere with diverse cultural, ethical, and religious perspectives, aligning with the Declaration's call for respect for cultural diversity. This inclusivity bolsters the Bill's relevance and acceptance.

By failing to address these internationally recognised ethical principles adequately, the proposed Public Health Bill risks implementing measures that, while intended to protect public health, may, instead, undermine fundamental human rights and ethical standards in healthcare. A thorough revision of the bill is necessary to ensure alignment with these crucial ethical guidelines and to maintain public trust in health institutions and policies.

C. Professional Guidelines:

The proposed measures may conflict with established professional guidelines:

1. General Medical Council (GMC) Guidance:

- Respect for patient autonomy
- Confidentiality
- Informed consent

2. NHS Constitution for England (while not directly applicable to Northern Ireland, it sets important precedents):

- Right to be involved in discussions and decisions about healthcare
- Right to be treated with dignity and respect

D. Historical Foundations of Rights: Ignored and Undermined

The proposed Public Health Bill not only conflicts with modern human rights legislation but also threatens to undermine rights enshrined in cornerstone documents of our constitutional heritage:

1. The Bill of Rights Act (1688): This foundational document establishes fundamental principles of individual liberty and limits on governmental power. The proposed health bill's broad powers and potential for arbitrary enforcement while attempting to bypass medical and legal norms mirrors the very overreach these documents sought to prevent, conflicting with the spirit of this act, particularly its protections against cruel and unusual punishments and its emphasis on the rule of law.

2. Magna Carta (1215) and Magna Carta Hibernia: These historic charters are the bedrock of individual liberties in English and Irish law. They establish principles such as due process and protection from arbitrary detention. The Public Health Bill's vague language and potential for restricting movement without clear safeguards directly challenges these ancient yet still relevant protections.

3. Common Law Rights: Flowing from these documents, our common law tradition recognises fundamental rights such as bodily autonomy and informed consent. The bill's attempt to redefine medical treatment and potentially mandate certain interventions starkly opposes these deeply rooted legal principles.

The proposed Public Health Bill's disregard for these foundational elements of our constitutional order is deeply troubling. These documents have stood the test of time precisely because they protect fundamental human rights and liberties. Any modern legislation must be crafted with full respect for these enduring principles, not seek to circumvent or undermine them.

Furthermore, the bill's apparent disregard for these established principles raises questions about its development process and the extent to which medical ethics experts and legal professionals were consulted. A thorough review and revision process involving experts in medical ethics and human rights law is essential to ensure that any new public health legislation in Northern Ireland respects and upholds these crucial ethical and legal standards.

Call to Honour Our Legal Heritage

In drafting and enacting public health legislation, it is vital to uphold the legal traditions that affirm our rights and freedoms:

1. Adherence to the Rule of Law: Ensure that no public health measure supersedes the foundational legal principles established by these historic charters.

2. Protection Against Overreach: Vigorously safeguard against any encroachment on individual rights and liberties as guaranteed by centuries-old legal tradition.

3. Transparent Rationale and Legal Alignment: Require a sound legal basis and transparent rationale for any deviation from these principles.

By honouring and adhering to these historic documents, lawmakers can draft legislation that respects both the health needs and fundamental rights of individuals, fostering trust and unity in facing public health challenges.

XV. Conclusion

The proposed Public Health Bill, while aiming to update Northern Ireland's public health legislation for the 21st century, falls significantly short of this goal. Instead, it risks granting overly broad powers without adequate safeguards, potentially infringing on fundamental rights and freedoms without clear evidence of public health benefit.

As a medical professional with experience both within the NHS and in holistic health practices, I strongly urge a fundamental reconsideration of this bill. Public health policy should be grounded in evidence-based practice, respect for individual rights, and a holistic understanding of health and wellbeing.

The lack of a comprehensive risk-benefit analysis, the absence of clear limitations on powers, and the failure to adequately consider diverse health perspectives are particularly concerning. These shortcomings not only risk the effectiveness of public health interventions but also threaten to erode public trust in health institutions – a crucial factor in managing any public health crisis.

I recommend that this bill be substantially revised or, if necessary, entirely redrafted with input from a diverse range of health experts and a much stronger emphasis on evidence-based interventions, individual rights, and holistic health approaches.

Our response to public health challenges should empower and educate individuals, address the root causes of health issues, and foster a society that is genuinely healthier and more resilient. This proposed bill, in its current form, fails to meet these crucial objectives.

While I acknowledge the need to update public health legislation, and there may be elements of this bill that aim to address genuine public health challenges, the current proposal must be revised. Its focus on granting broad powers without adequate safeguards, its failure to prioritise community-based and educational approaches, and its lack of attention to crucial health metrics render it unfit for purpose.

A truly effective Public Health Bill should empower communities, respect individual rights, and demonstrably improve health outcomes. It should be developed through a transparent, inclusive process that engages a diverse range of stakeholders and experts. The current proposal, despite any positive intentions, risks doing more harm than good to the health and well-being of Northern Ireland's population.

I am willing to provide further input or expertise in developing more effective and ethical public health legislation for Northern Ireland.

Sincerely,

Dr. Catriona Walsh
Founder, The Food Phoenix
MB BCh MAO (QUB), MA (Cantab), Dip NLC (IHS)