



INDIAN BAR ASSOCIATION

(THE ADVOCATES' ASSOCIATION OF INDIA)

Regional Office: Office No. 2 & 3, Kothari House, A. R. Allana Marg, Fort, Mumbai-23,

Maharashtra (India) Tel: +91-22-49717796, Website: www.indianbarassociation.in

Contact us: dipaliojha@indianbarassociation.in

8th July, 2021

TO WHOMSOEVER IT MAY CONCERN

- Subject:-**
1. To follow the mandates of law laid down by the Hon'ble Supreme Court of India and the Rules and policies framed by the Government of India and not to violate the fundamental rights of the citizens by directly or indirectly pressurizing, forcing or pushing them;
 - (i) to take vaccines;
 - (ii) to have RT-PCR test done.
 2. To make everyone aware about;
 - (i) Dangerous and fatal side effects of vaccines.
 - (ii) Warnings issued by the vaccine manufacturers regarding persons who should not take the vaccines.
 - (iii) Taking vaccination is not a full proof guarantee that the said person will not be get infected with SARS-CoV-2 virus. He may die due to corona and he may still be a carrier and can transmit the infection.
 3. To ascertain culpability under sections **304, 166, 188, 420, 52, 120(B), 34, 109** etc., of India Penal Code of a person responsible for;
 - i) Coercing/Pressurizing
 - ii) Giving misinformation

iii) Suppressing relevant information in order to obtain the consent for vaccination and/or responsible for causing death/vaccine injuries due to his/her acts of commission and omission.

Sir/Madam,

1. We are in receipt of the complaint that the students/citizens/employees/shop owners etc. (as applicable to the recipient of this letter) are being pressurized by your good-self's office for taking vaccines by citing the false reasons that;

(i) The person not taking the vaccines may be a carrier of infection and cause harm to others and

(ii) Vaccines are complete protection from corona caused due to covid-19.

(iii) The vaccines are completely safe.

2. That, all the above narratives are based on false, unscientific and incorrect information and also against the binding precedents of Hon'ble Supreme Court of India.

In a recent judgment dated **02.07.2021** the Division Bench of Hon'ble Gauhati High Court in the matter of **In Re Dinthar Incident Aizawl Vs. State of Mizoram W.P. No. (C) 37 of 2020**, has ruled as under;

“10. Further, the restrictions imposed in the SOP discriminates between vaccinated and un-vaccinated persons, thereby violating Article 14 of the Constitution. He further submits that the restrictions that are imposed against unvaccinated persons in the above mentioned three clauses, being in violation of the fundamental right to life and

livelihood, the said clauses should be set aside or modified. He further submits that besides the above three clauses, Serial Nos. 31 & 42 of Annexure-3 of the SOP dated 29.06.2021 would also have to be set aside or modified as un-vaccinated persons are being discriminated against.”

12. As per Clause 5(2) of the SOP dated 29.06.2021, un-vaccinated persons cannot leave their houses vis-à-vis vaccinated persons (first dose). The submission made by the learned Additional Advocate General clearly shows that 33% of the targeted persons are still to be vaccinated. There can be any number of reasons for a person to leave their house, for example, it could be for the purpose of procuring essential supplies, like food-stuff, medicines, attending to their near and dear/sick ones etc. However, the said clause has virtually put them under house arrest in violation of Article 21 of the Constitution of India, while persons who have been given the first dose of vaccine are allowed to leave their houses/compounds. Thus, on the ground of discrimination alone, Clause 5(2) is arbitrary. When the SOP requires all persons to cover their faces and to adhere to covid protocols as mentioned in the above SOP, there should not be any discrimination against un-vaccinated persons, as the Covid protocols are also applicable to un-vaccinated persons”

13...There is nothing to show that vaccinated persons (first dose) cannot be infected with the corona virus or that they cannot be spreaders.

14. It has been brought to our notice that even persons who have been vaccinated can still be infected with the covid virus, which would in turn imply that vaccinated persons who are

covid positive, can also spread the said virus to others. It is not the case of the State respondents that vaccinated persons cannot be infected with the covid virus or are incapable of spreading the virus. Thus, even a vaccinated infected covid person can be a superspreader. If vaccinated and un-vaccinated persons can be infected by the covid virus and if they can both be spreaders of the virus, the restriction placed only upon the un-vaccinated persons, debarring them from earning their livelihood or leaving their houses to obtain essential items is unjustified, grossly unreasonable and arbitrary.

18...As such, the restriction placed upon un-vaccinated persons only due to non-vaccination is unreasonable and arbitrary.

16...The State respondents cannot debar un-vaccinated persons from being employed in shops or driving commercial/public transport vehicles.

17. With regard to the contention of the learned Additional Advocate General that the State Government can make restrictions curtailing the Fundamental Rights of the citizens under the Disaster Management Act, 2005 (hereinafter referred to as the "Act"), by way of the SOP, the same in our considered view is clearly not sustainable, as the said clauses in the SOP which are in issue in the present case cannot be said to be reasonable restrictions made in terms of Article 19(6).

...

The requirement of Article 19(6) of the Constitution is that the restriction has to be made in the form of a law and not by way of an executive instruction. The preamble of the Act clearly

states that it is an Act to provide an effective management of the disasters and for matters connected therewith or incidental thereto. There is nothing discernible in the Act, to show that the said Act has been made for imposing any restriction on the exercise of the rights conferred by Article 19 of the Constitution. Further, the SOP dated 29.06.2021 is only an executive instructions allegedly made under Section 22(2)(h) & Section 24(1) of the Act and not a law. The provisions of Sections 22 & 24 only provides for the functions and powers of the State Executive Committee in the event of threatening disaster situation or disaster. It does not give any power to the State Executive Committee to issue executive instructions discriminating persons with regard to their right to liberty, livelihood and life and violating the fundamental rights of the citizens, which is protected by the Constitution.”

As per sections 10, 12, 13, 14 & 18 of the judgment, no discrimination can be made between vaccinated & unvaccinated people. Hence if vaccinated people are not being asked to get an RT-PCR or RAT test done every few days despite their potential of being super-spreaders, it would be a contempt of the Guwahati High Court to coerce unvaccinated people to get tested every few days, with the threat of losing their employment if they don't. As per the judgment, it is also illegal to coerce anyone in any way to get vaccinated, whether directly or indirectly.

3. THE FACTUAL AND LEGAL POSITION IS SUMMARIZED AS UNDER;

(i) Vaccines are not mandatory and no one can force, coerce, lure or pressurize anyone from taking vaccine. Vaccination cannot be

connected with any activity of the citizen and such attempt if any, will be treated as violation of fundamental rights and also Contempt of Court. [Annexure A]

(ii) Taking vaccine is no guarantee that a person will not be infected with corona. Several persons have died & suffered from serious adverse events after taking first shot and also after both the shots.

Link :

- <https://theprint.in/health/at-least-60-delhi-doctors-have-died-in-2nd-covid-wave-families-are-left-to-pick-up-pieces/661353/>
- <https://www.ndtv.com/india-news/dr-kk-aggarwal-ex-chief-of-india-medical-association-ima-dies-of-covid-19-coronavirus-2443827>

(iii) The person taking vaccine could also be a carrier of infection. Even he can be a source of a new mutated virus.

Link :

<https://drive.google.com/file/d/1gFR9YyJnjxTu3-Q-D2uG-PmF7uAG4cDp/view>

(iv) The vaccines are not completely safe. Rather there are instances of deaths caused after vaccination and world's renowned doctors have recommended for immediate pausing of vaccination program. These are only experimental vaccines.

Link :

https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfwaI1NJRt0D_YP/view?usp=sharing

v) Covid-19 vaccines are not proven to be safe & effective in the long term, as they were approved in under a year, & traditional

vaccines usually take 5-10 years to come to market. Hence we have no idea about the health risks vaccinated people will face in the times to come.

4. Please be informed that a detailed complaint is filed on **30.06.2021** before Hon'ble Prime Minister of India, by the Secretary General of Human Rights Security Council regarding '**CORONA SCANDAL**' including irregularities and absurdities around RT-PCR Tests, Masks, Vaccines et al. Link : <https://indianbarassociation.in/wp-content/uploads/2021/07/HRSC-LETTER-TO-HONBLE-PRIME-MINISTER-OTHERS-COVID-19.pdf>

The prayers of the said complaint read thus;

- “(i). Immediate direction for implementation of Parliamentary Committee’s 72nd Report and recommendations of investigation and prosecution of office bearers of **‘toxic philanthropist’** and **Vaccine Syndicate’s Bill & Melinda Gates Foundation** and the concerned officials of **Indian Council of Medical Research (ICMR)** responsible for death of 8 female children because of unauthorized, unlawful & unapproved vaccines;*
- (ii). Immediate direction to the Central Bureau of Investigation (CBI) for registration of First Information Report (FIR) for investigation and strict action under sections 115, 109, 302, 307, 304, 419, 420, 471, 474, 188, 505, r/w 120 (B) & 34 of IPC & sections of Disaster Management Act 2005 and other provisions of the special acts against all the anti-national, anti-humanity elements, bio terrorists, 'Pharma Syndicates', 'Tech Syndicates' and 'Tech Bullies', who are involved in offences against entire humanity which are genocide (Mass Murders) of the citizens, caused by their acts of commission and omission related to Covid-19 pandemic as detailed in the draft charges given in the present complaint.*
- (iii). Immediate direction to concerned Authorities;*

i) To issue Lookout Notices/Lookout Circulars (LOC) and arrest warrants against the accused whose involvement is ex-facie proved;

ii) To initiate action for attachment of movable and immovable properties of all of the accused and their companies;

iii) To commence custodial interrogation of the accused;

iv) To conduct a Lie –Detector Test, Brain Mapping Test, Narco Analysis test of all the prime accused such as Dr. Soumya Swaminathan, Dr. Randeep Guleria, Mr. Arvind

Kejriwal Dr. Tedros Adhanom Ghebreyesus, Dr. Anthony Fauci, Bill Gates, Mark Zuckerberg, Jack Dorsey and others, on the grounds explained in this Representation-cum-Complaint.

(iv). Immediate direction to all the authorities to;

(i) Seriously consider the American Frontline Doctors (AFLDS) White Paper on Covid-19 and experimental vaccine candidates.

(ii) To not to force anyone for vaccination and strictly abide by the judgment of Hon'ble Supreme Court and various High Courts regarding the fundamental right of each citizen to his/her choice of treatment.

(iii) To inform the public about real dangers of the vaccine.

(iv) To inform the public about other proven, safe and more effective medicines.

(v) To not to spread fear about any further wave without verifying scientific evidence.

(v). Appropriate Direction as per the Report submitted by the Expert Committee to the office of Hon'ble Prime Minister with recommendations to not to administer vaccines on persons who have recovered from Covid-19 infection and have antibodies developed within their bodies.

(vi). Immediate direction for providing protection to all the Whistle-blowers and their witnesses who have already exposed and continue to expose the Syndicate comprising of BIG PHARMA, BIG TECH and BIG SCIENCE.

(vii). Direction for constituting separate enquiry committee regarding the timing of sudden waning of panic around the second corona wave in India which was fuelled by incessant reporting in media over shortage of oxygen and this panic and how & why the said hype got vanished after the investigation in 'Tool Kit' was commenced by the Delhi Police."

5. That, the legal position laid down by Hon'ble Supreme Court and other High Courts and the rules framed by the Govt. of India are capsulized in the following paras:-

5.1. The legal position settled by Hon'ble Supreme Court and various High Courts in India against forced vaccination and right to choose the health treatment for oneself and one's children.

5.2. It is a settled legal position that a person has the fundamental right to choose medication as per his choice.

[Recent judgment dated 23rd June 2021 passed by the Division Bench Meghalaya High Court regarding Corona Vaccines; Supreme Court judgment in the case between "Common Cause Vs. Union of India (2018) 5 SCC 1"]

5.3. On 23rd June, 2021 in the case between Registrar General, High Court of Meghalaya Vs. State of Meghalaya PIL No.6/2021, it is ruled by High Court as under;

“It has been brought to the notice of this High Court that the State of Meghalaya, through various orders of the Deputy Commissioners, has made it mandatory for shopkeepers, vendors, local taxi drivers and others to get themselves vaccinated before they can resume their businesses. Whether vaccination can at all be made mandatory and whether such mandatory action can adversely affect the right of a citizen to earn his/her livelihood, is an issue which requires consideration.

Thus, by use of force or through deception if an unwilling capable adult is made to have the „flu vaccine would be considered both a crime and tort or civil” wrong, as was ruled in Airedale NHS Trust v Bland reported at 1993 AC 789 = (1993) 2 WLR 316 = (1993) 1 All ER 821, around thirty years (30) ago. Thus, coercive element of vaccination has, since the early phases of the initiation of vaccination as a preventive measure against several diseases, have been time and again not only discouraged but also consistently ruled against by the Courts for over more than a century.

Till now, there has been no legal mandate whatsoever with regard to coercive or mandatory vaccination in general and the Covid19 vaccination drive in particular that can prohibit or take away the livelihood of a citizen on that ground.

In the “frequently asked questions” (FAQs) on COVID-19 vaccine prepared and uploaded by the Ministry of Health and Family Welfare, Government of India, in its official website, the question

which appears under serial number 3 reads, “Is it mandatory to take the vaccine?” The “potential response”, which is provided in the official website reads, “Vaccination for COVID-19 is voluntary. In this context, around one hundred and seven (107) years ago, in *Schloendorff v Society of New York Hospitals* reported at (1914) 211 NY 125 = 105 NE 92; 1914 NY Justice Cardozo ruled that „every human being of adult years and sound mind has a right to determine what shall be done with their body”.

This finds mention in decisions of the European Commission and Court of Human Rights [X vs. Netherlands of 1978 (decision rendered on 4th December, 1978); X vs. Austria of 1979 (decision rendered on 13th December, 1979)] which has become truer in the present times across the world than ever before. Compulsorily administration of a vaccine without hampering one’s right to life and liberty based on informed choice and informed consent is one thing. However, if any compulsory vaccination drive is coercive by its very nature and spirit, it assumes a different proportion and character.

However, vaccination by force or being made mandatory by adopting coercive methods, vitiates the very fundamental purpose of the welfare attached to it.”

- 5.4. That, the Ministry of Health and Family Welfare on its website under the heading **“Frequently Asked Questions on Covid-19 Vaccine”** has stated that the Covid-19 vaccine is voluntary. The link to the FAQ’s Ministry of Health and Family welfare (MOHFW) is as under:

<https://www.mohfw.gov.in/pdf/FAQsonCOVID19VaccineDecember2020.pdf>

- 5.5. Further, in a reply to RTI application dated 9th March 2021 filed by Anurag Sinha of Jharkhand, the **Central Ministry of Health and Family Welfare has stated very clearly that “taking the Covid Vaccines is entirely voluntary and there is no relation whatsoever to provision of government facilities, citizenship, job etc. to the vaccine.”**
- 5.6. In a reply dated 23rd March 2021 to the RTI filed by Mr. Dinesh Bhausahab Solanke, RTI number A. 60011/06/2020-CVAC, the **Ministry of Health and Family Welfare, stated that, “the Covid-19 Vaccine being voluntary, there is no provision for compensation as of now.”**
- 5.7. In a reply to RTI filed by Mr. Tarun, dated 16th April 2021, file number **MOHFW/R/E/21/01536**, the Ministry of Health and Family Welfare, replied to the first question, “Is Covid Vaccine Voluntary or Mandatory?”, thus: “Vaccination for Covid-19 is Voluntary”. Further when the applicant asked in his subsequent questions, “Can any government or private organization hold our salary or terminate us from Job in case of not taking Covid vaccine?” and “Can government cancel any kind of government facilities such as subsidies, ration and medical facilities in case of not taking covid vaccine?” the reply was, “In view of above reply, these queries do not arise”.
- 5.8. There is also a recent reply dated **28.05.2021** reiterating the same stand by the Government of India that the vaccination is not mandatory. **Link :**
- <https://drive.google.com/file/d/10xmj5mgmMeQNxAja5zXFAWPyLH3yLV7G/view?usp=sharing>
- 5.9. **A perusal of the above RTI replies makes it is clear that the Union of India has made the vaccination drive completely voluntary, to coerce someone to take vaccine is not only contrary to the guidelines of the**

Union of India but also violative of Article 14 and 21 of the Constitution of India.

5.10. There are some crucial provisions of **International Covenant on Civil and Political Rights (ICCPR)** attracted due to the violations of rights of citizens of those countries which are party to the Covenant and members of United Nations Organization. Adopted and opened for signature, ratification and accession by General Assembly resolution 2200A (XXI) of 16 December 1966 entry into force 23 March 1976, in accordance with Article 49.

The relevant Articles of aforesaid covenant applicable for the present situation of corona pandemic are as under;

Article 6 (1)

Article 6 (1) Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.

Article 7

*“Article 7 No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. **In particular, no one shall be subjected without his free consent to medical or scientific experimentation.**”*

Article 6 (3)

Article 6 (3) When deprivation of life constitutes the crime of genocide, it is understood that nothing in this article shall authorize any State Party to the present Covenant to derogate in any way from any obligation assumed under the provisions of the Convention on the Prevention and Punishment of the Crime of Genocide.

5.11. In Common Cause Vs. Union of India (2018) 5 SCC 1, it is ruled as under;

“169. In the context of health and medical care decisions, a person’s exercise of self-determination and autonomy involves the exercise of his right to decide whether and to what extent he/she is willing to submit himself/herself to medical procedures and treatments, choosing amongst the available alternative treatments or, for that matter, opting for no treatment at all which, as per his or her own understanding, is in consonance with his or her own individual aspirations and values.

1. *Conclusions in seriatim*

- In view of the aforesaid analysis, we record our conclusions in seriatim:*

202.1. A careful and precise perusal of the judgment in Gian Kaur case [Gian Kaur v. State of Punjab, (1996) 2 SCC 648: 1996 SCC (Cri) 374] reflects the right of a dying man to die with dignity when life is ebbing out, and in the case of a terminally-ill patient or a person in PVS, where there is no hope of recovery, accelerating the process of death for reducing the period of suffering constitutes a right to live with dignity.

202.2. The Constitution Bench in Gian Kaur [Gian Kaur v. State of Punjab, (1996) 2 SCC 648 : 1996 SCC (Cri) 374] has not approved the decision in Airedale [Airedale N.H.S. Trust v. Bland, 1993 AC 789 : (1993) 2 WLR 316 : (1993) 1 All ER 821 (CA & HL)] inasmuch as the Court has only made a brief reference to the Airedale case [Airedale N.H.S. Trust v. Bland, 1993 AC 789 : (1993) 2 WLR 316 : (1993) 1 All ER 821 (CA & HL)]

202.3. *It is not the ratio of Gian Kaur [Gian Kaur v. State of Punjab, (1996) 2 SCC 648: 1996 SCC (Cri) 374] that passive euthanasia can be introduced only by legislation.*

202.4. *The two-Judge Bench in Aruna Shanbaug [Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454 : (2011) 2 SCC (Civ) 280 : (2011) 2 SCC (Cri) 294] has erred in holding that this Court in Gian Kaur [Gian Kaur v. State of Punjab, (1996) 2 SCC 648 : 1996 SCC (Cri) 374] has approved the decision in Airedale case [Airedale N.H.S. Trust v. Bland, 1993 AC 789 : (1993) 2 WLR 316 : (1993) 1 All ER 821 (CA & HL)] and that euthanasia could be made lawful only by legislation.*

202.5. *There is an inherent difference between active euthanasia and passive euthanasia as the former entails a positive affirmative act, while the latter relates to withdrawal of life-support measures or withholding of medical treatment meant for artificially prolonging life.*

202.6. *In active euthanasia, a specific overt act is done to end the patient's life whereas in passive euthanasia, something is not done which is necessary for preserving a patient's life. It is due to this difference that most of the countries across the world have legalised passive euthanasia either by legislation or by judicial interpretation with certain conditions and safeguards.*

202.7. *Post Aruna Shanbaug [Aruna Ramachandra Shanbaug v. Union of India, (2011) 4 SCC 454 : (2011) 2 SCC (Civ) 280 : (2011) 2 SCC (Cri) 294], the 241st Report of the Law Commission of India*

on Passive Euthanasia has also recognised passive euthanasia, but no law has been enacted.

*202.8. An inquiry into Common Law jurisdictions reveals that **all adults with capacity to consent have the right of self-determination and autonomy. The said rights pave the way for the right to refuse medical treatment which has acclaimed universal recognition. A competent person who has come of age has the right to refuse specific treatment or all treatment or opt for an alternative treatment, even if such decision entails a risk of death.** The “Emergency Principle” or the “Principle of Necessity” has to be given effect to only when it is not practicable to obtain the patient’s consent for treatment and his/her life is in danger. But where a patient has already made a valid Advance Directive which is free from reasonable doubt and specifying that he/she does not wish to be treated, then such directive has to be given effect to.*

*202.9. Right to life and liberty as envisaged under Article 21 of the Constitution is meaningless unless it encompasses within its sphere individual dignity. With the passage of time, **this Court has expanded the spectrum of Article 21 to include within it the right to live with dignity as component of right to life and liberty.***

202.12. Though the sanctity of life has to be kept on the high pedestal yet in cases of terminally ill persons or PVS patients where there is no hope for revival, priority shall be given to the Advance Directive and the right of self-determination.

202.13. In the absence of Advance Directive, the procedure provided for the said category hereinbefore shall be applicable.

202.14. When passive euthanasia as a situational palliative measure becomes applicable, the best interest of the patient shall override the State interest.

306. *In addition to personal autonomy, other facets of human dignity, namely, “self-expression” and “right to determine” also support the argument that it is the choice of the patient to receive or not to receive treatment. The entitlement of each individual to a dignified existence necessitates constitutional recognition of the principle that an individual possessed of a free and competent mental state is entitled to decide whether or not to accept medical treatment. The right of such an individual to refuse medical treatment is unconditional. Neither the law nor the Constitution compel an individual who is competent and able to take decisions, to disclose the reasons for refusing medical treatment nor is such a refusal subject to the supervisory control of an outside entity;”*

5.12. In the case between the Parents Teachers Association, Government Higher Secondary School, Kokkur, Kerala and the State of Kerala **WP (C) 36065 of 2017**, the Hon’ble High Court of Kerala had passed the order on dated as under;

“If at all any parent has an objection, it has to be necessarily brought before the authorities, and there need not be any vaccination administered to such children whose parents object to the Vaccination”.

5.13. Also, in the case **(W.P.(C) 343/2019 & CM Nos.1604-1605/2019)** between Master Haridaan Kumar (Minor through Petitioners Anubhav Kumar and Mr. Abhinav Mukherji) Versus Union of India, &

W.P.(C) 350/2019 & CM Nos. 1642-1644/2019 between Baby Veda Kalaan & Others Versus Director of Education & Others.

The Hon'ble High Court of Delhi had observed that:

“The assumption that children could be vaccinated forcibly or without consent is unsustainable. This Court is of the view that all efforts are required to be made to obtain the decision of the parents before proceeding with the MR campaign. In this regard, it would be apposite to ensure that the consent forms/slips are sent to each and every student. Since the time period for implementing the campaign is short, the response period should be reduced and parents / guardians of students must be requested to respond immediately and, in any case, in not more than three working days. If the consent forms/slips are not returned by the concerned parent, the class teacher must ensure that the said parents are contacted telephonically and the decision of such parent is taken on phone. The concerned teacher ought to keep full records of such decisions received telephonically. In respect of those parents/guardians that neither return the consent slips nor are available telephonically despite efforts by the concerned teacher, their consent can be presumed provided respondent nos. 1 and 2 ensure that full information regarding the commission is provided to all parents.”

“The contention that indication of the side effects and contraindications in the advertisement would discourage parents or guardians from consenting to the MR campaign and, therefore, the same should be avoided, is unmerited. The entire object of issuing advertisements is to ensure that necessary information is available to all parents/guardians in order that they can take an informed decision. The respondents are not only required to indicate

the benefits of the MR vaccine but also indicate the side effects or contraindications so that the parents/guardians can take an informed decision whether the vaccine is to be administered to their wards/ children.”

The Hon’ble High Court of Delhi thus passed the following orders:

“MR vaccines will not be administered to those students whose parents / guardians have declined to give their consent. *The said vaccination will be administered only to those students whose parents have given their consent either by returning the consent forms or by conforming the same directly to the class teacher/nodal teacher and also to students whose parents/guardians cannot be contacted despite best efforts by the class teacher/nodal teacher and who have otherwise not indicated to the contrary”.*

01- Further on the issue of informed consent, the Hon’ble High Court had clearly directed that:

“Directorate of Family Welfare shall issue quarter page advertisements in various newspapers as indicated by the respondents... The advertisements shall also indicate that the vaccination shall be administered with Auto Disable Syringes to the eligible children by Auxiliary Nurse Midwifery. The advertisement shall also clearly indicate the side effects and contraindications as may be finalized by the Department of Preventive Medicine, All India Institute of Medical Sciences”.

5.14. In a recent judgment dated 29th September 2020 passed by Hon'ble Karnataka High Court in the matter between **A. Varghese Vs. Union of India 2020 SCC OnLineKar 2825**, it is ruled as under;

“2. The petition proceeds on the footing that the Standard Operating Procedures / Guidelines prescribed by the State Government as well as the Government of India compel a person suffering from Covid-19 to take treatment only by use of Allopathic drugs.

***At least from the Standard Operating Procedures, which are placed on record, we do not find anything therein which shows that the Government can compel a patient to take only Allopathic drugs.** We cannot go into the question whether Covid-19 can be successfully treated either by Ayurvedic drugs or by Allopathic drugs. It is for the experts in the field of medicine to decide that question.”*

5.15. Division Bench of Hon'ble Gujrat High Court in the case of **Yogendra Kumar Vs. Indian Air Force in R/Special Civil Application No. 8309 of 2021**, vide its order dated **22.06.2021**, had ruled that no coercive step to be taken against the petitioner who is not willing to take vaccine.

“Till then, no coercive action shall be taken against the petitioner, who is at present not willing to take vaccine.”

5.16. Needless to mention here that, a PIL by Senior Counsel **Prashant Bhushan** against coercive/mandatory vaccination is filed in the Supreme Court of India on **12th May 2021** bearing **Writ Petition No. 000607 of 2021** between the parties **Dr. Jacob Puliyeel Vs. Union of India and Ors.** Another PIL by Senior Counsel **Colin Gonzalves** on the same subject has also been filed in the Supreme Court of India on **18th May 2021** bearing

Diary number 12257-2021 between parties Dr. Ajay Kumar Gupta vs Union of India.

6. PERSON OR AUTHORITY FORCING FOR VACCINATION WILL BE LIABLE FOR ACTION UNDER CONTEMPT AND ALSO FACE PROSECUTION UNDER SECTION 188, 166 ET AL OF INDIAN PENAL CODE:-

6.1. However, it seems that some of the entities, authorities and employers, either due to ignorance of law or driven by ulterior purposes or for the reasons best known to them, are forcing people to get vaccinated, which is direct violation of fundamental rights guaranteed under our **Constitution of India** and also by **International Covenant on Civil & Political Rights (ICCPR)**.

6.2. Any Authority or person or a Company that does not follow the above guidelines and prevailing laws, will be liable for action under Contempt of Courts Act and also under various provisions of IPC such as 188,166 and others of IPC.

6.3. In **Prominent Hotels Case 2015 SCC OnLine Del 11910**, it is ruled as under;

22.2. In East India Commercial Co. Ltd. v. Collector of Customs, Calcutta, AIR 1962 SC 1893, Subba Rao, J. speaking for the majority observed reads as under:

“31.This raises the question whether an administrative tribunal can ignore the law declared by the highest Court in the State and initiate proceedings in direct violation of the law so declared under Art. 215, every High Court shall be a Court of record and shall have all the powers of such a Court including the power to punish for contempt of itself. Under

Art. 226, it has a plenary power to issue orders or writs for the enforcement of the fundamental rights and for any other purpose to any person or authority, including in appropriate cases any Government within its territorial jurisdiction. Under Art. 227 it has jurisdiction over all Courts and tribunals throughout the territories in relation to which it exercises jurisdiction. It would be anomalous to suggest that a tribunal over which the High Court has superintendence can ignore the law declared by that Court and start proceedings in direct violation of it. If a tribunal can do so, all the subordinate Courts can equally do so, for there is no specific provision, just like in the case of Supreme Court, making the law declared by the High Court binding on subordinate Courts. It is implicit in the power of supervision conferred on a superior tribunal that all the tribunals subject to its supervision should conform to the law laid down by it. Such obedience would also be conducive to their smooth working; otherwise there would be confusion in the administration of law and respect for law would irretrievably suffer. **We, therefore, hold that the law declared by the highest Court in the State is binding on authorities, or tribunals under its superintendence, and that they cannot ignore it either in initiating a proceeding or deciding on the rights involved in such a proceeding. If that be so, the notice issued by the authority signifying the launching of proceedings, contrary to the law laid down by the High Court would be invalid and the proceedings themselves would be without jurisdiction.**”

(Emphasis supplied)

22.3. *The above legal position was reiterated in Makhan Lal v. State of Jammu and Kashmir, (1971) 1 SCC 749, in which Grover, J. observed (at page 2209)—*

“6. The law so declared by this Court was binding on the respondent-State and its officers and they were bound to follow it whether a majority of the present respondents were parties or not in the previous petition.”

(Emphasis supplied)

22.4. *In Baradakanta Mishra Ex-Commissioner of Endowments v. Bhimsen Dixit, (1973) 1 SCC 446, the appellant therein, a member of Judicial Service of State of Orissa refused to follow the decision of the High Court. The High Court issued a notice of contempt to the appellant and thereafter held him guilty of contempt which was challenged before the Supreme Court. The Supreme Court held as under:-*

22.7. *In Maninderjit Singh Bitta v. Union of India, (2012) 1 SCC 273, the Supreme Court held as under:-*

“26. ... Disobedience of orders of the court strikes at the very root of the rule of law on which the judicial system rests. The rule of law is the foundation of a democratic society. Judiciary is the guardian of the rule of law. If the judiciary is to perform its duties and functions effectively and remain true to the spirit with which they are sacredly entrusted, the dignity and authority of the courts have to be respected and protected at all costs...

29. Lethargy, ignorance, official delays and absence of motivation can hardly be offered as any defence in an action for contempt.

Inordinate delay in complying with the orders of the courts has also received judicial criticism. ... Inaction or even dormant behaviour by the officers in the highest echelons in the hierarchy of the Government in complying with the directions/ orders of this Court certainly amounts to disobedience. ... Even a lackadaisical attitude, which itself may not be deliberate or wilful, have not been held to be a sufficient ground of defence in a contempt proceeding. Obviously, the purpose is to ensure compliance with the orders of the court at the earliest and within stipulated period.”

(Emphasis supplied)

22.9. *In Priya Gupta v. Addl. Secy. Ministry of Health and Family Welfare, (2013) 11 SCC 404, the Supreme Court held as under:-*

“12. The government departments are no exception to the consequences of wilful disobedience of the orders of the Court. Violation of the orders of the Court would be its disobedience and would invite action in accordance with law. The orders passed by this Court are the law of the land in terms of Article 141 of the Constitution of India. No court or tribunal and for that matter any other authority can ignore the law stated by this Court. Such obedience would also be conducive to their smooth working, otherwise there would be confusion in the administration of law and the respect for law would irretrievably suffer. There can be no hesitation in holding that the law declared by the higher court in the State is binding on authorities and tribunals under its superintendence and they cannot ignore it. This Court also expressed the view that it had become necessary to reiterate that disrespect to the constitutional ethos and breach of discipline have a grave impact on the credibility of judicial

institution and encourages chance litigation. It must be remembered that predictability and certainty are important hallmarks of judicial jurisprudence developed in this country, as discipline is sine qua non for effective and efficient functioning of the judicial system. If the Courts command others to act in accordance with the provisions of the Constitution and to abide by the rule of law, it is not possible to countenance violation of the constitutional principle by those who are required to lay down the law. (Ref. East India Commercial Co. Ltd. v. Collector of Customs [AIR 1962 SC 1893] and Official Liquidator v. Dayanand [(2008) 10 SCC 1 : (2009) 1 SCC (L&S) 943].) (SCC p. 57, paras 90-91)

These very principles have to be strictly adhered to by the executive and instrumentalities of the State. It is expected that none of these institutions should fall out of line with the requirements of the standard of discipline in order to maintain the dignity of institution and ensure proper administration of justice. It is true that Section 12 of the Act contemplates disobedience of the orders of the court to be wilful and further that such violation has to be of a specific order or direction of the court.

To contend that there cannot be an initiation of contempt proceedings where directions are of a general nature as it would not only be impracticable, but even impossible to regulate such orders of the court, is an argument which does not impress the court. As already noticed, the Constitution has placed upon the judiciary, the responsibility to interpret the law and ensure proper administration of justice. In carrying out these constitutional functions, the courts have to ensure that dignity of the court,

process of court and respect for administration of justice is maintained. Violations which are likely to impinge upon the faith of the public in administration of justice and the court system must be punished, to prevent repetition of such behaviour and the adverse impact on public faith. With the development of law, the courts have issued directions and even spelt out in their judgments, certain guidelines, which are to be operative till proper legislations are enacted. The directions of the court which are to provide transparency in action and adherence to basic law and fair play must be enforced and obeyed by all concerned. The law declared by this Court whether in the form of a substantive judgment inter se a party or are directions of a general nature which are intended to achieve the constitutional goals of equality and equal opportunity must be adhered to and there cannot be an artificial distinction drawn in between such class of cases. Whichever class they may belong to, a contemnor cannot build an argument to the effect that the disobedience is of a general direction and not of a specific order issued inter se parties. Such distinction, if permitted, shall be opposed to the basic rule of law.

13.... *The essence of contempt jurisprudence is to ensure obedience of orders of the Court and, thus, to maintain the rule of law. History tells us how a State is protected by its courts and an independent judiciary is the cardinal pillar of the progress of a stable Government. If over-enthusiastic executive attempts to belittle the importance of the court and its judgments and orders, and also lowers down its prestige and confidence before the people, then greater is the necessity for taking recourse to such*

14.*power in the interest and safety of the public at large. The power to punish for contempt is inherent in the very nature and purpose of the court of justice. In our country, such power is*

codified...”

(Emphasis supplied)

22.10. *In Subrata Roy Sahara v. Union of India (2014) 8 SCC 470, the Supreme Court held that the decisions rendered by the Supreme Court have to be complied with by all concerned. Relevant portion of the said judgment is as under: –*

“17. There is no escape from, acceptance, or obedience, or compliance of an order passed by the Supreme Court, which is the final and the highest Court, in the country. Where would we find ourselves, if the Parliament or a State Legislature insists, that a statutory provision struck down as unconstitutional, is valid? Or, if a decision rendered by the Supreme Court, in exercise of its original jurisdiction, is not accepted for compliance, by either the Government of India, and/or one or the other State Government(s) concerned? What if, the concerned government or instrumentality, chooses not to give effect to a Court order, declaring the fundamental right of a citizen? Or, a determination rendered by a Court to give effect to a legal right, is not acceptable for compliance? Where would we be, if decisions on private disputes rendered between private individuals, are not complied with? The answer though preposterous, is not far-fetched. In view of the functional position of the Supreme Court depicted above, non-compliance of its orders, would dislodge the cornerstone maintaining the equilibrium and equanimity in the country’s governance. There would be a breakdown of constitutional functioning, It would be a mayhem of sorts.

185.2. Disobedience of orders of a Court strikes at the very root of the rule of law on which the judicial system rests. Judicial orders are bound to be obeyed at all costs. Howsoever grave the effect may be, is no answer for non-compliance with a judicial order. Judicial orders cannot be permitted to be circumvented. In exercise of the contempt jurisdiction, courts have the power to enforce compliance with judicial orders, and also, the power to punish for contempt.”

22.11. In *State of Gujarat v. Secretary, Labour Social Welfare and Tribunal Development Deptt. Sachivalaya*, 1982 CriLJ 2255, the Division Bench of the Gujarat High Court summarized the principles as under:-

“11. From the above four decisions, the following propositions emerge:

(1) It is immaterial that in a previous litigation the particular petitioner before the Court was or was not a party, but if a law on a particular point has been laid down by the High Court, it must be followed by all authorities and tribunals in the State;

(2) The law laid down by the High Court must be followed by all authorities and subordinate tribunals when it has been declared by the highest Court in the State and they cannot ignore it either in initiating proceedings or deciding on the rights involved in such a proceeding;

(3) If in spite of the earlier exposition of law by the High Court having been pointed out and attention being pointedly drawn to

that legal position, in utter disregard of that position, proceedings are initiated, it must be held to be a wilful disregard of the law laid down by the High Court and would amount to civil contempt as defined in section 2(b) of the Contempt of Courts Act, 1971.”

(Emphasis supplied)

7. PROVISIONS OF INDIAN PENAL CODE APPLICABLE TO THE PERSON RESPONSIBLE BY THEIR ACT OF COMMISSION AND OMMISION:-

7.1. Section 188 in The Indian Penal Code reads thus;

“188. Disobedience to order duly promulgated by public servant.—Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or trends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

Explanation.—It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm. Illustration An order is promulgated by a public servant lawfully empowered to promulgate such order, directing that a religious procession shall not pass down a certain street. A knowingly disobeys the order, and thereby causes danger of riot. A has committed the offense defined in this section.”

7.2. Section 166 in The Indian Penal Code reads thus;

“166. Public servant disobeying law, with intent to cause injury to any person.—Whoever, being a public servant, knowingly disobeys any direction of the law as to the way in which he is to conduct himself as such public servant, intending to cause, or knowing it to be likely that he will, by such disobedience, cause injury to any person, shall be punished with simple imprisonment for a term which may extend to one year, or with fine, or with both. Illustration A, being an officer directed by law to take property in execution, in order to satisfy a decree pronounced in Z’s favour by a Court of Justice, knowingly disobeys that direction of law, with the knowledge that he is likely thereby to cause injury to Z. A has committed the offence defined in this section.”

Thus, it is amply clear that no person, Authority or a Company can force a person for vaccination.

7.3. Section 52 in the Indian Penal Code

“52. “Good faith”.—Nothing is said to be done or believed in “good faith” which is done or believed without due care and attention.”

7.4. Section 420 in the Indian Penal Code

“420. Cheating and dishonestly inducing delivery of property.—Whoever cheats and thereby dishonestly induces the person deceived to deliver any property to any person, or to make, alter or destroy the whole or any part of a valuable security, or anything which is signed or sealed, and which is capable of being converted into a valuable security, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.”

7.5. Section 304 in the Indian Penal Code

“304. Punishment for culpable homicide not amounting to murder.—Whoever commits culpable homicide not amounting to murder shall be punished with 1[imprisonment for life], or imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine, if the act by which the death is caused is done with the intention of causing death, or of causing such bodily injury as is likely to cause death, or with imprisonment of either description for a term which may extend to ten years, or with fine, or with both, if the act is done with the knowledge that it is likely to cause death, but without any intention to cause death, or to cause such bodily injury as is likely to cause death.”

7.6. Section 109 in the Indian Penal Code

“109. Punishment of abetment if the act abetted is committed in consequence and where no express provision is made for its punishment.—Whoever abets any offence shall, if the act abetted is committed in consequence of the abetment, and no express provision is made by this Code for the punishment of such abetment, be punished with the punishment provided for the offence. Explanation.—An act or offence is said to be committed in consequence of abetment, when it is committed in consequence of the instigation, or in pursuance of the conspiracy, or with the aid which constitutes the abetment.

Illustrations

(a) A offers a bribe to B, a public servant, as a reward for showing A some favour in the exercise of B’s official functions. B accepts the bribe. A has abetted the offence defined in section 161.

(b) A instigates B to give false evidence. B, in consequence of the instigation, commits that offence. A is guilty of abetting that offence, and is liable to the same punishment as B.

(c) A and B conspire to poison Z. A in pursuance of the conspiracy, procures the poison and delivers it to B in order that he may administer it to Z. B, in pursuance of the conspiracy, administers the poison to Z in A’s absence and thereby causes Z’s death. Here B is guilty of murder. A is guilty of abetting that offence by conspiracy, and is liable to the punishment for murder. CLASSIFICATION OF OFFENCE Punishment—Same as for offence abetted—According as offence abetted is cognizable or non-cognizable—According as offence abetted is bailable or non-

bailable—Triable by court by which offence abetted is triable—Non-compoundable.”

7.7. Section 153A in the Indian Penal Code

“153A. Promoting enmity between different groups on grounds of religion, race, place of birth, residence, language, etc., and doing acts prejudicial to maintenance of harmony.—

(1) Whoever—

(a) by words, either spoken or written, or by signs or by visible representations or otherwise, promotes or attempts to promote, on grounds of religion, race, place of birth, residence, language, caste or community or any other ground whatsoever, disharmony or feelings of enmity, hatred or ill-will between different religious, racial, language or regional groups or castes or communities, or

(b) commits any act which is prejudicial to the maintenance of harmony between different religious, racial, language or regional groups or castes or communities, and which disturbs or is likely to disturb the public tranquillity, 2[or] 2[(c) organizes any exercise, movement, drill or other similar activity intending that the participants in such activity shall use or be trained to use criminal force or violence or knowing it to be likely that the participants in such activity will use or be trained to use criminal force or violence, or participates in such activity intending to use or be trained to use criminal force or violence or knowing it to be likely that the participants in such activity will use or be trained to use criminal force or violence, against any religious, racial, language or regional group or caste or community and such activity for any reason whatsoever causes or is likely to cause fear or alarm or a feeling of insecurity amongst members of such

religious, racial, language or regional group or caste or community,] shall be punished with imprisonment which may extend to three years, or with fine, or with both. Offence committed in place of worship, etc.—(2) Whoever commits an offence specified in sub-section (1) in any place of worship or in any assembly engaged in the performance of religious worship or religious ceremonies, shall be punished with imprisonment which may extend to five years and shall also be liable to fine.”

7.8. Section 505 in the Indian Penal Code

“1[505. Statements conducing to public mischief.—

(2) Statements creating or promoting enmity, hatred or ill-will between classes.—Whoever makes, publishes or circulates any statement or report containing rumour or alarming news with intent to create or promote, or which is likely to create or promote, on grounds of religion, race, place of birth, residence, language, caste or community or any other ground whatsoever, feelings of enmity, hatred or ill-will between different religious, racial, language or regional groups or castes or communities, shall be punished with imprisonment which may extend to three years, or with fine, or with both.

8. LAW OF INFORMED CONSENT: -

8.1. Montgomery’s case which went to the Supreme Court laid down the principles for what amounts to free and informed consent.

- (i) That the patient is given **sufficient information – to allow individuals to make choices that will affect their health and well-being on proper information.**

[Per Lord Justice Simon in Webster v Burton Hospitals NHS Foundation Trust [2017] EWCA Civ 62]

Sufficient information means informing the patient of the **availability of other treatments.**

- (ii) That the patient is informed of **the material risks** of taking the vaccine and the **material risks** of declining the vaccine.

[Montgomery v Lanarkshire Health Board [2015] UKSC 11]

- 8.2. The relevant articles of **Universal Declaration on Bioethics and Human Rights, 2005 (UDBHR)** are as under;

“Article 3 – Human dignity and human rights

1. Human dignity, human rights and fundamental freedoms are to be fully respected.

2. The interests and welfare of the individual should have priority over the sole interest of science or society.

Article 4 – Benefit and harm

In applying and advancing scientific knowledge, medical practice and associated technologies, direct and indirect benefits to patients, research participants and other affected individuals should be maximized and any possible harm to such individuals should be minimized.

Article 6 – Consent

1. 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 express and may be withdrawn by the person concerned at

any time and for any reason without disadvantage or prejudice.

2. Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned. The information should be adequate, provided in a comprehensible form and should include modalities for withdrawal of consent. Consent may be withdrawn by the person concerned at any time and for any reason without any disadvantage or prejudice. Exceptions to this principle should be made only in accordance with ethical and legal standards adopted by States, consistent with the principles and provisions set out in this Declaration, in particular in Article 27, and international human rights law.

3. In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or other authority substitute for an individual's informed consent.

Article 7 – Persons without the capacity to consent

In accordance with domestic law, special protection is to be given to persons who do not have the capacity to consent:

(a) authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned and in accordance with domestic law. However, the person concerned should be involved to the greatest extent possible in the decision-making process of consent, as well as that of withdrawing consent;

(b) research should only be carried out for his or her direct health benefit, subject to the authorization and the protective

conditions prescribed by law, and if there is no research alternative of comparable effectiveness with research participants able to consent. Research which does not have potential direct health benefit should only be undertaken by way of exception, with the utmost restraint, exposing the person only to a minimal risk and minimal burden and, if the research is expected to contribute to the health benefit of other persons in the same category, subject to the conditions prescribed by law and compatible with the protection of the individual's human rights. Refusal of such persons to take part in research should be respected.

Article 8 – Respect for human vulnerability and personal integrity

In applying and advancing scientific knowledge, medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special vulnerability should be protected and the personal integrity of such individuals respected.

Article 10 – Equality, justice and equity

The fundamental equality of all human beings in dignity and rights is to be respected so that they are treated justly and equitably.

Article 11 – Non-discrimination and non-stigmatization

No individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms.

Article 16 – Protecting future generations

The impact of life sciences on future generations, including on their genetic constitution, should be given due regard.

Application of the principles

Article 18 – Decision-making and addressing bioethical issues

1. Professionalism, honesty, integrity and transparency in decision-making should be promoted, in particular declarations of all conflicts of interest and appropriate sharing of knowledge. Every endeavour should be made to use the best available scientific knowledge and methodology in addressing and periodically reviewing bioethical issues.

2. Persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis.

3. Opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted.”

8.3. The Montgomery principles are in line with Article 6 of the **UNESCO** Declaration of Bio-Ethics and Human Rights, the right to decline any medical treatment without being penalized, is enshrined in the International Law.

http://portal.unesco.org/en/ev.phpURL_ID=31058&URL_DO=DO_TOPI C&URL_SECTION=201.html

8.4. In **Montgomery’s case [2015] UKSC 11**, it is ruled as under;

“77. These developments in society are reflected in professional practice. The court has been referred in particular to the guidance

given to doctors by the General Medical Council, who participated as interveners in the present appeal. One of the documents currently in force (Good Medical Practice (2013)) states, under the heading “The duties of a doctor registered with the General Medical Council”:

“Work in partnership with patients. Listen to, and respond to, their concerns and preferences. Give patients the information they want or need in a way they can understand. Respect patients’ right to reach decisions with you about their treatment and care.”

78. Another current document (Consent: patients and doctors making decisions together (2008)) describes a basic model of partnership between doctor and patient:

“The doctor explains the options to the patient, setting out the potential benefits, risks, burdens and side effects of each option, including the option to have no treatment. The doctor may recommend a particular option which they believe to be best for the patient, but they must not put pressure on the patient to accept their advice. The patient weighs up the potential benefits, risks and burdens of the various options as well as any non-clinical issues that are relevant to them. The patient decides whether to accept any of the options and, if so, which one.” (para 5)

In relation to risks, in particular, the document advises that the doctor must tell patients if treatment might result in a serious adverse outcome, even if the risk is very small, and should also tell patients about less serious complications if they occur frequently (para 32). The submissions on behalf of the General Medical Council acknowledged, in relation to these documents, that an approach based upon the informed involvement of patients in their treatment, rather than their being passive and potentially reluctant

recipients, can have therapeutic benefits, and is regarded as an integral aspect of professionalism in treatment.

80. In addition to these developments in society and in medical practice, there have also been developments in the law. Under the stimulus of the Human Rights Act 1998, the courts have become increasingly conscious of the extent to which the common law reflects fundamental values. As Lord Scarman pointed out in Sidaway's case, these include the value of self-determination (see, for example, S (An Infant) v S [1972] AC 24, 43 per Lord Reid; McColl v Strathclyde Regional Council 1983 SC 225, 241; Airedale NHS Trust v Bland [1993] AC 789, 864 per Lord Goff of Chieveley). As well as underlying aspects of the common law, that value also underlies the right to respect for private life protected by article 8 of the European Convention on Human Rights. The resulting duty to involve the patient in decisions relating to her treatment has been recognised in judgments of the European Court of Human Rights, such as Glass v United Kingdom (2004) EHRR 341 and Tysiac v Poland (2007) 45 EHRR 947, as well as in a number of decisions of courts in the United Kingdom. The same value is also reflected more specifically in other international instruments: see, in particular, article 5 of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, concluded by the member states of the Council of Europe, other states and the European Community at Oviedo on 4 April 1997.

82. In the law of negligence, this approach entails a duty on the part of doctors to take reasonable care to ensure that a patient is aware of material risks of injury that are inherent in treatment.

This can be understood, within the traditional framework of

negligence, as a duty of care to avoid exposing a person to a risk of injury which she would otherwise have avoided, but it is also the counterpart of the patient's entitlement to decide whether or not to incur that risk. The existence of that entitlement, and the fact that its exercise does not depend exclusively on medical considerations, are important. They point to a fundamental distinction between, on the one hand, the doctor's role when considering possible investigatory or treatment options and, on the other, her role in discussing with the patient any recommended treatment and possible alternatives, and the risks of injury which may be involved.

83. The former role is an exercise of professional skill and judgment: what risks of injury are involved in an operation, for example, is a matter falling within the expertise of members of the medical profession. But it is a non sequitur to conclude that the question whether a risk of injury, or the availability of an alternative form of treatment, ought to be discussed with the patient is also a matter of purely professional judgment. The doctor's advisory role cannot be regarded as solely an exercise of medical skill without leaving out of account the patient's entitlement to decide on the risks to her health which she is willing to run (a decision which may be influenced by non-medical considerations). Responsibility for determining the nature and extent of a person's rights rests with the courts, not with the medical professions.

*87. The correct position, in relation to the risks of injury involved in treatment, can now be seen to be substantially that adopted in Sidaway by Lord Scarman, and by Lord Woolf MR in Pearce, subject to the refinement made by the High Court of Australia in Rogers v Whitaker, which we have discussed at paras 77-73. **An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and her consent must be obtained***

before treatment interfering with her bodily integrity is undertaken. The doctor is therefore under a duty to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments. The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to the risk, or the doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it.

89. Three further points should be made. First, it follows from this approach that the assessment of whether a risk is material cannot be reduced to percentages. The significance of a given risk is likely to reflect a variety of factors besides its magnitude: for example, the nature of the risk, the effect which its occurrence would have upon the life of the patient, the importance to the patient of the benefits sought to be achieved by the treatment, the alternatives available, and the risks involved in those alternatives. The assessment is therefore fact-sensitive, and sensitive also to the characteristics of the patient.

90. Secondly, the doctor's advisory role involves dialogue, the aim of which is to ensure that the patient understands the seriousness of her condition, and the anticipated benefits and risks of the proposed treatment and any reasonable alternatives, so that she is then in a position to make an informed decision. This role will only be performed effectively if the information provided is comprehensible. The doctor's duty is not therefore fulfilled by bombarding the patient with technical information which she cannot reasonably be expected to grasp, let alone by routinely demanding her signature on a consent form.

116. As NICE (2011) puts it, “Pregnant women should be offered evidence-based information and support to enable them to make informed decisions about their care and treatment” (para 1.1.1.1). Gone are the days when it was thought that, on becoming pregnant, a woman lost, not only her capacity, but also her right to act as a genuinely autonomous human being.”

9. THAT, THE SUMMARY OF THE FACTUAL AND LEGAL POSITION IS AS UNDER;

(i) Vaccination is no guarantee of not getting infected and not transmitting the virus.

Link: <https://drive.google.com/file/d/1gFR9YyJnjxTu3-Q-D2uG-PmF7uAG4cDp/view?usp=sharing>

(ii) Around 60 Doctors of Delhi died due to corona who were fully vaccinated.

Link: <https://theprint.in/health/at-least-60-delhi-doctors-have-died-in-2nd-covid-wave-families-are-left-to-pick-up-pieces/661353/>

(iii) Dr. K.K. Agrawal, Ex. Chairman of AIIMS who took both doses of vaccine died due to corona.

Link: <https://www.ndtv.com/india-news/dr-kk-aggarwal-ex-chief-of-india-medical-association-ima-dies-of-covid-19-coronavirus-2443827>

(iv) Vaccines are having risk of fatal effects. Many people have died due to side effects of vaccines.

Link: https://drive.google.com/file/d/1uikc1a6_KDzUx7HNLrfgw11NJRt0D_YP/view?usp=sharing

(v) The vaccine is an Experimental Vaccine and has dangerous and deadly side effects.

(a) 11 European countries banned/age restricted the vaccine for serious side effects of blood clotting.

(b) In this regard world famous Dr. Tess Lawrie of London has lodged a police complaint through a retired police officer.

Link: <https://dailyexpose.co.uk/2021/06/24/crimes-against-humanity-uk-government-release-21st-report-on-adverse-reactions-to-the-covid-vaccines/>

Dr. Tess Lawrie has presented evidence of the following various side-effects in her written representation and demanded that the vaccine be stopped immediately. The side-affects mentioned in the letter written by Dr. Tess Lawrie is as follows:

“Bleeding, clotting, ischaemic, re-activation of latent viruses, Herpes Zoster or shingles, Herpes Simplex, Rabies, Guillain-Barré Syndrome, Crohn's and non-infective colitis, Multiple Sclerosis, pain, -algia, arthralgias (joint pains), myalgias (muscle pains), fibromyalgia, (a long-term condition that causes pain all over the body), Paroxysmal, Extreme Pain Disorder, abdominal pain, eye pain, chest pain, pain in extremities, Headaches were reported more than 90,000 times and were associated with death in four people.

Nervous System Disorders

Twenty-one percent (185,474) of ADRs were categorized as Nervous System Disorders, Seizures, paralysis, including Bell's palsy, encephalopathy, dementia, ataxia, spinal muscular atrophy, Parkinson's and delirium.

Adverse Drug Reactions involving loss of sight, hearing, speech or smell *Visual impairment including blindness, speech impairment, taste impairment, olfactory impairment, hearing impairment.*

High number of Pregnancy ADRs, maternal death, stillbirths, newborn death, spontaneous abortions.”

Link: <https://dailyexpose.co.uk/2021/06/24/crimes-against-humanity-uk-government-release-21st-report-on-adverse-reactions->

[to-the-covid-vaccines/](#)

According to the study of Kochi Branch of Indian Medical Association (IMA) the effects of corona vaccine were more common among youth in India than in the elderly.

<https://www.hindustantimes.com/india-news/covid19-post-vaccine-symptoms-more-common-in-young-than-elderly-says-study-101613274461831.html>

(c) On 26.06.2021 in London 10 lac (1 Million) people have taken out a grand front demanding immediate end to vaccines, masks and lockdowns.

Link: <https://www.muylondon.news/news/zone-1-news/london-protest-live-thousands-anti-20910139>

(vi) The suggestions of world's reputed and famous doctors and scientists of India have made it clear from their report submitted to the Hon'ble Prime Minister's Office that people who have contracted corona once, they do not get corona again because antibodies are developed in their body.

See interview of Dr. Sanjay Rai of AIIMS who is “**Head Researcher of Covaxin**”:

Link:

1.

https://epaper.navbharattimes.com/imageview_37204_24504_4_16_1_2-06-2021_6_i_1_sf.html

2. <https://twitter.com/pbhushan1/status/1409494531100217349?s=1006>

That, giving vaccine to such people means destroying the immune system of that person and putting his life in danger.

This is like trying to more overcharge a fully charged mobile.

Or like Your stomach is full and you are forced to feed again and your life is in danger.

Dr. Sanjay Rai and others have suggested the Government that antibodies test must be done before anyone is vaccinated and if antibodies are developed, then that person should not be vaccinated.

Link 1: <https://swachchindia.ndtv.com/no-need-to-vaccinate-people-who-had-documented-covid-19-infection-suggests-health-experts-60204>

Link 2: <https://www.hindustantimes.com/india-news/covid19--vaccine-no-need-to-vaccinate-people-once-infected-by-covid-why-experts-suggest-this-101623389249657.html>

(vii) After taking the vaccine, due to the harmful side effects of the vaccine, a new variant may develop from my body and harm the society. There is a detailed report of the creation of a new virus due to the dosage of polio vaccine.

Link:

(a) <https://greatgameindia.com/british-gavi-india/amp/?>

(b) Sr. Adv. Prashant Bhushan in his letter also raised this issue.

https://bit.ly/PBLetter_Twiter

(c) Vaccine mafia companies are not able to provide any scientific evidence that this will not happen. Only by running narratives and taking the help of dubious, sponsored scientists like Dr. Soumya Swaminathan of the World Health Organization, the vaccine syndicate are trying to mislead the people.

(d) The complete information related to corona scandal and the frauds of World Health Organization and charges of a murder case against them can be seen in the link given below.

Link:

1.https://drive.google.com/file/d/1e3fadX5M_0Jc86zTKRAUlzcOHyJSA_YDy/view?usp=sharing

2.<https://drive.google.com/file/d/1LIZNlr4J2DZek-EDcZaJFdFdpfYRrmCw/view?usp=sharing>

- 9.1. It is the ‘**intellectual dishonesty**’, sophistry and ‘**straw man fallacy**’ to state that **vaccine is the only solution**. The truth is that vaccine is neither the solution nor even complete protection. Actually vaccine is hazardous and a trap for many diseases and fatal side effects. In fact, there are several proven, harmless remedies such as ‘**Ivermectin and Vitamin D**’ which not only cure the corona but are also helpful in curing the side effects of the corona vaccines.

Government of India has already included said medicines in the protocol. The malafides of WHO advisory to avoid the use of any other medicine than vaccine is already exposed in the two notices including under contempt given to Dr. Soumya Swaminathan, Chief Scientist of WHO.

Link:

i)https://drive.google.com/file/d/1zOXCjqzWWv04x6RNsxxf6_zULbXNodL5/view?usp=sharing

ii)<https://drive.google.com/file/d/1jG9C1tI6EdVhWVuRj7S-PLeIP4VWhAoV/view?usp=sharing>

10. Request:- You are therefore requested;

1. To follow the mandates of law laid down by the Hon'ble Supreme Court of India and the Rules and policies framed by the Government of India and not to violate the fundamental rights of the citizens by directly or indirectly pressurizing, forcing or pushing them;
 - (i) to take vaccines;
 - (ii) to have RT-PCR test done.
2. To make everyone aware about;
 - (i) Dangerous and fatal side effects of vaccines.
 - (ii) Warnings issued by the vaccine manufacturers regarding persons who should not take the vaccines.
 - (iii) Taking vaccination is not a full proof guarantee that the said person will not be get infected with SARS-CoV-2 virus. He may die due to corona and he may still be a carrier and can transmit the infection.
3. To ascertain culpability under sections **304, 166, 188, 420, 52, 120(B), 34, 109** etc., of India Penal Code of a person responsible for;
 - i) Coercing/Pressurizing
 - ii) Giving misinformation
 - iii) Suppressing relevant information in order to obtain the consent for vaccination and/or responsible for causing death/vaccine injuries due to his/her acts of commission and omission.

Yours sincerely



Adv. Dipali N. Ojha

ANNEXURE A

Target Group: General Public

S. No.	Question	Potential response
1.	Is a COVID vaccine scheduled anytime soon	Yes, vaccine trials are under different stages of finalization. Government of India is geared to launch a vaccine for COVID 19 soon. For more information and updates visit www.mohfw.gov.in
2.	Will COVID 19 vaccine be given to everyone simultaneously	Based on the potential availability of vaccines the Government of India has selected the priority groups who will be vaccinated on priority as they are at higher risk. The first group includes healthcare and frontline workers. The second group to receive COVID 19 vaccine will be persons over 50 years of age and persons under 50 years with comorbid conditions
3.	Is it mandatory to take the vaccine?	Vaccination for COVID-19 is voluntary. However, it is advisable to receive the complete schedule of COVID-19 vaccine for protecting one-self against this disease and also to limit the spread of this disease to the close contacts including family members, friends, relatives and co-workers.
4.	Will the vaccine be safe as it is being tested and introduced in a short span of time?	Vaccines will be introduced in the country only after the regulatory bodies clear it based on its safety and efficacy.

ANNEXURE A

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भारत सरकार
स्वास्थ्य और परिवार कल्याण मंत्रालय
सीवीएसी अनुभाग



निर्माण भवन, नई दिल्ली
दिनांक 09 मार्च, 2021

To,

Sh. Anurag Sinha,
Qtr no. 10 po swang bokaro
Jharkhand, gomia, 829128
Jharkhand

विषय: आरटीआई अधिनियम, २००५ के अंतर्गत मांगी गई जानकारी के संबंध में।

महोदय,

कृपया आप अपनी आर.टी.आई. एमओएचएफडब्ल्यू/आर/ई/21/00630, आर.टी.आई. अधिनियम, 2005 के संदर्भ ले जोकि अधोहस्ताक्षरी को दिनांक 27.02.2021 को प्राप्त हुआ था जिसमें आर.टी.आई.(RTI) अधिनियम, २००५ के तहत जानकारी मांगी गई है

संख्या क्रम	आवेदक के प्रश्न	उत्तर
i.	कोरोना वैक्सीन लेना स्वैच्छिक है या अनिवार्य, जबरदस्ती	कोरोना वैक्सीन लेना स्वैच्छिक है।
ii	क्या वैक्सीन नहीं लेने पर सारी सरकारी सुविधाएं बंद कर दी जायगी, सरकारी योजना पैंशन	आवेदन मे लिखी बातें निराधार है । किसी भी सरकारी सुविधा, नागरिकता, नौकरी इत्यादि से वैक्सीन का कोई सम्बन्ध नहीं है ।
iii	क्या वैक्सीन नहीं लेने पर नौकरी नहीं मिलेगा, ट्रेन, बस, मेट्रो मे चढ़ने नहीं मिलेगी	
iv	यदि कोई ias ips स्वास्थ्य या पुलिस कर्मचारी नागरिक को धमकी दे की वैक्सीन ले नहीं तो ये कर देगे तो नागरिक क्या कर सकती क्या कोर्ट जा सकते है	
v	क्या वैक्सीन नहीं लेने पर स्कूलों, कॉलेज, विश्वविद्यालय, गैस कनेक्शन, पानी, बिजली कनेक्शन, राशन आदि के लिए क्या वैक्सीन नहीं मिलेगे	
vi	क्या वैक्सीन नहीं लेने पर नौकरी से निकला जा सकता है वेतन रोका जा सकत है, निजी और सरकारी विभाग दोनों मे ।	

o/c