By Email to: [redacted]

For the Attention of: Practice Manager/Senior Management

Dear [redacted]

Re: Email Communications regarding re-opening [redacted]

Thank you for your email dated 16th June 2020 with regard to the re-opening of your premises, together with the plethora of additional requirements and rules that you seem to now be insisting upon in order for patients to use your services.

Due to the high number of rules that you have given, their vague nature and the lack of information provided, the response to these rules must also be high due to the inconsistencies and assumptions that you have made in your communications, that require clarification.

I have in addition watched the video published on your website and on YouTube on [redacted] which raises the same, if not more queries with regard to your new stipulations, however most are covered by the points communicated in your email.

In your e-mail you state that you now require the following rules to be adhered to:

A. Before your appointment you will be contacted by one of our team and will be asked to complete a short questionnaire regarding your overall general health. This is to ensure that you don't have symptoms of Covid-19 when you come to the practice. You will be asked these questions again when you arrive at the practice.

B. You will be asked to thoroughly brush your teeth before arrival to the practice.

C. You will be asked to wait outside the practice until your scheduled appointment time, this is to limit the number of patients in our waiting areas. We will be keeping waiting times to a minimum.

D. Appointments will be managed to allow us to maintain social distancing standards throughout the practice. This means that there may be fewer options when arranging your appointment, but we will be extending our opening hours to be able to increase the number of appointments we can offer you.

E. You will be asked to use hand sanitizer upon entering the practice.

F. We will be taking and recording your temperature on arrival using a no-touch infrared thermometer.

G. You may be asked to wear certain personal protective items. We will supply and dispose of these items for you.

H. We ask that you always practice social distancing whilst in public areas and these areas will be marked-out accordingly.

I. If possible, we will request that you do not bring a companion with you, so we are able to limit number of people within the practice for their safety. If you do require assistance, one of our friendly team will be happy to help.

J. You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.

K. We will be using special equipment to decontaminate the surgery between each patient to ensure a safe virus-free environment. All communal areas of the practice will be decontaminated regularly during the day.

L. As much as possible we will make your journey as contactless as we can, therefore receipts will be emailed to you after your appointment. We would also appreciate it if payments are not made in cash.

M. Certain review appointments, necessary follow-ups and initial consultations may be completely over the phone or by utilising video communications.

N. Due to the huge rise in costs and the additional PPE required for the safety of both our patients and staff, we have had no choice but to apply a temporary surcharge to appointments. Please speak to the practice for how much this will be as we will be reducing this on a regular basis as costs come down. This will not apply to patients with open courses of treatment who were unable to attend their appointments due to our forced closure. We would also like to state that this charge is a contribution to our costs and does not cover the full amount.

In light of your new requirements above, I would request comment on the following:

1. You state in point A. that a questionnaire will need to be completed "… to ensure that you don't have symptoms of COVID-19 …".

    a. It is illegal for a person who does not hold a valid medical practitioners licence to diagnose illness in the United Kingdom.

    The General Medical Council states: *"Doctors practising medicine in the UK must have registration with a licence to practise. It is illegal if they practise medicine without this and is something that we would need to look into."*.

    Therefore, could you please provide the following information in relation to this point:

    i. The name of the person who is reviewing the information provided on the questionnaire, who will be diagnosing whether a person has "COVID-19".

    ii. The full medical qualifications and licence information of the person determining the diagnosis of "COVID-19", from the information provided.

    iii. How [redacted] will determine whether any symptoms described are actually being caused by "COVID-19" and not any other illness or condition that results in the same, or similar, symptoms being presented.

    iv. What is being done with the information in this questionnaire, how is it being stored and to whom is this information being shared and under what circumstances.

    v. What will the consequence be if the medical representative at [redacted] diagnoses a patient with "COVID-19".

    vi. If a patient is diagnosed with "COVID-19" (as in v. above) what information, if any, will be shared about this diagnosis and with whom will it be shared with.

b. You refer to the presence of “COVID-19”. However there has not been any scientific information that points to the existence of this alleged disease to which [redacted] are basing the implementation of the aforementioned additional measures upon and certainly none that I have been able to find, despite months of continual research.

   Therefore, in order to establish the foundation for the measures being employed by [redacted], please provide the following, or point to the information that shows:

   i. An electron micrograph of the pure and fully characterised virus.

   ii. Information pointing to the primary specialist peer-reviewed paper in which the virus and its full genetic information is described.

   iii. Information pointing to the primary specialist peer-reviewed paper which provides unequivocal proof that the SARS-CoV-2 virus is the sole causation for COVID-19.

   iv. Information pointing to the primary specialist peer-reviewed paper which provides unquestionable proof that the measuring of a person’s body temperature determines the infection of COVID-19.

2. In point C., you state that patients “… will be asked to wait outside the practice until your scheduled appointment time...”. It is a common experience that appointment times over-run and therefore could you please clarify what solutions you have provided to patients visiting your practice.

   Please confirm that you have provided any or all of the following facilities for patients that you usually provide:

   a. Outside seating, especially for older patients, to use while they wait. Inside seating has always been provided.

   b. Shelter from wind, rain and direct sunshine in the outside waiting area. This is provided by default inside.

   c. Access to drinking water.

   d. Access to outside toilet facilities. Again, these are provided to patients in your indoor waiting area.

3. You mention in point D. that:

   a. you will “… maintain social distancing standards...” and in point H. state that you “… ask that you always practice social distancing whilst in public areas …”.

      Could you therefore please:

      i. Explain what you mean by your comment regarding these standards.

      ii. Explain what these standards are designed to accomplish.

      iii. Point to the information that describes Social Distancing as being a “standard”.

iv. Point to the peer-reviewed scientific study in regard to the efficacy of Social Distancing and the spread of contagious disease that you are using to base your rulings to patients upon.

b. That you "… will be extending our opening hours …", but do not state what these new extended opening hours are. Could you therefore please clarify these new opening hours.

4. In point F. you state that you will be "… recording your temperature on arrival …"

   In relation to my comments in 1a above, it is illegal to practice medicine and diagnose in the absence of a valid medical licence.

   Therefore, could you please confirm:

   a. The purpose of recording a patients temperature.

   b. How this information will be used.

   c. Where this information will be "recorded".

   d. Who this information is to be shared with and under what circumstances.

   e. What will the consequence be if a patients' temperature is determined to be outside of the range that [redacted] are using but are not communicating with their patients.

   f. The temperature range that [redacted]'s medical representative determines as acceptable and using this information, diagnoses whether a person is "fit and well", as stated in your video.

5. In point G. you state that "You may be asked to wear certain personal protective items.", but fail to state what these items are. Some items, such as face masks are scientifically proven to be detrimental to health (please refer to attachment – "Face Mask Safety.pdf" [3] & a Dentist-specific review by John Hardie[4]) and seems a pointless exercise when seeing a dentist.

   Another article, published in 2018 on the OralHealth group, in regard to Personal Protective Equipment (PPE) used in dentistry - entitled "Gloves Spread Disease"[5] - may also be of interest to your practice and also supports the adverse use of PPE in the prevention and spreading of contagious disease.

   Therefore please *specifically* detail:

   a. What "personal protective items" *may* be requested to be worn.

   b. The exact purpose of wearing each of these items.

   c. The circumstances under which these items will be requested to be worn.

   d. Who would be exempt from wearing these personal protective items.

6. You mention in point I.:

a. "...do not bring a companion with you..." if possible, for people's "safety". You also continue to say that "If you do require assistance, one of our friendly team will be happy to help."

   Giving the impression that people have to now attend the practice alone, you fail to stipulate what patients - who may need specialist care, experience anxiety or any other medical or psychological condition - are supposed to do.

   Could you therefore please provide the following information:

   i. The level of expertise, together with the professional qualifications of [redacted] staff that qualifies them to deal with patients who require professional assistance with numerous conditions, not limited to physical disabilities and psychological disabilities.

   ii. Why would "… people within the practice …" not be safe

   iii. Why has having people in the practice in the past not been indicated to be *unsafe*?

7. You state in J. that you "… will no longer offer magazines, children's toys …" because they "… are difficult to clean and disinfect."

   Could you please explain:

   a. Why the referenced items need cleaning and disinfecting.

   b. Why it has not been necessary before to clean and disinfect the indicated items.

8. In point K. you mention that you "… will be using special equipment to decontaminate the surgery between each patient to ensure a safe virus-free environment."

   Could you please:

   a. Explain why you have not provided a "safe" environment in the past for your patients.

   b. Referring to the points raised in 1b, provide information that points to the existence of a "virus".

   c. Specify the viruses that [redacted] is contaminated with and why this contamination has occurred that requires such efforts.

   d. The reasons why it has not been required before to regularly decontaminate the premises.

9. As far as payment methods are concerned, you mention in point L., that you would appreciate that "… payments are not made in cash.", but do not specify whether [redacted] will take cash as a method of payment.

   Cash is legal tender in the UK, therefore, could you please confirm:

   a. If you will be accepting cash as a method of payment for treatment.

b. The reasons for not accepting cash if you are not accepting cash.

c. How a patient will be presented with a receipt for payment if they do not have, or have not given, an email address as a method of contact.

10. You state in point M., that "Certain review appointments, necessary follow-ups … *may* be completely over the phone or by utilising video communications.", but fail to specify which types of treatment are to be reviewed in this manner and the "video communications" solution that you will be using to undertake these activities.

    Having been an IT Consultant for many decades, I am only too aware of the security issues in many of these "video conferencing" systems. The services provided by "Zoom Video Communications, Inc", for example, which seems to be the 'go to' solution since the worldwide lock-downs have been initiated, have been proven to be insecure with 'crackers' (more commonly and incorrectly referred to as 'hackers') including themselves in people's video stream and part of the conversation. In addition, tracking of internet traffic has highlighted that communications from this platform goes via, and/or to, China, so the efficacy and security of any data is very highly questionable. Furthermore, the recording feature of this service indicates the possibility that all conversations are recorded and retained and if the video stream can be intercepted – as has been clearly shown – then this stream can also be captured by any person with the knowledge to do so.

    With these points in mind, could you please:

    a. Indicate which types of appointments will be reviewed this way.

    b. Under which circumstances will this type of review be carried out.

    c. Which service you will be utilising to carry out these communications.

    d. How you will be ensuring the security of all video communications. Please provide:

        i. Clarification of the service to be used for this purpose.

        ii. Clarification of the security used to prevent the video stream being compromised.

        iii. Detailed information as to which servers, privately owned by [redacted] or provided by 3rd-Party services, are to utilised to provide these conferencing services.

        iv. The level of control that [redacted] has on the recorded video stream held on or streamed via any of the 3rd-party servers in relation to its recording, distribution & deletion and how these operations are to be confirmed to the patient.

11. Increased charges applied to patients, as mentioned in point N., as a direct consequence of [redacted] *choosing* to implement solutions that *have never been proven* to prevent or protect from that which you are communicating exists and that has never been proven to exist (see point 1B.) and that the additional equipment that you state is "… required for the safety of both patients and staff …" that you have *chosen* to purchase to follow *guidelines* and *not* law, is nothing short of the exploitation of patients who are in desperate need of treatment, purposefully leveraging the concepts of *supply and demand* to increase prices and

expecting others to fund that which you have chosen to purchase, without the consent or agreement of the persons that you are requesting to pay for these items. This is absolutely preposterous.

Patients have not asked for [redacted] to implement whatever solutions they have chosen to implement, nor have they ever been consulted. Therefore it is disgraceful that they have no choice but to pay these extra costs, if they need to have treatment.

Please therefore:

a. Explain your interpretation of the word “safety” that you use in this instance and continually insist in using across all other instances within your email and video communications.

b. Provide peer-reviewed evidence that the solutions you have implemented have been unequivocally proven to provide the “safety” that you are stating that it will provide.

c. Provide a published and updated charter of costs for your services, showing the new charges that patients are expected to pay.

d. Provide a published charter of costs over time, that shows the reduction of costs that you state will “come down”, that explicitly shows the timescales that these reductions of costs will span.

e. Explain why measures to ensure patient and staff safety have never before been implemented at your practice.

12. With reference to points B., E., J. & K., I would question how [redacted] now chooses to *see and view* patients and from the information shared in your email, it comes across that patients are now seen by you to be unclean, dirty and contaminated.

    Please therefore provide comment on the following:

    a. Although it is a common personal hygiene practice to clean ones teeth prior to visiting the dentist, could you please explain:

        i. The specific purpose of this new ruling.

        ii. The reason why patients have never before been asked to “… thoroughly brush …” their teeth before arrival to [redacted]

    b. Please provide comment on hand sanitizer use and explain:

        i. The specific purpose of using hand sanitizer.

        ii. The reasons why a sanitizing agent has never been insisted upon being used before at the practice.

        iii. Details of the product being used, together with the supplier of the product and a list of ingredients that it contains. This follows the identification of toxic methanol being used in hand sanitizer products with a list published by the FDA[1].

The insistence of using *proven* to be unsafe products that can bring about a range of problems – according to information published by the Centers for Disease Control and Prevention[2] would of course be negligent.

The symptoms of using the toxic products are highlighted to include, but are not limited to:

- Headache
- Dizziness
- Blurred Vision
- Kidney Failure
- Coma
- Death

c. With reference to children's toys, magazines "… and so forth …", please provide explanation of the following:

   i. Why these items are now required to be cleaned and disinfected.

   ii. The reasoning behind why these items are now supposedly 'infected'.

   iii. Why these items have been previously provided by [redacted] and never needed to either be removed or disinfected.

d. It is highly commendable, and one would assume to be a common practice, for a dental surgery to maintain high levels of cleanliness as a matter of course. However, the employment of "special equipment" and the need to "decontaminate" the surgery in-between patient visits, seems excessive.

   Therefore with reference to point K., please give information and reasoning on the following points:

   i. Why the surgery (one would assume by your wording to be the entire building) needs *decontamination* after a patient has attended.

   ii. The unequivocal proof of the existence of a "virus" that you mention exists, in accordance with the points raised in 1b.

   iii. Once again, provide information on why the special equipment will ensure that a patient is "safe" and provide the peer-reviewed information that shows that this equipment does actually provide the safety that you say that it does.

13. You do not state in your communications any alternative procedures for patients not willing to jump through the myriad of hoops that you are providing in order to received treatment.

    Could you therefore please supply information on how I may receive treatment if I disagree with the stipulations, rules and requirements that [redacted] are seemingly forcing upon people.

Please Note: the information requested in points 1a - iv, 4(a, b, c) is to be provided under the Data Protection Act 2018 and GDPR, both of which are enforceable by UK Law and is *not* deemed as 'guidance'.

[redacted] has provided me with years of high-level and outstanding service and has treated me like a valued customer. Now it would seem that you have adopted a new attitude that view me as a "dirty inconvenience" to be exploited and makes receiving treatment almost impossible for those who do not wish to be a part of the restrictions that are being dealt out by the Government and are not based on any proven scientific research whatsoever. You are therefore seemingly playing the part of sustaining a continual fear within the population, restricting their freedoms and controlling their behaviour.

In respect to my regular treatment with [redacted] I have been seeing both [redacted] and [redacted] on a regular basis – on a 3-monthly basis for cleaning – due to previously diagnosed [redacted] that was proven to be contributed to by admitted negligence and failure of a prior dentist.

I am now concerned that history will repeat itself and if [redacted] refuse to continue to provide the same regular treatment that they have been giving, to the same level of care and to the same agreement that was agreed to by becoming a patient of the practice, that my condition will worsen and my oral health will decline. I have already had communication by text message from you on [redacted] cancelling may last appointment ([redacted]) and I have never missed one appointment, as I am well-aware of the importance in receiving this treatment, which is now overdue.

Should I not hear from you within 14 days from the date of this email with full answers to the questions that I have raised in response to your email, I will be entitled to assume that [redacted] is not taking the safety or oral health of their patients at all seriously, that you are not referencing any peer-reviewed scientific studies that prove the efficacy of 'Social Distancing' or other measures are in actuality keeping patients and staff "safe" and therefore your methods are aimed solely at working both with the Government and independently, on implementing a Social Control initiative of people using social engineering, with a basis from operant conditioning, control through fear, misdirection and the brains natural habit formation processes, and that your actions are therefore immoral and any consequential ill-health experienced by patients following your rulings, an act of malfeasance.

Your sincerely,

Implied admission absent a response
and compliance creates legal accord.

References:

[1]FDA advises consumers not to use hand sanitizer products manufactured by Eskbiochem

https://www.fda.gov/drugs/drug-safety-and-availability/fda-advises-consumers-not-use-hand-sanitizer-products-manufactured-eskbiochem

[2]Centers for Disease Control & Prevention - METHANOL : Systemic Agent
https://www.cdc.gov/niosh/ershdb/emergencyresponsecard_29750029.html

[3]Face Mask Safety Leaflet (attachment - pdf)

[4]Why Face Masks Don't Work: A Revealing Review by John Hardie, BDS, MSc, PhD, FRCDC (attachment – pdf)

[5]Gloves Spread Disease (attachment - pdf)