

# Skyldig, indtil han er bevist uskyldig? Læge, sygeplejerske, pharma eller regering? Guilty until proven innocent? Doctor, nurse, pharma or government?

Læger i Europa er alene ansvarlige for konsekvenserne af covid-injektioner. Myndighederne bør slås sammen i alle tilfælde af retssager. Doctors in Europe will be solely responsible for the consequences of covid injections. The authorities should be joined in all cases of litigation.



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# European Court of Justice – doctors will be solely responsible for the consequences of covid injections

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**Læger i Europa er alene ansvarlige**

EF-Domstolen har truffet afgørelse om, at læger udelukkende har civilretligt og strafferetligt ansvar for konsekvenserne af administration af COVID-19-vacciner. Retten bestemte, at der var behov for en medicinsk recept til disse vacciner, og lægerne havde friheden til at nægte at administrere dem eller endda fraråde dem på grundlag af deres faglige vurdering og deres patients specifikke behov. Denne afgørelse understreger, at Europa-Kommissionens markedsføringstilladelser for vaccinerne ikke har givet læger mandat til at ordinere eller administrere dem, hvilket styrker princippet om medicinsk frihed og pligten til at prioritere patientens sundhed.

Nøglepunkter:

- Læger var ikke forpligtet af markedsføringstilladelserne til at administrere vacciner; de bevarede skønsbeføjelsen til at vurdere risici og hensigtsmæssighed for hver patient.
- Fraværet af en specifik medicinsk recept for millioner af indgivne doser kunne gøre disse administrationer lovligt ugyldige ("contra legem") og potentielt undtage personer, der nægtede vaccination på grund af denne mangel.
- ***Kendelsen undergraver disciplinære eller kriminelle handlinger mod læger, der modsatte sig eller nægtede at fremme vaccination***, samtidig med at det fremhæver ansvaret for læger, der administrerede vacciner uden korrekt patientspecifik evaluering, især hvis der opstod bivirkninger.

- "Straffeskjold" (juridisk beskyttelse) for sundhedspersonale gælder ikke, hvis vacciner blev administreret ulovligt, f.eks. Uden recept eller overtrædelse af godkendelsesprotokoller (f.eks. Forkert timing eller dosering).
- This decision is binding on national courts, potentially impacting ongoing cases involving suspended or disciplined healthcare workers from the COVID-19 period, depending on how legal arguments were framed.

The ruling thus shifts responsibility to individual doctors, clarifying that their liability stems from their clinical decisions, not from the vaccines' market approval. It also opens the door to legal challenges regarding compensation for damages caused by vaccinations, particularly where medical malpractice is alleged due to lack of proper prescription or assessment.

For further details, the original article in Italian is linked

<https://buongiornosuedtirol.it/>

alongside the official ECJ document

<https://curia.europa.eu/>

and a French analysis

<https://francesoir.fr/>

## **The situation in Australia is different**

Based on the information available up to March 10, 2025, the situation in Australia regarding responsibility for COVID-19 vaccine administration and liability is distinct from the European Court of Justice ruling provided earlier, as it operates under a different legal and policy framework.

### **Vaccine Administration and Responsibility**

In Australia, the administration of COVID-19 vaccines has been primarily managed through a Commonwealth-led vaccination program, rolled out since February 2021. Healthcare professionals, including general practitioners (GPs), nurses, and pharmacists, have been responsible for administering Therapeutic Goods Administration (TGA)-approved vaccines. Unlike the ECJ ruling, which emphasises doctors' discretion and the necessity of a medical prescription, Australia's rollout did not explicitly mandate individual prescriptions for each dose. Instead, it relied on broad public health directives and TGA approvals, with vaccinations often administered under government-approved protocols rather than case-by-case prescriptions.

The Australian government has encouraged vaccination but has not made it compulsory at a federal level, leaving room for individual choice. However, certain states and territories (e.g., Victoria) implemented mandates for specific high-risk

workers (e.g., healthcare and aged-care staff) under public health legislation, such as the *Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Act 2020* (Vic). Employers in these sectors could also impose vaccination as a condition of employment, provided it was lawful and reasonable.

### **Liability for Adverse Events**

Australia differs significantly from the European model in how liability is handled:

1. **No-Fault Compensation Scheme:** In response to calls from medical bodies like the Australian Medical Association (AMA) and the Royal Australian College of General Practitioners (RACGP), the Australian government established the *COVID-19 Vaccine Claims Scheme* in August 2021, backdated to February 2021. This no-fault scheme, administered by Services Australia, provides compensation for individuals who suffer moderate to severe adverse events from TGA-approved COVID-19 vaccines delivered through Commonwealth-approved programs. Claims are assessed by independent experts, with payouts covering injuries above AUD \$5,000, including loss of income or medical costs. This scheme aims to avoid lengthy court battles and provide a safety net for rare but serious side effects, shifting some responsibility away from individual doctors.
2. **Indemnity for Vaccine Manufacturers:** The Australian government has granted indemnity to certain vaccine manufacturers (e.g., AstraZeneca and Pfizer) against

liability for rare side effects, as announced in the 2020-21 federal budget. While details remain "commercial in confidence," this means *the government would likely cover compensation costs if a successful legal claim were made against a manufacturer, rather than the manufacturer bearing full financial responsibility*. This contrasts with the ECJ's focus on doctors' liability and does not directly address administration errors.

3. **Healthcare Professionals' Liability:** Doctors and other health professionals administering vaccines under the Commonwealth program are generally covered by a government-backed indemnity scheme, introduced in July 2021. This scheme ensures that practitioners are not personally liable for adverse events, provided they follow TGA guidelines and protocols. However, if a vaccine were administered negligently (e.g., incorrect dosage *or failure to warn of known risks*), *liability could still fall on the practitioner or their employer* (e.g., a hospital or clinic) under Australia's civil liability laws, such as the *Civil Liability Act 2003*. The "penal shield" equivalent in Australia is thus conditional on compliance with approved processes.
4. **Absence of Prescription Requirement:** Unlike the ECJ ruling, which highlighted the need for a medical prescription and tied liability to this requirement, Australia's mass vaccination approach did not enforce individual prescriptions. This has led to debates about whether administrations lacking such prescriptions

could be deemed unlawful, though no major legal challenges have overturned the program's legitimacy on this basis.

### **Current Sentiment and Developments**

Posts on X and some analyses suggest ongoing concerns among Australians about liability clarity. For instance, *there's sentiment that doctors were initially promised protection by the government, only for coverage to be less comprehensive than expected, particularly if insurers or professional bodies later clarified limits to their indemnity (e.g., a 2023 report noted a medical society warning doctors of uncovered damages). However, these claims lack conclusive legal documentation in the public domain as of March 2025 and should be treated as inconclusive without further evidence.*

### **Comparison to the ECJ Ruling**

- **Doctor Autonomy:** The ECJ emphasizes doctors' freedom to refuse or advise against vaccination, tying liability to their decisions. In Australia, doctors operate within a more structured government program, with less individual discretion in practice due to public health directives.
- **Prescription:** The ECJ's insistence on prescriptions contrasts with Australia's broader rollout approach, potentially reducing administrative liability but raising questions about informed consent protocols.

- **Liability Shift:** Australia's no-fault scheme and manufacturer indemnity shift much of the financial burden to the government, unlike the ECJ's focus on individual doctor responsibility.

Gaps remain—such as the lack of a permanent vaccine injury compensation scheme beyond COVID-19—and public trust could hinge on how effectively these measures support those affected by the not-so-rare adverse events and ongoing excess deaths. Australians are not happy with the government and its relationship with Big Pharma.

### **Big Pharma and the Australian Government: A Sinister Conspiracy Against the People**

The Australian population has been guinea pigs in a grotesque experiment, courtesy of Big Pharma behemoths like Pfizer, Moderna and AstraZeneca, backed by a complicit government that's traded lives for profit. These aren't vaccines—they're experimental gene therapies, mRNA and viral vector shots that reprogram your cells to churn out uncontrolled levels of toxic spike protein, unleashed on the public with zero long-term safety data. The result? A trail of devastation—heart attacks, blood clots, neurological disasters, and cold, hard death—while taxpayers are forced to foot the bill for the carnage. This isn't protection; it's a betrayal of trust on an apocalyptic scale.

Let's rip off the mask: these jabs, greenlit by the Therapeutic Goods Administration (TGA) under flimsy "provisional approval" in 2021, were never fully tested. The

government knew it, Big Pharma knew it, and they shoved them into arms anyway. Pfizer and Moderna's mRNA brews trigger myocarditis and pericarditis—heart inflammation that's killed young, healthy Aussies. AstraZeneca's viral vector jab? A clotting nightmare, with cases of thrombosis so severe they've snuffed out lives. By late 2021, over 10,000 injury claims flooded the *COVID-19 Vaccine Claims Scheme*, with families mourning loved ones lost to these shots—real deaths, not just "rare incidents" as the *spin doctors* claim. X posts scream the truth: people are waking up to the body count, and they're furious.

Big Pharma's rap sheet is damning. Pfizer's own trial data—pried loose by court orders—showed 1,223 deaths and 42,000 adverse events in just three months post-launch, yet they buried it while pocketing \$36.8 billion in 2021 alone. AstraZeneca's clotting risks (the Clot Shots) were flagged early in Europe, but Australia kept jabbing, no recall, no remorse. These aren't mistakes—they're calculated gambles with human lives, shielded by government indemnity deals that let these corporate vultures off the hook. Taxpayers shell out for the *Claims Scheme*—a measly sop for the maimed and bereaved—while Big Pharma laughs all the way to the bank, their profits untouchable, their insurance barely scratched.

The government's role? Pure cowardice—or worse, collusion. They signed secret indemnity pacts, hiding the terms under "commercial in confidence" nonsense (secrets against the people), ensuring manufacturers face no reckoning. The TGA parroted

"safe and effective" like a broken record, ignoring whistleblowers and global red flags. State mandates—think Victoria's draconian healthcare worker jabs—steamrolled consent, *forcing experimental shots on people who begged for choice*. No prescriptions, no real informed consent—just a needle and a lie. X is ablaze with rage: Aussies calling out cover-ups, demanding justice for the vaccine-injured, and slamming a system that punishes dissenters while coddling the culprits.

This is a scandal of biblical proportions. The community's anger is boiling over—parents mourning kids with heart damage, workers sacked for refusing the jab, and a growing chorus asking: *Why are we paying for Big Pharma's poison?* These gene therapies, with their known risks of death and disability, were foisted on us by a government too spineless to hold Pfizer, Moderna and AstraZeneca accountable. Instead, they've left us exposed, our health bartered for corporate greed, our taxes siphoned to mop up the blood. The reckoning is coming—because Aussies won't forget, and they won't forgive.

*And they still cannot find decent well trained medical practitioners who can help them with spikeopathy, lipininitis, pseudo-DNA insertion, mast-cell activation, mitochondrial disfunction, and microbiome disruption etc and the heart disease, autoimmune diseases and turbo-cancers. Damn.*

*Ian Brighthope*