



The virtual Doctors Lounge

You are only seeing posts authors requested be public.

[Register and Login](#) to participate in discussions with colleagues.

Three Reasons for a Chat with Dr. Bonnie Henry, BC Health Minister Adrian Dix and BC Premier David Eby Public

Share / Save

Dr. Zafar Essak, MD - Vancouver, BC - April 5, 2023

Having worked for 40 years as a family physician in BC, when I heard the media announcements recently: that on April 3 vaccine mandates will be lifted on BC public service government workers but not on health care workers until it can become a permanent condition of work in health care, and that we may see only combined vaccines in the fall; it struck me that it's time we had a real chat. This can't wait.

Politics is often seen as a glamorous, shiny and sometimes slimy affair. But, seriously, politics is about how we make collective decisions and manage the affairs of our society in our democracy.

There are three things I believe we need to talk about now:

1. The vaccine mandates on health care workers does not make medical sense.

BC and Nova Scotia continue to have such mandates while the rest of Canada and many countries around the world have dropped all COVID-19 vaccine mandates. Why? Is it because they know better?

The vaccine mandate on health care workers doesn't make medical sense. In BC, it continues to directly and adversely affect 2,500 doctors, nurses, paramedics, therapists, cleaning staff and others who were frontline workers, many of them directly seeing and treating patients before and when the pandemic emerged.

They were the most likely to develop natural immunity with longer lasting effect, which many of them proved with antibody tests (for many of the 28 proteins in the virus not just a single spike protein) that were submitted to Dr. Bonnie Henry, in October and November 2021, and ignored by her. We not only continue to lose these valuable workers from our health care system, many others have chosen early retirement and, if these mandates continue, more will likely leave and fewer new graduates will chose to make this province their home.

In addition, all indications are the COVID-19 vaccines do not provide any benefit after a few months and the mandates only require people have had the primary two shots.

Furthermore, from the beginning, the mandates applied to workers in long term care and acute care and not to family physicians in the community who see the same vulnerable patients.

Yet, we wait for it to become a permanent condition of work in health care and this leads to the second important issue.

2. Bill 36 – the Health Professions and Occupations Act, must be rescinded.

It was passed quickly in November 2022 with early closure of debate by Premier David Eby.

How else do you control health professionals like doctors, nurses, therapists, and others? People who undertake training and the Hippocratic oath or something similar, an oath to the patient. To make it a condition of work in these professions you need a legislative hammer and that is what Bill 36 is. The consequences are clear, if a medical or health professional questions or disagrees openly with the dictates of government, they can lose their licence to practice, be fined and put in jail.

Then, as patients, when we ask a doctor what they think is best for us, will we be able to trust them or wonder if they are simply telling us what they have been ordered to?



Essentially, Bill 36 muzzles health care professionals that we all depend on, and there's more!

Bill 36 is an example of the new trend in legislation brought forward by bureaucrats and pushed through with majority party rule in Parliament. It's Trojan horse legislation, you don't know what's inside, because it's full of big holes that get filled later with regulations behind closed doors in Cabinet through Orders In Council; without debate in Parliament, let alone the public. I am interested to hear what Premier David Eby thinks, who is himself a professional who worked with the BC Civil Liberties Association before going into politics.

Yes, the regulatory Colleges need reform. But this is not the way to do it.

This brings me to the third important issue.

3. The announcement that we may have a combined vaccine with traditional flu vaccine mixed with mRNA COVID-19 vaccine as a single injection as early as this fall, 2023.

Was this an announcement of future options or a signal that efforts are already underway by public health and government to switch over to providing combined vaccine to everyone?

Not all vaccine products are combined into a single injection, and is it too early to be combining the traditional flu vaccine and the mRNA vaccines into a single product?

The traditional flu vaccine and mRNA COVID-19 vaccines are very different products. Traditional flu vaccine is a product that contains viral antigens, parts of the virus, in measured amount. The mRNA vaccines are very different in that they use, some may say hijack, our body cell mechanisms to produce viral antigens. In this case, a spike protein, in greater amounts and for a long time, the way normal mRNA lasts throughout our body.

Thus, instead of a direct encounter of our immune system with the antigens provided in traditional vaccines at the site of injection, our immune system must launch an inflammatory attack against the body cells that, using the mRNA, create and display the spike protein on their surface. This may also place a larger burden on our immune systems, to be in a prolonged heightened state of responding to spike proteins, and may result in developing tolerance, where the body starts to ignore these particles as not a threat, and become prone to new infection.

While mRNA products may be useful for treating cancers and other specific conditions, where they are still considered experimental, they may not be the best solution for vaccines.

From a medical perspective, one would expect the exercise of caution with new products and treatments, that are still under research timelines, and avoid combining products early.

It is the job and duty of government to regulate the pharmaceutical industry manufacturing medications and treatments to ensure the ingredients and quality, so that physicians can knowingly prescribe drugs and medical products to informed patients who wish and consent to treatment. Combining different medical products into a single delivery reduces the medical decisions physicians and patients can make and reduces the opportunity to observe long-term effects of new drugs and treatments.

It is not the role of government to partner with companies and also issue exemptions to those same companies from liabilities normally borne by pharmaceutical companies and the industry. Regulations require specified levels of testing and reporting of all effects to progress to different levels of permitted use. Governments cannot be the regulator and a partner with a producing company. It is a clear conflict of interest. For governments to then issue orders, as public health mandates, to override both the rights of individuals to refuse treatment while retaining their job, and the ethical responsibilities of physicians and other health care workers to openly share their knowledge and respect the decisions of patients; may itself represent a breach of ethical duty.

Are we to accept these actions as required and acceptable under emergency statutes?

It's time to remove all vaccine mandates in BC and Nova Scotia, including for all health care workers, to rescind BC's Bill-36, and to assure everyone that traditional flu and mRNA vaccines will continue to be provided as separate products throughout Canada. This is my open invitation for a kitchen table chat with Dr. Bonnie Henry, Health Minister Adrian Dix and Premier David Eby.

Dr. Zafar Essak is a GP/Family Physician in BC and long time advocate for doctors and patients, who in the 1990's was a Board Delegate at the BC Medical Association for three terms and a delegate to the Canadian Medical Association General Council several times. In 1997, he was one of the founding members of an email discussion group for doctors throughout BC, and, in 2008, he was the founding member of www.doclounge.net (<http://www.doclounge.net>) - the Virtual Doctors Lounge.