Dr E O Senamela

MBCHB, MPH (UP)

Practice No.: 0577537

OUR REF: HPCSA/MLR/5/2023
YOUR REF: MP0577592/24454700
TRIAL DATE: 29/11/2023

TO: HPCSA
PO BOX 205
PRETORIA
0001

FOR: S Chetty

ENCLOSED

- MEDICO LEGAL REPORT

CONTACT DETAILS

T +27 128011155

Email: doctor@dreosenamelainc.com

Summary

In my opinion Dr Chetty as a human being, he has natural duties and professional duties to refrain from doing harm, to promote the good, to be trustful and or to be fair and just as expressed by the ethical guidelines. he was involved with management of patients approximately 7000 and appeared on social media platforms talking about the management of covid 19 in embedded videos and following. He undermine the efforts made by Virologist by saying there is no link between covid disease and the SARS cov- 2 virus.

His narrative of covid vaccine resonates with a biowarfare conspiracy theory more than scientific evidence based medicine, this a common narrative of the antivaccine community. Disinformation of the vaccine has been proven to reduce the confidence of people about the use of mask and sanitation therefore increasing their risk to contacting covid Virus.

He said his opinion about the government Covid 19 management protocols saying they are deadly however his 8th day protocol is safer and better .This statement about the organisation is a negative and unsubstantiated which might cause the public lose faith in the health care profession

Dr Chetty prescribed medication not in line with NICD(National Institute for Communicable Diseases)guidelines which are freely available on their website:

His criticism about the management of covid is not in line with NICD(National Institute for Communicable Diseases)guideline which are supported by evidence based research. However his research has no ethical committee approval which reviews the ethical and scientific rigor of the proposed research ,and did not respect the law and the system of the government.

Above mentioned acts were obviously not in the best interest of patients and it exposed them to harm.

Table of Contents

Administrative data

DETAILS OF THE REPRESENTATIVE	
Names	Professor Willem Daniel Francois Venter
Identity no	6908135036083
Postal Address	Ezintsha, Ground floor, Building C, Sunnyside Office Park 32 Princess of Wales Terrace Parktown Johannesburg
Cell no	0833991066
Email address	Fventer2ezintsha.org

THE PATIENT	
Name	N/A
Age	
Sex	
Race	
ID Number	
Residential address	

DETAILS OF PRACTITIONER	
Name of the practitioner	Dr Shankara Chetty
Address	I do not have this information.

MP NO	0577952
INCIDENT	
Date	23 November 2021
Time	7:56 am
Place	Article on (https://www.lifesitenews.com/news/jab-will-poison/)
THE ASSESSMENT	
Place	14319 Tsamaya Ave Mamelodi East 0122
Date	19/10/2023
Time	08:00
Language	English

AVAILABLE DOCUMENTS

1. Letter of instruction
2. Correspondence

Allegations

The complainant has levelled allegations of unprofessional conduct by Dr Chetty in relation to the article (https://www.lifesitenews.com/news/jab-will-poison/) and embedded video, that was posted on the Lifesitenews website on the 23/11/2023 at 7:56 am by Patrick Delaney.

Background

Complainant's version

1. My complaint related to an article (https://www.lifesitenews.com/news/jab-will-poison/) and embedded video, which apparently features Dr Chetty. I think there is sufficient evidence to investigate the role of Dr KATHRADA, NASEEBA MP 0522511, who apparently introduces him, and enabled his behaviour.
2. Dr Chetty makes unprecedented claims in the embedded video regarding:
    a. The toxicity of SAS-CoV-2 vaccines.
    b. That this toxicity is deliberate mass poisoning and planned to kill billions.
    c. His own success in treating COVID-19. (including on his own website https://wonderland.org.za/).
    d. His website promises links to resources, but these are either not working, or go to dead links. An article listing his alleged protocol can be found here. "https://covexit.com/the-8th-day-therapy-for-covid-19/", out of keeping with established outpatient protocols.
3. During the interview (and on his own website) Dr Chetty makes outlandish physiology claims, undermines some of the most basic tenets of accepted medicine regarding SARS-CoV-2 vaccines, and advocated outpatient remedies of his own (details not in the video clip).
4. His narrative goes against Department of Health and local expert guidelines, as well as international guidelines.
5. The article quotes him making several of these claims, but I will focus on the 11-minute video (there may be a more to it, as it seems truncated at the end). In the embedded video:
    a. "We have not really identified the coronavirus that causes it " – this is untrue.
    b. He then goes on to speculate about the spike protein being a potent toxin, and saying it was engineered '' to kill billions without anyone noticing'', and ''a poison with an agenda''.
    c. Later, he says that the spike protein was added as a ''weapons grade package'' to the virus, and triggers an ''allergic reaction''.
6. Much of the interview is a completely implausible physiology explanations centering on the spike protein, ACE-2 receptors, and autoimmunity.
7. He claims that it will exacerbate all underlying chronic illness.
8. He continually asserts that this was planned, and that ''they'' want billions to die.
9. He talks of a ''mandated vaccine'' – the recording occurs before mandates began appearing in SA workplaces. He goes on to comparing getting the vaccination through a mandate, to being forced to skydive by being pushed out a plane.
10. "The vaccines make absolutely no sense". He then goes on an established anti-vaxxer argument that muddles transmission and benefit, before advancing why his own (unarticulated in this clip) therapy is better, by ''building tolerance to an allergen''
11. I do not have access to the full video (if there is more), but I suspect it available somewhere. The 11-minute clip, though, and his website, are more than enough

evidence of gross misrepresentation of the vaccine programme; anybody watching would be justified in being severely alarmed at the prospect of mass poisoning.

12. This level of pseudo-science within the profession needs to be firmly and quickly clamped down on. The HPCSA must do its duty in protecting the public, and discipline Chetty.

Respondent's version

13. The respondents' versions was an email sent to the proforma on the 22/03/2022.
    a. Which read as follows:
        i. Subject: Response to Complaint by W.D.F. Venter: REF: MP0577952/24454700

        The "Embedded video" at the centre of this complaint was part of a 3 Day Caribbean Summit, held by the World Council for health, that brought together experts in various fields from around the globe, to share research, opinions, and insight into the responses to the Covid pandemic. As such, the following should be clearly noted:

        1. The 3 Day Summit was organized and hosted by the World Council for Health, and not by any individual participant.
        2. Speakers were invited to share their experience, opinions and understanding of the measures being taken to mitigate the pandemic.
        3. The Summit was not open to the General Public and required prior registration to participate.
        4. I was neither informed of, nor consented to any recording of this Summit being shared with the General Public, and as such, my opinion as clearly stated on the then available facts was meant for robust discussion in a closed expert forum, and not for public distribution.
        5. An 'Edited" 11-minute video from a 3 Day Summit, in which I clearly clarify as my opinion, after being explicitly asked to summarize my observations, is hardly sufficient to contextualize the opinion I forwarded.

        ii. Regarding my "Unprecedented Opinion", based on the facts in peer reviewed publications at that time:

        1. The toxicity of "mRNA" vaccines are well documented in various publications with detailed research into the negative biologic potential of Spike Protein, from causing Endothelial Inflammation to inhibiting BRCA protein in cell nuclei. Awareness and understanding of this research would logically and scientifically lead to concerns about the specific effects of Spike Protein on Vaccines future health and help identify such effects before they spiral out of control, hence my considered opinion to a concerned expert audience. In the time that has since elapsed, many of

my concerns over possible adverse events have proven to be true, whether acknowledged or otherwise, and since been published by no other than the manufacturer of the mRNA vaccine.

2. To date, there has been no isolate of the virus to confirm its existence, and as such, the confirmation of the offending pathogen is still unverified.
3. It is widely accepted, even by the manufacturer and regulatory authorities, that the mRNA vaccines do not prevent infection and transmission, and as such, have no “Group or Population” based benefit. The claimed/unverified prevention of severe illness and death is an individual benefit that cannot be used to justify a nonexistent “Group or Population” effect. My example of “Skydiving” served to highlight this inconsistency and was understood by all present.
4. Even though the above facts and inferred opinions are widely held by many experts around the globe, it was never my intention to share this with the general public as I am aware of my implications and have been very considerate of this in media that I have authorised for public distribution.
5. I am not an “Anti Vaxxer”, but in view of the above facts, am of the opinion that a new, insufficiently tested mRNA vaccine technology, rushed to the market, with poor safety surveillance by “Clinical Trial “prescripts, and a disregard for “Informed “consent and individual choice, is both reckless and dangerous to the target population.

iii. As to the complainants claims of my treatment approach being *out of keeping with established outpatient protocols*, I am unaware of the HPCSA or any other Regulatory authority enacting or enforcing any such Outpatient protocol or restriction on treatment, as has occurred in many other countries, thus rightfully allowing Doctors to Doctor
iv. Regarding Venter's criticism of my “implausible, outlandish physiology claims," and my understanding of the "Basic tenets of Medicine", I am unaware of his education, of lack there off in the above fields and he will be served to get more informed assistance in understanding the contribution, I have made to the Pathophysiology and Early Outpatient Treatment of Covid globally. To this end, and easily accessible via a simple "Google Search* of my name:

1. I have published my findings in "Modern Medicine", a peer reviewed, widely distributed academic South African Journal.

2. I have been admitted as an "Expert Covid Faculty to the Academic Society of JSS Medical College, the university of my training, and am unaware of any "Local" expert receiving such an acknowledgment.

3. I have by invitation trained various Medical Societies and Doctor groups globally on my Early Treatment perspective.

4. I've served in an advisory capacity to the Governments of various countries regarding Population based approaches to Covid Mitigation.

5. I have by invitation addressed the European Union Parliament on my Early Treatment Interventions and Perspective

6. I have been widely credited with steering the direction of research and treatment globally with my perspective, and my "implausible, Outlandish" pathophysiology claims have been confirmed in various recent research publications.

7. Most of the above acknowledgement is due to the verification and successful replication of my treatment perspective by various scientific and medical forums.

v. My application of the "Most Basic tenets of Medicine "has been widely complimented by my Teachers, Peers, and Colleagues
vi. I assume that Venter's lack of acknowledgement stems from being uninformed, rather than any prejudice or conflict of interest as regards his response to this pandemic.
vii. I have had many Interviews, Webinars and Panel Discussions globally that I have consented to general public distribution and have been very cautious to avoid controversy around public health interventions.
viii. These broadcasts are easily accessible via various search engines, and the setting up of a personal website is solely to consolidate this information under one umbrella. The fact that the video in question was never intended for public consumption and was rightfully censored from the public domain, and the admission by Venter of being aware of a large number of Professional Colleagues "deliberately" spreading gross disinformation, I'm sure he could furnish the HPCSA with a more appropriate example of Unprofessional Conduct to be "Publicly Disciplined" and made an "Example" of.
ix. Thank you for your patience while I recovered from Omicron.

Sincerely
Dr Shankara Chetty

14. Embedded videos

a. Videos 1 -Zoom meeting. (https://www.bitchute.com/video/LukPaRDJHysl/)

i. We need to understand what the *aim* is. Everyone knows that there's inconsistencies, that there's coercion, but we need to understand *why*. Why is it there?" Fear mongering.
ii. Pathogen that was causing all the death in COVID illness, because They haven't really isolated the corona virus causing it.
iii. The pathogen is spike protein – which is what the virus needs to make in your body .
iv. "If I had to give you my opinion, as to what is happening on a global scale," he said, "[the] spike protein is one of the most contrived toxins or poisons that man has ever made. And the aim of this toxin is to kill billions without anyone noticing it. So, it's a poison with an agenda."
v. Engineered virus (packaged with a spike protein) and mandate vaccine –
vi. Vector (virus)- engineered -toxin (spike protein) expose the world to low dose of it.(what looks like transpired here, [is] they've engineered a virus and put this weapons-grade package onto it called 'spike protein.')
vii. The toxin cause allergy on the 8th day –if not treated causes death in covid illness.Isolate the world for 14 days no one notices when it occurs.
viii. Protocols in hospital are for engineering death and damage .(The physician said that because of the initial 14-day global lockdowns, those infected with COVID-19 who had allergic reactions arrived at the hospitals late, and these institutions implement mandated protocols "to engineer death and damage [in order] to stir all the fear.")
ix. This deaths are supposed to scare people and force them to be vaccinated thus exposing them to Spike protein.
x. The allergies that occur within 14 day they won't be attributable to the virus
xi. Endothelial damage on the ACE- 2 receptors
xii. Vaccine is absolutely nonsensical ,this vaccine does not stimulate immunity. Therapeutic benefit prevents severe infection and death but I know population immunity will be achieved with its use.
xiii. His treatment is therapeutic but he doesn't expose the whole world to side effects of treatment.

b. Video 2 Interview with Dr Mobeen (https://www.youtube.com/watch?v=OciYTW_BIEs)

i. Use of Ivermectin:

Dr Chetty confirms that in the first wave he got 20 tablets from his friend in India and used it patients in south Africa on patients who showed a drop in

saturation. And again, in the third wave he used it from the 8th day. (+/-37-41 minutes)

ii. Use of steroids

He confirms that he used steroids at the beginning of the illness.(+/- 3 minutes)

iii. Use hydrochloroquine

He also confirms that he used it sparing for those patients with severe symptoms the improved. (+/-16:30 minutes)

iv. Use of Promethazine in covid & Montelukast

c. Video 3 ENCA interview (https://www.youtube.com/watch?v=oV4wiCFFulQ&t=39s)

i. He can be heard uttering none of the public health organizations are expects the Doctors in the frontline are better knowledgeable and should be called experts.

Timelines

23 November 2021

Article (https://www.lifesitenews.com/news/jab-will-poison/) with Video, that was posted on the Lifesitenews website on the 23/11/2023 at 7:56 am by Patrick Delaney.

02 January 2022

Complainant Professor Willem Daniel Francois Venter reports to the HPCSA to investigated the conduct of Dr S Chetty.

22 March 2022

Dr Shankara Chetty response by email to the proforma

July 2022

Preliminary committee charges Dr S Chetty with unprofessional conduct.

Covid 19, Social media and Vaccination, and Myths and conspicacies

Covid 19

15. The spread of coronavirus disease 2019 (COVID-19), initiated by severe acute respiratory syndrome-related coronavirus 2 (SARS-CoV-2), has resulted in an extraordinary economic and humanitarian crisis.[1] A large body of virologic,

epidemiologic, veterinary, and ecologic data establishes that the new virus, SARS-CoV-2, evolved directly or indirectly from a β-coronavirus in the sarbecovirus (SARS-like virus) group that naturally infect bats and pangolins in Asia and Southeast Asia.[2] Currently there are no specific treatments for COVID-19,[3]but researchers have worked collaboratively to develop the vaccines against COVID-19.[4] Nonetheless, this international struggle might be hindered by vaccine hesitancy, which is an internationally rampant fact.[5]Vaccines have been approved to be cost effective and highly efficacious measure for disease prevention in public health as they may reduce morbidity rate and mortality of diseases[6].Yet vaccination programs are still perceived as unnecessary and unsafe by people in both developing and developed countries.[7] Lack of trust and understanding of the vaccines is considered the utmost threat to vaccine programs[7].Vaccine Hesitancy can reduce the vaccine coverage and raise the risk of vaccine preventable diseases and outbreaks[7]

Social media and vaccination

16. Media have played a huge role maintaining vaccine panic alive regardless of the period of strong evidence of protection and effectiveness of vaccines[8] . Various types of facts about vaccines conveyed via media have an enormous impression on vaccine hesitancy.[9]Circulating debates about the safety of the vaccine on the news headline, talk shows, and popular articles also increase the vaccine hesitancy and the anti-vaccine behaviour in communities.[7]Furthermore to traditional media, internet as well has offered other platforms for different social media[10] to numerous anti-vaccine vocals through which they reach the general population to spread deleterious and erroneous massages.[11]Anti-vaccine content on the internet have extensively broadcast myths, inaccurate beliefs and rumours concerning vaccines and they have harmful impact on vaccine uptake.[12] In Atlanta in 2009 they conducted a national immunisation survey that shows that individuals that refuse or delay vaccines there is a likely hood that they searched that information on the internet.[13]

Myths and conspiracies

17. People do not believe that covid exists in some places, it is really hard for some people to accept that flue like illness can be life threatening as the virus is intangible. It also emerged that origin of the virus is a myth [14, 15] and society also believe that government is increasing false numbers for donation purposes. Many believe is gods punishment, the 5G technology directly transmitting the virus and weakening immunity, and some consider that the virus is a biowarfare weapon.It must be noted that the heart of anti-vaccine beliefs is a conspiracy theory that vaccines do not work and/or are active harmful. [15, 16]

Department of health in South Africa, other health entities and covid management guideline

Department of health of south Africa

The Department of Health (DoH) derives its mandate from the National Health Act of 2003, which requires that the department provides a framework for a structured and uniform health system for South Africa. The Act sets out the responsibilities of the three levels of government in the provision of health services.

Its mission is to improve health by preventing illness and disease and promoting healthy lifestyles. It aims to consistently improve the healthcare delivery system by focusing on access, equity, efficiency, quality and sustainability. Over the medium term, the department aimed to focus on reducing morbidity and mortality resulting from the Coronavirus Disease (COVID-19) pandemic, including rolling out government's vaccination strategy and responding to future waves of infection.

Responding to the COVID-19 pandemic

South Africa has experienced four waves of COVID-19 infections, placing significant pressure on the country's health system and its budgets. To protect South Africans against the virus, the department aimed to have vaccinated 70% of the adult population by March 2023.

By mid-2022, the DoH had administered 35, 182 million vaccine doses to just over 19,717 million adult individuals, which was 49,5% of all adults. The department was allocated R2 billion for vaccines in the 2022/23 financial year.
The ongoing monitoring of SARS-CoV-2 genomic data is managed by the Network for Genomic Surveillance in South Africa. This includes monitoring for emergence of new variants and lineages, including from tested patients and wastewater.

Health entities

18. Health entities in south Africa
    a. The National Health Laboratory Service(link is external) was established in terms of the National Health Laboratory Service Act of 2000. The entity operates more than 230 laboratories in nine provinces and is the sole provider of training for
    pathologists and medical scientists, provides comprehensive and affordable pathology services to more than 80% of the South African population, and plays a significant role in the diagnosis and monitoring of HIV and TB. The NHLS also houses the National Institute for Communicable Diseases, which is internationally renowned for its role in the surveillance and monitoring of communicable diseases. It provides expertise to southern African countries on outbreaks such as Ebola, listeriosis and, most recently, COVID-19.

b. The South African Health Products Regulatory Authority derives its mandate from the National Health Act of 2003 and the Medicines and Related Substances Act of 1965. The authority is responsible for regulating medicines intended for human and animal use; licensing manufacturers, wholesalers and distributors of medicines, medical devices, radiation-emitting devices and radioactive nuclides; and conducting trials.

c. The South African Medical Research Council (link is external)(SAMRC) conducts and funds health research and medical innovation in terms of the amended SAMRC Act of 1991. The council is mandated to contribute to improved health and quality of life for the South African population by providing evidence-based recommendations to various policy-makers through health research, development, technology transfer and capacity development.

CLINICAL MANAGEMENT OF SUSPECTED OR CONFIRMED COVID-19 DISEASE

These guidelines describe the clinical management of cases of COVID-19 disease, including clinical care in and outside of health facilities, and are intended for use in both public had private sectors. The guidelines are developed by the Clinical Guidelines Subcommittee of the National Department of Health's Incident Management Team. They are informed by rapid medicine reviews conducted by the National Essential Medicines List Committee's Subcommittee on COVID-19, as well as advisories provided by the Ministerial Advisory Committee on COVID-19. The guidelines are presented as modules in order to facilitate and expedite updating of individual sections in future. The National Department of Health is committed to providing regular updates for guidelines, as knowledge regarding strategies to address COVID-19 develop both globally and in South Africa.

d. Summary of covid-19 Treatment

i. We recommend for treatment of COVID-19:

1. Corticosteroids for hospitalised patients with COVID-19 requiring oxygen support.

2. Heparin at prophylactic doses for hospitalised patients with COVID-19.

3. Baricitinib for hospitalized patients with COVID-19 requiring oxygen support.

ii. We recommend against the following medicines for COVID-19:

1. Chloroquine or hydroxychloroquine for treatment or prevention
2. Lopinavir/ritonavir
3. Interferon-beta-1a (subcutaneous or intravenous)
4. Azithromycin

5. Colchicine
6. Doxycycline
7. Nonsteroidal anti-inflammatory drugs (NSAIDs), including aspirin

iii. We suggest against use the following medicines for COVID-19:

1. Tocilizumab (due to concerns about cost-effectiveness in the state sector)
2. Remdesivir
3. Mucolytics
4. BCG vaccination
5. Inhaled beta-2-agonists
6. Colchicine
7. Convalescent plasma
8. Favipiravir
9. Heparin (or other anticoagulants) at therapeutic doses
10. Intravenous immunoglobulin
11. Ivermectin for treatment
12. Ivermectin for prevention
13. Statins
14. Vitamin D
15. Vitamin C
16. Zinc
17. Inhaled corticosteroids
18. Rivaroxaban
19. Fluvoxamine

Medical practitioners legal responsibility and Social media

Medical practitioners legal responsibility

19. Being registered under the Health Professions Act, 1974 (Act No. 56 of 1974), gives health care practitioners certain rights and privileges. In return, they have the duty to meet the standards of competence, care and conduct set by the Health Professions Council of South Africa and its Professional Boards. This is achieved by:
    a. Setting and maintaining standards of training and practice for healthcare professionals, and disciplining those who fall short of those standards, if necessary
    b. Setting and monitoring mandatory requirements for the continuing professional development of all registered practitioners and ensuring that training institutions adhere to the Council's standards
    c. Setting professional and ethical standards and publishing guidelines for practitioners to follow

20. It is impossible, however, to develop a complete set of specific ethical prescriptions applicable to all conceivable real-life situations. In concrete cases, health care professionals may have to work out for themselves what course of action can best be defended ethically. This requires ethical reasoning.
21. Ethical guidelines express duties. A duty is an obligation to do or refrain from doing something.
22. Healthcare practitioners fulfil multiple roles and duties.
    a. As human beings we have "natural duties", namely unacquired general duties simply because we are members of the human community - for example the natural duties to refrain from doing harm, to promote the good, or to be fair and just. As is the case with everyone, health care professionals owe these duties to all other people, whether patients or not, and quite independently of our professional qualifications.
    b. As professionals we have "moral obligations", namely general duties we acquire by being qualified and licensed as professionals, that is, professionals entering into contractual relationships with patients - for example the professional duties to provide health care, relieve pain, gain informed consent, respect confidentiality, and be truthful.
    c. Institutional duties: Institutional duties are imposed upon health care practitioners working in specific institutions. They are specific to the health care practitioner's particular institutionalised role, for example the duties of a practitioner employed by a company, a health care practitioner working in a governmental research agency, or a doctor engaged in private practice. These duties are contained in employment contracts, job descriptions, conventional expectations etc. Institutional duties must be consistent with the ethical and legal duties of health care practitioners.
    d. Legal duties: Legal duties are duties imposed by the common law and by statute law (for example, the National Health Act (Act No. 61 of 2003) or the Health Professions Act, 1974) that require health care practitioners to follow certain procedures and to use particular skill and care when dealing with patients.

23. National health act 61 0f 2003 states that Any research project should be subject to the review of a South African based Ethics Committee who must review the ethical and scientific rigor of the proposed research
24. Respect for the Law and system of government therefore practitioners must conform with the Constitution of the Republic of South Africa and all relevant South African legislation and standards.

Social media

25. Social media describes the online tools and electronic platforms that people use to are content such as opinions, information, photos, videos and audio. These includes social networks (e.g. Facebook, Twitter, WhatsApp and LinkedIn), content-sharing platforms (e.g. YouTube and Instagram), personal and professional blogs (including

email, SMS, electronic journals as well as those published anonymously), internet discussion forums, and the comment sections of websites.

26. Irrespective of whether online content is accessible to the public at large or is limited to specific health practitioners, there is a need to maintain high professional and ethical standards in using social media
27. Health professionals need to be aware that there are potential risks involved in the sharing of information via social media, even if the consequences are unintended. Although the way medical professionals use social media in their private lives is a matter for their own personal judgement, doctors and medical students should consider whether the content they upload onto the internet could compromise public confidence in the medical profession
28. Health care practitioners should avoid making unsubstantiated negative comments about individuals or organisations. Making comments that can be perceived as racist, sexist, homophobic or otherwise prejudiced, even if meant in jest or as satire.
29. Health practitioners may engage fully in debates on health matters, however they must be aware that the laws regarding defamation, hate speech and copyright also extend to content shared via social media. If an individual makes a statement that is alleged to be defamatory, it could result in legal action against the individual and the organisation they are representing.
30. Health practitioners must not post their opinions on the probity, skill or professional reputation of their colleagues on social media, lest the public lose faith in the health care profession.
31. Health practitioners are advised to include disclaimers in their social media profiles, indicating that the views expressed therein are their own and not those of the health profession or the health establishment they represent. However, this does not absolve the health care practitioner from the above rules.
32. A failure to follow these guidelines when using social media will undermine public trust in the health profession.

Areas of concern

a) Contravened ethical Rule 19 subsection b which requires of health care practitioners to only use health technologies, which have been proven upon investigation to be capable of fulfilling the claims made in regard to it in brackets the tenants of evidence- based medicine;
b) Contravened Rule 27, A subsection a, indicates that health practitioners should act in the best interests of patients. Including the advice, they give on public platforms;

c) Contravened Rule 12 indicates that a practitioner shall not cost reflections on the probability of other healthcare practitioners in line with that;

d) you made aspersions related to the cause of coronavirus or Covid-19 and further made aspersions related to the cause of Covid-19, the treatment thereof and the prevention of severe illness in patients with this disease that are not in line with the three tenants.

Opinion

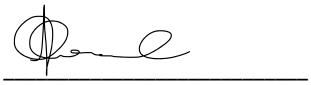
33. In my opinion Dr Chetty as a human being, he has natural duties to refrain from doing harm, to promote the good, or to be fair and just. As is the case with everyone, He owe these duties to all other people, whether patients or not, and quite independently of our professional qualifications ,and has a professional duty to be truthful as expressed by the ethical guidelines.
34. It can be noted that Dr Chetty reported that he was involved with management of patients approximately 7000 and appeared on social media platforms talking about the management of covid 19 in embedded videos and following could be deducted:

    a. There is scientific evidence that SARS cov-2 and its variants are a link to the covid illness to suggest otherwise is to undermine the efforts made by Virologist.
    b. His narrative of covid vaccine resonates with a biowarfare conspiracy theory more, than scientific evidence based medicine, this a common narrative of the antivaccine community. Disinformation of the vaccine has been proven to reduce the confidence of people about the use of mask and sanitation therefore increasing their risk to contacting covid Virus.
    c. He said his opinion about the government Covid 19 management protocols saying they are deadly however his 8th day protocol is safer and better .This statement about the public health organisation is a negative and unsubstantiated which might cause the public lose faith in the health care profession

    d. Dr Chetty prescribed medication not in line with NICD(National Institute for Communicable Diseases)guidelines which are freely available on their website:

        i. Ivermectin which is not registered for human use is South Africa and only allowed for trial purposes
        ii. Corticosteroids which are reserved for patients in hospital that needs oxygen.
        iii. Chloroquine not to be used in covid patients for prevention and treatment as its use tripled adverse events as compared to placebo.
        iv. The use of either promethazine nor montelukast is not include in the guidelines

35. His criticism about the management of covid is not in line with NICD(National Institute for Communicable Diseases)guideline which are supported by evidence based research. However his research has no ethical committee approval as enshrined in the health care act 61 of 2003.The approval is necessary to review the ethical and scientific rigor of the proposed research .
36. His claim that there was no protocols available and that there is no corona virus linked to the covid disease, these claims makes his knowledge and integrity questionable.
37. Above mentioned acts were obviously not in the best interest of patients , it exposed them to harm and Dr S Chetty did not respect the law and the system of the government.



Dr E O Senamela

MBChB (Pret) MPH (Pret)

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