

# **Illegal euthanasia implemented via Sweden's official Covid-19 strategies, and the resulting consequences needing urgent WMA intervention**

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## **Official Sweden Covid-19 directives of senicide force Illegal Euthanasia on vulnerable elderly; doctors compromised**

Dear fellow medical colleagues,

I am a 50-year-old specialist i allmänmedicin (general practitioner in Sweden with specific responsibilities) urgently appealing to the World Medical Association to officially approach the government of Sweden and make them accountable to my fellow medical colleagues in Sweden and worldwide, regarding a lack of ethics in 4 important issues which completely violate the Hippocratic Oath, Declaration of Helsinki and a declaration adopted at the 70<sup>th</sup> WMA General Assembly in Georgia during October 2019 against Euthanasia & Physician-Assisted Suicide:

1) Official directives specifically focus on elderly in nursing homes and deny them oxygen and basic medical attention such as being sent to hospitals, but are remotely prescribed Morphine and Midazolam if they are infected with SARS-CoV-2 without actual examinations while withholding information about official directives affecting the elderly. This results in

disregarding the wishes of their loved ones who eventually wind up with the anguish of losing their parent(s).

2) Questioning and insisting on making public the statistics rendered confidential and not available to the Swedish public during this period of the pandemic, which definitely affects Sweden's official approach on issues such as the extent of insufficient PPE, insufficient medical equipment including drugs for treating pneumonia, insufficient hospital beds, purchasing of testing reagents for Covid-19 tests, and withholding the journals of the elderly in nursing homes containing information to confirm unethical decisions and actions killing the elderly.

3) Sweden's official strategies are justified by state epidemiologist Anders Tegnell. He has been wrong on too many occasions while refusing to provide necessary science to justify his experimental approach for months, and his pattern of consistent errors for months has made me question whether he understands the responsibilities and ethics of being an epidemiologist in public health. I can only conclude that Sweden's official approach is forcing more than 10 million lives in Sweden to experience an ongoing process of herd immunity without a vaccine.

4) Swedish doctors being forced to obey official directives going against fundamental medical ethics as doctors while officially disregarding the lives and basic rights of patients and inflicting inhumane human rights violations, or being reported and then penalised if failing to adhere to such official directives, while the creators of such inhumane directives are still unidentified.

Since a few days after my going public on the issue on 10 April, I have been on official leave from my medical duties, in order to try to collect as much information as possible to add to what I was forced to confront in the official directives I have been given to carry out. I need your help to save lives and raise awareness of these issues not reported sufficiently in the Swedish media or international media, because many people living in Sweden do not have a voice for this topic.

After putting together all the information currently available on several issues, I am forced to question official narratives put forth by the Swedish government, Sweden's Public Health Agency (Folkhälsomyndigheten) and Sweden's National Board of Health and Welfare (Socialstyrelsen).

The mainstream Swedish media has been downplaying and sidestepping these issues when I have been doing my best to raise these issues with the Swedish government and speak to the Swedish media, during the past 3 months. Only recently has the Swedish media begun to report more extensively on the unacceptable treatment of the elderly in nursing homes.

I am attaching several documents and several links, which I hope WMA will find useful. Please also ask me for more information of whatever WMA needs, to address these 4 issues.

Attachment 1a is the official directive for the region of *Gävleborg*, with an *English translation*. 1b is the link to the official video by Swedish authorities of how to "care plan" patients with Covid-19, where oxygen is not mentioned at all. Link 1c is an interview with nurse *Latifa Löfvenberg*, who has been quoted in articles by BBC & RT regarding what she has seen about the deliberate murder of elderly in nursing homes and what she had to do to the elderly when employed in a nursing home. 1d is the link to an article stating 16 regions within Sweden's 22 regions have special directives for the elderly, and 9 of the regions explicitly forbid oxygen.

Attachment 2a is a link to an open letter I wrote in May, about senicide in Sweden. Attachment 2b is a file of the updated open letter finalised on 1 June 2020 using 60 references. It is crucial to capturing an important timeframe of what was happening in Sweden during a certain period alongside specific data and dates, while summarising Sweden's various problems such as lacking medical equipment and other vital necessities. No one else has summarised this in English.

I also compare Sweden to 2 other countries which implemented a lockdown, up until that date. They have vastly different population densities compared to Sweden, but similar population numbers, to illustrate certain conclusions because many countries do not have such high numbers of single-person households and low population densities which Sweden experiences. One of the countries is now a perfect example of opening too fast in the presence of Covid-19.

Attachment 3 are guidelines by the Indian Government's Ministry of Health, for treating patients with Covid-19. They can be contrasted with the guidelines of the official Swedish approach. Perhaps WMA could do an official comparison between countries for Covid-19 guidelines and start by focusing on EU-member countries, and publish them for the world to see, then also insist doctors and governments should take heed of such official comparisons?

4a and 4b are links to videos. One is a video of a 55-year-old woman denied oxygen in a Swedish hospital, and me talking to her daughter who wants this to be public. The other is a video with a fellow colleague speaking about Covid-19 and his opinion on how the elderly are being treated in Sweden.

Sweden's oxygen policy typically depriving people of such a necessity (especially during a pandemic involving a disease that causes major respiratory issues) is human rights abuse of the elderly and vulnerable, especially when 3 major oxygen-producing companies with manufacturing capabilities operate within Sweden, as detailed in my updated open letter.

The updated open letter also raises the oddity of Sweden's data-averse official approach to covid-19, such as terribly low testing rates for more than 2 months primarily due to testing criteria being heavily restricted while the basis of such rationale has not yet been justified. This reduces the official number of deaths due to Covid-19, especially among the elderly. Doing so results in primarily distorting the accuracy and proportion of statistics pertaining to the elderly.

I mention 2 of the elderly in the letter, including Eva Alinder who choked to death and never got tested for Covid-19 despite the request of her daughter Catharina, so Eva will not be included in the official statistics. Thomas Hoffman spoke of losing his mother Rita Hemsén in a nursing home because of a doctor's remote telephone decisions to prescribe Morphine and Midazolam, and her journal written by her in her last 20 hours says that she was given 4 injections with 0.5 ml of Midazolam at a dosage strength of 5 mg/ml.

I have said that prescribing drugs such as Morphine while denying oxygen therapy and basic medical attention to elderly afflicted with Covid-19 is most likely to result in them dying.

Professor of geriatric medicine Yngve Gustafson has also said that in geriatric clinics, the survival rate is 70-80 percent. But in elderly homes, where patients with Covid-19 routinely receive drugs such as morphine and midazolam which inhibit respiratory functions, while oxygen and basic medical attention is denied? They are most certainly going to die.

I have collected witness testimonies, while also part of a Facebook group which has collected more than a thousand stories of Swedish adults losing their elderly parents in

nursing homes throughout different regions within Sweden. Their experiences always include common factors such as their parent not being sent to hospital, lack of informed consent from elderly patients or their next of kin, and uninformed patients as summarised in issue 1.

Articles by foreign media in English have started to appear in the final 8 days of June 2020, reporting on details of illegal euthanasia being inflicted on the elderly in Sweden. I cite 4 links (numbered 5 to 8 in the reference list below), as examples.

“Older people are routinely being given morphine and midazolam, which are respiratory-inhibiting. It’s active euthanasia, to say the least,” said Dr Yngve Gustafson to [Svenska Dagbladet](#).

“The ICU wards were comparatively empty. Elderly people were not taken to hospitals—they are given sedatives but not oxygen or basic care,” said Dr Cecilia Söderberg-Nauclér, of Karolinska University Hospital.

Folkhälsomyndigheten has violated Sweden’s Infection Protection Act but until today, nobody has been held responsible nor appropriately censured for decisions such as severely restricting Covid-19 testing for months. If Sweden’s government and Folkhälsomyndigheten wants to justify their outlier approach, quantity and quality of reliable data is required.

Instead, what we have are major blackholes for information. Swedish officials have not tracked infections among school students, and parents must ensure their children go to school with no exceptions, even if their household may have loved ones in high-risk groups for Covid-19.

As of 4 June, 90% of the elderly that have officially died from Covid-19 in Sweden perished in nursing homes, prescribed respiratory-inhibiting drugs such as Morphine and Midazolam while denied oxygen and access to hospitals. They are not examined by a doctor and their oxygen saturation levels are not measured. The doctor makes decisions via the telephone.

My 72-year-old mother and 96-year-old grandmother are also part of the lives I am trying to protect. I am willing to co-operate in any action taken by WMA. **Please help people in Sweden to save our families, by saving the lives of our parents and grandparents.**

In April 2020, Sweden recorded its worst month of deaths in 27 years, since 1993. In May 2020, Sweden had a greater number of fatalities than the combination of Norway, Denmark and Finland, reaching 400 deaths per million people by 28 May. For 7 days in May, Sweden had the highest coronavirus death rate per capita in the world, at 6.08 deaths per million. If we compare Sweden to Australia which implemented a lockdown and stood at 4 deaths per million people on the same timeline by 28 May, Australia would have to lose at least 9500 lives to reach Sweden’s 400 deaths per million, and Australia has more than 25 million people while Sweden has less than half that population (at slightly more than 10 million people).

As of 1 July 2020, Sweden has 523.71 deaths per million, ranked 5<sup>th</sup> in the world behind Belgium, UK, Italy, and Spain while clearly outstripping France at 444.52 deaths per million in 6<sup>th</sup> place. As of 24 June, WHO director-general Tedros has emphasised the need for oxygen to help Covid-19 patients, many countries struggling to obtain oxygen concentrators, and yet nothing in Sweden’s official strategies has changed today despite oxygen sourcing here not being an issue. As of 24 June, 79% of official Covid-19 deaths in Sweden happened to the elderly in nursing homes.

WMA has consistently put health and people’s lives above politics, as evinced by communication to WHO in May 2018, April 2019 and April 2020 to insist that Taiwan be

given observer status at WHO. Sweden could learn much from Taiwan and other countries, to officially implement policies for the aims of protecting all lives in Sweden according to an ethical and information-based scientific approach, but that is impossible when we have irresponsible decision-makers officially pursuing not-yet-investigated agendas fundamentally different from policies of respecting basic human rights, human lives and science.

Please create a solution to also help Sweden's doctors and remind them of their primary responsibilities as physicians. I and my fellow colleagues need an option to ethically save human lives and stop inflicting genocide, instead of being coerced to work according to official directives or eventually losing our jobs for refusing to do so.

Until now, state epidemiologist Anders Tegnell refuses to recommend face masks, recently claimed "world went mad" by resorting to lockdowns instead of no lockdowns (which Sweden experimented with), and as someone who appears repentant on certain angles according to reports by the media? Despite any verbal concessions, he refuses to justify his approach with relevant science and refuses to adopt any changes to his strategies. Is this pattern reflective of behaviour irrespective of verbal noise in doubling down, or actual recognition of errors that need rectification?

How many people in Sweden must die, to convince him to implement any changes? More than 5447 families mourning the preventable deaths of their elderly in Sweden thus resulting in the global statistical achievements stated earlier and rendering Sweden a pariah state for unacceptable infection rates far higher than neighbouring Scandinavian countries- Still insufficient for him to modify his decisions, along with ignorant laypeople who still wrongly support his stance.

A few examples of his ongoing erroneous opinions from January 2020 until now (which I have too little space to completely include here), include:

# "In China and in many other countries, people are seen wearing mouth protection, though they do not help" - January 29, in Aftonbladet

# "Coronavirus will be close to a common flu in danger and duration" - January 31st, in Aftonbladet

# "There is a greater risk to be hit by lightning than being infected with the new virus, at least right now" - February 21, in Expressen

# "To be infected on the subway is very unusual, if it happens at all"- February 26, in SVT

# "Herd immunity is not a policy, it's a status you can achieve," Tegnell said. "We want as few people to get infected as possible, at a slow pace, so the health system can cope."- Quartz covering a 15 April briefing.

I understand epidemiologists are public health professionals investigating patterns and causes of disease and injury in humans, and they should be cautious when analysing data or constructing conclusions for statistics. Their professional responsibilities based on ethics include reducing risk and occurrence of negative health outcomes via relevant analytical research, reliable community education and humane health policies.

I believe Anders Tegnell is not fulfilling the responsibilities or ethics of an epidemiologist, while giving an inaccurate portrayal of Sweden's official Covid-19 approach alongside unreliable advice about tackling Covid-19 to protect public lives for my medical colleagues in other countries. He has spoken to Dr Dileep Malavankar, who is the director of the Indian Institute of Public Health Gandhinagar. I have also recently spoken to Dr Malavankar, who is

shocked at these official directives for the elderly in nursing homes which I have explained. If India were to implement Sweden's policies with their population densities in every state, what would be the catastrophic end result?

Former state epidemiologist Johan Giesecke has a consultancy agreement with the Swedish Public Health Agency, which could have created a primary conflict of interest when he wrote the article "The Invisible Pandemic" about Sweden in the *Lancet*, for medical colleagues worldwide to read. This is attached as 9) in the reference list, where he claims he has no conflicting interests. Since he has official influence to affect Sweden's public health policies, should the details of his consultancy agreement also be scrutinised by the World Medical Association?

The *Lancet* and *New England Journal of Medicine* recently had to retract 2 studies on Covid-19 in June, whereby external professionals and scientists pointed out huge errors and problems with those papers instead of internal fact-checking and analysis by both journals prior to publication. That is summarised as 10) in the reference list below.

Sweden's economy will not be doing significantly better than its neighbouring countries, which went through lockdowns to protect citizens and had much lower death tolls. Alongside all the other information including Sweden's official decisions by authorities toward necessary medical equipment and PPE clearly being inadequate, it has become imperative for me to question the fundamental basis of decisions by the Swedish government and public health agency, in ensuring hospital beds were always available while unethically denying oxygen therapy and medical attention to the elderly.

From 2013 to 2017, hospital beds have been reduced and in 2017, Sweden officially stands at 2.22 hospital beds per 1000 people and 5.8 ICU beds per 100,000. On Friday 13 March, an article in *Dagens Nyheter* mentioned people working in healthcare claiming PPE is running out. Actual stockpile numbers are not known, because the inventory compiled from 71 hospitals for a 9 March report became classified information. Our Medical Association chairman Heidi Stensmyren questioned the need for such secrecy.

Many laypeople in Sweden and other countries do not understand the current state of Sweden's public healthcare system, and also do not know how to evaluate and compare the quality of data from countries such as Australia, South Korea and Taiwan in comparison to Sweden. When they do not understand, they perpetuate myths or spread false news due to ignorance.

People who understand the important nuances of data without bias would understand the above and also look at the collated information for extent of contact tracing, testing capability relative to timeframes, number of tests per confirmed case, case fatality rate, and control of transmission for each country, all relative to number of ICU transmissions and availability of hospital beds alongside rates of hospital admissions every day or every week or every month.

How does Sweden perform, when evaluated for quantity and quality of data for a minimum of all the criteria listed above? Look at the regular briefings by *Folkhälsomyndigheten*, which lack comparisons to other countries for all the above criteria.

The global public needs to understand Sweden's official data-averse Covid-19 strategy because too much of it is unacceptable and ethically repulsive as public health policies for healthcare workers, patients, and the general public. Such an approach needs to be globally evaluated and criticised for discrimination and manslaughter of the elderly in a First World Country, while misleading the general public worldwide to covertly exercise an approach wrongly admired by other countries.

**Please help me to save lives in Sweden.** The elderly and vulnerable in Sweden cannot wait until 30 November 2020, when the first of 2 preliminary reports are submitted by a commission that may not be sufficiently independent to hold people accountable. We also cannot wait until February 2022, which is when the final report is submitted. Children are losing their parents every day, and without avenues of recourse.

As of today, Sweden's total official number of Covid-19 deaths is more than 4.5 times the total number of combined Covid-19 deaths from our neighbouring countries (Denmark, Finland & Norway). If we go by per million people, Sweden currently has 12 times more deaths than Norway, 7 times more deaths than Finland and 6 times more deaths than Denmark, which has also been reported in New York Times.

When the majority of official Covid-19 deaths in Sweden are the elderly, ICU beds are always available, but most of the elderly do not receive hospital care or medical attention, and data collation is hugely lacking, how can the Swedish government or any Swedish public health official claim the elderly are being protected?

Ongoing illegal euthanasia in Sweden can be stopped, but WMA must intervene. Governments must not follow Sweden's official Covid-19 strategies, especially for the elderly.

“In light of these findings, any proposed approach to achieve herd immunity through natural infection is not only highly unethical, but also unachievable. “- From the paper “SARS-CoV-2 seroprevalence in COVID-19 hotspots”, published 6 July 2020 in the Lancet.

Sincerely, Dr Jon Tallinger

*Jon Tallinger*

List of attachments & links:

1a) <https://rairfoundation.com/exclusive-swedish-doctor-pleads-for-help-govt-denies-elderly-coronavirus-patients-life-saving-oxygen-watch/>

1b) <https://www.youtube.com/watch?v=EihWfYfrEFg>

1c) <https://www.youtube.com/watch?v=EihWfYfrEFg>

1d) [https://www.e-pages.dk/hallandsposten/35590/article/1144908/6/1/render/?token=711b5662137663c0a49ea9a222129e59&vl\\_platform=ios&vl\\_app\\_id=se.hallandsposten.ereader](https://www.e-pages.dk/hallandsposten/35590/article/1144908/6/1/render/?token=711b5662137663c0a49ea9a222129e59&vl_platform=ios&vl_app_id=se.hallandsposten.ereader)

2a) <https://theindicter.com/world-medical-association-called-to-investigate-human-rights-violations-in-swedens-management-of-covid-19-epidemic/>

2b) Please see attachment titled “1June”

3) Please see attachment of India's Ministry of Health guidelines for treating Covid-19 patients

4a) <https://www.facebook.com/jon.tallinger.9/videos/2595101527419240/>

<https://www.youtube.com/watch?v=UkOP2wz7eb0&>

The 55-year-old lady suffocating to death in a Swedish hospital. Her daughter spoke to me and wants this to be known. The full video sent to me, which I uploaded (Youtube), and what her daughter has to say (Facebook).

4b) <https://www.youtube.com/watch?v=8dTu847yFX4>

Yaneer Bar-Yam talks about Covid-19 and the unacceptability of inflicting senicide officially on the elderly. There are other videos with doctors, but all in Svenska.

5) <https://www.bioedge.org/bioethics/questions-raised-about-swedens-covid-19-policy-on-nursing-homes/13479>

6) <https://www.nationalreview.com/corner/deadly-covid-discrimination-against-the-elderly-in-sweden/>

7) <https://mercatornet.com/did-covid-19-open-the-door-to-euthanasia-in-sweden/63962/>

8) <https://www.christianpost.com/news/sweden-discriminates-against-elderly-with-covid-19-active-euthanasia-critics-say.html>

9) [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31035-7.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31035-7.pdf)

10) <https://forbetterscience.com/2020/06/05/would-lancet-and-nejm-retractions-happen-if-not-for-covid-19-and-chloroquine/>

11) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31482-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31482-3/fulltext)