

A photograph of a doctor in a white coat and glasses, seen from the side, talking to a patient in a hospital bed. The patient is wearing a yellow headscarf and a blue hospital gown. The background is a blurred hospital room.

**The Good Doctor and
Cancer Deaths**

Hatchard Report

Dr. Guy Hatchard

The Good Doctor and Cancer Deaths

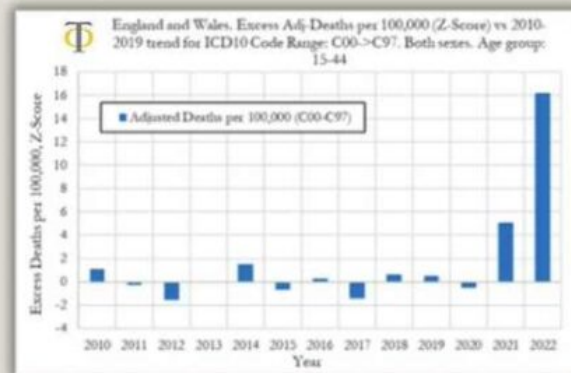
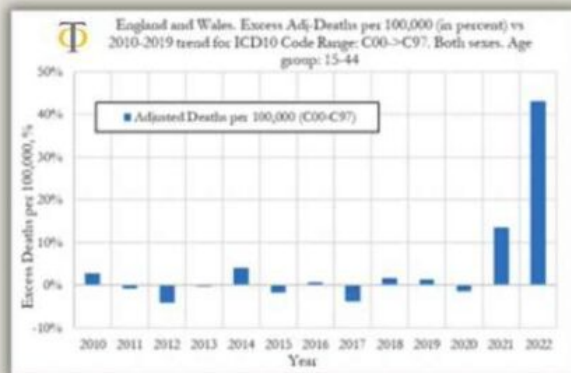
We have reported record levels of excess deaths in New Zealand and around the world in our articles during the last two years (see [here](#) for details of millions of excess deaths worldwide). We have been met not just by a wall of silence, but repugnant efforts to bury the facts through manipulation of data. We have investigated the cause in terms of greatly increased rates of cardiac events linked with mRNA vaccines verified by high quality published studies (see [here for example](#)). Still silence.

Early on in the pandemic, eminent microbiologists including Dr. Robert Malone and many others warned that mRNA vaccines had the potential to reactivate dormant cancers and cause new cancers. UK Professor Angus Dalglish, MD, FRCP, FRCPA, FRCPath, FMedSci has publicly warned that he is now seeing unprecedented large rises in cancer incidence and recurrence among his patients. Data from the UK Office of National Statistics has been released documenting a massive rise in cancer deaths starting in 2021 (up 13%) and accelerating in 2022 (up 43%) **among young people aged 15-44**.

UK - Death & Disability Trends for Malignant Neoplasms (Cancer), Ages 15-44

Data Source: UK Office of National Statistics (ONS)

Excess adjusted deaths rates from malignant neoplasms for ages 15 to 44, in England and Wales



LEFT:
Relative deviation
from trend,
percent.

RIGHT:
Deviation from
trend, Z-Score

- Our analysis shows that the excess death rates from malignant neoplasms remained un-altered in 2020, rose by 13% in 2021, and about 43% in 2022.
- The excess mortality from malignant neoplasms in 2021 & 2022 are highly statistically significant with Z-scores of 5 & 16, respectively. These are very strong signals.
- These signals are corroborated by similar findings when measuring rises in the fraction of deaths from malignant neoplasms relative to all other deaths with classified causes.

Full analysis at phinancetechnologies.com

DIRECT LINK: bit.ly/UK-Cancer15-44

Phinance Technologies

Follow us and join the conversation on [X \(formerly Twitter\)](#)

The Good Doctor and Cancer Deaths

You will appreciate from the above graphs that there is no historical precedent for such massive rises in cancer deaths.

[Leaked data for the Wellington Health Region](#) indicates rises in hospitalisation for cancers of the order of 25%. There has been no data released for cancer deaths in New Zealand, but the massive increases in hospitalisation are as unprecedented as the rises in UK cancer deaths. So why are we hearing or reading nothing about this? Why are mainstream media articles appearing almost daily with stories of family cancer tragedies without revealing that they are part of a trend which must have a novel cause?

Last night I watched a harrowing documentary '*Ireland's Mother and Baby Scandal*' on PrimeTV. For eight decades unwed pregnant women were forced into homes run by Catholic nuns to give birth and work off their '*sin*'. In these homes upwards of a quarter of all babies born died within their first twelve months of life. As many as 8,000 babies died in total. Despite being amply funded by the state to pay for their care, many had died of malnutrition and related conditions.

Doctors and inspectors routinely turned a blind eye to the appalling conditions and mistreatment. The documentary reported at least one good doctor who was unafraid to look beneath the surface and condemn the institution he visited. He simply lifted the crisp white sheets of the hospital beds and discovered the horrible sickness hidden beneath.

The situation continued for so long partly because the government ceded its responsibility of care to the church and its judgemental dogma without undertaking sufficient investigation of the outcomes and possibly because the government agreed that unwed mothers were deserving of punishment.

Infant mortality in the UK in the 1950s was running at 3.2%, that is approximately 32 babies dying within 12 months out of every 1,000 births. In the Irish Mother and Baby Homes, 250 babies were dying out of every 1,000 births. This should not have escaped the notice of the government. In fact it probably didn't. Apparently, they just chose not to care and kept silent.

On August 9th of this year Dr Michael Tatley MBChB (UCT), FFCH(SA), FAFPHM, FNZCPHM, AdvCertVac, BBusSci(Hon) (UCT), Research Professor and Director of the New Zealand Pharmacovigilance Centre and Centre for Adverse Reactions Monitoring (CARM) wrote to a correspondent who reported to CARM a case of cancer subsequent to Covid vaccination. Dr Tatley roundly rejected any association between Covid vaccination and cancer saying:

The Good Doctor and Cancer Deaths

"I am not aware of any known association of any of the COVID vaccine platforms that have been in use for the Pandemic being associated with any form of cancer.....Considering the extensive uptake/coverage of COVID vaccination in New Zealand and globally, background level events occurring in some temporal association with the COVID vaccination have a high likelihood of coincidence."

To bolster his opinion, Dr. Tatley referred to the [case of a single individual](#) who had experienced cancer remission after receiving a Moderna mRNA vaccine. To be able to claim that he had never heard of any association between cancer and the Covid vaccine, Dr Tatley must have been assiduously avoiding any exposure to public discussions and relevant scientific publications. It is indeed strange that Dr. Tatley hasn't heard of the warnings issued by his eminent UK colleague Dr. Dalglish and others.

As he is Director of the New Zealand Pharmacovigilance Centre you might expect Tatley would be aware of the massive uptick in New Zealand hospitalisations for cancer since the start of the vaccine rollout involving not one case but thousands. You might have thought he would be demanding access to cancer death statistics tallied with vaccination status just to verify whether his learned opinion of no association was correct.

You see I can be forgiven for asking again and again why excess deaths are so high and what is causing them. A parallel with the Irish Mother and Baby Homes could well be drawn. When you actually look into the data it is hard to ignore, so if you want to sweep the facts under the carpet it is best not to look at all.

How can such an obvious association remain hidden?

The answer possibly lies in a collusion between the government and the medical authorities to keep silent at any cost. The government doesn't ask and the medical authorities don't tell. If you have ever run a business, you will know that verification of outcomes and auditing of accounts cannot be avoided. If you fail to deliver the goods and balance the books, various inspectors and disgruntled clients might come knocking.

Governments however are in the fortunate position of being in absolute charge. Especially here in New Zealand, where there is no written constitution and a presumption of the absolute power of parliament. They can do what they like with impunity. Every three years they face the ballot box but when they do so they can hide as much as they think they can get away with.

In New Zealand, the outgoing government succeeded in winding back the clock.

Before the invention of the printing press by Gutenberg in 1450, the populace relied on the pronouncements of those in authority and whispered fragments of village gossip for information. The printing press however changed all that, learning, information and law became a matter of public property accessible via the printed word.

During the last parliamentary term, learning, information, media and law reverted to state control and the use of social media was labelled as unreliable and therefore censored. We suddenly fell back under the control of those in authority without the right to challenge government dogma or the means to assess policy outcomes. As a result, people appear to be dying directly as a result of government policy, but the evidence required to investigate this is being hidden.

In criminal law there is a principle of culpability known as *'joint enterprise'*. Where two or more parties embark on a joint enterprise, as either a principal or secondary party, each will be liable for acts committed in pursuance of that joint enterprise with the necessary intent, unless the principal goes beyond the scope of what was agreed. In other words, one party cannot escape guilt by blaming the other.

The Good Doctor and Cancer Deaths

By now it is impossible to distinguish any mitigating circumstances that might excuse our government or medical authorities from their continuing actions to hide health data from public scrutiny.

Where is the *Good Doctor* who will publicly call time on this deadly charade? Who among our newly elected MPs will honour the dead and those whose quality life has been impaired? This is in no sense a trivial matter, nor one that can be postponed any longer.

In Ireland, a commission of inquiry was supposed to complete a report into the Mother and Baby Home deaths by 2018. To date it hasn't done so. There are lessons here for us. A commission of inquiry alone will not guarantee justice, public questions must be answered and health data published. The New Zealand Bill of Rights needs to be embedded as a constitutional principle as a matter of urgency.

Dr. Guy Hatchard

19 October 2023

hatchardreport.com