

# **Voluntary Informed Consent and Mass Population Covid-19 Vaccination**

## **Considering Jab Mandates and Rogers v Whitaker**

**First, do no harm**

Australia is likely one of the most Covid vaccinated countries in the world, *under mandates*.

*How could this happen?*

*How could the medical profession cooperate with mandated medical interventions and trash voluntary informed consent?*



*Are health practitioners, 'in effect', being conscripted to participate in the Australian Government's Covid-19 vaccination rollout, in contravention of the Australian Constitution, i.e. paragraph xxiiiA of s51?*



Elizabeth Hart <elizmhart@gmail.com>

**Are health practitioners in effect being conscripted to participate in the Australian government's Covid-19 jab rollout, in contravention of the Australian Constitution?**

Elizabeth Hart <elizmhart@gmail.com>  
To: attorney@ag.gov.au

Mon, Feb 13, 2023 at 1:59 PM

**For the attention of:**  
Mark Dreyfus  
Attorney-General of Australia

Mark Dreyfus, **are health practitioners in effect being conscripted to participate in the Australian Government's Covid-19 jab rollout, in contravention of the Australian Constitution, i.e. paragraph xxiiiA of s51?**

The Australian Health Practitioner Regulation Agency (AHPRA) threatens health practitioners with regulatory action if they challenge the Covid-19 jab rollout, i.e. "Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign (including via social media) is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action". (My emphasis.) (See attached AHPRA position statement dated 9 March 2021.)

Health practitioners have a legal and ethical obligation to obtain voluntary informed consent from people before vaccination, including the Covid jabs, e.g. as stated in *The Australian Immunisation Handbook*, under *Valid Consent*, i.e. "For consent to be legally valid, the following elements must be present...It must be given voluntarily in the absence of undue pressure, coercion or manipulation...It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person." (My emphasis.)

**If health practitioners provide information on an individual's actual risk with Covid, the potential risks of the Covid jabs, and any alternative options, is this considered 'anti-vaccination', and undermining 'the national immunisation campaign'?**

The AHPRA position statement also refers to "the best available scientific evidence" - **but who defines 'the best available scientific evidence' about the Covid jabs, is it not open to question?**

It's ironic that AHPRA has imposed draconian restrictions on health practitioners under threat of regulatory action, because AHPRA has confirmed to me in writing that: **"Practitioners have an obligation to obtain informed consent for treatment, including vaccination. Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved."** (See attached letter dated 21 September 2021.)

Likewise, the Australian Department of Health and Aged Care has confirmed to me in writing that: **"Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations."** (See attached letter dated 17 November 2022.)

And an Operation COVID Shield factsheet for health practitioners notes: **"A patient must provide informed consent prior to vaccination. If a patient has not provided informed consent you should not vaccinate them, even if they are mandated to receive a COVID-19 vaccination to perform particular roles or enter certain settings."** (See attached Operation COVID Shield factsheet - Handling consent refusal by people presenting for vaccination.)

Mark Dreyfus, **do the onerous restrictions placed upon health practitioners by AHPRA prevent them from voicing concerns about the mass population Covid-19 jab rollout**, e.g. to people who present to the health practitioner as a result of a Covid jab mandate, or to the parents of children being pressured to have the Covid jabs, and others who are at low risk of Covid-19?

# Why was there a global ‘vaccine solution’ to Covid-19?

*Most people aren't at serious risk...why is almost everyone being treated as a 'patient' and pressured to submit to unnecessary Covid vaccinations over and over again...and sacrifice their own effective natural immune response?*

## World Health Organization

*Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment.*

*However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease or cancer are more likely to develop serious illness.*

*Why wasn't there a targeted response for those at risk? Instead of an INSANE plan to unnecessarily vaccinate the entire global population – over and over again!*

# Coronavirus: 60% of UK population need to become infected so country can build 'herd immunity', government's chief scientist says

The UK's **chief scientific adviser** has said the government wants 60 per cent of the population to catch **coronavirus** to try and create "herd immunity" to protect against the virus becoming an annual crisis.

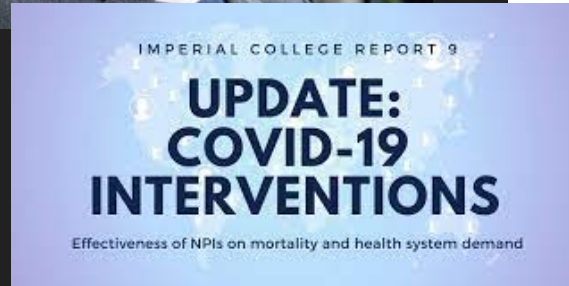
**Sir Patrick Vallance** told BBC Radio 4's Today Programme that he thought the coronavirus was likely to become an "annual virus" and that the strategy was to limit the impact on the NHS but not stop the virus completely.



# The infamous 'Ferguson modelling'...

influences Doherty modelling in Australia - puts us into lockdown in March 2020...

**“until a vaccine becomes available”**



# Is it ethical to impede access to natural immunity?

## The case of SARS-CoV2 (1)

*If children, young adults and others can mount their own effective immune response to SARS-CoV2, is it ethical to impede their ability to access natural immunity by interfering with the natural progression of the virus?*

*Is the focus on future fast-tracked vaccine products blocking full consideration of the opportunity for natural herd immunity? Who is Neil Ferguson to say “The only exit strategy [in the] long term for this is really vaccination or other forms of innovative technology that allows us to control transmission.”*

**BMJ Rapid Response** by Elizabeth Hart, 25 March 2020



# Is it ethical to impede access to natural immunity?

## The case of SARS-CoV2 (2)

*In regards to young people's and others' right to natural immunity, it's also vital to consider the startling admission by Heidi Larson, Director of The Vaccine Confidence Project, during the recent WHO Global Vaccine Summit, i.e.*

*“...We've shifted the human population...to dependency on vaccine-induced immunity...We're in a very fragile state now. We have developed a world that is dependent on vaccinations”.*

*This is a very alarming statement by Professor Larson, particularly with the prospect of other epidemics emerging in the future. We have to learn to deal with epidemics and illnesses as they emerge, it's not feasible to vaccinate the global population against every threat...*

*Again, is it ethical to deny children, young people and others their opportunity for natural immunity, and to plan to make them dependent on vaccine-induced immunity, to in effect make them dependent on the vaccine industry?*

**BMJ Rapid Response** by Elizabeth Hart, 25 March 2020

Heidi Larson, Director of the vaccine industry-associated The Vaccine Confidence Project  
Plenary lecture – WHO Global Vaccine Safety Summit, 2-3 December 2019

*We have a very wobbly health professional front-line, that is starting to question vaccines and the safety of vaccines.*

*Because to this day, any study I've seen...still the most trusted person I've seen on any study globally is the healthcare provider.*

*And if we lose that we're in trouble.*

*And we haven't lost it yet...some of the challenges are when the front-line professionals are starting to question, or they don't feel like they have enough confidence about the safety to stand up to it, to the person asking them the questions.*

*I mean most medical school curriculums, even nursing curriculums, I mean in medical school you're lucky if you have a half day on vaccines never mind keep up to date with all this.*

## Is it ethical to vaccinate children to protect the elderly? (1)

*I was astonished recently to read in The Guardian that children in the UK are given the nasal spray flu vaccine to protect their grandparents, even though children do not often get severe flu.*

*This was acknowledged by Professor Peter Openshaw, from Imperial College London, one of the members of the UK's Sage scientific advisory sub-group Nervtag, during a House of Lords science and technology committee meeting in June to discuss COVID-19 vaccine development.*

*And now there are plans afoot to vaccinate children against SARS-CoV-2/COVID-19 to protect the elderly.*

**BMJ Rapid Response** by Elizabeth Hart, 5 August 2020

## Is it ethical to vaccinate children to protect the elderly? (2)

*According to The Guardian article “A vaccine against Covid-19 may not work well in older people who are most at risk of becoming seriously ill and dying from the disease...” and this “may mean immunising others around them, such as children”.*

*It’s been reported that most paediatric cases with laboratory-confirmed SARS-CoV-2 infection are mild and severe COVID-19 disease in children is rare. (See comment published in The Lancet Child & Adolescent Health)*

*How can it be ethical to vaccinate mass populations of children against SARS-CoV-2 to protect the elderly if most SARS-CoV-2 infections in children are mild, and severe COVID-19 disease in children is rare?*

*How can it be ethical to vaccinate mass populations of children against flu if children do not often get severe flu?*

**BMJ Rapid Response** by Elizabeth Hart, 5 August 2020

## Is it ethical to vaccinate children to protect the elderly? (3)

*Vaccinations are medical interventions which have risks. It seems to me unethical to vaccinate someone against a disease which is not a significant threat to them to protect others, e.g. the elderly. This is a particularly serious matter to consider in countries which have coercive vaccination policies, e.g. Australia, and the United States...*

*What do doctors think about this, about vaccinating children with flu vaccines and future coronavirus vaccines to supposedly protect the elderly?*

*This is not to negate the risks of flu and SARS-CoV-2 for the elderly, but efforts should be concentrated on finding medications to help them directly, children's rights to their own natural defences should not be sacrificed in this regard.*

**BMJ Rapid Response** by Elizabeth Hart, 5 August 2020

## Is it ethical to vaccinate children to protect the elderly? (4)

*And now Reuters reports “AstraZeneca has been granted protection from future product liability claims related to its COVID-19 vaccine hopeful by most of the countries with which it has struck supply agreements...”*

*According to Reuters, Ruud Dobber, a member of Astra’s senior executive team, said “This is a unique situation where we as a company cannot take the risk if in...four years the vaccine is showing side effects”.*

*So AstraZeneca has been granted protection from future product liability, and children around the world will be left with the risk of side effects in order to supposedly protect the elderly.*

*In my opinion this is not ethical.*

**BMJ Rapid Response** by Elizabeth Hart, 5 August 2020



# Liberal democracies being turned upside down to ‘protect health services’

*To put things in perspective, consider that over the past eleven months, globally 1.64 million deaths have been attributed to COVID-19. These 1.64 million deaths must be seen in context with the 56 million deaths expected in the world annually.*

*There has been a disproportionate and ill-targeted response to SARS-CoV-2, a response which has created dramatic upheaval throughout the world. Deaths and ‘case’ numbers attributed to COVID-19 have been used to impose serious restrictions on people’s right to free movement and association, resulting in massive damage to the economy and social interaction. There must be independent and objective critical analysis of the global statistics being used to impose draconian restrictions.*

**BMJ Rapid Response** by Elizabeth Hart, 18 December 2020

## COVID-19 vaccine deployment: Behaviour, ethics, misinformation and policy strategies

This rapid review of science of the behavioural aspects of vaccine uptake and misinformation is from the Royal Society and the British Academy to assist in the understanding of COVID-19.

### Failure to disclose conflicts of interest - COVID-19 vaccine deployment report - Royal Society and British Academy

Elizabeth Hart <elizmhart@gmail.com>

Fri, Dec 4, 2020 at 9:55 PM

To: InstituteDirector@turing.ac.uk, ramak@mrc-lmb.cam.ac.uk, dcannadi@princeton.edu  
Cc: press@royalsociety.org, press@thebritishacademy.ac.uk

#### For the attention of:

Sir Adrian Smith, President of the Royal Society  
Dr Venki Ramakrishnan, previous President of the Royal Society 2015-2020  
Sir David Cannadine, President of the British Academy

Dear Sir Adrian, Dr Ramakrishnan and Sir David

Serious conflicts of interest were not disclosed when the **COVID-19 vaccine deployment: Behaviour, ethics, misinformation and policy strategies report**[1] was promoted in November 2020.

This Royal Society and British Academy sponsored report supports the deployment of fast-tracked and still experimental 'COVID-19' vaccine products, and calls for dissent about these vaccine products to be suppressed, even calling for criminal prosecutions for 'spreading misinformation'. But who defines what is 'misinformation'?

The COVID-19 vaccine deployment report calls for oppressive action against people questioning COVID-19 vaccination policy, but fails to disclose that both the Royal Society and British Academy are seriously conflicted in this matter via their funding.

The Royal Society receives funding[2] from AstraZeneca, the manufacturer of the Oxford vaccine[3], and also from GlaxoSmithKline, another vaccine manufacturer involved with COVID-19 vaccine products.[4]

The British Academy receives funding from the UK Department for Business, Energy and Industrial Strategy (BEIS)[5], which is responsible for the Vaccine Taskforce (VTF) which was "set up to drive forward the development and production of a coronavirus vaccine as quickly as possible, bringing together government, academia and industry".[6]

Sir Adrian, Dr Ramakrishnan and Sir David, these conflicts of interest should have been clearly disclosed on the COVID-19 vaccine deployment report, and acknowledged in media promotion for the report.

The Royal Society says "We are the independent scientific academy of the UK"[7], and the British Academy says it is "an independent fellowship of world-leading scholars and researchers", but this declared 'independence' is clearly compromised.

Sir Adrian, Dr Ramakrishnan and Sir David, please take steps immediately to ensure conflicts of interest are clearly disclosed in regards to the COVID-19 vaccine deployment: Behaviour, ethics, misinformation and policy strategies report.

I request your response on this matter.

Sincerely

Elizabeth Hart

Independent person investigating the over-use of vaccine products and conflicts of interest in vaccination policy

## Doctors in charge under ‘the Covid emergency’

*In Australia the most powerful person during the Covid emergency is the Chief Medical Officer, who is also the Director of Human Biosecurity, and chair of the Australian Health Protection Principal Committee (AHPCC) which provides the specialist medical and epidemiological advice to justify the declaration of a human biosecurity emergency under the Biosecurity Act 2015.*



**Paul Kelly, current Chief Medical Officer**



**Brendan Murphy, former Chief Medical Officer**

# *The ‘expert’ advice... Any conflicts of interest?*

**Australian Technical Advisory Group on  
Immunisation (ATAGI) Nigel Crawford**

**Australian Health Protection Principal Committee (AHPPC)**

**Chief Medical Officer Paul Kelly**

**Chief Health Officers**

**ATAGI COVID-19 Working Group**

**National COVID-19 Coordination Commission**

**Therapeutic Goods Administration (TGA) John Skerritt**

**CEPI Jane Halton**

**TGA Advisory Committee on Vaccines (ACV)**

**COVID-19 Vaccines and Treatments for  
Australia – Science and Industry Technical  
Advisory Group**

**Pharmaceutical Benefits Advisory Committee (PBAC)**

**Department of Health & Aged Care  
Secretary Brendan Murphy**

**Doherty Institute**

**National Centre for Immunisation Research and  
Surveillance (NCIRS)**

**Burnet Institute**

**Murdoch Children’s Research Institute**

**Kirby Institute**

**Garvan Institute**

**Grattan Institute**

**Immunisation Coalition...**

***Funded by Pfizer, Moderna, GSK, CSL  
Seqirus, Sanofi, Bioclect, Novavax, MSD,  
Apotex, Roche***

# Australian Health Protection Principal Committee (AHPPC) *mandates* Covid vaccination for health workers

*AHPPC recommends mandatory vaccinations for all workers in health care settings as a condition of work. Further, AHPPC recommends the first dose of a TGA approved COVID-19 vaccine by 30 October 2021 and a second dose by 15 December 2021...*

*Vaccination of persons entering health care settings is an important mechanism to protect the public, staff, and patients in these settings. **AHPPC has consistently noted that vaccinated individuals are less likely to be significant drivers of spread, and that unvaccinated people dominate community transmission.** AHPPC also notes increased rates of community transmission, with the Delta variant present in Australia. This poses an increased risk of exposure to both staff and patients in health care settings.*

AHPPC statement on mandatory vaccination of all workers in health care settings. 1 October 2021.





Elizabeth Hart <elizhart8@gmail.com>

## **Mandated Covid jabs - What is the scientific and medical justification for these mandated medical interventions? Email to Paul Kelly, Chief Medical Officer, Australia**

Elizabeth Hart <elizhart8@gmail.com>  
To: covid19vaccinerfi@health.gov.au

Wed, Oct 19, 2022 at 1:21 PM

**For the attention of:**

Paul Kelly  
Chief Medical Officer  
Director of Human Biosecurity  
Australian Government  
Department of Health and Aged Care

**Copied to:**

People influential on taxpayer-funded public health/vaccination policy in Australia, via the scientific and medical establishment

Paul Kelly, it appears that Covid jab mandates are rife around Australia, with people in a broad range of occupations being pressured, coerced and manipulated to submit to Covid jabs to maintain their employment, i.e. No Jab, No Job.

**Please clarify the Australian Health Protection Principal Committee's position on Covid jab mandates - what Covid jab mandates have been put in place at the AHPPC's instigation?**

**What is the scientific and medical justification for these mandated medical interventions?**

**Mandated Covid jabs conflict with health practitioners' obligation to obtain 'voluntary informed consent' before medical interventions, including vaccination.** It's likely that many people in Australia have submitted to the Covid jabs under duress, without 'voluntary informed consent'.

**I'm now seeking clarification on health practitioners' medical indemnity insurance position if they have not properly obtained 'voluntary informed consent' before the Covid jabs.** In this regard, please see below my email to Health Minister Mark Butler, which includes my email to Natasha Fenech, Group CEO and Managing Director of the Avant Mutual Group, a medical indemnity insurance provider. Similar emails have also been forwarded to other insurance providers MDA National, Medical Indemnity Protection Society and TEGO; and also to the presidents of doctors' organisations the Royal Australian College of General Practitioners; the Royal Australasian College of Physicians; the Australian Medical Association; and the Australian Medical Professionals Society; plus Peter Malinauskas, premier of South Australia; and Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency (AHPRA). The email is also publicly accessible via this link: [Mandated Covid jabs - are health practitioners indemnified without 'voluntary informed consent'? 4 October 2022.](#)

I've followed up on this matter with a subsequent enquiry to Mark Butler, asking: [Is there an Albanese Government COVID-19 jab medical indemnity insurance scheme for health practitioners? 7 October 2022.](#)

**Paul Kelly, again, please advise what Covid jab mandates have been put in place at the AHPPC's instigation, and what is the scientific and medical justification for these mandated medical interventions?**

I request your early response on this vitally important matter of public interest.

Sincerely  
Elizabeth Hart

**Independent researcher investigating the over-use of vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)





Former prime minister Scott Morrison has urged premiers to drop remaining vaccine requirements as he reveals **National Cabinet's expert advisory panel "never agreed" to widescale mandates.**

Sky News, Monday 6 March 2023

*"On vaccination mandates, they were not imposed by the federal government other than for aged care and sensitive health settings which I don't think there's been too much dispute about,"*

*"The federal government did not support any other mandate at all, all of those mandates were done by state governments."*

*"That is off the decision of state governments and that is their responsibility."*



**Scott Morrison expects COVID-19 vaccine will be ‘as mandatory as you can possibly make it’**

Mornings with Neil Mitchell, 3AW, Wednesday 19 August 2020

**Neil Mitchell:** *Would you be prepared to make it, vaccination mandatory?*

**Scott Morrison:** *We’ve got to get about 95%...taking medical advice...I would expect it to be as mandatory as possible...*

## ‘A hill I’ll die on’ – Senator Gerard Rennick

*Senator Rennick said he had “no issues” with requiring hospital and aged care workers to be vaccinated, but Mr Morrison’s call for states to “step back” from people’s lives was not enough to guarantee the Queensland senator’s support.*

*“I didn’t sign up to play political games,” Senator Rennick said. “But I’m not going to have people being coerced into getting a vaccine.”*



‘A hill I’ll die on’: Senate headache for Morrison over vaccine mandates.  
*The Sydney Morning Herald*, 19 November 2021

## News

**Covid-19: Government abandons mandatory vaccination of NHS staff**

BMJ 2022 ; 376 doi: <https://doi.org/10.1136/bmj.o269> (Published 01 February 2022)

Cite this as: BMJ 2022;376:o269

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The government has done a last minute U turn on its plan to make covid-19 vaccination mandatory for NHS staff in England.

Medical bodies welcomed the reversal on the plan, which they had warned would exacerbate chronic workforce shortages in the health service by causing thousands of staff to lose their jobs.<sup>1 2</sup>

## The Victorian Premier says the state is heading for a 'vaccine economy', here's what that might look like

By Judd Boaz

Posted Mon 6 Sep 2021 at 4:43am, updated Mon 6 Sep 2021 at 7:55am



The Victorian government says the state will head towards a 'vaccine economy', with the unvaccinated locked out. (Reuters: Dado Ruvic)

Victorian Premier Daniel Andrews has sent a clear message as to what the future of the economy looks like in the state, saying proof of double vaccination will now be the price of entry.

"There is going to be a vaccinated economy, and you get to participate in that if you are vaccinated," Mr Andrews said.

"We're going to move to a situation where, to protect the health system, we are going to lock out people who are not vaccinated and can be," Mr Andrews said.

The government says it is in the process of developing an industry pilot program to trial the viability of a vaccine economy, where more events, facilities and services are open to people who have received two doses of a COVID-19 vaccine.

### Key points:

- The Victorian government will trial increased freedoms for double vaccinated residents
- Victorian businesses have thrown their support behind a 'vaccine passport' scheme
- The Moonee Valley Racing Club will make vaccination compulsory for those wishing to attend the Cox Plate Carnival

## *Covid jab mandates*

Victorian Premier Daniel Andrews, September 2021:

*There is going to be a vaccinated economy, and you get to participate in that if you are vaccinated...*

*We're going to a situation where, to protect the health system, we are going to lock out people who are not vaccinated and can be.*



# Victorian businesses face up to \$10,904 in fines over unvaxxed workers from Friday

LOIS MASKIELL OCTOBER 12, 2021



A VACCINE BEING ADMINISTRATED. SOURCE: UNSPLASH/CDC.

Victoria's expanded vaccine mandate kicks in this week, with up to 1.25 million authorised workers required to have at least one COVID-19 vaccine dose by Friday, October 15.

The new public health order applies to every workplace where onsite work is allowed, from click-and-collect retail hubs to dry cleaners.

Businesses that fail to comply with the public health order risk fines of up to \$10,904, or up to \$109,044 for the most serious breaches.

Here's everything small businesses need to know about the mandate and the potential fines for breaching it.

*As threatened by Victorian Premier Daniel Andrews - non-compliant people will be punished:*

*“...we are going to lock out people who are not vaccinated...”*



**Millions of adults and children in Australia have been ordered to have Covid-19 vaccinations, regardless of their health status and risk of Covid-19.**



Total Covid-19 vaccines doses administered since the start of the rollout in February 2021, as at 15 March 2023.  
Australian Government Department of Health and Aged Care

# The rot set in with the Murdoch Media's No Jab, No Play campaign in 2013-2015, resulting in the No Jab, No Pay law in 2016

The medical profession should have challenged the coercive children's vaccination law in January 2016, as it clashed with the obligation to obtain voluntary informed consent before a medical intervention.



No Jab, No Play...  
No Jab, No Pay  
January 2016

# Scott Morrison says a coronavirus vaccine would be 'as mandatory as you can possibly make it' – No Jab, No Job...No Jab, No Life

*“Forget the ‘no jab, no play’ for kids, it’s now ‘no jab, no play’ for adults — and I would support that...”*

*Everybody else, as far as I’m concerned, should actually step up and do the right thing.”*

Jane Halton. The Australian, 18 May 2020



**BILL & MELINDA**  
**GATES foundation**

CEPI



## National COVID-19 Coordination Commission

CEPI is an innovative global partnership working to accelerate the development of vaccines against epidemic and pandemic threats.

*News Corp*  
Australia



*Mandated Covid vaccinations obviously undermine health practitioners' legal and ethical obligation to obtain 'voluntary informed consent'.*

**Why didn't the medical profession call this out?**

*Why did health practitioners cooperate with vaccination mandates?*

# *Covid vaccination and ‘voluntary informed consent’ – a medical ethics disaster*

The medical establishment refuses to acknowledge **the clash between Covid vaccination mandates and voluntary informed consent.**





Emails sent by Elizabeth Hart to the medical profession in Australia, on the subject of voluntary informed consent – *the traditional doctors' professional organisations refuse to be accountable on this matter.*

Hyperlinks to emails recorded on [vaccinationispolitical.net](http://vaccinationispolitical.net) on the Vax: Australia webpage

EMAILS TO THE MEDICAL BOARD OF AUSTRALIA, AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY, ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS, ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS, AUSTRALIAN MEDICAL ASSOCIATION

[Covid jabs and 'valid informed consent' – a medical ethics disaster Email to Jennifer Martin, President-Elect of the Royal Australasian College of Physicians](#) 5/Dec/2022

[Why does ATAGI recommend COVID-19 mRNA injections for all children aged 5 to 11 years? Email to Karen Price, president of the RACGP](#) 9/May/2022

[Covid-19 jab mandates overriding 'valid voluntary consent' – email to the President of the Royal Australian College of General Practitioners](#) 28/Feb/2022

[Coercive COVID-19 vaccination...people in distress...](#) 20/Oct/2021

['Informed consent', 'voluntary healthcare decisions' and coercive vaccination...](#) 15/Oct/2021

[Response received from AHPRA](#) 20/Sept/2021

[\(Response received from AHPRA in October 2017 relevant to the No Jab, No Pay law\)](#) 5/Oct/2017

[Covid-19 injections and 'informed consent'](#) 10/Sept/2021

[Is it ethical to insist on covid-19 injections for health staff?](#) 7/July/2021

[Is it ethical to inject mass population with covid injections?](#) 5/July/2021

[Is it ethical for doctors to inject children with covid-19 injections?](#) 15/June/2021

[Coercive covid-19 injections in Australia – email to the Medical Board of Australia, AHPRA, RACGP, RACP, AMA](#) 8/June/2021



Similar emails calling for the medical profession to address the vitally important ethical principle of voluntary informed consent have also been forward to *The British Medical Journal*, to former Editor in Chief Fiona Godlee, and current Editor in Chief Kamran Abbasi.

**They have both failed to address the matter.**

# *What is the legal basis for Covid jab mandates?*

Consider an article published on the Australian Institute of Company Directors website in August 2021, i.e. *Should you vaccinate your staff?*, which notes:

**“A vaccination is an assault – you are stabbing someone with a needle”**, explains Jamie McPherson, a partner at HBA Legal.

**“Generally, for any vaccination, whether it’s for COVID-19, flu, smallpox or otherwise, you require the person’s consent to do it.** That’s from a medical point of view, as well as in terms of employment contracts.

**The only way around this is if a vaccination is legislated.** We haven’t seen legislation in Australia for vaccinations, but we’ve seen health directions. **A health direction is not a piece of legislation, but it’s given the power of legislation.**

**If a health direction is mandatory, that overrides the consent.”**

*Has this been verified? Does a health direction override consent? On what basis?*



Australian Government  
Department of Health  
and Aged Care



Australian  
**Immunisation**  
Handbook

*For consent to be legally valid...*

- *It must be given voluntarily in the absence of undue pressure, coercion or manipulation...*
- *It can only be given after the potential risks and benefits of not having it, and any alternative options have been explained to the person.*

**11 November 2021**

**For the attention of:  
The Hon Greg Hunt MP  
Minister for Health and Aged Care**

Dear Minister Hunt

Please could you advise to what extent the Commonwealth Covid-19 vaccine claims scheme provides insurance and indemnity for the civil and criminal liability that would arise where battery and clinical negligence occur due to a failure to obtain valid informed consent?

Please could you also provide the terms and conditions for this scheme.

Yours sincerely  
Emma McArthur



Australian Government  
Department of Health

Ms Emma McArthur  
[ejminoz@gmail.com](mailto:ejminoz@gmail.com)

Dear Ms McArthur

Thank you for your correspondence of 11 November 2021 to the Minister for Health and Aged Care, the Hon Greg Hunt MP, concerning the COVID-19 Vaccine Claims Scheme (the Scheme). The Minister has asked me to reply. I apologise for the delay in responding.

The Scheme opened to potential claimants on 13 December 2021 and has been established as a fit-for-purpose, time-limited claims scheme to respond to the unprecedented circumstances of the COVID-19 pandemic.

The Scheme does not provide an indemnity for practitioners or insurers, it does however provide patients who have suffered one of the eligible clinical conditions or an administration injury as a direct result of a COVID-19 vaccine, with faster access to compensation rather than a costly and complex court process.

I can advise that informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.

To this end, the Australian Government has made a range of accurate, evidence-based resources available to ensure people can be informed about COVID-19 vaccines. These cover the different COVID-19 vaccines in Australia and information on preparing for vaccination and what to do after vaccination. These also include expert health advice from Australian Technical Advisory Group on Immunisation (ATAGI) to assist people with their decision-making, and are available at: [COVID-19 vaccination – Patient resources | Australian Government Department of Health](#)

In general, a parent or legal guardian of a child has the authority to consent to that child being vaccinated.

Under common law regarding the mature minor rule, all medical practitioners are permitted to make an assessment of an adolescent's competence and maturity to consent to medical care (i.e. Gillick competence) including vaccination.

A child or adolescent may be determined to be mature enough to understand the proposed procedure and the risks and benefits associated with it. These young people may have the capacity to consent under certain circumstances.

Legislation on how this principle is implemented varies between jurisdictions. In some states and territories, older adolescents may be able to provide their own consent for vaccinations, for example those offered through school-based vaccination programs.

GPO Box 9848 Canberra ACT 2601  
Telephone: (02) 6289 1555

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For more information, visit the Australian Immunisation Handbook, which has information about 'valid consent', including criteria for consent to be legally valid or check with your state or territory health authority about these laws.

For written consent, vaccination providers can use the 'Consent form for COVID-19 vaccination', which is available at: [COVID-19 vaccination – Consent form for COVID-19 vaccination | Australian Government Department of Health](#).

Further information on the eligibility criteria under the Scheme including Frequently Asked Questions, an overview of the Scheme and the Scheme Policy can be found at: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccine-claims-scheme>.

Information is also available on the Services Australia website at: <https://www.servicesaustralia.gov.au/covid-19-vaccine-claims-scheme>.

I trust the above information is of assistance to you.

Yours sincerely

Louise Morgan  
Acting Assistant Secretary  
COVID-19 Vaccine Claims Scheme Taskforce  
Medical Benefits Division

21 December 2021





Elizabeth Hart <elizmhart@gmail.com>

## Are health practitioners covered for indemnity insurance re the Covid jabs?

Elizabeth Hart <elizmhart@gmail.com>

Wed, Nov 9, 2022 at 11:26 AM

To: minister.butler@health.gov.au

Cc: "Rennick Gerard (Senator)" <senator.rennick@aph.gov.au>, senator.antic@aph.gov.au, Malcolm Roberts <senator.roberts@aph.gov.au>, Emma McArthur <ejminoz@gmail.com>

### For the attention of:

Mark Butler  
Minister for Health and Aged Care  
Australian Government Department of Health and Aged Care

Mark Butler, are health practitioners covered by indemnity insurance if they fail to obtain valid informed consent before administering Covid jabs?

I have raised this matter previously with you in my emails dated 4 October 2022 and 7 October 2022, copies attached.

Emma McArthur has also previously sought clarification on this matter in her email dated 11 November 2021 to Greg Hunt, then Minister for Health and Aged Care, in which she asked:

Please could you advise to what extent the Commonwealth Covid-19 vaccine claims scheme provides insurance and indemnity for the civil and criminal liability that would arise where battery and clinical negligence occur due to a failure to obtain valid informed consent?  
Please could you also provide the terms and conditions for this scheme.

Emma McArthur received a response to her queries from Louise Morgan, Acting Assistant Secretary, COVID-19 Vaccine Claims Scheme Taskforce, Medical Benefits Division, dated 21 December 2021.

The response from Louise Morgan notes the COVID-19 Vaccine Claims Scheme opened to potential claimants on 13 December 2021, and "has been established as a fit-for-purpose, time-limited claims scheme to respond to the unprecedented circumstances of the COVID-19 pandemic".

Louise Morgan also notes:

The Scheme does not provide an indemnity for practitioners or insurers, it does however provide patients who have suffered one of the eligible clinical conditions or an administration injury as a direct result of a COVID-19 vaccine, with faster access to compensation rather than a costly and complex court process.

I can advise that informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.

(My emphasis.)

Mark Butler, according to Louise Morgan, it appears there is no indemnity for practitioners or insurers...and that informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations. In her response, Louise Morgan also referred to the Australian Immunisation Handbook, "which has information about 'valid consent', including criteria for consent to be legally valid..."

This is a very interesting response from Louise Morgan, because in July 2021, Greg Hunt announced that the Morrison Government was establishing a "fit-for-purpose COVID-19 vaccine medical indemnity scheme" to "support increased vaccination uptake by assuring Australians that health professionals, including GPs, nurses and pharmacists administering COVID vaccines as part of the Commonwealth vaccination program have appropriate indemnity coverage". (Media release: [COVID-19 indemnity scheme to protect health professionals and patients](#), see copy attached.)

The media release notes "The scheme will support claims made against privately practising health professionals who administer a COVID-19 vaccine approved for use by the Therapeutic Goods Administration (TGA)".

A further media release published on 28 August 2021 states: "The Morrison Government has finalised the details of the no fault COVID-19 Vaccine Claim Scheme following extensive consultation with the peak medical, healthcare, business and insurance sectors to ensure a comprehensive National Scheme".

The media release notes "It also ensure [sic] that health professionals administering vaccines will be able to continue with their crucial role in the vaccine roll out with assurance that the claims scheme will offer them protection." (See: [No Fault COVID-19 Indemnity Scheme](#), copy attached.)

To summarise, in July 2021, Greg Hunt announced health professionals, including GPs, nurses and pharmacists administering COVID vaccines as part of the Commonwealth vaccination program would have appropriate indemnity coverage, and the media release published in August 2021 appears to confirm this.

But the letter to Emma McArthur from Louise Morgan dated 21 December 2021 clearly states there is no indemnity for practitioners or insurers...and that informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.

So far, I haven't found a media release refuting the announcements of indemnity protection for health practitioners.

Again Mark Butler, I ask you to clarify this matter - are health practitioners such as GPs, nurses and pharmacists covered by indemnity insurance if they fail to obtain informed consent before the Covid jabs?

I request your early response.

Sincerely

Elizabeth Hart

Independent researcher investigating vaccine products and conflicts of interest in vaccination policy  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

### 6 attachments

Mandated Covid jabs - are health practitioners indemnified without 'voluntary informed consent'.pdf  
160K

Is there an Albanese Government COVID-19 jab medical indemnity insurance scheme for health practitioners.pdf  
91K

11-november-2022-covid-19-vaccine-claims-scheme.pdf  
49K

doh-reply-21-12-2021.pdf  
120K

COVID-19 indemnity scheme to protect health professionals and patients \_ Health and Aged Care Portfolio Ministers.pdf  
56K

No Fault COVID-19 Indemnity Scheme \_ Health and Aged Care Portfolio Ministers.pdf  
57K





Australian Government  
Department of Health and Aged Care

Ref No: MC22-018819

Ms Elizabeth Hart  
[elizmhart@gmail.com](mailto:elizmhart@gmail.com)

Dear Ms Hart

Thank you for your correspondence of 4, 7 October and 9 November 2022 to the Minister for Health and Aged Care, the Hon Mark Butler MP regarding the COVID-19 Vaccine Claims Scheme (the Scheme). The Minister has asked me to reply. I have addressed the three pieces of your correspondence below.

Your letter seeks clarification on whether the Government has established a medical indemnity scheme for health professionals administering COVID-19 vaccines, following media releases by the former government on 2 July 2021 and 28 August 2021. I can advise that rather than putting in place a medical indemnity scheme for health professionals, the former Government established the no-fault Scheme, which commenced operations on 13 December 2021.

Importantly, this means that a person making a claim under the Scheme, does not need to establish that another party was at fault. The injured person, does, however, need to provide evidence (detailed in the Scheme Policy) to establish that the harm (or a person's death) was likely caused by a Therapeutic Good Administration (TGA) approved vaccine or its administration, to be able to access compensation under the Scheme. While a medical indemnity scheme for health professionals administering the COVID-19 vaccine was not established per se, the creation of the no-fault Scheme was intended to support increased participation by health professionals in the COVID-19 Vaccination roll-out.

I can advise that the TGA closely monitors the safety of COVID-19 vaccines and has a well-established and robust system in place to capture reports of suspected adverse effects of all medicines including the COVID-19 vaccines.

#### Informed Consent

Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.

To this end, the Australian Government has made a range of accurate, evidence-based resources available to ensure people can be informed about COVID-19 vaccines. These cover the different COVID-19 vaccines in Australia and information on preparing for vaccination and what to do after vaccination. These also include expert health advice from the Australian Technical Advisory Group on Immunisation (ATAGI) to assist people with their decision-making, and are available at:  
<https://www.health.gov.au/resources/collections/covid-19-vaccination-patient-resources>.

For more information, visit the Australian Immunisation Handbook at:

GPO Box 9848 Canberra ACT 2601

<https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination>, which has information about 'valid consent', including criteria for consent to be legally valid or check with your state or territory health authority about these laws at: <https://www.health.gov.au/health-topics/immunisation/immunisation-contacts>.

For written consent, vaccination providers can use the 'Consent form for COVID-19 vaccination', which is available at: <https://www.health.gov.au/resources/publications/covid-19-vaccination-consent-form-for-covid-19-vaccination>.

For further information about the Covid Vaccine Claims Scheme including Frequently Asked Questions, an overview of the Scheme and the Scheme Policy, please visit [www.health.gov.au/initiatives-and-programs/covid-19-vaccine-claims-scheme](http://www.health.gov.au/initiatives-and-programs/covid-19-vaccine-claims-scheme).

#### Medical Indemnity Insurance for health practitioners

The Commonwealth's medical indemnity schemes provide financial protection to both privately practising health practitioners and patients in circumstances where a patient sustains an injury (or adverse outcome) caused by medical misadventure, malpractice, negligence or an otherwise unlawful act. In Australia, it is compulsory for all registered health professionals to hold medical indemnity insurance under the [Health Practitioner Regulation National Law Act 2009](#) (National Law). Subsection 129(1) of the National Law provides:

A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.

The objective of the Commonwealth's medical indemnity schemes are to:

- promote stability in the medical indemnity insurance industry
- keep premiums affordable for doctors and allied health professionals; and
- ensure availability of professional indemnity insurance for eligible midwives.

Thank you for writing on this matter.

Yours sincerely

Nigel Murray  
Assistant Secretary  
MBS Policy and Specialist Services Branch  
17 November 2022

*The former Morrison Government lied to health practitioners about them having specific medical indemnity for administering the Covid vaccinations*

*“Your letter seeks clarification on whether the Government has established a medical indemnity scheme for health professionals administering COVID-19 vaccines, following media releases by the former government on 2 July 2021 and 28 August 2021.*

*I can advise that rather than putting in place a medical indemnity scheme for health professionals, the former Government established the no-fault Scheme, which commenced operations on 13 December 2021.”*

Letter to Elizabeth Hart  
From Nigel Murray, Assistant Secretary  
MBS Policy and Specialist Branch  
Department of Health and Aged Care  
17 November 2022

*Informed consent should be obtained for every  
COVID-19 vaccination, as per usual consent  
procedures for other vaccinations.*

Letter to Elizabeth Hart  
From Nigel Murray  
Assistant Secretary  
MBS Policy and Specialist Branch  
Department of Health and Aged Care  
17 November 2022

Quoting from Elizabeth Hart's email to Mark Butler, 21 November 2022:

*...it appears that **health practitioners have been misled by the former Morrison Government into believing they are covered by a specific government medical indemnity scheme for administering Covid-19 jabs**, as it has now been confirmed by your department that **health practitioners are not covered by a specific Covid-19 government medical indemnity scheme**.*

*The health practitioners inserting the needle must be warned they're not protected by a specific government Covid medical indemnity scheme after all...and they need to consider the quality of the information they're providing to people to gain their 'valid informed consent' to the jabs. **They must also consider the impact of jab mandates - which pressure, coerce and manipulate people to submit to Covid jabs**, in contravention of The Australian Immunisation Handbook, i.e. **jab mandates inhibit a 'voluntary' decision**.*

*No response received from Mark Butler...*



## COVID-19 VACCINATION

### Handling consent refusal by people presenting for vaccination

This factsheet provides guidance for vaccination providers on handling consent refusal by people presenting for vaccination. This may occur, for example, where a person requires vaccination for their employment.

#### Background

Vaccine providers have reported some people have requested vaccination but have refused to provide informed consent. It can be associated with behaviour that includes, but is not limited to:

- aggressive, abusive, apologetic, blame shifting, quiet and loud behaviour;
- offering bribes or gifts to falsify consent documentation;
- changing words on consent forms (e.g. crossing out consent and replacing with 'coerced' or 'forced'); and
- trying to engage in political debate or discussion including 'violation of rights' and 'personal freedoms'.

#### What is informed consent and why is it important?

Informed consent is an individual's **voluntary decision to agree to a healthcare treatment, procedure or intervention**, such as a COVID-19 vaccination, in its entirety, after the individual has been provided understandable, sufficient, appropriate and reliable information about the intervention, including the potential risks and benefits. Consent can be verbal or written.

As a health professional you:

- require informed consent from a patient prior to providing them with a vaccination; and
- have a duty of care to ensure patients are making educated and informed decisions about vaccination.

It is not your role as a health professional to debate topics or change a patient's opinion. Patients may be hesitant for a range of reasons such as their beliefs about vaccination, bad experience with previous vaccination, needle phobia or misinformation.

**Can I vaccinate a patient if they are mandated to receive a vaccination?**

**A patient must provide informed consent prior to vaccination.**

If a patient has not provided informed consent, you **should not** vaccinate them, even if they are mandated to receive a COVID-19 vaccination to perform particular roles or enter certain settings.

**What should I do if a patient is aggressive or I feel threatened?**

**Staff safety is a priority and you do not have to tolerate aggressive behaviour.** If a patient is being aggressive, you can:

- request the patient to leave the clinic; or
- if you do not feel comfortable to request a patient to leave, and if able, remove yourself from the situation and escalate to a supervisor.

The following page provides some suggested talking points to assist you to have conversations with patients who do not provide informed consent.

#### Resources

- The Australian Technical Advisory Group on Immunisation has released information for providers on [COVID-19 Vaccination Consent & FAQ](#)
- Healthdirect has published information about [Informed Consent](#)
- The Australian Immunisation Handbook has information about [Preparing for Vaccination](#), including obtaining valid consent
- [Consent form for COVID-19 vaccination](#)

## Talking points for patients who exhibit vaccine consent refusal

### Key questions to ask the patient to confirm consent

- I am about to vaccinate you with [name of vaccine]. Do you consent to receiving this vaccine? **The answer must be YES.**

### Patient expresses that they feel like they are being forced into a COVID-19 vaccination

- This must be a difficult situation for you. Would you like to discuss your concerns with me?
- It sounds like you have some concerns about getting vaccinated today. Would you like to go over this together and I can provide you with some information about the COVID-19 vaccines?

### Patient wants to debate topics around vaccines and vaccination

- I cannot engage in this conversation with you in a professional capacity.
- If you would like to receive a COVID-19 vaccination, you must provide informed consent.

### Patient informs you they must get vaccinated to remain employed but do not provide informed consent

- As a health professional, I cannot comment on vaccine mandates.
- I suggest that you should have this conversation with your employer.
- I cannot vaccinate you without your informed consent.

### Patient asks you to report, or offers you a bribe, to report that you have administered a COVID-19 vaccine and falsify records

- It is against the law for me to report a vaccine that I have not administered or sighted evidence for.
- It is against the law for me to accept a bribe to falsify a document, I can lose my licence to practice, face criminal charges and even receive jail time.
- I cannot be involved in the falsification of vaccination status or medical exemptions as I can be subject to civil penalties, criminal convictions and possibly even jail time.





*The case of Rogers v Whitaker 1992 underpins health practitioners' legal and ethical obligation to obtain informed consent.*

*In this case, Maree Whitaker, a patient with an existing eye condition, consulted Christopher Rogers, an ophthalmic surgeon.*

*This was a one on one consultation between a patient and a medical professional with specific expertise.*

# Mass population Covid-19 vaccination



Contrast the Rogers v Whitaker one on one consultation between a patient and a medical professional with specific expertise, **with the millions of people who have been pressured, coerced, manipulated and even mandated to have a medical intervention of no benefit to them.**

Moreover, these individuals, who are not ‘patients’, were compelled to present at a ‘vaccination clinic’ in order to be injected with a medical product, **by a health practitioner who is unlikely to have specific expertise in Covid-19 or Covid-19 vaccine products.**







Elizabeth Hart <elizmhart@gmail.com>

## Informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker

Elizabeth Hart <elizmhart@gmail.com>  
To: minister.butler@health.gov.au  
Cc: Emma McArthur <ejminoz@gmail.com>

Wed, Apr 5, 2023 at 5:07 PM

**For the attention of:**  
Mark Butler  
Minister for Health and Aged Care  
Australian Government Department of Health and Aged Care

Mark Butler, **millions of adults and children in Australia have been ordered to have Covid-19 vaccinations, regardless of their health status and risk of Covid-19.**

I suggest in most instances Covid-19 vaccination is an **unnecessary medical intervention**, against a disease it was known from the beginning wasn't a serious threat to most people, **with the WHO acknowledging** "Most people infected with the virus will experience mild to moderate illness and recover without requiring special treatment..." (See attached WHO statement on Coronavirus (COVID-19).)

**The vast majority of people are not 'patients' in need of a medical intervention to correct a health problem, or protect them from serious harm.** The majority of people are effectively protected via their own immune response, without need for the artificial interference of repeated Covid-19 vaccine products.

**Consider the case of Rogers v Whitaker 1992, which underpins health practitioners' legal and ethical obligation to obtain informed consent.** In this case, Maree Whitaker, a patient with an existing eye condition, consulted Christopher Rogers, an ophthalmic surgeon. **This was a one on one consultation between a patient and a medical professional with specific expertise.**

Contrast this case with the millions of people who have been pressured, coerced, manipulated, and even **mandated**, to have a medical intervention of no benefit to them. **Moreover, these individuals were compelled to present at a 'vaccination clinic' in order to be injected with a medical product, by a health practitioner who is unlikely to have specific expertise in Covid-19 or Covid-19 vaccine products.**

Mark Butler, **your department has confirmed to me: "Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations."** This isn't happening - people are not being properly informed. Additionally, **people under mandates are clearly not able to give lawful consent if they are attending the vaccination clinic under duress**, faced with the threat of loss of livelihood or freedom of movement and association.

**The medical profession is very much in the frame for this medical and political disaster, as they should have refused to cooperate with mandated medical interventions** - are they now at risk of liability for administering unnecessary Covid-19 vaccinations, without authentic voluntary informed consent? (See my presentation to the Australian Medical Network: Voluntary Informed Consent and Covid Jab Mandates - Are we sitting on a powder keg? February 2023. PowerPoint slides for this presentation.)

**Both the Albanese government and the former Morrison government have confirmed that health practitioners do not have specific medical indemnity for administering the Covid-19 vaccinations**, in response to my colleague Emma McArthur's and my own correspondence on this matter, as summarised in my email to you dated 21 November 2022, see: Response re: Are health practitioners covered for indemnity insurance re the Covid jabs? (Copies of letters we received from the Department of Health and Aged Care are attached.)

**Health practitioners, businesses and others who have overridden voluntary informed consent obligations must be warned about the potential ramifications.**

Mark Butler, the Australian federal, state and territory governments must take immediate steps to address this matter, **in the first instance ensuring all Covid-19 vaccination mandates are dropped.**

I request your urgent response.

Sincerely  
Elizabeth Hart



Elizabeth Hart <elizmhart@gmail.com>

## Informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker. Email to Paul Kelly, Chief Medical Officer of Australia

Elizabeth Hart <elizmhart@gmail.com>  
To: covid19vaccinerfi@health.gov.au  
Cc: minister.butler@health.gov.au, Brendan.Murphy@health.gov.au, john.skerritt@health.gov.au, nigel.crawford@mcrl.edu.au, a.wilson@sydney.edu.au, premier@sa.gov.au, ministerforhealth@sa.gov.au, bragg@parliament.sa.gov.au, James.Stevens.MP@aph.gov.au, "Antic, Alex (Senator)" <senator.antic@aph.gov.au>, Emma McArthur <ejminoz@gmail.com>

Fri, Apr 14, 2023 at 3:53 PM

**For the attention of:**  
Paul Kelly  
Chief Medical Officer  
Director of Human Biosecurity  
Australian Government  
Department of Health and Aged Care

Paul Kelly, **please see below my recent email to Federal Health Minister Mark Butler, comparing millions of people in Australia, including children, being coerced, pressured and manipulated to submit to Covid-19 vaccination, with the case of Rogers v Whitaker, which underpins the legal and ethical principle of 'voluntary informed consent' before a medical intervention in Australia.**

I've previously asked you to be accountable for Covid vaccination mandates in Australia, please see my email: Mandated Covid jabs - What is the scientific and medical justification for these mandated medical interventions? 19 October 2022.

But you did not respond.

I also asked former Federal Health Minister Greg Hunt to provide the **"specialist medical and epidemiological advice" provided by the AHPPC and CMO that justified the Governor General's declaration of a human biosecurity emergency under the Biosecurity Act 2015, and subsequent rollover periods**, along with requesting information on the unelected members of the AHPPC, and other 'medical and scientific experts' providing advice. As far as I'm aware, I received no response from Greg Hunt. (See my email: The Covid emergency and medical and scientific experts, 23 July 2021.)

Also see my email to South Australian Chief Public Health Officer Nicola Spurrier, raising alarm about the rushed Covid-19 vaccination rollout: Coercive covid-19 injections in Australia, 4 June 2021.

Paul Kelly, **it's a very serious matter that doctors such as yourself and your AHPPC colleagues recommended mandatory vaccinations**, e.g. Australian Health Protection Principal Committee (AHPPC) statement on mandatory vaccination of all workers in health care settings, 1 October 2021.

**This appears to have had a precipitous effect on widespread Covid-19 vaccination mandates across Australia, the basis of which must be explored and exposed.**

**It appears you've trashed people's freedom to give voluntary informed consent before a medical intervention - Covid-19 vaccination.**

Please see below my email to Mark Butler re informed consent and mass population Covid-19 vaccination - considering Rogers v Whitaker.

Sincerely  
Elizabeth Hart  
**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**  
[vaccinationispolitical.net](http://vaccinationispolitical.net)

*What expertise do health practitioners have in Covid-19 and Covid-19 vaccine products?*

*Are they qualified to provide information about the novel Covid-19 vaccine products, allowing people to give their authentic voluntary informed consent to these medical interventions?*



**According to the Australian Government Department of Health and Aged Care COVID-19 Vaccination Training Program, a variety of health professionals can administer Covid-19 RNA and mRNA vaccine products:**

- **Registered nurse and/or midwife**
- **Enrolled nurse**
- **Doctor**
- **Paramedic**
- **Pharmacist**
- **Aboriginal and Torres Strait Islander Health Practitioner**

**Are the nurses, midwives, doctors, paramedics, pharmacists, and Aboriginal and Torres Strait Island health practitioners administering the Covid-19 vaccine products *experts in these medical interventions, and Covid-19?***

**Consider the information re the mechanism of action of the RNA, mRNA and protein subunit vaccine products, provided by authors in the Department of Public Health and Infectious Diseases, Sapienza University, Rome, Lazio, Italy.**

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REVIEW

## Overview of the Main Anti-SARS-CoV-2 Vaccines: Mechanism of Action, Efficacy and Safety



## Overview of the Most Common Anti-SARS-CoV-2 Vaccines

### **Pfizer-BioNTech (Comirnaty) BNT 162b2 and Moderna (1273)**

This method utilizes lipid nanoparticles (LNPs) with a formulated mRNA vaccine. [This work was fast-tracked at an unprecedented pace, even though mRNA-based vaccines have never been licensed before.](#) RNA vaccines belong to a cutting-edge approach that uses genetically engineered RNA to generate a protein that safely prompts an immune response.

mRNA-based vaccines have the greatest potential for rapid development because of their synthetic nature that circumvents the need for cell culture or fermentation of viruses. Due to their high potency, rapid development and low cost for manufacturing, [mRNA vaccines have emerged as a promising alternative vaccination development strategy for various infectious diseases and cancers.](#)

**Mechanism of Action:** The SARS-CoV-2 contains 25-28 proteins but the researchers just isolated the mRNA from the spike protein which shows 3 copies of the same protein, then only one mRNA is produced. [Several strategies have been proposed to solve the common drawbacks of mRNA-based vaccines, which include the mRNA instability with respect to DNA.](#) In fact the mRNA lasts up to two days in our body, it is easy to degrade and requires high cold chain. The storage temperature of Pfizer-BioNTech Covid-19 vaccine was -94° Fahrenheit corresponding to -70° Celsius. Vaccine storage in this case is a problem for low and medium countries income (LMCI). [Nevertheless, in these vaccines, no adjuvants or preservatives are used because the vaccine is stimulated by itself.](#) Moreover, the mRNA is included in a lipid particle which preserves its integrity and allows it not to get confused with other RNA molecules.

From the SARS-CoV-2 virus, the mRNA (able to translate and codify for the superficial spike proteins of the virus involved in the human pathogenicity) by working from the way backwards of s-proteins, is isolated and included in a lipid nanoparticle. [This nanoparticle is injected intramuscularly into the human body and once attached to the host cells, inserts its mRNA into the cytoplasm \(not in the nucleus\) in such a way as to reach the ribosomes and use them for synthesizing the viral spike proteins.](#) This process is called translation. Proteins then achieve the cellular membrane and evolve in two types: the MHC-2 (antigen presenting cells) and the MHC-1 related to another antigen which is present in all the nucleated cells of our body. The MHC-2 complex is only found in particular kind of cells: B-cells, macrophages and dendritic cells. [These are activated by the s-protein and attract the cells of the immune system.](#) In particular, the T-helper (Th) cells which have a particular type of membrane protein (TCR) that binds to the viral s-protein. Other proteins called CD4 produced by the Th cells interact with the complex MHC-2. [The strongly activated Th cells begin to produce cytokines such as IL-2, IL-4 and IL5.](#) These interleukins cause the B-cells of our body to differentiate into plasma-cells that begin to produce a huge amount of antibodies against the viral spike protein, able to neutralize or destroy the virus. Meanwhile, the interleukins also stimulate Th cells to proliferate the memory T cells. [Another group of cells called T-cytotoxic cells \(Tcx cells\) interact with the MHC-1 protein on the cell membranes through the TCR and produce CD8 proteins.](#) These proteins are very dangerous because may allow the Tcx cells to generate unsafe molecules which lead the cells to death if infected with the virus in the future but not the cells which are currently processing the vaccine. Conversely, these Tcx cells are also able to produce substances that amplify the aforementioned immune response. The response to the vaccines is strong [but the problem is that so far we do not know how much this immunity lasts and how long the antibodies are effective against the virus.](#) The ideas are sometimes contrasting. This immunity should last from six to nine months.



## Astra-Zeneca Oxford

AstraZeneca produced a viral vector vaccine using a genetically engineered virus that cannot cause disease, but that encodes coronavirus proteins to safely generate an immune response. This vaccine was initially used in the UK and has been available in Italy and Poland since the 9<sup>th</sup> of February 2021.

**Mechanism of Action:** The AstraZeneca vaccine uses a modified chimpanzee DNA adenovirus, which has not been exposed to human populations and does not generate an immune response to the adenovirus itself, but only to the viral protein encoded in the host DNA.

The DNA vector encodes a protein similar to the viral s-peptide to generate an immune response against it. The DNA vector is used as a template in human cells to generate new chimpanzee adenovirus replicas and produce the viral protein that elicits an immune response. Briefly, the chimpanzee adenovirus is injected into humans and it latches to the host cells. It does not get incorporated into the cellular DNA, but uses the host enzymes to get converted into mRNA that migrates back into the cytoplasm and interacts with host cell ribosomes (free or bound to the endoplasmic reticulum), resulting into translated proteins. The proteins get expressed on the cell membranes forming MHC1 and MHC2 complexes. At this point, the mechanisms of RNA and DNA vaccines is similar and leads to the activation of T-, B-, and plasma cells and antibodies 20.

Maria Teresa Mascellino et al. Overview of the Main Anti-SARS-CoV-2 Vaccines: Mechanism of Action, Efficacy and Safety. Infection and Drug Resistance. 31 August 2021

# It's a massive global experiment...

The Covid-19 vaccines are novel, fast-tracked medical products.

No-one is an 'expert' in these medical interventions.



**The Hon Greg Hunt MP**  
Former Minister for Health and Aged Care

*“The world is engaged in the largest clinical trial, the largest global vaccination trial ever...”*

Interview with David Speers on ABC Insiders, 21 February 2021

## Position statement

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9 March 2021

### Registered health practitioners and students and COVID-19 vaccination

#### What you need to know

Vaccination is a crucial part of the public health response to the COVID-19 pandemic. Many registered health practitioners will have a vital role in COVID-19 vaccination programs and in educating the public about the importance and safety of COVID-19 vaccines to ensure high participation rates.

National Boards strongly encourage all registered health practitioners and students (particularly those undertaking placements in various practice settings) to have the full COVID-19 vaccination course as scheduled unless medically contraindicated.

National Boards expect registered health practitioners and students to:

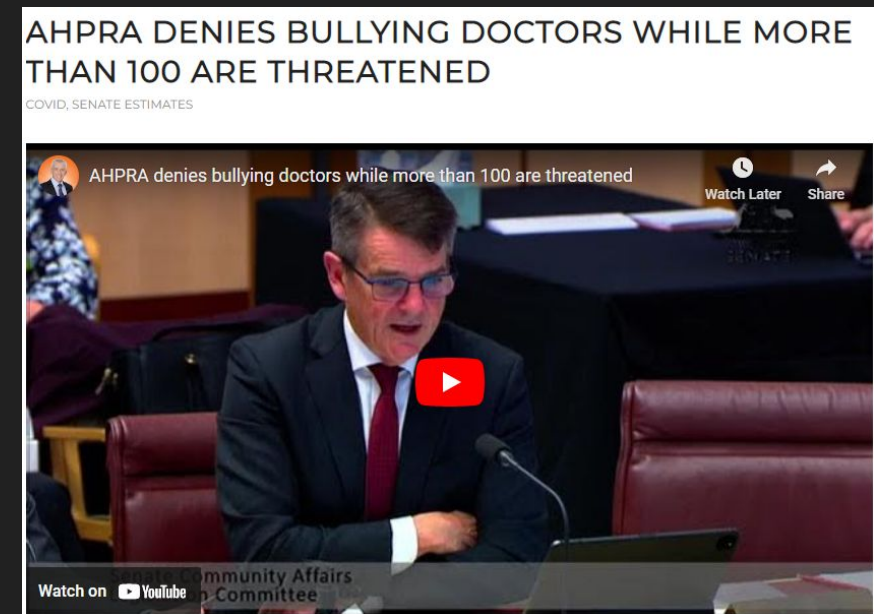
1. be appropriately qualified and trained to administer COVID-19 vaccines if authorised, and
2. provide accurate information and advice about COVID-19 vaccination including in social media and advertising.

As health practitioners and students are members of the general community, vaccination will contribute to achieving the highest possible level of immunity across the community, will provide practitioners and students with a level of protection for their own health if exposed to the novel coronavirus that causes COVID-19.

## *Are health practitioners in an impossible situation?*

They're obligated to obtain voluntary informed consent, *but constrained from questioning the information that supports vaccination, e.g. under threat of regulatory action by AHPRA.*

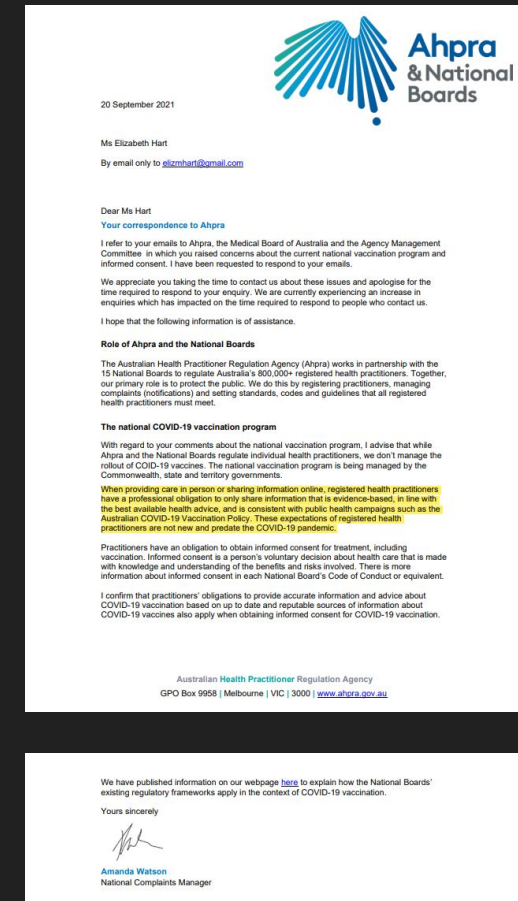
This was raised recently by senator Malcolm Roberts in a Senate Estimates meeting, when he questioned AHPRA CEO Martin Fletcher.



Senator ROBERTS: I will quote a letter from Ahpra to Ms Hart. It's dated 20 September 2021:

*When providing care in person or sharing information online, registered health practitioners have a professional obligation to only share information that is evidence based, in line with the best available health advice and is consistent with public health campaigns such as the COVID-19 vaccination policy.*

If a doctor does not believe that the latter public health campaign is good advice or good procedure, you are forcing them to adopt it against their will or lose their job.



Ref: Hansard: Senate Community Affairs Legislation Committee Estimates, Thursday 16 February 2023.

Elizabeth Hart Vaccinationispolitical.net 18 April 2023

**Senator ROBERTS:** Thank you. **Let's go to informed consent.** In your announcement on 9 March 2021, Mr Fletcher, you said:

*There is no place for anti-vaccination messages in professional health practice, and any promotion of anti-vaccination claims, including on social media, and advertising may be subject to regulatory action.*

This is the definition now of informed consent from the High Court's decision in Rogers v Whitaker. I will quote the High Court:

*For consent to be legally valid, it must be given voluntarily in the absence of undue pressure or manipulation. It can only be given after the potential risks and benefits of the relevant vaccine, the risk of not having it and any alternative options have been explained to the person.*

**That is settled law. Ahpra is encouraging doctors to break it**

Ref: Hansard: Senate Community Affairs Legislation Committee Estimates, Thursday 16 February 2023.





20 September 2021

Ms Elizabeth Hart

By email only to [elizmhart@gmail.com](mailto:elizmhart@gmail.com)

Dear Ms Hart

[Your correspondence to Ahpra](#)

I refer to your emails to Ahpra, the Medical Board of Australia and the Agency Management Committee in which you raised concerns about the current national vaccination program and informed consent. I have been requested to respond to your emails.

We appreciate you taking the time to contact us about these issues and apologise for the time required to respond to your enquiry. We are currently experiencing an increase in enquiries which has impacted on the time required to respond to people who contact us.

I hope that the following information is of assistance.

#### Role of Ahpra and the National Boards

The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with the 15 National Boards to regulate Australia's 800,000+ registered health practitioners. Together, our primary role is to protect the public. We do this by registering practitioners, managing complaints (notifications) and setting standards, codes and guidelines that all registered health practitioners must meet.

#### The national COVID-19 vaccination program

With regard to your comments about the national vaccination program, I advise that while Ahpra and the National Boards regulate individual health practitioners, we don't manage the rollout of COVID-19 vaccines. The national vaccination program is being managed by the Commonwealth, state and territory governments.

When providing care in person or sharing information online, registered health practitioners have a professional obligation to only share information that is evidence-based, in line with the best available health advice, and is consistent with public health campaigns such as the Australian COVID-19 Vaccination Policy. These expectations of registered health practitioners are not new and predate the COVID-19 pandemic.

Practitioners have an obligation to obtain informed consent for treatment, including vaccination. Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved. There is more information about informed consent in each National Board's Code of Conduct or equivalent.

I confirm that practitioners' obligations to provide accurate information and advice about COVID-19 vaccination based on up to date and reputable sources of information about COVID-19 vaccines also apply when obtaining informed consent for COVID-19 vaccination.

Australian Health Practitioner Regulation Agency  
GPO Box 9958 | Melbourne | VIC | 3000 | [www.ahpra.gov.au](http://www.ahpra.gov.au)

We have published information on our webpage [here](#) to explain how the National Boards' existing regulatory frameworks apply in the context of COVID-19 vaccination.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Amanda Watson".

Amanda Watson  
National Complaints Manager

## AHPRA, letter to Elizabeth Hart, dated 20 September 2021

*Practitioners have an obligation to obtain informed consent for treatment, including vaccination.*

*Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved.*

**Senator ROBERTS:** It seems to me that Ahpra is encouraging doctors to break what the High Court is saying is settled law.

**Mr Fletcher:** I've got the March statement in front of me that was released by all national boards and Ahpra. It says:

*National Boards expect all health practitioners to use their professional judgement and the best available evidence in practice. This includes when providing information to the public about public health issues such as COVID-19 and vaccination.*

I'll just jump a sentence:

*Any promotion of anti-vaccination statements or health advice which contradicts the best available scientific evidence or seeks to actively undermine the national immunisation campaign ... is not supported by National Boards and may be in breach of the codes of conduct and subject to investigation and possible regulatory action.*

So there is a '**may**' in there. As I say, if we have a concern, if we receive a complaint, we look at that on a case-by case basis. **There is always an opportunity for that practitioner to set forth how they believe they've met the requirements of the code of conduct.** Again, I want to state that this reflects what has always been in place in relation to the expectations of the behaviour of registered doctors and other health practitioners. The statement also makes clear if, in the case of conscientious objection—for example, a practitioner's personal beliefs—they should inform their patient and they should create referral options for that patient.

Extraordinary moment a doctor berates colleagues over Covid vaccine mandates and accuses the nation's top doctor of 'lying' - as authorities move to suspend his medical licence

By David Southwell For Daily Mail Australia  
11:39 07 Aug 2022, updated 11:51 07 Aug 2022



56  
shares

400 comments

- GP may lose licence following his anti-vaccine outburst at medical conference

## The Suspended Dr William Bay:

*“The Position statement from AHPRA made me consider resigning from my GP Registrar role because I found it morally untenable that I should be prevented from giving all the information I knew to be relevant to a patient when advising them on the merits of receiving a Covid-19 vaccine. I chose to continue working however, so I could legally effect the most positive change for my patients and the public from a system that I perceived was becoming increasingly corrupt.”*

Supreme Court Application – Bay v AHPRA & Ors 2022

Medical Practitioners and Professionals  
Australia



11 January 2023

Dear Medical Professional,

**Administering of COVID-19 vaccination is likely not an indemnified action - this is notice of your obligations, rights, and potential risks.**

On 2 July 2021 and 28 August 2021, the former Federal Government announced a proposed medical indemnity scheme for health professionals administering the COVID-19 vaccines. Recent [correspondence](#) from government advisers outlines that such an indemnity scheme was never established per se.

Unlike the case with manufacturers of COVID-19 vaccines, there appears to be no government liability protection beyond the [vaccine injury 'COVID-19 vaccine claims scheme'](#).

[Government](#) and [AHPRA](#) correspondence outline practitioners' obligations to obtain informed consent. AHPRA defines informed consent in section 4.5 of the [Good Medical Practice Code of Conduct](#). It is "a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved."

[The Australian Immunisation Handbook](#) further states:

*For consent to be legally valid...It must be given voluntarily in the absence of undue pressure, coercion or manipulation...It can only be given after the potential risks and benefits of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person."*

The High court's decision of *Rogers v Whitaker 1992* sets today's precedent and standard for informed consent obligations. A doctor has a duty to warn a patient of any material risk involved in a proposed treatment, or else risk tortious liability from patients.

The 9 March 2021 joint statement by AHPRA and National Boards threatens regulatory action "for anti-vaccination messages in professional health practice, and any promotion of anti-vaccination claims, including on social media." Regardless, [evidence from reputable sources](#) demonstrates that COVID-19 provisionally-approved vaccines have real known and unknown harms and immunocompromising effects. Doctors have a duty to warn patients of any material risks associated with the treatment as well as ensuring their decisions are being made without undue coercion.

We encourage you to be aware that under section 3.4.6 of the [Good Medical Practice Code of Conduct](#), **you have a right not to provide or directly participate in treatments to which you conscientiously object.**

Sincerely,

Australian Medical Professionals' Society

The [Australian Medical Professionals' Society](#) (AMPS) is a professional association whose principal purpose is to protect and promote the interests of members to ensure practitioners can practise medicine safely and effectively. AMPS advocates and acts to protect its member practitioners from reprisals for adherence to time-honoured [codes](#), [oaths](#), and ethics that ensure patients remain of primary concern. [Amps.redunion.com.au](#).





# DOCTORS DOWN UNDER MAY BE RESPONSIBLE FOR COVID VAX INJURIES



An underreported story of great significance as a top Australian medical society has just given notice of damages from the Covid shots.

#AMPS #InformedConsent #VaccinateAustralia

POSTED: January 27, 2023





**ELIZABETH HART – Independent researcher investigating vaccine products and conflicts of interest in vaccination policy**

The ethical aspects of vaccination, especially mandated vaccination, are of particular interest to me.

The potential conflicts of interests of academics working in the areas of vaccine development and promotion, and the influence of these academics on government policy, must be examined.

[vaccinationispolitical.net](http://vaccinationispolitical.net)    [over-vaccination.net](http://over-vaccination.net)

Thanks to my friend and colleague Emma McArthur for her work and advice on this project: [humanityattheprecipice.com](http://humanityattheprecipice.com)

And to others who provided their valuable insights.