

Elizabeth Hart
elizmhart@gmail.com

This letter was sent to the Australian Health Practitioner Regulation Agency and its leadership seeking clarification of the ethical obligation to obtain voluntary informed consent for vaccination during COVID-19 vaccine mandates. It is published here in the public interest. Any response from Ahpra will be published in due course.

7 January 2026

Mr Justin Untersteiner
Chief Executive Officer
Australian Health Practitioner Regulation Agency
GPO Box 9958
MELBOURNE VIC 3001

cc:
Ms Gill Callister – Chair, Ahpra Board
Dr Susan O’Dwyer – Chair, Medical Board of Australia

Dear Mr Untersteiner

I write to seek formal clarification of Ahpra’s regulatory position concerning the obligation of health practitioners to obtain ethically valid voluntary informed consent for vaccination during the period of COVID-19 vaccine mandates, having regard to Ahpra correspondence; Commonwealth correspondence and clinical guidance; the Medical Board of Australia’s Code of Conduct; *The Australian Immunisation Handbook*; and a subsequent statement made by the National Health Practitioner Ombudsman’s office.

In correspondence from Ahpra dated 20 September 2021, I was advised 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.”

I am grateful for that clear acknowledgement.

This position is consistent with earlier correspondence I received from Ahpra dated 5 October 2017, in which Ahpra stated that **“Informed consent is a key element of good medical practice”**; that a medical practitioner **“must obtain informed consent before undertaking an examination or providing treatment, including providing vaccines”**; and that **“immunisation legislation does not mandate vaccination and consent is still required”**.

I have therefore understood Ahpra’s position, both before and during the COVID-19 period, to be that **government vaccination policy does not override a practitioner’s own personal ethical obligation to obtain valid voluntary informed consent**.

This understanding is also consistent with *The Australian Immunisation Handbook*, which defines valid consent as a person’s voluntary agreement, stating that, for consent to be legally

valid, **“it must be given voluntarily in the absence of undue pressure, coercion or manipulation”**.

It is further reinforced by binding professional standards and Commonwealth operational guidance relied upon by practitioners. The Medical Board of Australia’s *Good medical practice: a code of conduct for doctors in Australia* states that:

“Informed consent is a person’s voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved.”

In addition, Commonwealth guidance issued under Operation COVID Shield titled *COVID-19 Vaccination – Handling consent refusal by people presenting for vaccination* was published on 15 December 2021. This factsheet guidance for vaccination providers expressly addresses circumstances involving employment-related vaccination requirements and defines informed consent as **“an individual’s voluntary decision”**. It then states:

**“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.”**

Neither the Code of Conduct nor this Commonwealth guidance provides any exception to the requirement for voluntary informed consent on the basis of government vaccination mandates, employment conditions, or public health policy.

This position was also explicitly reaffirmed in Commonwealth correspondence during the mandate period. In a letter dated 21 December 2021 to Ms Emma McArthur, sent in response to her correspondence to the then Minister for Health and Aged Care dated 11 November 2021, the Department of Health advised:

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

That letter further confirmed that the COVID-19 Vaccine Claims Scheme **“does not provide an indemnity for practitioners or insurers”**, and directed readers to *The Australian Immunisation Handbook* for information about valid consent, including criteria for consent to be legally valid.

This position was again reaffirmed following a change of government. In a letter dated 17 November 2022 to me from the Department of Health and Aged Care, sent in response to my correspondence to the Minister for Health and Aged Care, the Department again advised:

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

That letter again directed readers to *The Australian Immunisation Handbook* for information about valid consent, and confirmed that no separate medical indemnity scheme had been established for health professionals administering COVID-19 vaccines.

Accordingly, from 2017 through to late 2022 – including during the period of COVID-19 vaccination mandates – across two successive Commonwealth governments, multiple

departments, and Ahpra itself, **the requirement for valid voluntary informed consent was repeatedly affirmed and never withdrawn, suspended, or amended.**

Subsequent correspondence to me from the National Health Practitioner Ombudsman's office has asserted that government decisions regarding vaccine mandates **"did not impact informed consent obligation imposed on practitioners"**.

I wish to clarify my understanding of that statement.

I understand this statement to mean that government vaccine mandates **do not override, dilute, or displace a practitioner's own personal ethical obligation to obtain valid voluntary informed consent for any medical intervention they administer**, and that this obligation remains intact regardless of government policy or public health orders.

On that understanding, where a person's agreement to vaccination is given under threat of loss of employment, exclusion from a profession or workplace, restriction of movement, or other serious legal or economic penalties, **a practitioner would be unable to obtain voluntary consent.**

In such circumstances, the ethical precondition for vaccination is not met, and **without voluntary informed consent, the practitioner cannot ethically proceed.**

This ethical obligation is personal to the practitioner and is known to be non-delegable; it cannot be displaced by public health policy, institutional direction, or government mandate.

I ask Ahpra to confirm whether this is the correct interpretation of the Ombudsman office's statement, or to clarify explicitly if Ahpra takes a different view.

For clarity, this request is not about:

- the legality of public health orders;
- the role of governments in setting vaccination policy; or
- the merits or efficacy of vaccination programs.

It concerns only the professional and ethical obligations of individual health practitioners, which Ahpra and the National Boards regulate.

If Ahpra's position is that a person who submits to vaccination after being threatened with serious penalties – including loss of employment, exclusion from ordinary social participation, or other legal or economic consequences – can nonetheless be regarded as having given **'voluntary' consent solely on the basis that they physically presented themselves for vaccination under a mandate**, I request that this position be stated explicitly and explained by reference to:

- Ahpra's own definition of informed consent as a voluntary decision;
- *The Australian Immunisation Handbook's* statements regarding pressure, coercion and manipulation;
- the Medical Board's Code of Conduct affirmation that **"Informed consent is a person's voluntary decision..."**; and
- the Commonwealth guidance published on 15 December 2021, which directs that practitioners should not administer vaccination in the absence of informed consent, including in circumstances where vaccination is mandated.

If, on the other hand, Ahpra's position is that the imposition of serious penalties, exclusion from employment, or loss of access to ordinary social participation **may compromise voluntariness in the context of COVID-19 vaccine mandates**, I request clarification as to:

- what guidance, if any, was provided to practitioners during 2021-2022 regarding their ethical obligations in these circumstance; and
- why practitioners were not explicitly warned that proceeding to administer vaccination under such conditions could place them **in breach of their professional obligations by leading them to proceed in circumstances where voluntary informed consent could not exist.**

I respectfully request a direct response to the clarification sought above. A restatement of general principles of informed consent, **without addressing the issue of voluntariness under coercive conditions**, will not resolve this matter.

I seek this clarification in the public interest.

Yours sincerely

Elizabeth Hart

Independent researcher on medical ethics and vaccination policy
vaccinationispolitical.net

Copies of the correspondence and guidance cited above can be provided upon request.