

Professor Brendan Murphy - Notification of Professional Conduct Concerns

Re: Misrepresentation of TGA Provisional Approval of COVID-19 Vaccines and Uncertainty in Public Statements Affecting Voluntary Informed Consent (3 February 2021)

To: Australian Health Practitioner Regulation Agency

From: Elizabeth Hart - elizmhart@gmail.com

1. Summary of the concern

This notification concerns the professional conduct of Professor Brendan Murphy, a registered medical practitioner who, during the early phase of Australia's COVID-19 vaccination rollout, occupied positions of exceptional medical authority.

This notification does not concern government policy, mandate enforcement, or political decision-making. Nor does it allege that Professor Murphy personally administered COVID-19 vaccines.

Rather, it concerns the exercise of **medical authority by a senior registered practitioner** through public communications that mischaracterised regulatory status, certainty, and the nature of COVID-19 vaccination at a critical point when informed consent was being formed by both the public and frontline practitioners.

The concern is that these communications **manipulated the information environment relied upon for valid voluntary informed consent**, with foreseeable downstream consequences for practitioners who would later be expected to administer COVID-19 vaccines under coercive conditions.

2. Practitioner's role and authority

During the height of the COVID-19 period, Professor Murphy held senior roles at the apex of Australia's health governance, including:

- Chief Medical Officer of Australia
- Secretary of the Australian Department of Health
- Chair of the COVID-19 Vaccines and Treatments for Australia – Science and Industry Technical Advisory Group

Whether held sequentially or with overlap, these roles placed Professor Murphy among the most influential medical figures shaping Australia's COVID-19 vaccination program and the ethical framework within which it was presented to practitioners and the public.

In these roles, Professor Murphy was not merely conveying administrative policy. He was **speaking as a medical doctor to the public and the profession about a medical intervention**. His statements therefore carried **clinical authority** and were reasonably relied upon by:

- members of the public making vaccination decisions
- doctors, nurses, and pharmacists expected to administer vaccines

- health services establishing vaccination practices

This heightened the ethical obligations attaching to his public communications.

3. Public statements at issue

On 3 February 2021, Professor Murphy appeared on the ABC 7.30 program and made a series of public statements about COVID-19 vaccination.

During the discussion, the interviewer, Leigh Sales, asked:

“And just to wrap up, what is your message to any Australian who might be legitimately worried thinking, ‘This has happened all pretty quickly. I’m sort of worried. Is it going to be safe to have a vaccine?’ **What is your official advice on that?**”

Professor Murphy responded:

“My official advice is that we have deliberately gone through the **normal, full range of regulatory approvals** for our vaccines, because we are in such a good place in this country with no community transmission, we have been able to do the **full, safe, regulatory approval.**”

He further stated:

“The Pfizer vaccine is approved and we hope the TGA (Therapeutic Goods Administration) will approve the AstraZeneca vaccine in coming weeks, but we have **not cut any corners** and we will **not register a vaccine unless we’re confident about its safety.**”

During the discussion Professor Murphy also stated:

“There is no evidence at all that any of the vaccines are dangerous or would kill you. They are all **very, very carefully tested by our TGA**, which is one of the best regulatory authorities in the world.”

While the Therapeutic Goods Administration evaluates and relies upon data submitted by manufacturers as part of its regulatory assessment process, **it does not itself conduct independent clinical testing of vaccines.**

At the time these statements were made, COVID-19 vaccines in Australia had only received **provisional approval**. These approvals were **time-limited and expressly contingent on the provision of ongoing data from the manufacturer**. Long-term safety data were incomplete, and effects on transmission and duration of protection were acknowledged to be unknown.

Professor Murphy also stated:

“the risk is much greater of the disease than being vaccinated – much, much, much greater.”

Professor Murphy’s statements conveyed categorical reassurance and high-certainty risk-benefit conclusions, notwithstanding the acknowledged limitations of the evidence base at that time.

Later in the same interview, Professor Murphy conceded material uncertainty, stating:

“We don’t know how long that immunisation will last for and we don’t know what any of them will do on the transmission of the virus.”

and:

“That information will come in time.”

In the same interview, Professor Murphy further acknowledged uncertainty regarding the central population-level objective of the vaccination program, stating:

“We don’t know whether any of the vaccines will give us herd immunity. That’s our goal.”

He also stated:

“We will only know over time whether they prevent transmission of the virus and give us herd immunity.”

These acknowledgements underscored that key outcomes being relied upon to justify population-wide vaccination **were aspirational and unproven at the time, yet this uncertainty was not incorporated into Professor Murphy’s public framing of vaccination as an intervention to which individuals and practitioners could give valid, informed, and voluntary consent.**

4. Misrepresentation of the nature and scope of the intervention

At the commencement of Australia’s COVID-19 vaccination rollout in early 2021, COVID-19 vaccination was publicly presented as:

- a necessary population-wide intervention
- a settled and ethically unproblematic response
- a finite medical intervention

At that time, **none of these propositions had been validly established.**

COVID-19 risk was reported to be highly stratified by age and comorbidity, with the majority of the population not at serious risk of severe outcomes. **The necessity of vaccinating the entire population had not been demonstrated.**

Further, the vaccines were provisionally approved, **with explicit uncertainty regarding duration of protection, long-term safety, and the possibility of ongoing dosing requirements.**

By publicly presenting COVID-19 vaccination as a settled and sufficient intervention, while acknowledging that critical information would “come in time”, **Professor Murphy materially misrepresented the nature and scope of the intervention presented to the public and to practitioners.**

Consent to a finite intervention is ethically and materially different from consent to an open-ended or evolving pharmaceutical regimen. Presenting the former while the latter was foreseeable **distorted the information required for valid consent.**

Subsequent developments demonstrated that COVID-19 vaccination did not operate as a finite intervention but evolved into an ongoing program, **underscoring the ethical significance of presenting it as settled at a time when its duration and scope were expressly unknown.**

This framing was relied upon not only by members of the public, but also by **frontline practitioners**, who were expected to administer COVID-19 vaccines and to describe them to patients as routine, complete, and ethically settled.

5. Ethical and professional standards engaged

This notification compares Professor Murphy's public statements with two authoritative sources governing medical practice and vaccination consent in Australia (see extracts attached):

- 1. *The Australian Immunisation Handbook***
- 2. *Good medical practice: a code of conduct for doctors in Australia***

Each source is addressed separately below.

5A. *The Australian Immunisation Handbook* – valid consent

The Australian Immunisation Handbook states:

“Valid consent is the voluntary agreement by an individual to a proposed procedure, which is given after sufficient, appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to that individual.”

The Handbook further states that consent:

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

The Handbook also provides that, as part of the consent process:

“People receiving vaccines and/or their parents or carers should be given sufficient information (preferably written) about the risks and benefits of each vaccine. This includes:

- what adverse events are possible**
- how common they are**
- what they should do about them.”**

Application:

Professor Murphy's public statements, as set out in section 3, **presented COVID-19 vaccination in a manner that did not convey sufficient, appropriate and reliable information about unresolved uncertainty and regulatory limitations**, and were therefore capable of undermining the voluntariness of consent as defined by *The Australian Immunisation Handbook*.

5B. Good medical practice – informed consent

Good medical practice: a code of conduct for doctors in Australia provides, under **section 4.5 Informed consent**, 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.”

The code of conduct further provides that good medical practice involves:

“Providing information to patients in a way they can understand before asking for their consent.” (section 4.5.1)

Application:

This obligation is not confined to the moment of injection. It depends on the integrity of the information environment in which consent is formed.

By publicly presenting COVID-19 vaccination as having undergone the “normal, full range of regulatory approvals”, while downplaying material uncertainty associated with provisional approval, **Professor Murphy contributed to an information environment that was not conducive to the knowledge and understanding required for valid informed consent, as defined by section 4.5 of the Code.**

5C. Good medical practice – public comment and trust in the profession

Good medical practice: a code of conduct for doctors in Australia states, under **section 2.2**

Public comment and trust in the profession:

“The community trusts the medical profession. Every doctor has a responsibility to behave ethically to justify this trust.”

The Code further provides:

“As a doctor, you need to consider the effect of your public comments and your actions outside work, including online, related to medical and clinical issues, and how they reflect on your role as a doctor and on the reputation of the profession.”

Application:

Professor Murphy’s public statements on the ABC 7.30 program on 3 February 2021 were made with **clinical authority** and were likely to be relied upon by **both members of the public and by registered health practitioners**. By presenting COVID-19 vaccination as having undergone the “normal, full range of regulatory approvals”, and by offering categorical reassurance about safety while acknowledging material uncertainty elsewhere in the same discussion, **those statements were capable of misleading audiences about the regulatory status and evidentiary certainty of the vaccines at that time.**

Given the high level of trust placed in senior medical leaders, **such statements risked undermining informed decision-making and public trust in the profession**, engaging the obligations set out in section 2.2 of the Code.

6. Summary of Professor Murphy's conduct

As set out above, Professor Murphy's conduct engaged the ethical and professional standards described in sections 5A, 5B and 5C in the following ways:

- By publicly presenting TGA provisional approval as equivalent to routine regulatory approval, **he contributed to an information environment that did not convey sufficient, appropriate and reliable information for valid consent.**
- By using categorical and absolute language about vaccine safety and risk–benefit balance, **he conveyed a level of certainty that was not supported by the provisional evidence base available at the time.**
- By framing COVID-19 vaccination as a settled and sufficient intervention, while acknowledging elsewhere in the same discussion that critical information would “come in time”, **he presented the intervention in a manner that obscured its provisional and evolving nature.**
- By subordinating acknowledged uncertainty to authoritative reassurance, **he influenced the way in which risk, benefit and uncertainty were understood by the public and by practitioners.**

Taken together, **these matters were capable of undermining the voluntariness of consent** as defined by *The Australian Immunisation Handbook*, and were inconsistent with the obligations set out in *Good Medical Practice: A Code of Conduct for Doctors in Australia*, specifically section 4.5 Informed consent and section 2.2 Public comment and trust in the profession.

Crucially, the effects of this conduct extended beyond members of the public. **Registered health practitioners reasonably relied on senior medical leadership to frame regulatory status, uncertainty, and ethical legitimacy.** Those practitioners were subsequently expected to administer COVID-19 vaccines **and obtain consent** within an information environment shaped by authoritative public statements **that did not convey sufficient, appropriate, and reliable information about regulatory status and uncertainty – an environment Professor Murphy had helped to shape.**

7. Contemporaneous escalation and notice

Concerns regarding the accuracy and ethical implications of Professor Murphy's public statements were raised contemporaneously, not retrospectively.

On 24 February 2021, I wrote directly to Professor Murphy outlining how mischaracterising provisional approval and unresolved uncertainty risked undermining valid voluntary informed consent at the outset of the COVID-19 vaccination program.

Following the broadcast of the ABC 7.30 interview on 3 February 2021, on 26 February 2021 I wrote to then Managing Director of the Australian Broadcasting Corporation, David Anderson, raising concerns about the dissemination of misleading information to the public. That correspondence included my email to Professor Murphy, and set out the basis on which his public statements were said to be misleading. No substantive response was received from

Mr Anderson. I followed up on 8 March 2021, but that correspondence likewise elicited no response.

On 9 March 2021, I also wrote via the Prime Minister's official correspondence portal to then Prime Minister Scott Morrison, formally raising concerns that Professor Murphy had misrepresented the regulatory status of COVID-19 vaccine products in a nationally broadcast interview. That correspondence attached the email thread sent to the Managing Director of the ABC and placed the matter on the public record.

These contemporaneous communications did not result in any correction, clarification, or professional ethical assessment of Professor Murphy's public statements that was communicated to me or otherwise identified by me in the public domain. Copies of this correspondence, including the relevant email threads, are included in the attachments to this notification.

8. Continuing relevance

Although the conduct occurred in early 2021, it remains ethically and professionally relevant because it occurred at the **foundational stage** of Australia's COVID-19 vaccination program and helped embed vaccination as routine and ethically unproblematic practice.

The effects of authority-level misrepresentation were enduring, not transient.

This must be investigated.

9. Request

I request that AHPRA:

- 1. Accept this notification as raising serious concerns regarding professional conduct under the Health Practitioner Regulation National Law.**
- 2. Assess whether Professor Murphy's public statements of 3 February 2021 were consistent with the ethical standards expected of a registered medical practitioner, particularly sections 2.2 Public comment and trust in the profession and 4.5 Informed consent of *Good medical practice: a code of conduct for doctors in Australia*, and *The Australian Immunisation Handbook* on valid consent.**
- 3. Place this notification formally on the regulatory record and provide confirmation of receipt together with a case reference number.**

Attachments

- 1. [Email from Elizabeth Hart to Professor Brendan Murphy](#), 24 February 2021**
- 2. [Transcript of ABC 7.30 interview with Professor Brendan Murphy](#), 3 February 2021**
- 3. [TGA provisional approval information – Pfizer COVID-19 vaccine](#), current as at 21 January 2021**

4. **TGA provisional approval information – AstraZeneca COVID-19 vaccine**, current as at 16 February 2021
5. **Extract from the Australian Immunisation Handbook – Valid consent** (relevant section)
6. **Extract from *Good medical practice: a code of conduct for doctors in Australia* – section 4.5 Informed consent**
7. **Extract from *Good medical practice: a code of conduct for doctors in Australia* – section 2.2 Public comment and trust in the profession**
8. **[Emails from Elizabeth Hart to David Anderson](#)**, Managing Director, Australian Broadcasting Corporation, 26 February and 8 March 2021
9. **[Email from Elizabeth Hart to then Prime Minister Scott Morrison](#)**, submitted via the Prime Minister's official correspondence portal, 9 March 2021

Notification lodged with Ahpra on 11 February 2026

Reference: 2026/PC-0000241622

Hyperlinks to supporting correspondence have been added to the attachment list above.