
Re: COVID-19 vaccination mandates and valid voluntary informed consent

Elizabeth Hart <elizmhart@gmail.com>

Fri, Jun 19, 2026 at 7:44 AM

To: ACSQHC_CEO@safetyandquality.gov.au

Cc: cmo@safetyandquality.gov.au, minister.butler@health.gov.au, senator.ruston@aph.gov.au, Michelle.Rowland.MP@aph.gov.au, senator.michaelia.cash@aph.gov.au, "Clutterham, Claire (MP Office)" <claire.clutterham.mp@aph.gov.au>, "Batty, Jack"

<Jack.Batty@parliament.sa.gov.au>, Malcolm Roberts <senator.roberts@aph.gov.au>, "Antic, Alex (Senator)" <senator.antic@aph.gov.au>, "Babet, Ralph (Senator Office)" <senator.babet@aph.gov.au>

For the attention of:Professor Anne Duggan
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care (ACSQHC)**Copied to:**Professor Carolyn Hullick, Chief Medical Officer, ACSQHC
Hon Mark Butler MP, Minister for Health and Ageing
Senator the Hon Anne Ruston, Shadow Minister for Health and Aged Care
The Hon Michelle Rowland MP, Attorney-General
Senator the Hon Michaelia Cash, Shadow Attorney-General
Senator Malcolm Roberts, Senator for Queensland
Senator Alex Antic, Senator for South Australia
Senator Ralph Babet, Senator for Victoria
Ms Claire Clutterham MP, Federal Member for Sturt
Mr Jack Batty MP, State Member for Bragg

Dear Professor Duggan,

During the COVID-19 vaccination rollout, governments across Australia introduced vaccination mandates intended to increase vaccine uptake. Vaccination requirements imposed by governments, employers and other organisations carried significant penalties for non-compliance, including loss of employment, restrictions on education and travel, restrictions on access to services and facilities, and exclusion from social, cultural, sporting and other aspects of public life.

At the same time, **practitioners remained personally responsible for obtaining valid voluntary informed consent from individuals presenting for vaccination in a climate of significant pressure to comply with the intervention.**

I am writing to understand what action, if any, the Australian Commission on Safety and Quality in Health Care took to address **the conflict between vaccination mandates and practitioners' personal non-delegable obligation to obtain valid voluntary informed consent for a medical intervention.**

The practitioner's obligation to obtain valid voluntary informed consent is a fundamental ethical principle of medicine. *The Australian Immunisation Handbook* states that consent must be given voluntarily, in the absence of undue pressure, coercion or manipulation. Voluntary informed consent is also stipulated in *Good medical practice: a code of conduct for doctors in Australia*, Section 4.5 Informed consent.

I have attached a copy of the ACSQHC's 2020 fact sheet, *Informed Consent in Health Care*, together with copies of contemporaneous webpages published by the Royal Australian College of General Practitioners (RACGP) and the Australian Medical Association (AMA) on 17 September 2020, which appear to draw practitioners' attention to this ACSQHC guidance, although the hyperlinks are now broken.

The ACSQHC's 2020 fact sheet states that informed consent is a person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention, following the provision of accurate and relevant information about the healthcare intervention to enable them to make an informed decision about whether or not to proceed. It further states that:

"Ensuring informed consent is properly obtained is a legal, ethical and professional requirement on the part of all treating health professionals and supports person-centred care."

I have also attached a copy of the ACSQHC's current informed consent guidance (2026), which continues to state that **"Informed consent is a person's agreement, given voluntarily, to a healthcare treatment, procedure or other intervention"**. This 2026 guidance also refers to clinicians' ethical, legal and professional requirements.

Given the ACSQHC's responsibilities in relation to safety and quality of health care, I would be grateful if you could clarify the following:

- 1. What action, if any, did the ACSQHC take during the COVID-19 vaccination rollout to uphold, promote or communicate the principle that informed consent must be given voluntarily, as stated in its 2020 guidance?**
- 2. Did the ACSQHC issue any public statements, guidance or advice regarding the principle that informed consent must be given voluntarily in circumstances where COVID-19 vaccination was effectively required to avoid significant penalties, including loss of employment, restrictions on education and travel, restrictions on access to services and facilities, and exclusion from social, cultural, sporting and other aspects of public life?**
- 3. What action, if any, did the ACSQHC take in relation to Commonwealth, state or territory governments regarding the implications of COVID-19 vaccination mandates for practitioners' continuing personal nondelegable obligation to obtain valid voluntary informed consent?**
- 4. Did the ACSQHC consider the implications for practitioners of their continuing personal non-delegable obligation to obtain valid voluntary informed consent from individuals presenting for COVID-19 vaccination in a climate of significant pressure to comply with the intervention and, if so, what action was taken?**
- 5. What steps did the ACSQHC take to disseminate its 2020 informed consent guidance to practitioners before and during the COVID-19 vaccination rollout?**
- 6. Did the ACSQHC communicate with the Australian Health Practitioner Regulation Agency (Ahpra) and National Boards, professional colleges and associations, medical schools, health departments, public and private health services, vaccination hubs, Primary Health Networks, medical defence organisations and insurers, or other channels regarding practitioners' responsibilities to obtain valid voluntary informed consent in the context of COVID-19 vaccination mandates?**
- 7. If the ACSQHC undertook any work in relation to these matters, are any relevant documents, correspondence, advice or guidance publicly available?**

The questions above are directed towards understanding how the ACSQHC discharged its responsibilities in relation to the established ethical principle of voluntary informed consent for a medical intervention once COVID-19 vaccination mandates accompanied by significant penalties for non-compliance were introduced across Australia.

Given the broader public interest issues raised by these matters, I have copied this correspondence to relevant parliamentarians and office holders.

Thank you for your consideration. I look forward to your response.

Kind regards

Elizabeth Hart

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Attachments:


1. Informed consent in health care fact sheet for clinicians. Australian Commission on Safety and Quality in Health Care, 2020
2. Informed Consent - Practical guidance for clinicians. Australian Commission on Safety and Quality in Health Care, 2026
3. RACGP 17 September 2020 - New guidance for GPs on obtaining valid informed consent
4. AMA 17 September 2020 - New guidance for clinicians on obtaining valid informed consent

4 attachments

 **ACSQHC Informed Consent in Health Care - 2020.pdf**
361K

 **ACSQHC informed-consent-fact-sheet clinicians - 2026.pdf**
455K

 **RACGP September 2020 - New guidance for GPs on obtaining valid informed consent.pdf**
485K

 **AMA September 2020 - New guidance for clinicians on obtaining valid informed consent.pdf**
118K