‘Informed consent', 'voluntary healthcare decisions' and coercive vaccination...

Elizabeth Hart <elizmhart@gmail.com> Fri, Oct 15, 2021 at 3:21 PM
To: SAPOL.Covid19Command@police.sa.gov.au, sapol.enquiries@police.sa.gov.au, Emma McArthur <ejminoz@gmail.com>

For the attention of:
Grant Stevens
Commissioner of Police South Australia
State Coordinator COVID-19 Emergency Response

Grant, please see below my email **arguing that people in Australia are being coerced into submitting to COVID-19 injections, and therefore are *not* giving authentic informed consent to this medical intervention, i.e. are *not* making a "voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved".**
My email is addressed to Martin Fletcher, CEO of the Australian Health Practitioner Regulation Agency (AHPRA). I warn Mr Fletcher that this is a crisis - and the APVMA, Medical Boards, RACGP, RACP, AMA and other medical organisations must address the failure to obtain authentic informed consent before COVID-19 injections, without coercion, much damage has already been done.
Please note I also include reference to you in my email below.
This email is also accessible via this link, please feel free to share: https://bit.ly/3aFEN9q
Elizabeth Hart
Independent person investigating the over-use of vaccine products and conflicts of interest in vaccination policy

---------- Forwarded message ---------
From: **Elizabeth Hart** <elizmhart@gmail.com>
Date: Fri, Oct 15, 2021 at 2:16 PM
Subject: ‘Informed consent', 'voluntary healthcare decisions' and coercive vaccination...
To: <Jamie.Pearce@ahpra>
Cc: <Amanda.Watson@ahpra>, <racgp@racgp>, <racp@racp>, <president@ama>, <george.christensen.mp@aph.gov.au>, Hanson, Pauline (Senator) <senator.hanson@aph.gov.au>, Kelly, Craig (MP) <craig.kelly.mp@aph.gov.au>, <senator.roberts@aph.gov.au>, <senator.canavan@aph.gov.au>, <mulgoa@parliament.nsw.gov.au>, <wollondilly@parliament.nsw.gov.au>, <lanecove@parliament.nsw.gov.au>, <mark.latham@parliament.nsw.gov.au>, <senator.rennick@aph.gov.au>, <senator.antic@aph.gov.au>, <f.nile@parliament.nsw.gov.au>, <senator.patrick@aph.gov.au>, <neil.angus@parliament.vic.gov.au>, <David.Limbrick@parliament.vic.gov.au>, <Tim.Quilty@parliament.vic.gov.au>, <george.williams@unsw>, <azimmermann@sheridan>, Emma McArthur, Peter A. McCullough, Nick Hudson, <riverstone@parliament.nsw.gov.au>

Please forward this email to the people addressed below:

For the attention of:
Mr Martin Fletcher, CEO
Australian Health Practitioner Regulation Agency (AHPRA)

Copied to:

- Dr Anne Tonkin, Chair, Medical Board of Australia
- Ms Gill Callister PSM, AHPRA Agency Management Committee
- Dr Karen Price, President, Royal Australian College of General Practitioners (RACGP)
- Professor John Wilson AM, President, Royal Australasian College of Physicians (RACP)
- Dr Omar Khorshid, President, Australian Medical Association (AMA)

Mr Fletcher, in regards to COVID-19 vaccination, Amanda Watson has confirmed 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."** (Copy of letter from AHPRA attached.)

As I've highlighted in previous correspondence (see email list below), there is a conflict in the Morrison and State Governments' COVID-19 vaccination rollout and the obtaining of informed consent before vaccination, as people are being ***coerced*** to submit to COVID-19 injections - this means people are ***not*** making an authentic **"voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved"**.

A recent example of this is an email to workers in healthcare settings from Lesley Dwyer, Chief Executive Officer, Central Adelaide Local Health Network, **requiring that people currently working in a healthcare setting must have COVID-19 vaccination**, as authorised by Grantley Stevens, SA Police Commissioner and State Coordinator COVID-19 Emergency Response, see copy of letter attached.

This is just the tip of the iceberg, with governments across Australia mandating COVID-19 injections for an ever-increasing list of workers, e.g. the Victoria State Government, NSW Government, Northern Territory Government, etc.

Mr Fletcher, as I've already outlined in my previous correspondence, COVID-19 is unlikely to be a serious threat to most people, **so why is the entire Australian population aged 12 years and over being pressed to have the COVID-19 injections**, which

apparently do not prevent infection nor transmission, and provide unknown duration of 'immunity', **potentially interfering with individuals' own effective natural immune response?**

This must be clarified now, **i.e. what are the 'sources of information' backing this coercive COVID-19 vaccination of the Australian population?** Presumably GPs and other vaccination providers are using ATAGI recommendations, i.e. Australian Technical Advisory Group on Immunisation (ATAGI) Clinical guidance on use of COVID-19 vaccine in Australia in 2021 (v.7.3) - is this correct?

I'm going to examine the ATAGI clinical guidance but, in the meantime, **I'm putting it on the record with AHPRA that those practitioners who are injecting people who are reluctantly submitting to COVID-19 injections to maintain their employment, are not properly obtaining informed consent from their patients, i.e. these practitioners are likely to know that these people are being coerced to submit to COVID-19 injections, and are not truly making a "voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved".**

This lack of authentic 'informed consent' may have very serious repercussions in future, for the individual practitioners, and also for the reputation of the healthcare profession.

This is a crisis Mr Fletcher...the APVMA, Medical Boards, RACGP, RACP, AMA and other medical organisations must address the failure to obtain authentic informed consent before COVID-19 injections, without coercion, much damage has already been done.

I request your urgent response on this matter.

See my previous emails to AHPRA:

> **Covid-19 injections and 'informed consent'** 10 September 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

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

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2 attachments

Response from AHPRA re informed consent.pdf
105K

Email requiring Covid vaccination for health staff.pdf
168K

20 September 2021

Ms Elizabeth Hart

By email only to 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 COID-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.

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

Amanda Watson
National Complaints Manager

See below email from Lesley Dwyer, Chief Executive Officer, Central Adelaide Local Health Network, Government of South Australia, requiring that a person currently working in a healthcare setting must have COVID-19 vaccination, contravening that person's right to informed consent which, as confirmed by AHPRA, **"is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved"**.

From: Health:CALHN Covid19 <Health.CALHNCovid19@sa.gov.au>
Subject: IMPORTANT MUST READ: COVID-19 Vaccination Direction 2021

Dear

RE: EMERGENCY MANAGEMENT (HEALTHCARE SETTING WORKERS VACCINATION) (COVID-19) DIRECTION 2021 COVID-19 VACCINATION

I refer to the *Emergency Management (Healthcare Setting Workers Vaccination) (COVID-19) Direction 2021* (**the Emergency Management Direction**) given by the State Co-ordinator under the *Emergency Management Act 2004* on 7 October 2021 which imposes COVID-19 vaccination requirements to workers in a "healthcare setting" from 1 November 2021.

Summary of Emergency Management Direction requirements

Clause 4(1) of the Emergency Management Direction requires that a person must not engage in work or perform duties in a healthcare setting from 1 November 2021 unless the person has received at least one dose of a Therapeutic Goods Administration (**TGA**) approved COVID-19 vaccine and the person has received, or has evidence of a booking to receive, a second dose of a TGA approved COVID-19 vaccine within the time frame recommended in guidelines published from time to time by the Australian Technical Advisory Group on Immunisation (**ATAGI**). There are two limited exceptions to this requirement under clause 4(3) of the Emergency Management Direction.

The Emergency Management Direction also requires that a person who engages in work or duties at a healthcare setting provide the operator of a healthcare setting with proof of their vaccination status upon request.

Direction to provide evidence to your line manager by 20 October 2021

Our records indicate that you currently do not meet the relevant requirements under the Emergency Management Direction to work or perform duties beyond 1 November 2021. I therefore ***direct*** that you must provide to your line manager, the following by 20 October 2021:

- Evidence that you have received a first and second dose of a TGA approved COVID-19 vaccine; **or**

- Evidence that you have received at least one dose of a TGA approved COVID-19 vaccine, and evidence that you have a booking to receive a second dose of the vaccine within the time frame recommended in guidelines published from time to time by the ATAGI; **or**

- A medical exemption from a legally qualified medical practitioner on either a temporary or permanent basis in accordance with the guidelines published from time to time by ATAGI specifying the nature of the exemption and the basis on which it applies, which has been endorsed by the Chief Public Health Officer (or her delegate).

Please note:

- Acceptable forms of evidence of having received a TGA approved COVID-19 vaccination are a COVID-19 Vaccination Record issued by your vaccination provider or a printout of your Immunisation History Statement from Medicare (this can be accessed via the MyGov website).

- If you provide a medical exemption which has been endorsed by the Chief Public Health Officer (or her delegate) you may be required to wear full personal protective equipment at all times whilst at work after 1 November 2021;

- If you provide a temporary medical exemption or a medical certificate which has been endorsed by the Chief Public Health Officer (or her delegate), you may be required to undergo a review at the end of the certified temporary period;

Please email evidence of your vaccination, such as you Australian Government COVID-19 vaccination digital certificate that can be downloaded from MyGov

website to Health.CALHNCovidVaccination@sa.gov.au and your line manager, so your HR21 record can be updated accordingly.

If you choose not to be vaccinated, please complete the refusal form aka the declination form as soon as possible and email it to Health.CALHNCovidVaccination@sa.gov.au and your line manager, so your HR21 record can be updated accordingly.

I thank you if you have already received your COVID-19 vaccination or have booked in to receive your COVID-19 vaccination. **If you have already provided evidence of your TGA approved COVID19 vaccination to your manager, you do not need to take any further action.**

Please note that Directions issued by the State Coordinator are legally enforceable by SAPOL.

I also take this opportunity to thank you for your continued service and your ongoing commitment to the health and safety of our patients and other staff, and your own health and safety.

If you have any queries regarding the information in this letter, please discuss them with your manager or contact your HR Business Partner. Ms Stephanie Hardy is also available from Workforce on 7117 2322 or via email on stephanie.hardy@sa.gov.au.

The Employee Assistance Program is available to you by contacting Access Programs on telephone 1300 667 700 or Assure Programs on 1800 808 374.

Yours sincerely

Lesley Dwyer
Chief Executive Officer
Central Adelaide Local Health Network

13 October 2021