

COVID-19 response

The role and actions of AHPRA

Over-reach using the umbrella goal of 'maintaining confidence in vaccine safety'

Persecution of individual health practitioners who respected patient autonomy and desire for informed consent

Threats to all registered health practitioners effectively silencing debate on the scientific evidence that mRNA and DNA vaccines met the expected standards to be considered safe and effective.

Threats to all medical practitioners in regard to the use of alternative treatments or preventatives for Covid-19, including therapies with clinical evidence of efficacy. Ivermectin is perhaps the most egregious example.

Questions to follow up: Who are the people making these decisions and carrying out these actions at AHPRA? Who instructs/informs and funds their actions? How can their threats to de-register or prosecute health practitioners who act on behalf of their patients's right to personal autonomy and informed consent be mitigated in the interests of justice? The government must force AHPRA to respect the international declarations that we have instituted since the manifest abuses of World War 2. These are:

- 1) The Helsinki declaration (2013 version is current):

https://www.e-dmj.org/file/WMA-Declaration_of_Helsinki-2013.pdf

Key passages include:

Unproven Interventions in Clinical Practice

37. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.

This allows the use of other interventions where research has shown evidence of efficacy and should have been allowed.

- 2) The modern Hippocratic oath that all medical graduates promise to uphold, which emphasizes patient autonomy, the right to refuse treatment and the principle of first, doing no harm.

This means that if a patient does not want to receive an experimental vaccine, they have a right not to take it and still be able to receive other medical treatment.

The role and actions of the federal and state governments.

Key failure: The federal government's disingenuous insistence that vaccinations were not mandatory, while allowing the state governments to actively discriminate against unvaccinated individuals in terms of freedom of movement and the right to work (which are the most egregious examples among multiple abuses).

Key failure: Not facilitating or listening to reasoned scientific debate on different treatment approaches. By insisting on a vaccine-led strategy, the emergency use authorization was the only mechanism to permit the mass-trialling of the new gene therapy vaccines. This led to the vilification of other potential treatment approaches.

The role of the TGA

This organization failed to hold the experimental gene therapy vaccines to accepted standards of therapeutic efficacy and safety. This failure led to death and injury and only the Astra-Zeneca vaccine was removed from recommendation despite initially being touted as 'safe and effective'

It continues to fail in its role by obscuring or minimizing mRNA vaccine injury data, conflating it with the narrative that the 16-18% increase in excess deaths is due to Covid-19. Data from other countries and South Australia have shown that the increase in excess deaths is concomitant with vaccination with mRNA vaccines.

An increasing number of research studies show that the mRNA vaccines cause heart muscle damage in a relatively high proportion of recipients. The TGA should inform recipients of this risk, or recommend steps to mitigate the risk by recommending monitoring of cardiac troponin. The ongoing insistence on encouraging or enforcing vaccination is an abuse of the term 'safe and effective'.

<https://onlinelibrary.wiley.com/doi/epdf/10.1002/ejhf.2978>

Attempts have been made to fact-check this article to minimize its significance. The fact remains that cardiac troponin is elevated in some patients and this is not safe.