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Submission to the Department of Infrastructure,
Transport, Regional Development, Communications
and the Arts

Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023

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Introduction

Reasons and evidence showing the potential risks associated with the proposed new powers provided to ACMA via the passage of the Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023.

The Australian Medical Professionals' Society (AMPS) comprises a collective of medical and allied health experts united by a core mission: safeguarding and advancing the interests of our members and their patients, while advocating optimal health outcomes across Australia. We deeply cherish the tenets of medical ethics, prioritising patient well-being and community welfare. As staunch proponents of these values, AMPS enthusiastically embraces the chance to offer input to the Department of Infrastructure, Transport, Regional Development, Communications, and the Arts on the Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023.

In an era marked by the rapid dissemination of information through various channels, the regulation of misinformation and disinformation has gained importance. Misinformation refers to the dissemination of false or inaccurate information, often without intent to deceive. On the other hand, disinformation involves the deliberate spread of false information to deceive and manipulate. The potential harm stemming from misinformation and disinformation is well understood, as it can erode public trust, misguide decision-making, and undermine societal well-being.

As governments grapple with addressing the challenges posed by misinformation, the proposed bill's focus raises questions about potential consequences arising from censorship. Considerations such as intellectual freedom, freedom of expression and the right of political communication are paramount in democratic societies. Any legislation intended to address misinformation must carefully consider the potential effects on these values. By potentially curbing these freedoms and the ability of people to engage in open political discourse, the bill could unintentionally infringe upon these rights, harming core pillars of our democracy.

Moreover, of concern are the bill's potential implications on healthcare practitioners' capacity to fulfil their code of conduct requirements, duty of candour and international obligations to protect the public. Healthcare professionals have an ethical and legal obligation to provide patients with accurate and transparent information, enabling informed decision-making. If the bill inadvertently hinders practitioners' ability to provide unbiased and evidence-based guidance, it could undermine the trust between medical professionals and patients, compromising the integrity of healthcare systems.

In the pursuit of combating misinformation, it becomes crucial to assess how information control measures might inadvertently succumb to conflicts of interest. In the intersection of healthcare and commercial interests, a careful balance must be struck to ensure that profit motives do not dictate the determination of truth at the expense of public health. The risk of science itself becoming a threat to overall public health and safety, as a result of undue political or financial influence or manipulation, underscores the need for measures that prioritise evidence-based best practices over financial gains.

Transparency and accountability are the bedrock of a functioning democracy. The access to accurate information empowers citizens to make informed decisions, while the suppression of information or manipulation of facts can lead to a pandemic of censorship and misinformation, posing substantial threats to health and safety. In navigating this complex landscape, it is paramount that any

legislative efforts prioritise the preservation of democratic values, transparency of data, the protection of public health, and the integrity of information dissemination.

Defining Misinformation and Disinformation

According to the ACMA bill, misinformation is characterised as information that is untrue, misleading, or deceitful and is likely to result in harm or contribute to it. Disinformation, on the other hand, is identified as information that is false, misleading, or deceitful and is shared with the intention to mislead, along with content that has the potential to cause or contribute to harm.

The draft bill fails to outline the criteria by which ACMA will determine the accuracy or misleading nature of information, as well as the assessment of intent and harm. The scope of the parameters appears excessively wide and unpractical, fostering the impression that anything not endorsed by the government qualifies as misinformation or disinformation. Effectively, this bill seems to criminalise any content criticising government communications, irrespective of supporting evidence. Such a notion is disquieting and carries a chilling undertone of a dystopian scenario, demanding profound introspection and reconsideration¹.

The prospect of a government-appointed independent body wielding the authority to categorise information as misinformation or disinformation raises substantial concerns. Such power gives rise to the risk of stifling dissenting viewpoints and suppressing critical discourse. In an arena where scientific understanding is perpetually evolving and often influenced by vested interests, determining what constitutes accurate information becomes exceedingly complex. The potential for bias and manipulation becomes pronounced when an entity is asked to make these determinations, potentially sacrificing objectivity in favour of political or economic agendas². The fluid nature of scientific discovery and the presence of diverse perspectives necessitate caution when vesting a single entity with the power to define truth, as this approach could inadvertently curtail the intellectual freedom and right of political communication of practitioners and hinder open dialogue essential for societal progress.

Governments must be aware of the often deceptive practices of large pharmaceutical companies that have paid gigantic fines for fraud, illegal marketing, ghost writing and misrepresentation of research results. The influential power of the pharmaceutical industry to control what constitutes mis and dis information must not be dismissed as Peter Gøtzsche, founder of the Cochrane Collaboration, discusses in his book *Deadly Medicines and Organised Crime: How Big Pharma has Corrupted Healthcare*.

“There can be no doubt that its business model fulfills the criteria for organised crime”. Gøtzsche is not alone in comparing the pharmaceutical industry to an organized criminal enterprise. In a striking passage, Gøtzsche quotes Peter Rost, a former Pfizer marketing vice president, as follows:

¹<https://www.theaustralian.com.au/nation/misinformation-laws-elitist-self-serving-academic-suri-ratnapala-says/news-story/4dd2415121590f8021c06c87a5f54efb#:~:text=Professor%20Ratnapala%20described%20the%20legislation,also%20an%20admission%20of%20failure>.

² <https://pubmed.ncbi.nlm.nih.gov/33187972/>

It is scary how many similarities there are between this industry and the mob. The mob makes obscene amounts of money, as does this industry. The side effects of organized crime are killings and deaths, and the side effects are the same in this industry. The mob bribes politicians and others, and so does the drug industry....³⁷

Recommendation: It is our stance that the bill should not be approved. Establishing precise definitions for misinformation and disinformation is a formidable challenge given the ever-evolving landscape of scientific knowledge and increasing financial conflicts of interest.

Defining Harm

AMPS as a collective of committed health professionals and scientists, hold serious concerns regarding the potential repercussions of granting a government-appointed entity the authority to regulate the open dissemination of information under the vague guise of harm mitigation.

For example, throughout the course of the COVID-19 pandemic, any scepticism toward government-endorsed public health messaging was promptly labelled as the dissemination of misinformation or disinformation. Unfortunately, with the passage of time, it has become evident that much of the officially sanctioned government communication — spanning from the lab leak theory to mask usage, lockdowns, and the effectiveness of vaccines in stopping transmission — was riddled with inaccuracies and misdirection, whether by oversight or design. The submission by AMPS to the Independent Panel Review outlined our conviction that the coercive measures taken in response to the pandemic contradicted both historical precedents and scientific consensus⁴. The rationale behind implementing societal interventions that were both unscientific and unjustified remains puzzling. Not only did the secret health advice seem to contradict established international and national pandemic strategies, but it also transgressed medical ethical standards and Australia's obligations to uphold civil and political rights.

These ACMA powers, purportedly established to avert "harm," come with a vagueness in defining harm and an absence of clarity regarding the threshold. Nevertheless, as exemplified by the response to the pandemic, entrusting the government as the sole purveyor of truth for the sake of public "safety" carries the potential to result in harm, especially in cases of policy missteps that evade questioning⁵⁶. The suppression of scientific discourse stifles the open exchange of scientific ideas and undermines evidence-based medicine, impeding scientific advancement and the continual pursuit of best practices. Further, it exposes policy makers to the risk of being influenced by potent political and financial forces, especially when the capacity for information sharing among frontline workers and less influential member-based associations is severely restricted⁷⁸.

³<https://kiej.georgetown.edu/peter-c-gotzsche-deadly-medicines-and-organised-crime-how-big-pharma-has-corrupted-healthcare-crc-press-2013/>

⁴<https://8630368.fs1.hubspotusercontent-na1.net/hubfs/8630368/AMPS/Independent%20Panel%20Response.pdf>

⁵<https://www.theaustralian.com.au/inquirer/shameful-fearmongering-leaders-should-pay-for-covid-lockdown-insanity/news-story/>

⁶<https://www.news.com.au/national/australias-huge-covid-lies-finally-exposed/news-story/>

⁷ <https://www.spectator.com.au/2023/07/gambling-with-australian-lives/>

⁸<https://www.theaustralian.com.au/inquirer/health-disgrace-bureaucrats-in-bid-to-silence-our-doctors/news-story/>

Employing the threat of disciplinary measures will inevitably induce silence through the imposition of compliance driven by fear. However, healthcare professionals bear a responsibility to exercise their intellectual autonomy and the right to political expression, voicing concerns to safeguard patients and the general public when their clinical insight and the most pertinent evidence suggest potential harm stemming from governmental policies⁹. The notion that upholding the perception of government-declared truths is of paramount importance to preserve public stability, even when data and evidence highlight issues, marks a distressing departure both from the principles of ethical evidence based medicine and from the foundations of democracy.

In a recent ruling involving the Biden vs. Missouri case, Judge Doughty meticulously expounded upon the collaboration between the government and social media platforms aimed at dictating the permissible content for the public to consume. Recent Freedom of Information documents unveiled that our Department of Home Affairs employed tactics to suppress information, controlling Australians' access to informed decision-making about policies and medical interventions¹⁰. Judge Doughty reaffirmed that the primary objective of free speech is to safeguard an open marketplace of ideas, where truth prevails without hindrance. Within the context of this case's verdict, he presented compelling evidence that supports the claims brought forth by the plaintiffs, stating:

“Defendants, through public pressure campaigns, private meetings, and other forms of direct communication, regarding what Defendants described as “disinformation,” “misinformation,” and “malinformation,” have colluded with and/or coerced social media platforms¹¹.”

The ruling vividly underscores the perils that arise when citizens are denied unfettered access to information, hindering their ability to make autonomous decisions. The stifling of speech, intellectual freedom, and political expression has a cascading effect on nearly all other liberties. It's evident that governments globally, including the Australian government, leveraged their authority to quash any opposition to their Covid-related policies. Amid a period of profound uncertainty, rather than engaging with frontline healthcare professionals as laid out in our pre-pandemic preparedness strategies, government regulatory bodies instead persecuted medical and health experts who exercised their clinical judgement and relied on the best available evidence to scrutinise policies they deemed potentially hazardous to the well-being of all Australians¹². The AMPS contends that this approach has indeed led to harm among Australians.

The censorship of scientific discourse via the politicisation of the scientific method, as we have witnessed during the COVID-19 era, holds the potential to cause severe actual and potential harm to public health and well-being¹³. When a government-designated body dictates the dissemination of information, controlling what citizens perceive as true despite emerging data and evidence, it suggests that the integrity of our democratic processes has already been compromised.

⁹<https://8630368.fs1.hubspotusercontent-na1.net/hubfs/8630368/AMPS/AMPS%20Submissions%20to%20HE%20Comm%201June2022%20Final.pdf>

¹⁰<https://www.theaustralian.com.au/nation/many-censored-social-media-posts-did-not-contain-covid19-misinformation/news-story/c47a8217ffada2cf576475aef3c12c63>

¹¹ <https://ago.mo.gov/docs/default-source/press-releases/missouri-v-biden-ruling.pdf>

¹²<https://8630368.fs1.hubspotusercontent-na1.net/hubfs/8630368/AMPS/AMPS%20Submissions%20to%20HE%20Comm%201June2022%20Final.pdf>

¹³<https://www.theaustralian.com.au/commentary/misinformation-bill-is-australia-taking-a-different-path-to-us-on-free-speech/news-story/>

Recommendation: It is our stance that the bill should not be approved. The outline of what constitutes harm is vague and very much open to interpretation by industry and government making it very open to capricious judgements that pose a risk to overall well being.

Constitutional considerations

The proposed ACMA bill raises important constitutional concerns, particularly in relation to potential censorship of health professionals. The bill's provisions that seek to combat misinformation might inadvertently infringe upon the constitutional freedom of political communication, which is considered implied in the Australian Constitution¹⁴. This could have far-reaching implications, especially for health professionals engaging in public discourse about critical health matters, such as COVID-19. The right of health professionals to provide evidence-based information and opinions is crucial for informed public debate and decision-making. Censorship of such communication could hinder the public's access to accurate health information, thereby conflicting with the democratic principles that underpin Australia's legal framework¹⁵. To strike a balance between curbing misinformation and upholding the constitutionally protected right to political communication and free expression remains a complex challenge that necessitates careful consideration and thorough legal analysis.

Furthermore, the proposed ACMA bill has the potential to damage intellectual freedom, a cornerstone of democratic societies. By providing authorities with the power to determine and censor content deemed as misinformation, the bill risks stifling diverse perspectives and legitimate discourse. Intellectual freedom thrives on the unrestricted exchange of ideas, even those that challenge prevailing norms. If the bill were to impose restrictions on information sharing, it could deter people from expressing unconventional viewpoints or engaging in critical discussions for fear of reprisal. This is a legitimate fear of many practitioners who have seen the personal career consequences of speaking out following the adoption of the 9 March 2021 position statement from AHPRA and National Boards; it threatened registration investigation and disciplinary action for saying anything that would undermine the government public health messaging and vaccination rollout.¹⁶ A robust democracy relies on the ability of citizens to engage in open debates, form their opinions, and contribute to collective decision-making. Curtailing intellectual freedom not only limits the growth of knowledge but also undermines the essence of democratic values and citizen participation in shaping their society's future. It is imperative that any legislative efforts to combat misinformation are carefully crafted to avoid inadvertently infringing upon this fundamental aspect of democracy¹⁷.

Intellectual freedom is one of the modern marvels of living in a liberal democracy and brings tremendous benefit to society, as affirmed by the High Court:

“Once developed, justification for intellectual freedom is instrumental. The instrumental justification is the search for truth in the contested marketplace of ideas, the social importance of which Frankfurter J spoke powerfully about.¹⁸”

¹⁴ <https://www.spectator.com.au/2023/02/censorship-a-threat-to-public-health-and-safety/>

¹⁵ <https://quadrant.org.au/opinion/free-speech/2022/11/the-menace-of-medical-censorship-in-australia/>

¹⁶ <https://www.spectator.com.au/2022/10/confidence-through-censorship-the-medical-ministry-of-truth/>

¹⁷ [EMERGENCY-POWERS-COVID-19-RESTRICTIONS-MANDATORY-VACCINATION](#)

¹⁸ <https://www.spectator.com.au/2023/01/saving-medicine-from-the-health-bureaucracy/>

Recommendation: We advise against the passage of this bill because of the constitutional risks it poses to free expression, intellectual freedom, and the right of political communication. Undermining these foundational principles of our democracy will inhibit the free flow of ideas and evidence in the continuing search for evidence based best practice.

Conflicts of interest must be considered in defining Misinformation and Disinformation.

Granting a government-appointed entity the authority to label information contradicting official messaging as misinformation or disinformation establishes an alarming and precarious precedent¹⁹. This becomes especially concerning considering the growing awareness of the effect of corporate conflicts of interest, leading to biased reporting within academia, biased media content, skewed therapeutic guidelines, and profit-driven public policies. History is replete with instances showcasing the consequences of authorities making decisions without being held accountable or having to be transparent about their actions. This is particularly concerning when policies, based on concealed health advice for instance, are determined by those in power without the requirement for empirical validation, effectively bestowing them the power to define what qualifies as true information.

The extensive sway exerted by pharmaceutical companies' financial interests across medical academia and public policy presents a notable jeopardy to the credibility of healthcare and societal welfare. The involvement of pharmaceutical companies in financing research, regulation, education, and policy endeavours introduces an intrinsic susceptibility to bias, potentially undermining the impartiality of scientific investigation and policy development²⁰. This dynamic could result in an undue prioritisation of profit-centred incentives, overshadowing the imperative of prioritising patient well-being and the broader public health.

Professor Ioannidis describes what he calls a "misinformation mess" where he claims much published research is not reliable. Having to negotiate such a mess in deciding exactly what is misinformation offers no benefit to patients or decision makers. It is a risk to public health.²² The government must consider that many prominent journal editors have drawn attention to the pervasive influence of financial conflicts of interest on the reliability of research findings. "Financial conflicts can compromise the integrity of research," warns Dr. Fiona Godlee, editor-in-chief of The BMJ, stressing the potential bias that can result from industry funding²³. Dr. Jerome Kassirer, former editor-in-chief of the New England Journal of Medicine, notes in his book, *How medicine's complicity with big business can endanger your health*, the "shocking extent of these financial enticements and explains how they encourage bias, promote dangerously misleading medical information, raise the cost of medical care, and breed distrust," highlighting the distortion such conflicts can introduce into the scientific record²⁴. Dr. Virginia Barbour, founding editor of PLOS

¹⁹ <https://www.theaustralian.com.au/commentary/misinformation-bill-will-only-feed-conspiracy/news-story/>

²⁰ <https://www.bmj.com/content/382/bmj>

²¹ <https://www.bmj.com/content/377/bmj.o1538>

²² <https://onlinelibrary.wiley.com/doi/10.1111/eci.12834>

²³ <https://www.bmj.com/company/newsroom/time-to-stop-commercial-distortion-of-healthcare-evidence-and-practice-experts-urge/>

²⁴ <http://data.lib.hutec.edu.vn/mucluc/fc5d4d6f0d04cfaef9dc5c8fcf689829.pdf>

Medicine, adds, disclosure alone is insufficient to address conflicts, emphasising the need for greater transparency and safeguards against undue influence²⁵. Dr Maria Angell, long time editor in chief of the NEJM resigned more than 20 years ago after 20 years as editor because of what she described as the rising influence of the Pharmaceutical industry. She said in her book, *The truth about drug companies: How they deceive us and what to do about it*, “Now primarily a marketing machine to sell drugs of dubious benefit, big pharma uses its wealth and power to co-opt every institution that might stand in its way, including the US congress, the FDA, academic medical centers and the medical profession itself²⁶.” These editorial voices collectively emphasise the imperative of robust disclosure mechanisms and stringent evaluation of financial conflicts to maintain the integrity and credibility of research in the face of commercial interests.

The AMPS would argue that the demonisation of ivermectin during the pandemic is a prime example of how financial conflicts of interests that claimed extensive evidence demonstrating the effectiveness of ivermectin in the treatment and prevention of COVID-19 resulted in harm. Our submission to the TGA’s rescheduling of ivermectin showed how statistically significant the evidence base is to support the clinical improvements in time to clinical recovery, time to viral clearance and reduction in hospitalisation and death from this cheap, safe, fully approved, WHO essential medicine²⁷. This medication was banned by the TGA claiming safety and efficacy concerns when their own 2013 Australian Public Assessment Reports (AusPAR) demonstrated safety and instead recommended for example the use of provisionally approved very expensive Remdesivir. Remdesivir in the WHO Solidarity Trial reported in the NEJM was found to have “little or no effect on hospitalised patients with COVID-19, as indicated by overall mortality, initiation of ventilation, and duration of hospital stay²⁸”. In fact, in 2020 the WHO recommended against the use of remdesivir in COVID-19 patients²⁹. A study in the Lancet from September 2021 found, “No clinical benefit was observed from the use of remdesivir in patients who were admitted to hospital for COVID-19, were symptomatic for more than 7 days, and required oxygen support³⁰.” The banning of ivermectin in favour of antivirals such as remdesivir appears to make little evidentiary or clinical sense.

Dr Mike Magee, former physician spokesman for Pfizer, published in 2019 his book *Code Blue: Inside America’s Medical Industrial Complex*. He powerfully describes the corruption of the US healthcare system.

“Cozy relationships and generous gratuities have demonstrated a remarkable ability to corrupt even those we would instinctively put on the side of the angels, including members of the biomedical research community, deans of medical schools, directors of continuing medical education programs, officers at the NIH and FDA, and even seemingly altruistic patient advocacy organizations like the American Cancer Society³¹.”

The AMPS has also written quite extensively about our concerns about the conflict between the government safety and efficacy claims for the COVID-19 vaccinations and the lack of

²⁵ <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001210>

²⁶ [Truth-about-Drug-Companies-Deceive](#)

²⁷ <https://8630368.fs1.hubspotusercontent-na1.net/hubfs/8630368/AMPS/TGA%20AMPS%20Ivermectin%20Submission.pdf>

²⁸ <https://www.nejm.org/doi/10.1056/NEJMoa2023184>

²⁹ <https://www.who.int/news-room/feature-stories/detail/who-recommends-against-the-use-of-remdesivir-in-covid-19-patients>

³⁰ [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00485-0/fulltext?](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00485-0/fulltext?)

³¹ [Code-Blue](#)

comprehensive safety and efficacy data surrounding these novel immunisations. While the accelerated development and emergency approvals were motivated by the global health crisis, some experts caution that the available data are not yet as extensive as in standard vaccine development processes. The AMPS has written about our concerns with these vaccines especially for children³². According to our Therapeutic Goods Administration (TGA) AusPAR long-term safety data remains a critical gap in our understanding, emphasising the importance of continued post-vaccination pharmacovigilance. Dr. Peter Doshi, an associate editor at The BMJ, underscores the need for transparent and thorough reporting of clinical trial results to ensure the public's confidence in these vaccines³³. Amid the urgency to address the pandemic, it remains essential to strike a balance between expediency and the collection of robust data to provide a comprehensive understanding of the safety and efficacy profiles of COVID-19 vaccines³⁴.

Financial conflicts of interest can erode trust in medical research, undermine the credibility of academic institutions, restrict access to transparent data and ultimately result in the promotion of treatments or policies that prioritise corporate gain over the impartial pursuit of knowledge and the advancement of public welfare. Stricter safeguards and transparency measures are essential to mitigate these dangers and ensure that medical academia and public policy remain steadfastly committed to unbiased and evidence-based decision-making when seeking to define what constitutes mis or dis information.

Recommendation: We advise against the passage of this bill in light of the growing corporate conflicts of interest. Such conflicts can lead to biased reporting in academia, media content, skewed therapeutic guidelines, and profit-driven public policies which pose a clear and present danger to public health and safety.

International obligations and national code of conduct requirements

The Australian Health Practitioner Regulation Agency sets out codes of conduct under section 39 of the National Law. The Good Medical Practice Code of Conduct complements the Australian Medical Association Code of ethics and is aligned with its values. It is also consistent with the Declaration of Geneva and the International code of medical ethics, issued by the World Medical Association³⁵.

It is important that practitioners and policy makers are aware of the national and international duties and obligations of health professionals in the care of patients and their community. The AMPS is of the belief that these new powers will likely result in a conflict between patient advocacy and adherence to government policy. The code states, In clinical practice, the care of your patient is your primary concern. The Declaration of Geneva and the International code of ethics as well as the UNESCO Universal Declaration on Human Rights and Bioethics repeatedly highlight the critical importance of the individual patient, to act honestly with integrity, valuing human life and promoting

³² <https://amps.redunion.com.au/stopvaccineinfants4yo>

³³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7717257/>

³⁴ <https://www.bmj.com/content/376/bmj.o102>

³⁵ <https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx>

and safeguarding the health of patients and the public. Consequently, where the data and evidence are demonstrating policy error leading to harm to individual patients and the public practitioners have an ethical obligation to share that information. It is dangerous to conclude that because the information contradicts the government or the so-called consensus it is misinformation³⁶.

Doctors hold a crucial international obligation to provide their patients with informed consent, a cornerstone of medical ethics and human rights. Informed consent ensures that patients have the right to make autonomous decisions about their healthcare by being fully informed of the risks, benefits, and alternatives to a proposed medical intervention. This principle is enshrined in international ethical guidelines, including the World Medical Association's Declaration of Helsinki and UNESCO's Universal Declaration on Bioethics and Human Rights. Respect for patients' autonomy and dignity demands that healthcare professionals communicate transparently, allowing patients to weigh the potential consequences of their choices. This commitment transcends national borders and cultures, reinforcing the global imperative for doctors to uphold the right to informed consent as a fundamental aspect of responsible and patient-centred medical practice^{37,38,39}.

Doctors also have a duty of candour which is a vital ethical principle that underscores their responsibility to maintain open and honest communication with patients. Rooted in the commitment to patient welfare and respect for autonomy, this duty requires physicians to provide accurate, comprehensive, and understandable information to patients about their medical condition, treatment options, potential risks, and benefits⁴⁰. By fostering transparency and promoting informed decision-making, the duty of candour builds trust between doctors and patients and empowers individuals to actively participate in their healthcare journey. This obligation reflects the fundamental respect for patient autonomy, ensuring that people have the information necessary to make well-informed choices that align with their values and preferences⁴¹.

The AMPS in consultation with our membership have tried to engage with our political and medical leaders as well as engage with the public to share scientific information that shows harmful public health policies. We, like many others, have found ourselves fighting the censorship-political complex, in an attempt to protect the public⁴². It defies comprehension that AHPRA and national boards, entrusted to ensure public safety, have stated it is not within their mandate to evaluate the scientific validity of statements or exemptions, but only to assess whether the statements or exemptions go against the Public Health Orders⁴³. As an association of dedicated health practitioners that have become more and more aware of the effect of financial conflicts of interests on the integrity of medical academia, media reporting, pharmacological policy and guidelines, we have serious concerns that this corruption of science is a threat to public health and safety. It is critical that regulators evaluate presented evidence with an awareness of potential corrupting influences to fulfil their mandate to protect the public.

³⁶ <https://brownstone.org/articles/scientific-consensus-a-manufactured-construct/>

³⁷ <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

³⁸ <https://www.unesco.org/en/ethics-science-technology/bioethics-and-human-rights>

³⁹ <https://www.wma.net/policies-post/wma-declaration-of-geneva/>

⁴⁰ <https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>

⁴¹ <https://onlinelibrary.wiley.com/doi/10.1111/ijcp.13795>

⁴² <https://www.bmj.com/content/371/bmj.m4425>

⁴³ <https://8630368.fs1.hubspotusercontent-na1.net/hubfs/8630368/AMPS/AMPS%20Submissions%20to%20HE%20Comm%201June2022%20Final.pdf>

Our association's concerns were outlined clearly in a BMJ article by executive editor Kamran Abbasi titled Covid-19: Politicisation, “corruption,” and suppression of science. When good science is suppressed by the medical-political complex, people die.

“Science is being suppressed for political and financial gain. Covid-19 has unleashed state corruption on a grand scale, and it is harmful to public health. Politicians and industry are responsible for this opportunistic embezzlement. So too are scientists and health experts. The pandemic has revealed how the medical-political complex can be manipulated in an emergency—a time when it is even more important to safeguard science...

... Importantly, suppressing science, whether by delaying publication, cherry picking favourable research, or gagging scientists, is a danger to public health, causing deaths by exposing people to unsafe or ineffective interventions and preventing them from benefiting from better ones. When entangled with commercial decisions it is also maladministration of taxpayers’ money....

...The medical-political complex tends towards suppression of science to aggrandise and enrich those in power. And, as the powerful become more successful, richer, and further intoxicated with power, the inconvenient truths of science are suppressed. When good science is suppressed, people die⁴⁴.”

Recent years have unveiled the extent of corruption within the scientific realm, demonstrating the perils of censorship and underscoring the vital necessity of practitioners preserving their codes of conduct in harmony with intellectual freedom and the right to political communication, all to ensure the safeguarding of the public. Without strong medical and ethical boundaries it is easy to see how science itself can be weaponised by financial and political entanglement to become a threat to public health. There must be transparency and accountability and open scientific discourse in the search for ethical evidence based best practice.

The expansion of ACMA powers could exacerbate the erosion of public trust in the government, particularly as increasing numbers of citizens recognize the extent of orchestrated information manipulation and concerning conflicts of interest that have shaped policy decisions throughout the Covid era. Censorship and the tenets of science stand in fundamental opposition. Healthcare professionals must retain the freedom to exercise their clinical discernment, guided by the most robust evidence and data, aligned with ethical codes and international principles, all without fear of retaliation, in order to safeguard their patients and society at large.

Recommendation: We advise against the passage of this bill as we believe that any well intentioned perceived benefits from censoring information are outweighed by the risks posed by information corruption which undermines practitioner obligations. Transparent open access to evidence and raw data is vital to provide patients with valid informed consent and to ensure public protection through accurate policy formulation unhindered by financial, corporate and political interests.

⁴⁴<https://www.bmj.com/content/371/bmj.m4425>

Truth and transparency in public health are important for public trust and safety

In a period where the contentious nature of the Covid policy response has become evident, and the enforced communication has been marred by inaccuracies while stifling opposing voices to the detriment of public trust, it becomes apparent that the notion of "public health and safety" has been manipulated by regulators to encompass any statement conflicting with government health directives or messaging, regardless of the scientific backing presented. These authorities have wielded these powers to exert control over healthcare professionals, thereby clashing with their ethical responsibilities and code of conduct commitments. If these ACMA powers are introduced, they possess the capability to further solidify the trends observed during the Covid era, where adhering strictly to "the science" often entailed suppressing open dialogue.

Transparency and accountability serve as cornerstone principles in maintaining trust within the realm of public health. By openly sharing information, data, and decision-making processes, authorities foster an environment of clarity and honesty, reassuring the public that decisions are made with their best interests in mind. When actions are grounded in transparency, individuals can evaluate the basis for policies, interventions, and recommendations, leading to informed consent and a greater sense of agency. Furthermore, accountability ensures that those in positions of authority remain responsible for their decisions and actions, deterring unethical practices and fostering confidence in the integrity of the public health system. Ultimately, transparency and accountability collectively contribute to the establishment of a trustworthy foundation upon which individuals can confidently rely for the protection and promotion of their well-being⁴⁵.

Recommendation: We advise against the passage of this bill because transparency of data and evidence is required to maintain trust in the validity of policy recommendations. Censorship has been used liberally during the pandemic to create support for government messaging and this has been disastrous for public confidence in public health.

A Pandemic of Censorship

The government's response to the COVID-19 pandemic has been marred by an unprecedented level of censorship and the stigmatisation of dissenting viewpoints grounded in scientific evidence. While the intention behind tightly controlling public information was likely to prioritise people's safety, the unintended consequence has been an erosion of the principles of informed consent and the infliction of harm⁴⁶. Troublingly, it's becoming increasingly evident that contentious narratives, such as the origin of COVID-19 from the Wuhan wet market and the effectiveness of vaccines in curbing transmission, were suppressed in favour of what might be termed as well-intentioned falsehoods, aimed at preserving public order and social cohesion. The orchestrated manipulation of scientific consensus highlights a concerted effort by politicians, medical authorities, and governments to bolster public trust in official communications and alleviate vaccine hesitancy.

⁴⁵<https://brownstone.org/articles/what-it-means-to-lose-trust/>

⁴⁶<https://onlinelibrary.wiley.com/doi/full/10.1111/jep.13876>

Nonetheless, within the realm of science, achieving absolute consensus is a rarity; indeed, the very essence of science hinges on its perpetually evolving nature. As underscored by Aaron Kheriaty, an Ethics and Public Policy Center fellow and former Associate Professor of psychiatry and human behaviour at the University of California, "Science represents an incessant pursuit of truth, and such truth remains largely detached from consensus. Progress in significant scientific breakthroughs invariably entails the questioning of established norms. Those who uphold scientific consensus over specific empirical discoveries aren't championing science but rather embracing a form of bias⁴⁷."

The policies formulated, executed, and subsequently enforced in reaction to COVID-19 stood in stark contrast to the pre-pandemic readiness strategies. Measures like lockdowns, border closures, mask mandates, school shutdowns, and compulsory vaccine directives were not part of the initial recommendations⁴⁸. Similarly, the utilisation of dubious and ethically questionable psychological tactics through nudge units, aimed at invoking fear, shame, and guilt to increase compliance, was not advised⁴⁹. The actions demonstrated by authorities in recent times are undeniably disconcerting and represent an evident and imminent risk to public confidence and trust in matters concerning public health.

The health guidance forming the foundation for policy decisions has remained concealed, a secrecy that persists. This lack of transparency, coupled with the absence of open scrutiny of the scientific evidence, has done more than just erode trust in numerous institutions, authorities and healthcare experts. We need to remember Abassi's warning, that it is nothing less than the loss of life that all too often follows the merging of medical and political forces. Sustaining public and professional trust hinges on the availability of science for critical examination, devoid of political influence, while maintaining transparency and preventing conflicts of interest from tainting the system⁵⁰.

Practitioners who dared to question "the science" or offered a risk-benefit analysis, discussing potential pandemic policy drawbacks, faced and continue to face threats of investigation and punitive measures from AHPRA and National Boards. Regulatory bodies have targeted them as threats to public health and safety as a result of their failure to unquestioningly adhere to public health directives. Questioning policy or providing patients advice using clinical judgement and the best available evidence is perceived as undermining the authority's stance on promoting COVID-19 vaccination and eroding public confidence in government health messaging⁵¹. However, regulators, as per their own statements, do not deem it their responsibility to assess the scientific credibility of statements or exemptions. Instead, their role is solely to ascertain whether such statements or exemptions contravene the Public Health Orders.

It is a contradiction to both logic and ethics, as well as a departure from the scientific method, that these healthcare professionals are confronted with threats for scrutinising policies that many now acknowledge as unscientific, baseless, and detrimental. Health indicators underscore that the pandemic measures implemented with extensive censorship have led, and continue to lead, to more

⁴⁷<https://sciencebasedmedicine.org/why-antivaxxers-reject-the-concept-of-scientific-consensus-as-a-manufactured-construct/>

⁴⁸<https://www.health.gov.au/resources/publications/australian-health-management-plan-for-pandemic-influenza>

⁴⁹ <https://nakedemperor.substack.com/p/open-letter-to-the-uk-prime-minister>

⁵⁰<https://pubmed.ncbi.nlm.nih.gov/33187972/>

⁵¹ <https://support.mips.com.au/home/12-commandments-to-avoid-ahpra-notifications>

harm than good⁵². Presently, we are observing alarming levels of excess mortality, reduced fertility rates, setbacks in education and development, the devastating effect on small businesses and the economy — outcomes that can largely be attributed to many of these enforced pandemic policies. The emerging data might be revealing the most substantial damage to public health, the economy, and overall societal well-being witnessed in a generation. In a recent paper featuring the esteemed Stanford Professor Ioannidis, it is highlighted that the myopic and sometimes biased viewpoints of certain scientists and "influencers" played a role in justifying COVID-19 policies that imposed sacrifice, deprivation, and suffering across all segments of society, affecting millions of lives⁵³.

Digital platforms at the behest of governments engaged in removing, shadow banning, or concealing content that governments deemed misinformation or disinformation. Much of this content, however, turned out to be accurate at the time or subject to continuing scientific discourse. Material that challenged the officially endorsed public health messages was dismissed as false or conspiratorial, even when supported by evidence. With the passage of time, it's become evident that the primary source of misinformation emanated from the government itself — encompassing topics like the lab leak theory, mask efficacy, lockdowns, and the effect of vaccines on transmission⁵⁴. This misinformation disseminated from the government subsequently permeated the media and the healthcare sphere. Through tactics involving threats, coercion, fear, and shame, a systematic campaign of suppression was orchestrated to stifle scientific discussion and engineer a contrived scientific consensus⁵⁵. Government officials effectively positioned themselves as the sole arbiters of truth, and anyone — be it scientists, doctors, politicians, or citizens — who challenged this authoritative narrative with scientific evidence and data were met with shaming, deplatforming, and suspension, all under the guise of safeguarding public safety⁵⁶.

An orchestrated campaign of censorship holds the potential to intricately mould messaging, thereby swaying a population's perception of what constitutes accurate information. While such measures might ostensibly contribute to maintaining societal harmony, they do so at the expense of individual liberty, to say nothing of truth. Managing information to manipulate public perception into accepting government policies as safety-enhancing stands in stark contrast to enabling the unimpeded exchange of information, which empowers individuals to assess evidence and data autonomously, leading to informed decision-making.

According to a 2012 report commissioned by the Gillard government and written by Federal Court Judge Ray Finkelstein, it was noted that "citizens must have the capacity to engage in debate, in the form of relevant critical reasoning and speaking skills..." He went on to say there is "real doubt as to whether these capacities are present for all, or even most, citizens⁵⁷." In recent years, our political, bureaucratic, and medical authorities have utilised governmental entities and funding to oversee and regulate the information accessible to the public. AMPS asserts that if the government appoints bodies like ACMA as their public relations and marketing team because of a perceived inability of the public to differentiate between differing viewpoints, it could be argued that damage to the integrity of Australia's democratic processes has already made substantial headway. Censorship is inherently

⁵²<https://www.actuaries.digital/2023/04/06/covid-19-mortality-working-group-confirmation-of-20000-excess-deaths-for-2022-in-australia>

⁵³ <https://onlinelibrary.wiley.com/doi/full/10.1111/jep.13876>

⁵⁴https://www.realclearpolitics.com/video/2023/03/01/dr_marty_makary_the_greatest_perpetrator_of_misinformation_during_covid_was_the_us_government.html

⁵⁵ <https://www.amazon.com.au/New-Abnormal-Biomedical-Security-State>

⁵⁶<https://www.spectator.com.au/2023/02/censorship-a-threat-to-public-health-and-safety/>

⁵⁷<https://www.spectator.com.au/2023/07/free-speech-dying>

non-democratic; it aligns with the sentiment of German-American political philosopher Eric Voegelin who stated that it's "the common feature of all totalitarian systems...the prohibition of questions⁵⁸."

Recommendation: We strongly recommend not proceeding with the enactment of this bill, primarily as a result of the substantial inherent risks it poses to ethical evidence-based medicine and the broader public health. This viewpoint is substantiated by the Actuaries Institute's remarkable excess mortality data, which appears to have a tight temporal link between these rising mortalities and the measures adopted during the pandemic.⁵⁹

Conclusion

In conclusion, the battle against misinformation and disinformation is a critical endeavour that requires a delicate balance between preserving constitutional values, upholding professional ethics, and safeguarding public health. The bill's potential damage to constitutional principles like intellectual freedom and the right of political communication must be carefully scrutinised. Equally important is the consideration of how healthcare practitioners' ability to fulfil their obligations and responsibilities might be affected. Striking this balance involves a keen awareness of the potential for conflicts of interest to sway the pursuit of truth and best practices.

Transparency and accountability are the cornerstones of a functioning democratic society. It is imperative that any measures taken to control information uphold these foundational principles, and ensure that information dissemination remains free from undue influence and manipulation. Ultimately, the convergence of misinformation, constitutional considerations, and healthcare responsibilities underscores the complexity of the issue at hand.

As societies navigate the evolving landscape of information in the digital age, it is essential to preserve democratic values, uphold professional ethics, and prioritise public health. Censorship is anathema to a free and democratic society. The only way to cope with mis or disinformation is to encourage more debate and create a society where critical thinking and intellectual curiosity is the norm. The AMPS believes the censorship risks associated with the proposed ACMA bill do not outweigh the benefits and therefore it should not be adopted.

The concluding Judgment's in the Biden vs Missouri case succinctly encapsulates the concerns held by AMPS members regarding the authority vested in government-appointed independent entities to determine the validity or appropriateness of information accessible to the public.

"As a government commits to stifling opposing voices, it inevitably descends down a path of increasingly authoritarian measures, leading eventually to becoming a source of terror⁶⁰."

⁵⁸ <https://brownstone.org/articles/we-landed-a-major-blow-against-the-censorship-leviathan/>

⁵⁹ https://www.actuaries.digital/2023/04/06/covid-19-mortality-working-group-confirmation-of-20000-excess-deaths-for-2022-in-australia/?utm_source=substack&utm_medium=email

⁶⁰ <https://ago.mo.gov/docs/default-source/press-releases/missouri-v-biden-ruling.pdf>