

FLAT WHITE

# Phelps breaks AHPRA's culture of fear

Christopher Neil



Getty Images

Dr Kerry Phelps AM has been a household name in Australia since the 1990s. I remember well her frequent appearances as a guest on television, in her role as the then President of the AMA, the Australian Medical Association. In a career of advocacy that few medical professionals will ever have, the former MP has combined a sharp intellect with a concern for the community and a stage presence where necessary.

On Tuesday, however, she was trending for quite different reasons, following a bombshell article regarding her submission to the federal government's Long Covid Enquiry. Phelps described the 'devastating' experience of her wife, Jackie Stricker-Phelps, who suffered multiple persistent neurological symptoms following her first Pfizer dose. Unfortunately, Phelps went on to suffer a cluster of difficult cardiovascular symptoms with her second dose of the same. Judging by the way her message resonated with large sections of the online community, although some predictably interpreted her honesty as dangerous 'anti-vaxx' sentiment, it is clear that Phelps was giving a voice to many whose similar suffering has been compounded by isolation and lack of acknowledgment from doctors. She frankly identifies what could be the root cause of this hesitancy on the part of doctors: 'Regulators ... have censored public discussion about adverse events following immunisation, with threats to doctors.'

The protracted crisis brought about by SARS-CoV-2 has revealed much to everyday Australians about how government and health care interact in Australia. But if our situation is indeed that medical censorship has been impacting on the care of patients, the condition of Australian Medicine is both serious and complex. At AMPS, the Australian Medical Professional Society, we believe that is indeed the case, but it is necessary to dissect back to some core issues and first principles.

Christopher Neil

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With very few exceptions, the doctor has the greater share of knowledge in the doctor-patient relationship. However, this asymmetry is balanced out by the doctor's fiduciary duty to put the interests of the individual patient first, together with the fact that the patient holds the power to accept or reject any advice. The concept of free informed consent also entails a duty of candour and disclosure on behalf of the doctor, who must therefore be free of any conflict of interest.

As many have clearly identified, a culture of fear has entered into Health Practice in Australia, which directly relates to a Joint Statement from AHPRA and the National Boards on March 9, 2021. Our thoughts were expressed in a letter to AHPRA CEO, Mr Martin Fletcher, dated April 14, 2022: 'AHPRA's gag orders impede professional health advice and patient advocacy based on individual patient risk/benefit assessment by labelling such professional advice "the promotion of anti-vaccination statements", "health advice which contradicts the best available scientific evidence" or "seeking to undermine the national immunisation campaign".'

Whether your GP or Specialist, Nurse or Chiropractor, has analysed the Joint Statement is not necessarily relevant: it is impossible for clinicians to be unaware of the dangers posed to them by what Phelps calls 'threats to doctors'. Compounded by other cultural factors in the pandemic, this becomes the basis for understanding the conflict of interest which has been created in practitioner-patient relationships across this country, which may play out in different ways. For example, if the health practitioner has clinical concerns from a critical appraisal of Covid vaccinations, formulated through his or her knowledge or experience, then that health practitioner risks damaging consequences through regulatory action every time he or she exercises their clear duty of candour, inherent in the practitioner-patient contract. Alternatively, that practitioner may elect to not disclose their concerns, which is potentially breach of their contract.

A further scenario must be discussed also: a clinician who is aware of the dangers to his or her career, may elect to never to engage with any material or discussion in their personal research or interactions with colleagues and patients, if that material or discussion seems to go against the thrust of the national immunisation campaign and related public health goals and directions. This may absolve the clinician superficially. However, it is an outworking of a culture of censorship and a conflict of interest, in which many patients will feel frustrated and undermined in the therapeutic relationship, for example when trying to deal with vaccine adverse events or persistent problems which they attribute to vaccination.

Hence, although many of us believe the Joint Statement of AHPRA and the National Boards to be unlawful, it is at the root of a dangerous shift in Australian Medicine. Furthermore, AMPS believes that Australians need to be aware of changes to the National Law for Health Practitioner Regulation introduced in October in the Queensland Parliament. We believe these changes further supplant the place of the individual in Australian Medicine and distort the clinician-patient relationship. To step up our advocacy in this matter, our members are speaking out on the 'Stop Medical Censorship' National Tour.

Public health considerations should always be weighed appropriately, but once a therapeutic relationship is entered into, the individual can

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never be supplanted by any notion of public health. However strongly this notion is appealed to, it can never outweigh a doctor's duties of candour, disclosure and informed consent. The doctor-patient relationship cannot lawfully be redefined by any interest or priority that conflicts with the best care of the patient, in that doctor's best assessment. If conditions producing a serious compromise or conflict of interest become embedded in the long term, then a cultural shift in the Australian Medicine will have taken place, to the detriment of doctor, patient and public alike.

With these things in view, the honesty of Dr Kerryn Phelps, coming as she does from the Medical Establishment of this country, could not be more critically needed. The issues highlighted by her courageous submission, most especially the assertion of medical censorship in Australia, should be afforded the attention of all who care about this country and should transcend the left and right of politics. As difficult as her own journey as a patient must have been, together with the devastating experience of her wife Jackie, given the far-reaching implications of medical censorship, this could prove to be the most significant piece of advocacy of her career.

*Dr Christopher Neil is the President of the Australian Medical Professionals Society, AMPS*

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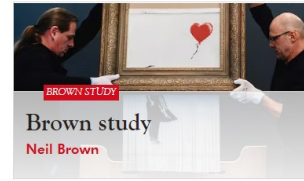
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**DS David Scott**  2 days ago

Phelps is right. The medical-industrial complex and their government and media mouthpieces are wrong. That will be proven beyond reasonable doubt as the truth regarding these vaccines makes it's way the the surface.

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**Susie Foletta**  4 days ago

It was extremely fortuitous that it was Phelps who blew the whistle on this obscene coercion of our medical practitioners by government regulators, given her high profile of the leftist kind. Please God, this will blow the whole horror wide open.

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