



Australian Medical Network

Senate Referred Inquiry - Terms of Reference For The COVID-19 Royal Commission Submission

12 January 2024



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Submitting Organisation
Dijana Dragomirovic
Chief Executive Officer
Australian Medical Network (AMN)

Committee Secretary
Legal and Constitutional Affairs References Committee
Parliament House
Canberra ACT 2600
AUSTRALIA

Dear Committee Secretary

I am writing on behalf of the Australian Medical Network (AMN) and our Board of Directors to provide a perspective on the terms of reference for the Senate referred inquiry – appropriate terms of reference - COVID-19 Royal Commission. Our submission aims to highlight critical insights into the government's response to the COVID-19 pandemic and proposes recommendations to enhance Australia's preparedness for future pandemics.

Submission for the Senate Referred Inquiry into the Appropriate Terms of Reference for the COVID-19 Royal Commission

The onset of the COVID-19 pandemic caught the world off guard, revealing unexpected challenges. As the situation unfolded, inadequacies in the Australian government's and national health systems' responses came to light. These shortcomings encompassed, among other issues, restricting access to diverse treatments, breaching informed consent and risk disclosures, constraining the expertise of healthcare professionals, overlooking the importance of community medicine and government collaboration, imposing lockdowns with adverse economic and psychological consequences, and witnessing abuses of power by AHPRA and the medical board.

Considering our direct collective experience and these observations, this submission advocates for a more comprehensive and inclusive approach in future responses. It emphasises the necessity of striking a balance between relying on scientific medical expertise and incorporating practical, on-the-ground experience and outcomes. The recommendations put forth aim to address the multifaceted challenges identified during the pandemic, fostering a more resilient and adaptive healthcare system for future uncertainties.

1. Denial of Treatment Options

The government's response included advising Australians to adopt a passive approach for two weeks before seeking hospitalisation. This denied citizens access to necessary potential lifesaving early treatments and delayed proactive measures. It is unethical and contrary to good medical practice to tell patients to stay home and when they become short of breath only then to go to the hospital. Patients must be able to freely go and see their doctor before this happens.

The terms of reference must address the inclusion of diverse treatment options, considering the evolving nature of medical knowledge during a pandemic. Specialists and GPs must be permitted to consult and develop treatment plans with their patients and prescribe without censorship.

2. Erosion of Doctor's Expertise

It is imperative that the terms of reference actively explore strategies aimed at empowering healthcare professionals, granting them the autonomy to apply their expertise and fostering a culture of collaboration and shared decision-making. Reflecting on the success during the AIDS epidemic, Australia's proactive stance was underscored by robust community mobilisation, positioning the nation as a gold standard in disease control. Contrastingly, during the 2020 COVID-19 pandemic, a disconcerting trend emerged. Medical and health professionals advocating successful approaches were swiftly met with silencing, suspension, and ridicule. This occurred despite their extensive experience in treating coronaviruses and other complex diseases over several decades both here and overseas.

The terms of reference must critically examine these incidents, aiming to rectify any impediments to open discourse and information sharing among healthcare professionals. The goal is to create an environment where expertise is valued, successful approaches are acknowledged, and collaborative efforts are encouraged, ultimately contributing to more effective pandemic responses.

3. Lack of Wider Medical Community and Government Interaction

Unfortunately, any attempts to share knowledge with past or the current Health Minister has been met with no direct response. Approved treatments were narrowly defined, sidelining community input. Future pandemic responses must encourage collaboration between the government and medical communities such as AMN, ensuring diverse perspectives are considered.

Terms of reference should explore mechanisms for effective and diverse medical and health community engagement in decision-making processes.

4. Economic Impact of Lockdowns

Lockdowns, originally derived from modelling by the Imperial College of London with the intention of suppressing the virus, have resulted in severe economic repercussions and lack empirical soundness. The sweeping closures of schools, businesses, places of worship, and restrictions on people's movement have proven to be a calamitous policy decision.

The terms of reference must diligently evaluate the economic fallout from such measures and propose strategic solutions to mitigate adverse effects on the economy while maintaining a paramount focus on public health. Imposing lockdowns on healthy individuals is deemed unnecessary, and future considerations should refrain from utilising existing treating hospitals for virus or plague-related diseases.

Instead, the recommendation advocates for the establishment of temporary medical facilities dedicated solely to patients with these conditions, offering a comprehensive range of treatments.

Crucially, the perspective of patients, their families, and the family's doctor should be integral to treatment considerations. The isolation of the sick from loved ones within hospitals, coupled with closed borders preventing final moments with family members, has been a deeply distressing consequence. Families, in their desperation to save their loved ones through alternative treatments and drugs, have been compelled to resort to extreme and costly legal measures to ensure the provision of necessary care by hospitals. The terms of reference must underscore the importance of preserving the human aspect in healthcare decisions, acknowledging the value of family, the expertise of other doctors and compassionate patient care.

5. AHPRA and Medical Board Accountability

AHPRA and the medical board have wielded their authority inappropriately, disregarding National Law and sidestepping due process. This has resulted in the indefinite suspension of medical practitioners, coupled with unauthorised access to patient files without obtaining the necessary consent. Such actions constitute a severe breach of privacy and confidentiality, standing in direct violation of ethical standards and legal protocols, and are unequivocally unacceptable.

Terms of Reference: Enhance accountability mechanisms and ensure adherence to established legal frameworks by AHPRA and the medical boards. Address breaches of privacy and confidentiality and provide due process for medical practitioners facing suspension.

6. Lack of Informed Consent

The government's mandates have undermined the essence of informed consent and comprehensive risk disclosures, leaving a significant number of individuals feeling coerced into decisions that contradict their genuine preferences.

In addressing this concern, ***the terms of reference*** should meticulously investigate these instances. Subsequently, the recommendations should focus on implementing measures that prioritise transparent communication and uphold the principles of informed decision-making in all future public health interventions. This ensures that individuals are well-informed, empowered, have choice, and actively involved in decisions pertaining to their health, fostering a more ethical and patient-centric approach.

7. Strain on the Hospital and Health System

In the peak of the pandemic, healthcare professionals, including doctors and nurses, operated as usual within the hospital and wider health system. However, today, the mandates in place have hindered highly skilled and competent medical practitioners from practicing.

A thorough examination of the mandates impeding the ability of doctors and nurses to contribute to the workforce is essential. *The terms of reference* should intricately scrutinise this matter, emphasising a dedicated focus on resolving the issue promptly.

The goal is to facilitate the swift return of these proficient health professionals to the healthcare workforce, ensuring optimal utilisation of their expertise for the benefit of the broader community. Many have lost trust in the system, and the question to consider now is how to incentivise and rebuild trust so that they will return.

8. Vaccine Injury Scheme

Following the vaccine rollout, the introduction of an injury scheme has resulted in the difficulty of obtaining meaningful outcomes. Numerous individuals find themselves voiceless, grappling with debilitating conditions and shouldering exorbitant costs for their treatments.

The terms of reference must undertake a comprehensive examination of the entire vaccine distribution system and the associated injury scheme. This inquiry must aim to ensure equitable access, diverse treatment options, and increased transparency regarding potential risks, effectively addressing the concerns of those affected. *Specifically concerning the injury scheme, the terms of reference* should delve into the existing processes, with a focus on removing unnecessary obstacles and enhancing efficiency for both legal professionals and individuals seeking compensation. This will contribute to a more accessible and streamlined process for those impacted by COVID-19 vaccine-related injuries.

9. Diversifying Expertise in the Current Inquiry

Recognising the commendable initiative of a fully empowered COVID-19 Royal Commission with well-defined terms of reference, it is essential to underscore the significance of an inclusive approach.

The term of reference is crafted with the intent to ensure the incorporation of additional expertise and diverse voices from various sectors within the medical and health communities. This encompasses the invaluable insights of key medical and scientific experts from organisations such as AMN, personal stories from patients and health professionals, as well as insights from charities, small and medium businesses, and other reputable organisations. Embracing this inclusive methodology is not only critical but also pivotal in guaranteeing a more comprehensive, unbiased, and independent perspective, allowing all affected stakeholders to be fully heard.

10. Australia's Autonomous Response

Australia's approach to pandemics or health crises must be independently determined, free from external influences of unelected organisations and corporate interests.

The terms of reference must rigorously delve into both private and public sector individuals and entities, including their affiliations and family connections, to identify any financial or other beneficiaries arising from the government's COVID-19 response. While collaboration with international organisations remains essential for knowledge exchange, it is crucial that Australia preserves its autonomy to craft future responses, safeguarding decision-making authority from entities such as the World Health Organisation (WHO). This thorough examination aims to reinforce Australia's ability to shape its own course in response to health challenges, maintaining sovereignty and prioritising Australia's and APAC's best interests.

11. Allocation and Management of Financial Resources

The COVID-19 pandemic has posed unprecedented challenges to Australia, prompting the government to implement diverse measures to ensure health and economic stability. Central to these measures has been the allocation and management of substantial financial resources, raising pertinent questions about the necessity, efficacy, and implications of the funding strategies employed.

As Australia grapples with a national debt nearing 1 trillion dollars, it becomes imperative to scrutinise the funding models, contracts, and entities involved in the financial response to the pandemic. This ***term of reference*** seeks to unravel the complexities surrounding COVID-19 funding, aiming to assess its necessity, explore funding sources, and outline strategies for how to handle this very important aspect in the future, not only to ensure Australia regains its economic competitiveness footing, but also does not exacerbate the financial burden on Australian citizens, charities, and small and medium businesses.

Light must be shed on the intricacies of financial decision-making during the pandemic and to pave the way for informed, transparent, and economically viable strategies for Australia's recovery and more sound risk management, scenario planning and financial allocation in the future, whether it be a pandemic, economic, cyber, war, weather, food or other crisis.

12. Supply – Chain Challenges

Supply chain disruptions have reverberated across diverse sectors, impacting everything from construction and food to medicine and education. Given Australia's distinctive geographical location, there is a compelling need to cultivate heightened self-reliance in critical domains such as medical and healthcare, defence, agribusiness, and associated industries that contribute significantly to our economic landscape.

By nurturing innovation in these sectors, Australia has the potential to establish a robust, self-sustaining ecosystem that not only bolsters the domestic economy but also creates a multiplier effect. These homegrown innovations should not only meet our national needs but also be positioned for export to both current and prospective trading partners.

Unfortunately, a considerable number of our groundbreaking innovations find their way overseas due to a lack of opportunities domestically. It is imperative that ***the terms of reference*** encompass strategies to promote and retain these innovations within Australia's borders, fostering economic resilience and global competitiveness.

Conclusion

The Australian Medical Network urges the Legal and Constitutional Affairs References Committee to consider these recommendations for inclusion in the terms of reference for the Commonwealth Government COVID-19 Response Inquiry. Our collective goal is to learn from the shortcomings of the past to better prepare for future pandemics.

Thank you for considering our submission. We remain at your disposal for any further clarification or additional information.

Yours Sincerely,

Dijana Dragomirovic
Chief Executive Officer
Australian Medical Network (AMN)

About AMN

The Australian Medical Network (AMN) stands as a charitable health organisation harnessing the strength of a widespread network and the broader community to address Australia's health challenges. Our vision extends to shaping Australia as the healthiest nation globally. We are dedicated to supporting and empowering medical doctors and various health clinicians in discovering innovative health therapies, ensuring safe and effective solutions for all Australians.

Beyond the pursuit of health advancement, our initiatives encompass bolstering support for health and medical professionals, contributing to medical and health policy research, facilitating connections between patients and doctors, and disseminating the latest health-related news. Moreover, we actively promote networking opportunities and organize educational events.

AMN boasts a network comprising over 10,000 health professionals and private citizens across Australia. This diverse community includes medical practitioners, surgeons, virologists, epidemiologists, critical care medical specialists, pharmacologists, lawyers, health economists, academics, and health management executives. Our extensive reach, coupled with a collective wealth of education, training, and experience, positions us as a highly competent entity to make this submission, contributing meaningfully to the discourse surrounding healthcare in Australia.

CONTACT DETAILS

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Organisation Details Australian Medical Network (AMN)
PO Box Essendon North, Victoria, 3041
Level 35, Tower 1, Barangaroo International Towers Sydney,
100 Barangaroo Avenue Sydney, NSW 2000
admin@australianmedicalnetwork.com

Contact Dijana Dragomirovic
CEO, Australian Medical Network (AMN)
dijana@australianmedicalnetwork.com