COVID Royal Commission

Background

1. COVID-19

It is well known that many doctors were suspended from working by AHPRA because they expressed professional opinions or medical concerns in relation to COVID vaccines. The exact number is not known and needs to be determined by enquiry from AHPRA. The evidence that the concerns of these doctors were indeed evidence based is increasingly coming out. Indeed it is understood that all state Governments hold registers of the vaccine injured including many thousands of cases. It does not make any sense at all in an allegedly free and democratic society that AHPRA unilaterally chose to take such action when in every other nation the usual professional discourse under free speech was permitted. From what head of power does AHPRA arrogate to itself such unilateral, arbitrary and idiosyncratic rights to move against doctors as a class? I will leave it to others to present further evidence of COVID vaccine harms and concerns and I am sure that the Senate will be replete with such evidence. It has also been documented in the Medical Journal of Australia [A]. Such conduct by AHPRA suggests an inadequate or at best ineffectual medical input into major clinical decision making within AHPRA. Clearly for AHPRA to remove hundreds of doctors from the medical workforce at a time of health crisis becomes a major public health decision which can only exacerbate a critical workforce shortage issue. The recent article in Medical Journal of Australia stated:

> *"The Australian health regulator's response to an ongoing debate about freedom of expression for doctors online was "confused and not at all reassuring", according to one vocal opponent."* [B]

The collusion regarding vaccines and the public disinformation campaign is described in detail in the 2023 book on Elon Musk (who bought Twitter) on pages 572-573 [C]. By not doing its medical due diligence on these issues AHPRA became an important accomplice in the Australian arm of this global disinformation campaign.

2. Personal Regulatory History

In the 32 years I have worked in Brisbane I have had about 30 complains dealt with by AHPRA. This is a relatively high number but it is understandable given that I work with many poor and disadvantaged patients and many patients addicted to drugs. Virtually all of these complaints from patients have been dismissed with no further action required or taken. This gives me a significant medicolegal history and therefore considerable familiarity with

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[A] Fallout continues from Ahpra "over-reach" Cate Swannell. Med. J. Aust 01.08.2022. https://insightplus.mja.com.au/2022/29/fallout-continues-from-ahpra-over-reach/
[B] Fallout continues from Ahpra "over-reach" Cate Swannell. Med. J. Aust 01.08.2022. https://insightplus.mja.com.au/2022/29/fallout-continues-from-ahpra-over-reach/
[C] "Elon Musk" Walter Isaacson, Simon and Schuster, 2023, pp 1-671.

how they work. Virtually all of these complaints are foolish, ridiculous, false and frequently self-contradictory. They nearly all take many years to settle.

The following comments has been published in the Medical Republic on this subject:

> *"Certainly 90 per cent of the time the doctor will be found to have done nothing wrong."* [D]

> *"Negligence, incompetence, and malevolence by individual health practitioners cannot be ignored, but as AHPRA's annual report reveals, of the approximately 129,000 registered medical practitioners in 2021-22, complaints were received about approximately 5%. Of this 5%, 71% required "no further action", and less than 0.4% of that 5% was found to be sufficiently serious to result in the suspension or cancellation of registration. That's approximately 30 practitioners. Out of 129,000!"* [E]

It should be pointed out that 30/129,000 is 0.0232%!

Clearly this vast body of false, frivolous, vexatious, frequently contradictory and often times vindictive claims is clogging up the system and constitutes an overtly abusive misuse of the complaints and justice process.

There are several massive issues in the AHPRA complaints process including: Why there are no consequences for the complainants, so many of which are simply vindictive?; Why are not genuine medical judgements made of such cases rather than legal ones only?; Why does it take so very long to resolve foolish or vexatious complaints?

Obviously if foolish complaints were weeded out more thoroughly the whole system would not be so seriously congested and grossly dysfunctional.

3. Recent Regulatory Experience

My general practice in Brisbane cares for up to 1,100 drug addicted patients. On 21.12.2022 my practice was effectively closed by AHPRA effective immediately. This was done despite the warnings of many of Brisbane's top drug addiction doctors and also medical specialists in many other medical specialities. That is AHPRA took this step *in spite of* the evidence rather than *because* of it. Indeed AHPRA were warned repeatedly that dire consequences would follow any such proposed action including patient imprisonments, incarceration, blood borne virus infections, rising crime rates, adverse effects on mental health including suicide and deteriorating levels of patient function.

All of these effects occurred. Several patients died. Hundreds were re-incarcerated. Many returned to illicit drug use. I was told several times that the crime rate rose 17% during this period.

[D] AHPRA: A Cure Worse than the Disease" Dr Michael Gliksman. 01.06.2023. https://www.medicalrepublic.com.au/ahpra-a-cure-worse-than-the-disease/92612
[E] AHPRA: A Cure Worse than the Disease" Dr Michael Gliksman. 01.06.2023. https://www.medicalrepublic.com.au/ahpra-a-cure-worse-than-the-disease/92612

Amazingly on 21.03.2023 when our stay action was heard by the Deputy President of QCAT Judge Geraldine Dann AHPRA "forgot" their case!!! They stated that:

> *"The Board is in the Tribunal's hands as to whether a stay ought be granted in the circumstances."* [F]

The case has since been closed completely with no further action taken.

This case was reported by the ABC as follows.

Queensland government left to 'mop up' after doctor's opioid substitution service closes, minister says

> *"A leaked Queensland Health report has outlined the dire potential social consequences if his patients are unable to find alternative treatment.*
>
> *The risks to patients unable to continue their treatment include a return to illicit substance use and criminality, contraction of blood borne viruses, significant risks to pregnancy, overdoses and death."*
>
> *The report said state-run clinics have been operating "at or over capacity for many years" and waiting lists are "exponentially increasing daily".*
>
> *Health Minister Yvette D'Ath said Queensland Health is seeking the records for Dr Reece's OST patients to help them.*
>
> *"Every failing in the primary care sector has a flow on effect to the public health sector," she said.*
>
> *"We're left to mop up those deficiencies and those market failures."*
>
> *On February 21, Queensland Greens MPs Michael Berkman and Amy MacMahon told Ms D'Ath they had been contacted by "multiple health practitioners" raising concerns about the situation.*
>
> *"There are clear ongoing barriers to private provision of this crucial healthcare service; for example, patients may lack the financial means to pay fees and have difficulty keeping appointments, and practitioners may not have the necessary training to prescribe for OST," the letter said."*

Leaked report reveals fears closure of Brisbane doctor's opioid substitution service will lead to crime and deaths

[F] Respondent's Stay Submissions 15.03.2023.to QCAT. McCullough Robertson, Lawyers, Solicitors for the Respondent. Paragraph 26.

A leaked Queensland Health report has outlined the devastating potential fallout for patients struggling with opioid addiction, and the wider community, after a stalwart Brisbane GP closed his practice.

But the ability of hundreds of people to stay off illicit drugs has come under threat with the closure of a well-known GP practice sending shockwaves through south-east Queensland's marginalised community of opioid users.

Patients, doctors and advocates are warning of dire social consequences and their fears are reflected in a government document obtained by ABC News.

Internal report spells out systemic failures and cost of GP closure
A leaked Queensland Health report says more than 1,000 opioid dependent patients are at risk of overdose, death and criminality if they are unable to continue treatment after a Brisbane GP had conditions placed on his medical registration.

The nine-page internal document was sent by the Metro North Mental Health unit to senior health bureaucrats – including chief psychiatrist John Reilly – in late January.

It said state opioid substitution treatment (OST) teams have been operating "at or over capacity for many years" and an "emergent situation has now arisen with the displacement of approximately 1,100 clients seeking assistance from public OST clinics to urgently continue their medication, due to practice restrictions currently in place on an inner-city OST prescriber".

Sudden closure of GP clinic leaves patients in limbo

Brisbane doctor's opioid substitution service reopens after interim win against medical board's restrictions

4. AHPRA Moves against Addiction Doctor in Melbourne

Strangely AHPRA did a very similar thing in Victoria to Dr Andrew Taylor, who like me carries a disproportionate burden of the drug addiction medicine in his city. Dr Taylor's case was reported in the Age in the following terms:

"Frankston Healthcare is in many ways the last chance for homeless, mentally challenged and addicted patients. The alternative is hopelessly clogged hospital emergency rooms, prisons or death…."

"I deal with 1360 patients with substance dependency …"

"A local homeless outreach nurse, Claire Lang, wrote to the government in protest….

"I work directly with many of the patients whose lives will be turned upside down as a result of this decision. Dr Andrew Taylor's practice caters for these patients' needs - without his services our patients will go unmedicated, further burdening the already stretched mental health and hospital system. Many will return to using illegal drugs - mainly opiates - and without a doubt these clients will be at increased risk of overdose and death."

"He provides an amazing service to the most disenfranchised patients every single day. If he is unable to continue, no other doctors in our community will see this type of patient. They will be on their own. [He] provides genuine emotional support and often food for homeless and hungry patients. She told us: "He prevents so many admissions to hospital it is amazing. If he is not here it will be carnage for the poor clients."

"I am unable to comprehend how this decision can be made by people who have not spent a single day in his practice or worked a single day with his patients…."

… The doctor, who cannot be named for professional reasons, says: "Andrew sees patients with complex problems. About 95 per cent of GPs refuse to see them because they are perceived as too much trouble. The issue, the doctor says, is not what Taylor is doing but that he and his colleagues are doing too much. "They are probably looking after too many patients but they won't say no and don't turn anyone away."

He says instead of restricting Taylor's practice, AHPRA should be looking at ways to support him. The evidence is that practices such as Andrew's are extremely cost-effective and rather than closing it there should be an investment to ensure it is run better. He is a genuine caring doctor who needs support." [G]

To add insult to injury it has also been reported that AHPRA have moved against 20 of the sixty drug addiction doctors in Victoria.

How is this conducive to public health improvement and safety?

5. Double Jeopardy against Doctors from Professional Services Review

Double jeopardy in the legal sense is being tried twice for the same crime and on the same evidence. This is against the law in all Australian states and Territories.

However AHPRA arrogate to themselves the right to re-try doctors who have been through the lengthy and difficult Professional Services Review (PSR) process which in itself is widely regarded as horrific and professionally abusive.

Why have they been allowed to institute double jeopardy for doctors?

[G] "The doctor, the regulator and the patients who will suffer" John Silvester The Age: Naked City. December 2022. https://www.theage.com.au/national/victoria/the-doctor-the-regulator-and-the-patients-who-will-suffer-20221208-p5c4o3.html

QUESTIONS ARISING FROM THIS BODY OF EVIDENCE

1. Why is AHPRA not accountable to our Federal elected representatives?

2. From what head of power does AHPRA arrogate to itself such unilateral, arbitrary and idiosyncratic rights to move against doctors as a class, as in the issue of its actions against doctors expressing their legitimate concerns in relation to COVID vaccines?

3. How many doctors were affected by AHPRA's intemperate actions in relation to COVID?

4. What compensation is being offered to these doctors for this travesty of medical practice?

5. When AHPRA decides to investigate an issue and spotlight a certain area of practice what is the justification for this? How much genuine clinical input occurs into such decisions?

6. Why are there no consequences for patients making frivolous complaints when such complaints are obviously clogging up the system? If the volume of complaints were reduced then clearly the system would work more efficiently?

7. Why are frivolous and vexatious complaints not weeded out by the system?

8. Why is there so little medical input into AHPRA's decisions? The place seems to be run by lawyers and or bureaucrats. Why can not more medical input be made into AHPRA processes?

9. What does AHPRA have against doctors working in drug addiction medicine? What is their explanation for their actions against leading drug addiction doctors in Victoria and Queensland? Dr's Reece and Taylor in Brisbane and Melbourne respectively were punching above their weight and "holding the whole system up" so what can be the basis for AHPRA's unilateral, high handed and completely uninformed actions against these over-performing and hard working individuals?

10. Why does it take so many years to deal with vexation, contradictory and obviously flawed complaints?

11. How can AHPRA arrogate and presume to assert the right to double jeopardy of doctors already pilloried by PSR when double jeopardy is not allowed for any other segment of the Australian community?

TERMS OF REFERENCE OF ROYAL COMMISSION

It is the contention of this author that the terms of reference of the present Royal Commission into COVID should include the issues indicated.

Indeed so vast are the community concerns in relation to AHPRA's activities as indicated in the media articles referenced above that AHPRA deserves a Royal Commission of its own to formally investigate its numerous and profligate shortcomings which, far from protecting the community, in many respect actually endanger its health and work powerfully against the good of public health.

Given that the protection of public safety is its *reason de stat* for AHPRA's existence AHPRA has clearly abrogated its own birthright and needs radical overhaul in the areas indicated. This review would preferably be performed by senior legal and medical professionals in collaboration and consultation.

It is suggested that some Terms of Reference for the COVID-19 Royal Commission may include items such as:

1. Actions taken by AHPRA in response to COVID-19 pandemic with regard to:
    i) AHPRA need to be formally held accountable to federal elected representatives
    ii) The amount of medical input which goes into the making of key decisions by AHPRA relating to
        i. Topics to focus upon such as vaccines and addiction medicine;
        ii. Individual case prosecutions
    iii) Decision making in relation to the suspension of doctors related to COVID-19, vaccines and the pandemic
    iv) Decision making in relation to the suspension of doctors related to drug addiction
    v) Consequences towards complainants of making vexatious false, contradictory or malicious complaints – to decongest the system;
    vi) Triaging and handling of false, vexatious and malicious complaints which comprise a reported 71%-90% of its business
    vii) AHPRA's slowness in complaints management
    viii) AHPRA's arrogation of automatic double jeopardy for doctors going through PSR uniquely within Australian jurisprudence.

In the alternative it may be felt that AHPRA's many issues, and the repeated complaints both from the community and from Government relating to its performance, merit a dedicated Royal Commission just on the subject of AHPRA to consider these issues more thoroughly.

Yours sincerely,

Professor Dr Stuart Reece.
19th November 2023.