

# The Australian Catholic Medical Association and Catholic Women's League of Australia Inc

## Statement on Voluntary Informed Consent and Covid Vaccine Mandates

In light of recent developments evaluating Australia's pandemic response, including government inquiries<sup>1 2</sup>, recent court decisions<sup>3</sup> and increasing public discussion, the Australian Catholic Medical Association (CMA) and the Catholic Women's League of Australia (CWLA Inc), reconfirm their continuing opposition to mandatory vaccination and the coercion of consent for medical interventions on the Australian population.<sup>4 5 6</sup>

We welcome open and transparent inquiry into Australia's pandemic response and look forward to learning the lessons that will both inform and improve responses to future public health challenges.

In reaffirming our concerns about vaccine mandates we highlight the importance of voluntary informed consent and its central role in the practice of ethical medicine:

Voluntary informed consent for medical interventions and medical research recognises the inherent dignity of the human person, is a foundational principle of medical ethics and is at the heart of ethical patient-doctor relationships.

The recent nation-wide imposition of covid vaccine mandates by organizations, employers, government agencies or departments, remains a contravention of the principles of medical ethics and voluntary informed consent, as stated by the Australian Medical Council's (AMC) Code of Conduct (2018), the National Health and Medical Research Council [NHMRC] National Statement on Ethical Conduct in Human Research (2018), the Australian Medical Association's (AMA) Code of Ethics 2016, the World Medical Association's International Code of Medical Ethics (WMA) and Catholic Health Australia's (CHA) Code of Ethical Standards.

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<sup>1</sup> Commonwealth Government Covid-19 Response Inquiry: <https://www.pmc.gov.au/domestic-policy/commonwealth-government-covid-19-response-inquiry>

<sup>2</sup> The Appropriate Terms of Reference for a COVID-19 Royal Commission that would allow all affected stakeholders to be heard.  
[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Legal\\_and\\_Constitutional\\_Affairs/COVID-19RC](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/COVID-19RC)

<sup>3</sup> Queensland Supreme Court ruling that vaccine mandates imposed on police and public health-workers were unlawful. 'Directives breached section 58 of the HRA, which states that all public service employees must give proper consideration to human rights before making a decision, and that they must act and make decisions that are compatible with human rights.' Aust Broadcasting Corporation 28<sup>th</sup> Feb 2024.  
<https://www.abc.net.au/news/2024-02-28/covid19-vaccine-frontline-worker-mandate-supreme-court-ruling/103517798>

<sup>4</sup> Australian Catholic Medical Association: Clarification on the importance of Conscience and Vaccine Mandates. <https://catholicmedicine.org/acma-public-statements>

<sup>5</sup> 'Letter to Archbishop' from ACMA, CWLA and FLI. August 2020. <https://catholicmedicine.org/acma-public-statements>

<sup>6</sup> Letter to Australian Catholic Bishops, from the Australian Catholic Medical Association, 9<sup>th</sup> February 2021. <https://catholicmedicine.org/acma-public-statements>

# The Ethics of Informed Consent

## The requirement of voluntariness and adequate information

The NHMRC states that ethical and informed consent for medical interventions and medical research ‘should be a voluntary choice, and should be based on sufficient information and adequate understanding of both the proposed research [or intervention] and the implications of participation’.<sup>7</sup> The Australian Medical Council (AMC) endorses the NHMRC’s requirements for informed consent as necessitating ‘a voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved’<sup>8</sup> adding that ‘good medical practice involves ‘providing information to patients in a way that they can understand before asking for [and obtaining] their informed consent...before you undertake any examination, investigation or provide treatment (except in an emergency), or before involving patients in teaching or research’.<sup>9</sup>

These codes and statements of the AMC and the NHMRC on the ethics and requirements of voluntary informed consent for medical interventions complement and reinforce the position statements of both the World Medical Association (WMA) and the Australian Medical Association (AMA).<sup>10 11 12</sup>

To confirm and reinforce these codes, in 2018 the Australian government supported recommendations from a report by the Senate Affairs References Committee regarding the preparation of guidance material on ensuring effective dialogue medical practitioners and patients for ‘effective informed consent processes’ which should include, adequate information,

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<sup>7</sup> General Requirements for Consent, Chapter 2.2: NHMRC: National Statement on Ethical Conduct in human Research.: <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018#download> (accessed 27/3/2024)

<sup>8</sup> Informed Consent, Section 3.5: Good Medical Practice: A Code of Conduct for Doctors in Australia. Developed by a working party of the Australian Medical Council on behalf of the medical boards of the Australian states and territories. [https://www.amc.org.au/images/Final\\_Code.pdf](https://www.amc.org.au/images/Final_Code.pdf) (Accessed 27/3/2024)

<sup>9</sup> Ibid., Sections 3.5.1 and 3.5.2

<sup>10</sup> Declaration of Geneva. World Medical Association (2017): Physician’s pledge: “...The health and well-being of my patient will be my first consideration; **I will respect the autonomy and dignity of my patient**; I will maintain the utmost respect for human life; I will not use my medical knowledge to violate human rights and civil liberties, even under threat....” [www.wma.net/policies-post/wma-declaration-of-geneva/](http://www.wma.net/policies-post/wma-declaration-of-geneva/) (Accessed 27/3/2024)

<sup>11</sup> International Code of Medical Ethics. World Medical Association (2006), Section 13: “In providing medical care, the physician must **respect the dignity, autonomy, and rights of the patient**. The physician must **respect the patient’s right to freely accept or refuse care** in keeping with the patient’s values and preferences. [www.wma.net/policies-post/wma-international-code-of-medical-ethics/](http://www.wma.net/policies-post/wma-international-code-of-medical-ethics/)

<sup>12</sup> The Doctor and the Patient. Section 2: AMA Code of Ethics. Revised 2016. See 2.1.5: ‘**Respect the patient’s right to make their own health care decisions**. This includes, **the right to accept, or reject, advice regarding treatments and procedures including life-sustaining treatments**.’ And 2.1.6: ‘Respect the patient’s right to refuse consent or to withdraw their consent.’ (Accessed 27/3/2024): <https://www.ama.com.au/articles/code-ethics-2004-editorially-revised-2006-revised-2016>

treatment options, risks and benefits, the opportunity to ask questions and confirmation of understanding.<sup>13</sup>

More significantly for the organisations responsible for this statement, the ethics of informed consent is also addressed in Catholic Health Australia's Code of Ethical Standards in which the voluntary nature and the requirement of the provision of relevant information of informed consent is clearly articulated, reiterating the concepts put forth in the documents previously cited.

In addition, the CHA Code of Ethical Standards appropriately places health and informed consent in a broader 'context of a life in which things other than one's health also matter' and that 'each person is primarily responsible for making decisions concerning his or her own health.'

### **The proscription of pressure, coercion and manipulation**

Coercion, pressure or manipulation to undergo medical interventions or participate in medical research is a violation of human dignity and the proper autonomy of the human person and contravenes fundamental principles of medical ethics and the validity of informed consent. Historically, where this principle has been laid aside, human tragedy has resulted.

CHA's Code of Ethical Standards, in alignment with the ethics informed by the Catholic Faith as articulated in the Catechism Catholic Church,<sup>14</sup> also proscribes the use of coercion in obtaining informed consent. Such coercion, opposing the principle of voluntary, free and informed consent, is unethical and antithetical to genuine freedom and a violation of the intrinsic dignity of human persons.

Regarding covid vaccination the Australian Catholic Bishops Conference,<sup>15</sup> in concert with the Vatican's Congregation for the Doctrine of the Faith,<sup>16</sup> state that: "vaccination is not, as a rule, a moral obligation and must be voluntary. No one should be coerced to receive any vaccine."

Importantly, the proscription of coercion in obtaining informed consent is also iterated in position statements of the NHMRC, the AMC, the AMA and the WMA.

Reflecting these principles, the National Immunization Handbook<sup>17</sup>, states that vaccines 'must be given voluntarily in the absence of undue pressure, coercion or manipulation.'

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<sup>13</sup> Australian Government response to the Senate Affairs References Committee report: Recommendation 6. 10<sup>th</sup> October 2018. <https://www.tga.gov.au/resources/publication/publications/australian-government-response-senate-community-affairs-references-committee-report#recommendation6>

<sup>14</sup> Catechism of the Catholic Church [https://www.vatican.va/archive/ENG0015/\\_INDEX.HTM](https://www.vatican.va/archive/ENG0015/_INDEX.HTM)

<sup>15</sup> [https://www.catholic.org.au/images/FAQs\\_and\\_Guidance\\_on\\_COVID-19\\_Vaccination.pdf](https://www.catholic.org.au/images/FAQs_and_Guidance_on_COVID-19_Vaccination.pdf)

<sup>16</sup> [https://www.vatican.va/roman\\_curia/congregations/cfaith/documents/rc\\_con\\_cfaith\\_doc\\_20201221\\_nota\\_vaccini-anticovid\\_en.html](https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20201221_nota_vaccini-anticovid_en.html)

<sup>17</sup> National Immunization Handbook, Australian Government Department of Health and Ageing <https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/preparing-for-vaccination#valid-consent>

# Voluntary Informed Consent and the Covid Response

## The lack of adequate information

Despite the positions articulated by leading Australian and international medical institutions and organisations regarding the nature, requirements, importance and foundational protections of informed consent,<sup>18</sup> those positions were abruptly abandoned during the widespread public health response to the covid pandemic.

Instead, unqualified assurances of ‘safe and effective’ were often the only information heard by members of the public from health authorities, regarding these novel and incompletely researched vaccines. Concerns about, and requests for, further information in regard to medium- and long-term risks were unanswerable, but were often met with silence and indifference, instead of acknowledgements of the limitations of the existing research.

Troublingly, the directives of AHPRA and the Medical Board of Australia in March 2021<sup>19</sup> appeared to threaten medical doctors and other healthcare professionals for providing information to patients that could be seen to undermine ‘public health messaging’ or encourage ‘vaccine hesitancy’. This may have further impaired the provision of voluntary informed consent and the ethics of medicine in this country.

This arguably unprecedented directive by AHPRA and the intrusion of government into the patient-doctor relationship may have put at risk the long-standing trust of the community in the medical profession by placing ‘public health messaging’ above individual patients’ concerns and wellbeing, weakening the integrity of informed consent discussions. For example, the recent National Centre for Immunization Research and Surveillance (NCIRS) Coverage Report, now ‘highlights a concerning downward trend in fully vaccinated coverage in children’.<sup>20</sup> This recent downward trend in confidence in vaccines as well as uptake has been noted globally by UNICEF.<sup>21</sup> <sup>22</sup>The AHPRA directive was not rescinded until November 2023.

## Mandatory medical interventions and the use of coercion

Despite the uniform proscription of coercion for medical interventions, as articulated in the various codes of medical ethics, a range of coercive measures was implemented to obtain compliance. It needs to be stated unequivocally that voluntary informed consent cannot be

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<sup>18</sup> Ibid., 7,8,9,10,11,12.

<sup>19</sup> AHPRA Position Statement 9 March 2021 ‘Registered Health Practitioners and students and covid-19 vaccination’. [file:///C:/Users/deird/Downloads/Ahpra---Position-statement---COVID-19-vaccination-position-statement%20\(1\).PDF](file:///C:/Users/deird/Downloads/Ahpra---Position-statement---COVID-19-vaccination-position-statement%20(1).PDF) Superceded.

<sup>20</sup> Prof Frank Beard Associate Director at NCIRS. *NEWS GP*, 14<sup>th</sup> December 2023 <https://www1.racgp.org.au/newsgp/clinical/concerning-decline-in-child-vaccination-coverage>

<sup>21</sup> New data indicates declining confidence in childhood vaccines of up to 44 percentage points in some countries during the covid-19 pandemic. 20<sup>th</sup> April 2023. <https://www.unicef.org/eap/press-releases/new-data-indicates-declining-confidence-childhood-vaccines-44-percentage-points-some>

<sup>22</sup> Six Explanations for Rising Vaccine Hesitancy. Julian Gillespie and Ramesh Thakur. Brownstone Institute. <https://brownstone.org/articles/six-explanations-for-rising-vaccine-hesitancy/>

obtained through coercion or by coercive measures. This unethical practice was further compounded by the safety issues and the lack of efficacy in reducing infection or stopping transmission which were known at the time the vaccine mandates were implemented.

Coercive measures included loss of livelihood, loss of the right to work,<sup>23</sup> financial ruin, exclusion from participation in civil society. This orchestrated campaign was led by government official and senior health authorities and involved the use of behavioural psychological techniques and messaging by ‘nudge units’ and contracted advertisers.<sup>24 25 26</sup>

The campaign included the active vilification of members of the public who were hesitant to receive the covid vaccines due to concerns about unknown and unknowable safety issues as well as those who chose to exercise their autonomy and follow their consciences, based on the evaluation of their individual risk-benefit analysis. Such assessments were often made in the context of responsibilities for others, including the maintenance of ongoing parenting and caregiving roles.

This was a low point in the exercise of civility in this country.

## The Disregard of the Precautionary Principle

We contend that the abandonment of ethical informed consent, by the enforcement of mandatory medical interventions as part of the pandemic management response, also contravened the precautionary principle of medical ethics, especially for the young and pregnant, given that medium- and long-term potential harms of a novel biological platform were unavailable at the time of implementing the mandates. Covid vaccines in Australia had been given only Provisional registration.<sup>27</sup> As such, they remained ‘Investigational’<sup>28</sup>, pending further

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<sup>23</sup> *Laborem Exercens*, 8: ‘the right to a just wage and to the personal security of the worker and his or her family’ [https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf\\_jp-ii\\_enc\\_14091981\\_laborem-exercens.html](https://www.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_14091981_laborem-exercens.html).

<sup>24</sup> The secret ‘nudge’ tactics the government used to you to agree to a lockdown. Daily Mail Australia. 3<sup>rd</sup> October 2022. <https://www.dailymail.co.uk/news/article-11273665/NSW-Government-used-behavioural-insights-unit-guide-peoples-behaviour-covid.html>

<sup>25</sup> Dai, H., Saccardo, S., Han, M.A. *et al.* Behavioural nudges increase covid-19 vaccinations. *Nature* **597**, 404–409 (2021). <https://doi.org/10.1038/s41586-021-03843-2>

<sup>26</sup> Public health experts launch [Melbourne Centre for Behaviour Change](#). Report: <https://www.unimelb.edu.au/newsroom/news/2023/february/public-health-experts-launch-melbourne-centre-for-behaviour-change-to-discuss-challenges>

<sup>27</sup> ‘TGA provisionally approves Pfizer covid-19 vaccine’, Australian Government, Department of Health, Therapeutic Goods Administration (web Page, 25<sup>th</sup> January 2021) <https://www.tga.gov.au/media-release/tga-provisionally-approves-pfizer-covid-19-vaccine>

<sup>28</sup> Council for International Organizations of Medical Sciences. Cumulative Pharmacovigilance glossary Version 1.0 <https://cioms.ch/wp-content/uploads/2021/03/CIOMS-Cumulative-PV-Glossary-v1.0.pdf>

safety and efficacy research.<sup>29</sup> The Provisional status of the covid vaccine approval was omitted from the National covid vaccine consent form<sup>30</sup>

The reproductive health of potential parents and their offspring should be particularly safeguarded where the reproductive health and safety outcomes of an intervention are not researched and known. In addition, the sacredness of human life from its beginning confers a profound moral duty to safeguard the health of the developing foetus and his or her future health outcomes, especially in the absence of clinical trial research of reproductive health outcomes.<sup>31</sup>

This is critically relevant to the mandating of covid vaccination for employment to persons of reproductive age. It is pertinent to recall the recent apology by Prime Minister Anthony Albanese and the Australian Parliament to individuals and families affected by the pharmaceutical thalidomide tragedy, described as ‘one of the darkest chapters in Australia’s medical history’.<sup>32</sup> Prime Minister Albanese further stated: ‘Expectant mothers through no fault of their own were exposed to a drug with devastating effects that were realized too late’. Australia’s Health Minister Mark Butler subsequently added that ‘we must ensure this tragedy is never forgotten’.<sup>33</sup>

## The Diminishment of Truthfulness as a Principle of Medical Ethics

We contend that discarding valid informed consent during the pandemic also contravened the principle of Truthfulness in medical ethics, or ‘Truth-telling’ as it is articulated in the CHA’s Code of Ethical Standards.<sup>34</sup> The unqualified promise of ‘safe and effective’ by health authorities for an only Provisionally Registered vaccine was misleading and manipulative.

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<sup>29</sup> Little DT, Seman EI, Walsh AL. Covid-19 Vaccination: Guidance for Ethical Informed Consent in a National Context. *Issues in Law and Medicine* Vol 36; no 2 p 127. Fall 2021.

<sup>30</sup> ‘Consent form for COVID-19 vaccination’. **June 5<sup>th</sup> 2023**. Australian Government, Department of Health and Ageing. [https://www.cmanews.org/\\_files/ugd/ff7779\\_1335299c501f4fcfb4d9c2006755dc5b.pdf](https://www.cmanews.org/_files/ugd/ff7779_1335299c501f4fcfb4d9c2006755dc5b.pdf)

<sup>31</sup> RANZCOG statement: ‘Given the recency of covid-19 and the paucity of data, particularly in pregnancy, the accuracy of any advice may be rapidly superseded.’ January 2024 <https://ranzocg.edu.au/news/covid-19-vaccination-when-pregnant-or-breastfeeding-and-for-those-planning-pregnancy/>

<sup>32</sup> Prime Minister Anthony Albanese. Media Release 29<sup>th</sup> November 2023: National Apology to thalidomide survivors and their families. <https://www.pm.gov.au/media/national-apology-all-australians-impacted-thalidomide-tragedy>

<sup>33</sup> Ibid.,

<sup>34</sup> <https://cha.org.au/wp-content/uploads/2021/06/Code-of-ethicsfullcopy.pdf> “1.8 Patients need to be able to rely on their practitioners to communicate truthfully and sensitively with, and to be accessible to, them.”

Given the reports of serious harms and deaths, as well as the lack of efficacy in stopping infections and blocking transmission,<sup>35 36</sup> (see also Appendix 1) that were known at the time of the mandatory vaccine rollouts, this was a serious breach of Truthfulness or ‘Truth-telling’.

### **The Lack of Respect for the Role of Conscience**

In contrast to other nations, Australia explicitly rejected the role of conscience, on religious or other grounds, as a valid exemption to the covid vaccine mandates.

This decision was enforced despite the knowledge that the utilization of aborted foetal cell lines in the production and/or testing of covid vaccines was an ethical concern for many.<sup>37</sup> Vaccine patents reveal utilization of aborted foetal cell lines in the testing of the BNT162b2 Pfizer and NVX-CoV2373 ‘Novavax’; vaccines, and in the production of the AstraZeneca vaccine.<sup>38 39</sup>

This significant ethical consideration was given little recognition in the mandating of covid vaccines by government and health authorities. With some exceptions, many voices, even within the Church, downplayed the significance of personal discernment and conscience by referencing the remoteness of the material cooperation and instead directed its members to override their consciences in pursuit of the purported ‘greater good’ of the community.

Arguably the most authoritative teaching by the Catholic Church on this issue, *Dignitas Personae* (2008), highlights the moral imperative for governments to find (or make available) ethically acceptable alternatives and re-affirms that no one can be compelled to act against their conscience and receive vaccination.<sup>40</sup>

However, the coercion of conscience occurred despite the availability of alternative and ethically manufactured covid vaccines, including Bharat Biotech’s Covaxin and Nikolai Petrovsky’s COVAX-19. Some of these alternatives were temporarily available in Australia but were

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<sup>35</sup> Singanayagam A, Hakki S, Dunning J et al. Community transmission and viral load kinetics of the SARS-CoV-2 delta (B.1.617.2) variant in vaccinated and unvaccinated individuals in the UK: a prospective, longitudinal, cohort study. *Lancet Infect Dis.* 2021; (published online Oct 28.) [https://doi.org/10.1016/S1473-3099\(21\)00648-4](https://doi.org/10.1016/S1473-3099(21)00648-4)

<sup>36</sup> Franco-Paredes, Carlos. Correspondence, January 2022. Transmissibility of SARS-CoV-2 among fully vaccinated individuals. <https://www.thelancet.com/journals/laninf/article/PIIS1473-30992100768-4/fulltext>

<sup>37</sup> *Ibid*, 18

<sup>38</sup> Zimmerman RK Helping patients with ethical concerns about covid-19 vaccines in light of some foetal cell lines used in some COVVID-19 vaccines. *Vaccine.* 2021 Jul 13; 39(31): 4242–4244. Published online 2021 Jun 15. doi: [10.1016/j.vaccine.2021.06.027](https://doi.org/10.1016/j.vaccine.2021.06.027)

<sup>39</sup> Letter to Archbishop from ACMA, CWLA and FLI. Website link

<sup>40</sup> Vatican Council II, Declaration on Religious Freedom *Dignitatis humanae*, n. 3: “In all his activity a man is bound to follow his conscience in order that he may come to God, the end and purpose of life. It follows that he is not to be forced to act in a manner contrary to his conscience. Nor, on the other hand, is he to be restrained from acting in accordance with his conscience, especially in matters religious.”

subsequently disallowed despite the ethical concerns being raised and written appeals to the TGA and government officials, including Prime Minister Scott Morrison.<sup>41,42</sup>

The ethical and religiously informed concerns about the utilisation of increasing numbers of aborted foetal cell lines also highlights the fact that breaches of accepted medical ethics in relation to informed consent and the use of coercion, should not be based merely on the predictions and calculations of potential physical health outcomes related to a single disease state, using utilitarian models.

Respect for the integrity of conscience and sincerely held religious beliefs should not be discarded as part of the calculus of public health decision making.

Furthermore, those who have a conscientious objection to covid vaccination retain their entitlement to appropriate medical care and should be offered alternative evidence-based preventative strategies.

## **The Role of Censorship and Behavioural Psychology**

The condemnation and censoring of those who questioned or challenged the ethics of vaccine mandates by government and public health officials, revealed a failure of ethical judgment which further diminished the capacity for freely informed consent.

Leading experts in the fields of public health, epidemiology, virology, immunology, vaccination and infectious disease were threatened, silenced and denounced, if they raised concerns about the pandemic response, undermining the basis of medical science which is founded on dialogue, discussion and the challenging of accepted norms with evidence and argument. Such responses were exemplified by, but not limited to, the experiences of the authors of the Great Barrington Declaration.<sup>43</sup>

The use of behavioural insight teams or ‘nudge units’ that utilised techniques designed to activate unconscious responses to increase compliance compromises the ethical principle of voluntary and informed consent.

In addition, the weaponization of behavioural psychology to foment fear during the covid pandemic in order to achieve compliance to various covid responses and increase covid vaccine

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<sup>41</sup> TGA recognises two more covid-19 vaccines not registered in Australia but used widely internationally. 1 November 2021 <https://www.tga.gov.au/news/media-releases/tga-recognises-two-more-covid-19-vaccines-not-registered-australia-used-widely-internationally>

<sup>42</sup> Private correspondence with the Therapeutic Goods Administration and the Experimental Products Section Medicines Regulation Division | Health Products Regulation Group International Regulatory Branch Australian Government Department of Health

<sup>43</sup> Murthy, et al. v. Missouri, et al: <https://nclalegal.org/case/state-of-missouri-ex-rel-schmitt-et-al-v-biden-et-al/>

uptake was unethical, antithetical to the integrity of public health medicine and further compromised the capacity for voluntary informed consent.<sup>44 45 46</sup>

The compliance sought and the techniques used during the covid era was at the expense of social cohesion and welfare, civil discourse and trust in the medical and scientific professions. The societal costs of this approach, borne by many individuals and families, are significant and are still being counted.

## **Regarding the Justifications for Vaccine Mandates and the Abandonment of the Ethics of Informed Consent**

Mandatory vaccinations were introduced on the understanding they were necessary for the ‘greater good’ of the health of the community by reducing transmission to others who may be vulnerable to the covid illness. Covid vaccines, however, were not designed to stop transmission nor ever tested for their ability to do so. It has subsequently been found that they do not stop transmission.<sup>47 48</sup>

Therefore, even if the flawed ethical theory of Consequentialism, (ie, the ‘end justifies the means’) which is explicitly rejected by the Catholic Church, was utilised as justification for covid vaccine mandates, and thereby the abandonment of the ethics and principles of informed consent; the lack of design, research and evidence that covid vaccines reduce transmission nullified any such justification.

In addition, by the time of the mandatory vaccine rollout in Australia, in October 2021, it was recognised that covid was an illness that was not a significant risk to most people, especially the

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<sup>44</sup> Stephen Reicher, John Drury; The UK government’s attempt to frighten people into covid protective behaviours was at odds with its scientific advice *BMJ* 2023;380: p652 doi: <https://doi.org/10.1136/bmj.p652>

<sup>45</sup> Laura Dodsworth, Gemma Ahearn et al; The Three Rs of Fear Messaging in a Global Pandemic: Recommendations, Ramifications and Remediation. *Clinical Psychology and Psychotherapy*. <https://doi.org/10.1002/cpp.2972>

<sup>46</sup> Laura Dodsworth; Government Advisers Caught Falsely Claiming Never to Have Supported Pandemic Fear Messaging <https://dailysceptic.org/2024/04/27/government-advisers-caught-falsely-claiming-never-to-have-supported-pandemic-fear-messaging/> (cited April 28<sup>th</sup> 2024)

<sup>47</sup> Professor Robert Clancy. The Mechanics and Efficacy of covid Vaccines. April 28<sup>th</sup>, 2022. <https://quadrant.org.au/magazine/2022/05/the-biomechanics-and-efficacy-of-covid-vaccines/>

<sup>48</sup> Dr Paul Alexander. Extensive Efficacy Studies that Rebuke Vaccine Mandates. October 28, 2021 <https://brownstone.org/articles/16-studies-on-vaccine-efficacy/>

young and healthy<sup>49 50 51</sup> and the covid vaccines carried significant health risks, including death, for some recipients.<sup>52 53 54 55 56 57</sup> This knowledge further underscores the unethical, and arguably illegal, decisions to mandate and coerce the Australian populace to receive the covid vaccines.

## Conclusion

We welcome the recent public discussions, government inquiries, and judicial scrutiny of the decisions made during the covid pandemic in Australia.

We continue to uphold the centrality of voluntary informed consent to the practice of ethical medicine and call for the cessation of all ongoing covid vaccination mandates across Australia.<sup>58</sup>  
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<sup>49</sup> WHO Health Topics, covid-19 March 9<sup>th</sup> 2020. “Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment...” [https://www.who.int/health-topics/coronavirus?utm\\_source=substack&utm\\_medium=email#tab=tab\\_1](https://www.who.int/health-topics/coronavirus?utm_source=substack&utm_medium=email#tab=tab_1) (First published March 9<sup>th</sup> 2020, cited and still current 28<sup>th</sup> April 2024)

<sup>50</sup>John P A Ioannidis, Jay Bhattacharya, covid-19 antibody seroprevalence in Santa Clara County, California, *International Journal of Epidemiology*, Volume 50, Issue 2, April 2021, Pages 410–419, <https://doi.org/10.1093/ije/dyab010>

<sup>51</sup> Australian Government, Department of Health and Aged care: Coronavirus (covid19) at a glance infographic collection A collection of infographics providing a quick view of the coronavirus (covid-19): <https://www.health.gov.au/resources/collections/coronavirus-covid-19-at-a-glance-infographic-collection>

<sup>52</sup> Polack, FP, Thomas, SJ, Kitchin, N *et al* (2020) Safety and Efficacy of the BNT162b2 mRNA covid-19 Vaccine. *N Engl J Med* **383**: 2603-15.

<sup>53</sup> Thomas, SJ, Moriera, ED Jr, Kitchin, N *et al* (2021) Safety and Efficacy of the BNT162b2 mRNA covid-19 Vaccine through 6 Months. *N Engl J Med* **385**: 1761-73.

<sup>54</sup> Fraiman, J, Erviti, J, Jones, M *et al* (2022) Serious adverse events of special interest following mRNA covid -19 vaccination in randomized trials in adults. *Vaccine* **40** (40): 5798-5805.

<sup>55</sup> Tindle, R. (2024) Long covid: Sufferers can take heart. *AJGP* **53**(4): 238-240  
<https://www1.racgp.org.au/getattachment/3df64026-f1f3-425c-8d3c-7bd16044e3d6/Long-covid-Sufferers-can-take-heart.aspx>

<sup>56</sup> AstraZeneca formally admits that its covid-19 vaccine can cause rare side effect. 30<sup>th</sup> April 2024.  
<https://www.leighday.co.uk/news/news/2024-news/astrazeneca-formally-admits-that-its-covid-19-vaccine-can-cause-rare-side-effect/>

<sup>57</sup> React19.org Published Science Database. <https://react19.org/science>

<sup>58</sup> Covid vaccine mandates have been revoked for healthcare workers in the Northern Territory (June 2022), Queensland (September 2023), Western Australia (April 5<sup>th</sup> 2023), NSW (May 16<sup>th</sup> 2024). Victoria and South Australia still maintain their covid vaccine mandates for healthcare workers (as of May 26<sup>th</sup> 2024): <https://7news.com.au/news/covid-19-vaccine-mandate-scrapped-for-healthcare-workers-in-nsw-c-14691257>

<sup>59</sup> <https://www.legalaid.vic.gov.au/covid-19-mandatory-vaccines-and-work> “The law no longer says you must be vaccinated to work outside your home, except in certain industries, such as healthcare. [However] your employer can only say you must be vaccinated if you are required to work outside your home or ask for proof that you have been vaccinated, **if it is reasonable to make your workplace healthy and safe. If it is reasonable, and you refuse, you could lose your job.** What is reasonable depends on the type of work you do and the risks if you are not vaccinated.” (Victoria LegalAid website, cited 27/4/2024)

## Appendix 1

### On transmissibility of infection and covid vaccines

“Therefore, health authorities’ claims that vaccines prevent transmission are not supported by the evidence. The claim that they reduced transmission applied to some extent for earlier variants such as the Alpha variant but no longer applied for the Delta variant dominant in the latter part of 2021, and the Omicron variant present in Australia since December 2021. The medical basis for mandates evaporated by mid 2021 and the rationale for vaccinating children to save grandparents was disproven before the early 2022 provisional authorisation for children. This is separate to the mandates being challenged on human rights and religious grounds.”

– Associate Professor Peter Parry. Document 12. Terms of Reference Y parts (ii) & (v): Lack of protection against infection and transmission. Pages 351- The People's Terms of Reference. 1 February 2024, COVID-19 Royal Commission- Additional Documents-Answers to Questions on Notice.

[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Legal\\_and\\_Constitutional\\_Affairs/COVID\\_19RC47/Additional\\_Documents?docType=Answer%20to%20Question%20on%20Notice](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/COVID_19RC47/Additional_Documents?docType=Answer%20to%20Question%20on%20Notice)

- Subramanian, S.V., Kumar, A. Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States. *Eur J Epidemiol* **36**, 1237–1240 (2021). <https://doi.org/10.1007/s10654-021-00808-7> <https://link.springer.com/article/10.1007/s10654-021-00808-7>
- An observational study of breakthrough SARS-CoV-2 Delta variant infections among vaccinated healthcare workers in Vietnam September 29<sup>th</sup> 2021 [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00423-5/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00423-5/fulltext)
- Shedding of infectious SARS-CoV-2 despite vaccination September 30, 2022 <https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1010876> As a pre-print Nov 6<sup>th</sup> 2021 <https://www.medrxiv.org/content/10.1101/2021.07.31.21261387v6.full>
- Tseng, H.F., Ackerson, B.K., Luo, Y. *et al.* Effectiveness of mRNA-1273 against SARS-CoV-2 Omicron and Delta variants. *Nat Med* **28**, 1063–1071 (2022). <https://doi.org/10.1038/s41591-022-01753-y>
- Buchan, S.A., Chung, H., Brown, K.A., *et al.* Estimated Effectiveness of covid-19 Vaccines Against Omicron or Delta Symptomatic Infection and Severe Outcomes. *JAMA Netw Open.* 2022;5(9):e2232760. doi:10.1001/jamanetworkopen.2022.32760
- Lyngse, F.P., Mortensen, L.H., Denwood, M.J. *et al.* Household transmission of the SARS-CoV-2 Omicron variant in Denmark. *Nat Commun* **13**, 5573 (2022). <https://doi.org/10.1038/s41467-022-33328-3>
- Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021 <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7031e2-H.pdf>
- CDC Director: Vaccines No Longer Prevent You From Spreading COVID August 6<sup>th</sup> 2021 [https://www.realclearpolitics.com/video/2021/08/06/cdc\\_director\\_vaccines\\_no\\_longer\\_prevent\\_you\\_from\\_spreading\\_covid.html](https://www.realclearpolitics.com/video/2021/08/06/cdc_director_vaccines_no_longer_prevent_you_from_spreading_covid.html) Transcript: <http://edition.cnn.com/TRANSCRIPTS/2108/05/sitroom.02.html>
- Fauci: Amount of virus in breakthrough delta cases ‘almost identical’ to unvaccinated. August 1<sup>st</sup> 2021 <https://thehill.com/homenews/sunday-talk-shows/565831-fauci-amount-of-virus-in-breakthrough-delta-cases-almost-identical/>
- Pierpont, Nina, MD, PhD. Covid-19 Vaccine Mandates Are Now Pointless: Covid-19 vaccines do not keep people from catching the prevailing Delta variant and passing it to others. September 9, 2021 <https://expose-news.com/wp-content/uploads/2021/09/Pierpont-Why-mandated-vaccines-are-pointless-final-1.pdf>

- Alexander, Paul Elias. Extensive Efficacy Studies that Rebuke Vaccine Mandates. 71 studies. October 28<sup>th</sup> 2021 <https://brownstone.org/articles/16-studies-on-vaccine-efficacy/>
- Kampf, Günter, COVID-19: stigmatising the unvaccinated is not justified. November 20<sup>th</sup> 2021 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02243-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02243-1/fulltext)
- The unnaturalistic fallacy: COVID-19 vaccine mandates should not discriminate against natural immunity. March 7<sup>th</sup> 2022. <https://jme.bmj.com/content/medethics/48/6/371.full.pdf>
- Alexander, Paul Elias. 160 Plus Research Studies Affirm Naturally Acquired Immunity to Covid-19 <https://brownstone.org/articles/research-studies-affirm-naturally-acquired-immunity/>