

# Australian Health Practitioner Regulation Agency “weaponised” against health workers in the COVID pandemic

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The *World Socialist Web Site* is waging a campaign to expose and end the censorship of Dr David Berger, a respected rural and remote general practitioner and dedicated zero-COVID advocate, by the Australian Health Practitioners Regulation Agency (AHPRA).

AHPRA and the Medical Board of Australia (MBA) have accused Berger of “unprofessional communication,” and violating “a code of conduct for doctors in Australia” in his posts on social media. Under threat of deregistration as a medical practitioner, he must submit himself to an “education course,” and promise to self-censor his writings, both private and professional.

AHPRA is a government body set up in 2010 by the then federal Labor government of Kevin Rudd and Julia Gillard. All health workers are legally compelled to register. Its stated purpose was to regulate health workers and systems, and protect the public from abuses of professional practice through national registration and codes of professional conduct.

AHPRA regulates over 825,000 health practitioners through 15 professional boards (such as the MBA), including doctors, nurses, dentists, paramedics and physiotherapists. Its creation rationalised into one organisation nearly 80 professional boards at federal and state levels.

One of the agency’s main functions is to allow for complaints, even anonymously, to be made against health workers for investigation. It can take disciplinary action, including de-registration, which denies the right to practice in Australia. It also requires mandatory reporting from health workers against their colleagues if they are suspected of being a danger to the public, typically for matters involving impairment, intoxication, departure from professional standards and sexual misconduct at work.

While providing no specifics or evidence, in a statement to the Australian Broadcasting Corporation’s Radio National “PM” program, the MBA claimed that AHPRA acted against Berger because:

“When Dr Berger has made comments that disagree with governments, public health organisations, pharmaceutical companies, he has done so using emotional and pejorative language. When referred to in this manner it would be reasonable for the reader to doubt the integrity of the persons and organisations targeted, and to lose confidence in the public health pronouncements and programmes promoted by them.”

This is not protecting the public but political censorship and denial of democratic rights. Dr Berger has sought, since day one of the COVID pandemic, to bring scientific clarity and explain the measures required to protect lives and eliminate the virus. He has criticised the decisions of state and federal governments to drop any protective public health measures, “letting COVID rip” and resulting in more than 11,000 dead in Australia—over 8,000 this year alone.

The agency’s attack on Berger has evoked a powerful response among health care workers. A “Free Speech for Doctors” open letter issued by some of Australia’s most prominent clinicians and scientists, and signed

by over 1,700 doctors, scientists, and other workers and members of the public in Australia and internationally, opposes AHPRA’s actions.

The letter commends Dr Berger for “his clear, honest sustained contribution to public health through his personal and corporate advocacy and his unblemished clinical record.” It condemns AHPRA’s demands for silence as “in breach of our ethical and moral obligations,” as “governments may formulate public health policies *that are not in the best interests* [emphasis added] of the community, and dissenting doctors may take a position that is for the better interest of population health.”

The letter demands the “revocation of the conditions placed on Dr Berger on the basis that it is unreasonable to expect all registrants to always support government public health settings.”

It further condemns “changes to policy that now enable AHPRA to punish doctors for speaking out should be urgently reviewed, along with the remit of AHPRA as a blanket defender of government health policy.”

Policy changes made by AHPRA in 2019 and 2021 allow it to regulate social media posts made by health workers in a private capacity. These measures have been used to censor Berger, as the agency can threaten disciplinary action for vaguely defined breaches of “professional boundaries” in virtually every social media setting.

As social media is the most common way in which people access healthcare information, AHPRA’s policies make it nearly impossible for health workers to communicate with the broader public without fear of reprisal.

AHPRA also has been criticised for the arbitrary nature in which it can conduct investigations against doctors and other health workers, requiring no due process for the accused, no right to face their accusers and a limited right to appeal.

Apart from being time-consuming and often burdensome, investigations of this nature have a terrible impact on the mental health of health workers. A 2015 study published in the *BMJ* (formerly, *British Medical Journal*) indicated that such investigations are a significant contributor to suicide rates, particularly among doctors.

In 2017, a federal parliament inquiry found deficiencies in the transparency of AHPRA’s investigations. AHPRA also failed to take into account the wellbeing of accused practitioners and allowed vexatious complaints without proper review. Nothing has been done since. Instead, AHPRA has had its powers increased at the expense of health workers.

In July the Victorian state chapter of the Australian Medical Association (AMA) called for a royal commission into abuses and arbitrary powers by AHPRA. That will be raised at the AMA’s national meeting this month.

## Leading medical experts condemn AHPRA’s action

Many of the open letter signatories and other leading health practitioners have been vocal about the need for reform and exposure of AHPRA’s action, seeing the attack on Berger as a threat to all health workers and

their ability to freely communicate with the public.

In an article published by *Croakey Health News*, under the title “Questions about freedom of speech in a contested, politicised pandemic environment,” physician and popular Australian Broadcasting Corporation health broadcaster Dr Norman Swan criticised AHPRA’s actions as a “disproportionate decision... especially when you consider that some of the decisions and pronouncements of health authorities during this pandemic have had a questionable basis in evidence and were often made in secrecy.”

The *Croakey* article also quoted Dr Peter Tait, GP and a senior population health lecturer at the Australian National University. He noted that silencing Dr Berger could have a “chilling effect on doctors putting opinion about services and therapeutic goods into the public domain in a variety of communication modalities not only social media.” Tait criticised the vague nature of AHPRA’s guidelines, saying its standards for social media “give general examples but the nuances are not readily decipherable.”

Former West Australian state AMA president Dr Andrew Miller condemned the action against Berger as “authoritarian censorship which, if applied across the board, would make any comment that criticises government health programmes by even registered office bearers of the AMA or Societies or Colleges, as it is currently practised, difficult.”

Dr Miller called attention to the mismanagement of governments during the pandemic, saying that they have been “spectacularly wrong about important matters, such as airborne spread.” He highlighted the responsibility and need of health practitioners to be “able to comment on that gap, and critique it in a way that the public can relate to.” He added that “to get attention requires, at times, the use of powerful language.” This is the very complaint that has been made against Berger.

Perhaps the most insightful and striking comment came from Professor Raina MacIntyre, an accomplished clinician and public health researcher who heads the Biosecurity Program at the University of New South Wales Kirby Institute. A strident and principled advocate for eliminating COVID herself, MacIntyre pointed to the reasons for AHPRA’s actions, as well as the ultimate implications of censoring health workers.

“It appears to me that AHPRA and the TGA [Therapeutic Goods Administration] were weaponised by government during the pandemic in 2021 to silence dissenting doctors,” MacIntyre said. “The reason was the fallout from poor procurement decisions, the limited vaccine options, and the use of AstraZeneca in younger adults when TTS [*Thrombosis with thrombocytopenia syndrome*] was a known complication... This is a classic example of dual-loyalty—where doctors are forced into being subservient to the demands of the state, even if the policies of the state are wrong and not in the best interests of patients.”

MacIntyre added: “If that does not chill you, it should. It is so broad that it theoretically allows them to target some doctors while letting others get away with a breach. We already saw doctors criminalised for trying to advocate for the health of asylum seekers. What if a future government introduces policies that are framed as utilitarian but that result in eugenics? Then dissenting doctors could face deregistration for speaking up.”

The open letter calls for an investigation into whether AHPRA applies its decisions equally to all alleged abuses of its code of conduct. A brief review of the agency’s actions during the pandemic alone indicates that the treatment meted out to Dr Berger has not been seen for those advocating the positions of big business and government, especially for dropping measures to contain or eliminate COVID.

No reprimands were made against Nick Coatsworth, former deputy chief medical officer and infectious disease physician, who in November 2021 claimed without evidence that if Omicron “is milder than Delta, you actually want it to spread within your community... it could be that we want Omicron to spread around the world as quickly as possible.”

Similarly, federal Chief Medical Officer Paul Kelly stated in January that there was “no evidence Omicron is more deadly than other variants.” Even now, as cases and deaths mount rapidly, Kelly remains in his position and does not face de-registration for misinformation.

AHPRA also has refused to pursue right-wing organisations, like the Victorian-based COVID Medical Network (CMN), that advance anti-scientific lies about COVID public health measures, oppose vaccination and promote bogus cures such as ivermectin.

The campaign of censorship against progressive voices is escalating. Since last week, Twitter has locked the Socialist Equality Party (SEP) (Australia) Twitter account after it posted a video defending Dr Berger and linking his victimisation to that of two other zero-COVID champions, UK parent Lisa Diaz and London bus driver David O’Sullivan, as well as persecuted WikiLeaks founder Julian Assange.

Undoubtedly the winter COVID wave in Australia will provoke widespread opposition to the policies of the federal and state governments, who continue to block any public health measures that would interfere with corporate profits. There is also the realisation among many workers that far from ending, the unchecked COVID pandemic is producing a pattern of recurring waves, a fact that medical experts and the WSWs have warned of since last year. These waves will bring with them deadlier and more transmissible variants, capable of evading vaccinations and treatments.

It is this reality that is being blocked by the silencing of health workers and the SEP. The fight to end the pandemic requires the working class to have an accurate understanding about the severity of COVID and need for its elimination, which can be provided only by dedicated health workers and scientists. To this end, workers must defend Dr Berger and all other principled health workers and scientists, demanding an end to their persecution by AHPRA and the abolition of such organisations of censorship.

We urge our readers to speak out in Dr. Berger’s defence and email statements of support here. Please indicate in the email how you would like to be identified in our next article, and if you want to include a photo, please attach one to the email.

We also appeal to all WSWs readers and defenders of democratic rights to voice your opposition to the Twitter lock on the SEP. Direct tweets to @TwitterSupport and include the hashtag #OpposeSEPTwitterLock, demanding an immediate reversal of the lock and a full explanation of why it was imposed.



To contact the WSWs and the Socialist Equality Party visit:

**[wsws.org/contact](https://www.wsws.org/contact)**