

11 April 2022

A/Prof Nigel Crawford  
The Australian Technical Advisory Group on Immunisation (ATAGI)  
Immunisation Branch  
GPO Box 9848 – MDP 13  
Canberra ACT 2601

Dear Associate Professor Crawford,

We are a large national network of Australian medical practitioners, specialists, health professionals, scientists and concerned professionals, responding to ATAGI's latest advice (dated 6 April 2022) on sedating children and adults for the administration of the C19 vaccination.

### AUSTRALIANS TARGETED

From appearances, the advice centres on children and those suffering from severe anxiety, needle-phobia, and behavioural disorders. ATAGI suggests approaching vaccination hesitancy and administration with these demographics in a tiered manner. The first step is to use non-pharmacological methods in the community and should this fail, sedate the child/individual, and then administer the vaccine along with other potential vaccines.

### INFORMED CONSENT

In the advice, informed consent is briefly mentioned, which raises several concerns.

*"Informed consent must be obtained prior to each dose from the patient themselves, or, where the patient does not have capacity to give consent, from the parent, guardian, or substitute decision-maker. Sedation should not be used as a measure to enforce compliance with vaccination requirements."*

ATAGI correctly supports that sedation should not be a form of enforced compliance and yet the advice does not make it a guarantee. In fact, there is no best practice or accountability measures in place and incredible powers are now being given to clinicians or administrators when a patient is at their most vulnerable.

The definition of 'capacity' has the potential to be abused and expanded to include a wider group of Australians. A biased clinician or administrator could procedurally decide the fate of a patient and remove their right to informed consent. ATAGI clearly undervalues the gravity of this situation. A scenario could play out where while a patient is undergoing life-saving surgery, the patient is "opportunistically" vaccinated. Expanding further, a clinician could place unreasonable pressure on an already stressed family member or guardian and make it a condition to continue with a surgery or procedure.

Another possible scenario would be to simply record the patient was incapacitated and therefore a higher-ranking hospital administrator or medical officer could make this decision.

Rather alarming is the focus on children in the ATAGI advice. Children are unable to give consent, which means the authority may be given to a substitute decision maker. ATAGI have failed to disclose who the substitute decision maker would be. For Foster Parents and Foster Children their rights are under serious threat. Supported by many global studies for children, the risk from the C19 vaccination is far greater than the benefits. The Doherty Institute's report also concurs, there is little value in vaccinating children and young people with a C19 vaccine.

ATAGI's advice ventures into dangerous territory, now placing all Australians in danger and at risk of being treated inhumanely and unethically at the hands of a biased administrator or clinician. There are rigorous laws and medical legislation in place protecting Australians. Bureaucrats and clinicians are not above these laws and advice does not make it a law.

Astonishingly, ATAGI is providing advice on an extremely important matter and so far, no best practice has been established. For a body who has been given the highest order of responsibility in the pandemic, ATAGI are behaving contrarily and failing to consult with wider medical advice.

## OBSERVATIONS

PM Scott Morrison is on public record stating vaccinations are not mandatory in Australia, informed consent and freedom of choice is vital. Notwithstanding the PM's statement, Australians are protected by several laws, ATAGI is attempting to circumvent these laws along with real medical issues faced by certain members of the public. This approach lacks empathy and awareness, whether the patient is sedated or not the patient will still be assaulted and violated. Rape victims no matter what age even when sedated still call it rape, despite the perpetrator's view that consent was obtained.

While the rest of the world is moving toward successful multi treatment options where the patient chooses the best treatment for their needs, ATAGI chooses to remain fixated on one approach.

## RESPONSE REQUIRED

- From whom is ATAGI obtaining advice?
- How will ATAGI ensure informed consent and the definition of capacity will not be abused?
- How will ATAGI enforce accountability measures if the patient is injured?
- Who is the substitute decision maker?
- When will ATAGI produce a clear best practice framework?
- Please [read our open letter](#) and we would be grateful to meet with you to discuss further.

## CONCLUSION

It is ATAGI's responsibility to ensure accountability measures are in place and informed consent and the definition of capacity are not abused by clinicians or other bureaucrats otherwise patients can report the act as an assault or violation. The rest of the world is moving toward a multi treatment approach and ATAGI's insistence on capitulating to one approach is not only a danger to the public and to the health of the economy.

Yours Faithfully,

Covid Medical Network

***Primum non nocere***

[admin@covidmedicalnetwork.com](mailto:admin@covidmedicalnetwork.com)