

Silence the doctors, harm the children?
When ethics becomes dissent
Why doctors must be free to speak for patient safety



Pixels

Medicine was never meant to follow ideology. It was meant to follow evidence, ethics, and the simple promise embedded in the Hippocratic oath: first, do no harm.

Yet across Australia today, many doctors and nurses feel that promise is under threat. Not from lack of science, but from a growing culture where questioning policy can cost you your career.

Our members are telling us this clearly.

In a national survey of more than 18,000 health professionals, almost 100 per cent said medicine has become politicised, and the vast majority said they do not feel safe participating in good-faith, evidence-based clinical debate.

That should alarm every Australian.

When clinicians are afraid to question policy, medicine stops being science.

It becomes state compliance.

The dangerous shift from safety to censorship.

Regulators exist for one reason: protecting patients.

But increasingly, practitioners see regulators drifting away from investigating unsafe clinical practice and toward policing speech.

The recent regulatory action against Queensland academic psychiatrist Professor Andrew Amos illustrates this outrageously disturbing shift. Despite no allegation of patient harm or unsafe clinical practice, restrictions were placed on his ability to speak publicly about paediatric gender medicine following complaints from activists.

Regardless of anyone's view on the issue itself, the principle should be obvious.

Doctors must be free to debate medicine.

Without open scientific debate, evidence cannot evolve. Safety cannot improve. Mistakes cannot be corrected.

Instead of encouraging scrutiny, the current system appears to punish it.

And when regulators begin deciding which scientific views are acceptable, they stop being guardians of patient safety and become arbiters of pseudoscience.

This shift did not occur in isolation. In 2022, both Labor and Coalition governments supported amendments to the National Law governing medical regulation, placing greater emphasis on maintaining 'public confidence' in the health system.

Confidence in medicine matters. But **confidence manufactured through censorship** is not the same as safety. It is our view that AHPRA becomes the Ministry of Truth, in effect.

When regulatory systems prioritise protecting institutional reputation over examining evidence and outcomes, public confidence becomes an illusion rather than a reflection of genuine patient protection.

When medicine abandons ethics

History teaches us something uncomfortable but essential: medicine is not immune from political capture.

One of the darkest lessons of the 20th Century is that doctors themselves can become instruments of ideology when professional independence is lost. Historical scholarship examining the role of physicians during the Holocaust documents how the medical profession gradually abandoned ethical principles as political doctrine replaced scientific scrutiny and moral responsibility.

It did not begin with atrocities.

It began with conformity.

Doctors were encouraged to embrace fashionable 'scientific' ideas aligned with political ideology. Professional dissent was discouraged. Ethical objections were marginalised.

Physicians were told they were serving a higher social goal.

Sound familiar?

Step by step, medicine stopped asking the most important question in healthcare: Is this truly in the patient's best interests?

Instead, medicine began asking: Is this consistent with state policy?

The consequences were catastrophic.

The historical record shows how physicians moved from healers to participants in programs of sterilisation, euthanasia, and ultimately mass killing, all justified at the time as scientifically and socially necessary.

The lesson for modern medicine is not that today's doctors' compliance culture is comparable to those crimes.

That would be absurd.

The lesson is simpler and far more important.

When doctors are discouraged from questioning policy, when regulators punish professional dissent, and when ideology replaces open scientific debate, the ethical safeguards of medicine begin to erode.

And once those safeguards weaken, patient safety inevitably follows.

The global evidence shift being ignored.

The debate surrounding the treatment of gender-distressed minors is not fringe or ideological.

It is one of the most critical medical discussions happening globally.

Major international reviews are now raising **serious questions** about the evidence base for medical interventions in children.

The UK's landmark Cass Review concluded that the evidence supporting puberty blockers and cross-sex hormones for minors is weak and uncertain.

Following this review, the UK moved to restrict routine prescribing of puberty blockers while further evidence is gathered.

Trials examining these drugs have even been paused due to concerns about infertility, bone density loss, and potential impacts on brain development.

These are not trivial risks.

They involve sterilisation, irreversible physical changes and disruption of normal biological development.

And yet in Australia these interventions continue to be provided despite our own medicine safety regulator the Therapeutic Goods Administration (TGA) acknowledging it lacks the data required to properly assess their risks. The same questions were raised during the provisional approval of **Covid mRNA vaccines**, though that is a separate debate.

That should concern every parent in this country.

Children deserve caution, not ideology

Children experiencing gender distress deserve compassion, support and careful multidisciplinary care that is in their best interests.

But compassion does not mean abandoning scientific caution.

Children cannot fully comprehend the lifelong consequences of sterilisation, hormone dependence or the removal of healthy organs.

Their brains are still developing. Their identities are still forming.

Medicine has always recognised this.

That is why we apply stricter safeguards for treatments involving minors.

Yet increasingly, clinicians raising these concerns are treated not as responsible professionals but as obstacles.

Doctors and nurses are seeing colleagues investigated, suspended or publicly vilified simply for asking questions about safety.

Metaphorically speaking, it feels as though the system is cutting off the heads of those who speak out, parading them through the public square as warnings to the rest.

And the message is clear:

Stay quiet.

Do not question gender affirming guidelines and hospital policy.

Do not challenge the so-called politically correct consensus.

Manufactured consensus is not science

Science is built on disagreement.

Every major medical advance, from antiseptics to cancer treatment, began with someone challenging accepted thinking.

Suppressing debate does not create confidence in the safety of services.

It creates the illusion of safety.

When dissent is silenced, a false consensus emerges.

Policymakers can claim the science is 'settled', while the professionals who know otherwise are too afraid to speak.

That is not medicine.

That is propaganda.

And it is dangerous.

Why debate protects patients

The Hippocratic tradition does not ask doctors to follow government policy. It asks them to protect patients.

That means questioning evidence, challenging assumptions and raising concerns when treatments may cause harm.

This is not insubordination.

It is the very foundation of responsible medical practice.

When regulators punish clinicians for participating in legitimate scientific debate, they do not strengthen public trust. In fact, US-based surveys show a sharp decline in public confidence in doctors since the start of the pandemic and the severe suppression of dissenting medical opinions.

Silencing debate weakens public confidence and trust in authority and that trust is not easily regained.

Because the public expects doctors to speak the truth about medicine, even when that truth is inconvenient or politically uncomfortable.

They expect doctors to, 'first do no harm'.

Regulators must return to their purpose

Australia has nearly one million registered health practitioners.

They deserve a regulator focused on one core responsibility: investigating harm in clinical practice and protecting patients.

Even parliamentary scrutiny has recommended that notifications accepted by AHPRA be limited to clinical issues relating to patient safety.

Yet Senate inquiries have also raised a troubling concern: many of the investigators assessing complaints against doctors are yet Senate inquiries have also raised a troubling concern: many of the investigators assessing complaints against doctors are not medically trained.

Evidence presented to the Senate Standing Committees on Community Affairs indicated that only around a quarter of AHPRA investigators have a health background.

Medical practitioners have repeatedly warned that investigators without clinical training may lack the expertise to properly assess complex medical evidence or understand the realities of clinical practice.

The result can be ridiculous situations where a highly qualified specialist or professor of medicine finds themselves restricted from participating in scientific debate because a regulator, who may have no clinical background at all, considers their professional opinion problematic.

At the same time, serious allegations of clinical harm continue to emerge within the health system, yet many appear to receive little or no further action.

Recent reports describe dozens of women considering legal action after allegedly undergoing unnecessary or excessive gynaecological surgeries over many years, raising substantial questions about clinical oversight and patient safety.

These are precisely the kinds of cases regulators were created to investigate.

If regulatory resources are diverted toward policing professional speech rather than investigating unsafe clinical practice, the risk is obvious: the system begins protecting reputations instead of protecting patients.

The question Australia must answer

The doctors and nurses speaking out today are not the problem.

They are the warning system.

History shows what happens when medicine stops questioning itself.

When regulators silence dissent.

When ideology replaces evidence.

The profession slowly stops asking the most important question in healthcare: Is this safe for the patient?

A health system that punishes doctors for speaking honestly about risk does not protect the public.

It protects itself.

And when that happens, the oath that built modern medicine, first, do no harm, becomes just words.

Australia now faces a choice.

Protect the right of doctors to speak for patient safety.

Or protect the illusion that nothing is wrong.

Because when medicine begins silencing its own conscience, patients/children are always the ones who pay the price.

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