Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
(07) 3497 5048
hotline@amps.asn.au
amps.redunion.com.au

30 October 2026

Committee Secretary
Senate Environment and Communications Legislation Committee
PO Box 6100, Parliament House, Canberra ACT 2600
Via email only: ec.sen@aph.gov.au

Submission: Online Safety Amendment (Digital Duty of Care) Bill 2026

Inquiry into the provisions of the Bill [1]. AMPS consents to publication of this submission.

Executive summary

AMPS urges the Committee to recommend that the Bill be withdrawn and not passed.

Every Australian wants children protected from sexual exploitation, image-based abuse and predatory design. Australia already has laws for this. The Online Safety Act 2021 gives eSafety removal powers over child sexual exploitation material and intimate images shared without consent [32]. Sexual deepfakes are a crime [33]. Children under 16 are barred from social media accounts [34]. This Bill is not needed to protect children. What it adds is something else: a general duty over all online content, enforced by penalties of up to $109 million, administered by one unelected office [2][3].

The Bill does not name misinformation. It does not need to. An undefined "seriously harmful" threshold, a duty where cost is no defence, powers over recommender systems, and a public health exemption that turns on what "protects public health" hand the state the tools to decide which health information Australians may see. Parliament rejected a misinformation law in 2024 [6]. This Bill must not become the back door.

This Bill cannot be fixed by amendment. Carve-outs for clinicians, better definitions and appeal rights would all be interpreted by the same regulator, and applied by platforms facing the same penalties. Platforms do not wait for a tribunal. They remove first. The problem is the design of the Bill, not its detail.

We have already seen where information control leads in medicine. Doctors were suspended for questioning official advice [7][8]. True reports of vaccine side effects were classed as misinformation [17]. Meta's chief executive admitted government pressure to remove COVID-19 content "was wrong" [14]. Questions that were silenced, such as the evidence for paediatric gender medicine, were later vindicated [12].

The result is a collapse in trust. Australia's own COVID-19 Response Inquiry found mandates had "the biggest negative impact on trust" and that people felt "unable to criticise or question government decisions" [25]. Parents now report not trusting vaccine information from their own doctor or nurse [27].

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People know money shapes health messaging: Australia's medicines regulator draws around 85% of its funding from industry fees [21]. Censorship does not restore trust. It confirms the suspicion that something is being hidden.

Governments are undermining their own law. Since 2022 the Health Practitioner Regulation National Law has made "public confidence in the safety of services provided by registered health practitioners" a paramount principle [35]. Government decisions to silence practitioners and mandate compliance have done more to destroy that confidence than any misinformation [25][27]. This Bill repeats the mistake on a larger scale.

If Parliament insists on legislating, it should pass a narrow child protection law only: closed categories, set by Parliament, enforced through the courts, with no general duty and no power over lawful speech.

Summary of recommendations

Primary position

No.	Recommendation	Why
1	**Withdraw the Bill. The Senate should not pass it.**	A general content duty cannot be made safe for lawful speech by amendment.
2	**Enforce the laws we already have.** Commission an independent, public audit of the Online Safety Act 2021, the Criminal Code offences and the social media minimum age before any new power is created.	Child protection laws already exist [32][33][34]. Show what is failing before expanding the state's reach.

1. About AMPS

The Australian Medical Professionals' Society (AMPS) represents doctors, nurses and allied health practitioners across Australia. We defend evidence-based medicine, informed consent, and the right of clinicians to speak honestly to their patients and the public.

AMPS made a detailed submission opposing the Combating Misinformation and Disinformation Bill 2023 [5]. Our concern then is our concern now: no government office should decide which health information Australians may see, or which clinical views they may hear.

2. The powers this Bill grants

Section references are to the Bill as introduced on 15 October 2026, drawn from published analyses of he Bill and Explanatory Memorandum [2][3][4].

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3. Censorship has already corrupted health information

The Committee does not need to speculate. Australia and the United States have run this experiment, and medicine has paid for it.

In Australia

- **Clinicians silenced for questioning official advice.** Ahpra's 9 March 2021 position statement warned practitioners that undermining the government's COVID-19 vaccination messaging could lead to regulatory action [7]. Practitioners were suspended, not for harming patients, but for contradicting health authorities [8][30].
- **Careers ended over speech, with no patient harm.** Dr Jereth Kok has been barred from practice since 2019 over online posts, with no patient complaint [9]. In 2026 Queensland psychiatrist Dr Andrew Amos had restrictions placed on his public commentary on paediatric gender medicine, with no allegation of unsafe practice [10]. Ahpra told AMPS it does "not regulate viewpoints" [11]. The cases say otherwise.
- **Debate later vindicated.** Clinicians who questioned the evidence for paediatric gender medicine were treated as a risk. The UK's independent Cass Review then found that evidence weak [12].
- **eSafety has already overreached.** The Commissioner ordered removal of a post questioning a transgender activist's appointment to a World Health Organization panel. On 1 July 2025 the Administrative Review Tribunal found it was not cyber-abuse and the notice should not have issued [13].
- **Accurate public health material is already removed.** NAPWHA's HIV prevention posts were taken down as "misinformation" and Pill Testing Australia's drug warnings were removed before a festival. Appeals failed [18].
- **Complaints are used to intimidate.** Dr David Pope was notified to Ahpra after speaking to media about harm from hospital downgrades. He believes the notification came from a Health Minister's office; it was closed with no breach found [19]. Dr Michael Gannon reports that Ahpra's own data shows 16 doctors took their lives while under its scrutiny [20].

Overseas

- **Government pressure on platforms.** In August 2024 Meta's Mark Zuckerberg wrote that senior US officials "repeatedly pressured our teams for months" to remove COVID-19 content, and that "the government pressure was wrong" [14]. The US Supreme Court did not rule on the merits in Murthy v. Missouri; it dismissed the case on standing [15].
- **True information labelled misinformation.** The Stanford-led Virality Project advised Twitter that "true stories that could fuel hesitancy" should be treated as "standard vaccine misinformation" [17].
- **A censorship industry.** Psychiatrist and plaintiff Dr Aaron Kheriaty describes a network of agencies and publicly funded partners that outsourced censorship of doctors and scientists, including Dr Jay Bhattacharya and Dr Martin Kulldorff [16].

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A statutory duty with $109 million penalties is that pressure written into law. When the BMJ's editor warned that "when good science is suppressed, people die" [23], he was describing exactly this risk.

4. Money, messaging and the collapse of trust

People do not distrust health guidance because they lack information. They distrust it because they can see who funds it, and they have watched dissent punished.

- Australia's medicines regulator, the TGA, draws "around 85%" of its funding from fees and charges paid by the industry it regulates [21].
- Pfizer paid US$2.3 billion in 2009, then the largest health care fraud settlement in US history, over misleading promotion of its medicines [22].
- Trust in US physicians and hospitals fell from 71.5% in April 2020 to 40.1% in January 2024, and lower trust was linked to lower vaccination [24].
- Australia's COVID-19 Response Inquiry found mandates had "the biggest negative impact on trust", that people felt "unable to criticise or question government decisions", and recommended governments "share the advice that underpins policy decisions" [25][31].
- Fully vaccinated one-year-olds fell from 95% in 2020 to 92% in 2025. Regions meeting the national target fell from 56% to 18% [26]. The barrier that grew most was "parents not trusting information about vaccines from their doctor or the immunisation nurse" [27].
- In an AMPS and NPAA survey of more than 18,000 health professionals, almost all said medicine has become politicised, and most do not feel safe taking part in good-faith clinical debate [10].

As Dr Vinay Prasad put it, "trust in public health is gone not despite the actions of public health, but because of them" [28]. Dr Jay Bhattacharya argues trust "can only recover once public health authorities face the same checks and balances as other parts of government" [29].

The Government's answer to falling trust is more control over information. That is the treatment that caused the condition. A patient cannot trust a clinician they believe is not free to say otherwise.

5. Governments are undermining their own law

In February 2022 Health Ministers agreed to amend the National Law that governs health practitioner regulation [36]. Section 3A now makes two things paramount: "protection of the public" and "public confidence in the safety of services provided by registered health practitioners and students" [35].

By the Government's own test, its decisions have failed.

- **The Government's own inquiry blames government action.** The COVID-19 Response Inquiry found it was "the mandating of public health restrictions, especially vaccination, that had the biggest negative impact on trust", and that people felt "unable to criticise or question government decisions and policies" [25].

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- **Confidence in practitioners is falling, and it is measured.** The barrier to childhood vaccination that grew most is "parents not trusting information about vaccines from their doctor or the immunisation nurse" [27]. That is public confidence in the services of registered health practitioners, the very thing section 3A makes paramount.
- **Practitioners were restricted for speech, not unsafe care.** The National Law says restrictions on practice may be imposed "only if it is necessary to ensure health services are provided safely and are of an appropriate quality" (s 3A(2)(c)), and that the scheme must operate in a "transparent, accountable, efficient, effective and fair way" (s 3A(2)(a)) [35]. Suspending and gagging clinicians with no patient harm meets neither test [7][9][10].

Public confidence in practitioners depends on the public believing practitioners are free to tell the truth. Each time a clinician is silenced to protect a government message, the public learns that clinical advice may be policy, not clinical judgement. **Governments have used a law meant to protect confidence in practitioners to destroy it.** This Bill would extend the same approach to everything Australians read online, and the same result should be expected.

6. Why amendment will not fix this Bill

AMPS has considered whether targeted amendments could make this Bill safe. They cannot. Each safeguard depends on the people and incentives that created the problem.

- **Carve-outs are read by the regulator.** A protection for clinical commentary would be interpreted by eSafety, the same office the Tribunal found had overreached [13]. Ahpra already says it does "not regulate viewpoints" while restricting doctors' speech [11][10].
- **Platforms act before anyone tests the law.** With cost excluded (s 26A(3)) and penalties of $109 million (s 26C), a platform's safest course is to remove or bury anything contested. An appeal months later does not restore a post that was buried the day it mattered [18].
- **The public health exemption protects the official message.** Any test of what "protects public health" will default to the government's position. A doctor warning of a harm authorities have not yet acknowledged is outside it by definition.
- **Open duties grow.** A general duty and undefined harms invite expansion through codes, guidance and enforcement practice, without Parliament ever voting again. Removing the Minister's power to add categories does not stop interpretation from doing the same work.
- **The implied freedom of political communication.** Public health policy is political communication. A general duty of this breadth, enforced by penalties of this size, is not a proportionate way to protect children when narrower laws already exist [32][33][34].

The only reliable safeguard is to not create the power. If Parliament wants to do more for children, it should legislate narrowly for children, as set out in recommendations 3 to 8.

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7. Conclusion

Australians do not need a government agency to protect them from their doctors' opinions. They need to hear those opinions, weigh them, and give informed consent.

Censorship has not built confidence in public health. It has destroyed it. This Bill would give one office, and a handful of foreign platforms, more power over health information than any Australian regulator has held. AMPS urges the Committee to recommend that the Bill be withdrawn. If Parliament insists on acting, it should pass a narrow law that protects children and nothing else.

Yours sincerely,

Dr Duncan Syme
President, Australian Medical Professionals' Society

Kara Thomas
Secretary, Australian Medical Professionals' Society

On behalf of the Australian Medical Professionals' Society

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References

[1] Parliament of Australia, Senate Environment and Communications Legislation Committee, Inquiry into the Online Safety Amendment (Digital Duty of Care) Bill 2026. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Environment_and_Communications/DigitalDutyofCare48P

[2] Digital Rights Watch, Digital Duty of Care Bill: build your own submission (analysis of Bill and Explanatory Memorandum), updated 23 October 2026. https://digitalrightswatch.org.au/images/digital-duty-of-care-build-your-own-submission-resource-updated-231026-.pdf

[3] ADM+S Centre (Weatherall, Parker, Albury), Australia's 'digital duty of care' was just introduced to parliament. So what's in the bill?, October 2026. https://www.admscentre.org.au/ddoc-new-bill-parliament/

[4] Pinsent Masons, Digital duty of care legislation introduced into Australian parliament, 21 October 2026. https://www.pinsentmasons.com/out-law/news/digitial-duty-of-care-legislation

[5] AMPS, Submission on the Communications Legislation Amendment (Combating Misinformation and Disinformation) Bill 2023, 20 August 2023. https://www.amps.asn.au/hubfs/AMPS/Misinformation%20bill%20(1).pdf

[6] Region Canberra, Labor dumps misinformation bill as last week of parliament begins, 25 November 2024. https://region.com.au/labor-dumps-misinformation-bill-and-more-as-last-week-of-parliament-begins/828209

[7] Ahpra and National Boards, Position statement on COVID-19 vaccination, 9 March 2021. https://www.ahpra.gov.au/News/2021-03-09-vaccination-statement.aspx

[8] K Thomas, Confidence through censorship: the (medical) Ministry of Truth, The Spectator Australia, October 2022. https://www.spectator.com.au/2022/10/confidence-through-censorship-the-medical-ministry-of-truth/

[9] D Syme, The case of Dr Jereth Kok: a profession under attack, The Spectator Australia, September 2025. https://www.spectator.com.au/2025/09/the-case-of-dr-jereth-kok-a-profession-under-attack/

[10] K Thomas and A McIntyre, Silence the doctors, harm the children? When ethics becomes dissent, The Spectator Australia, March 2026. https://www.spectator.com.au/2026/03/silence-the-doctors-harm-the-children-when-ethics-becomes-dissent/

[11] Ahpra (A Watson, National Complaints Manager), letter to Dr Duncan Syme, AMPS, re Dr Jillian Spencer and Dr Andrew Amos, 20 August 2026. Copy held by AMPS.

[12] H Cass, Independent Review of Gender Identity Services for Children and Young People: Final Report, April 2024. https://cass.independent-review.uk/home/publications/final-report/

[13] The Catholic Weekly, 'Billboard Chris' wins case against Australian government removal of social media posts, July 2025. https://catholicweekly.com.au/billboard-chris-wins-case-against-australian-government-removal-of-social-media-posts/

[14] Information Age (ACS), US govt pressured Meta to censor COVID posts: Zuckerberg, August 2024. https://ia.acs.org.au/article/2024/us-govt-pressured-meta-to-censor-covid-posts-zuckerberg.html

[15] Murthy v. Missouri, 603 U.S. (2024), Supreme Court of the United States, 26 June 2024. https://law.cornell.edu/supremecourt/text/23-411

[16] A Kheriaty, The Censorship Hegemon Must Be Stopped, Brownstone Institute, 11 June 2023. https://brownstone.org/articles/the-censorship-hegemon-must-be-stopped/

[17] C Britschgi, Researchers pressured Twitter to treat COVID-19 facts as misinformation, Reason, 17 March 2023. https://reason.com/2023/03/17/researchers-pressured-twitter-to-treat-covid-19-facts-as-misinformation

[18] UNSW Sydney, How the 'digital duty of care' bill could undermine vital sex and drug education online, October 2026. https://www.unsw.edu.au/newsroom/news/2026/10/how-the-digital-duty-of-care-bill-could-undermine-vital-sex-and-drug-education-online

[19] C Sparke, Top doctor says AHPRA complaint was a 'politically motivated' attempt to silence him, 6minutes/AusDoc, 6 November 2023.

[20] M Gannon, System to catch bad doctors is causing harm to the good ones, The Australian, September 2026.

[21] Therapeutic Goods Administration, Cost Recovery Implementation Statement 2023-24. https://www.tga.gov.au/sites/default/files/2023-12/cost-recovery-implementation-statement-2023-2024.docx

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[22] US Department of Justice, Justice Department announces largest health care fraud settlement in its history, 2 September 2009. https://www.justice.gov/opa/pr/2009/September/09-civ-900.html

[23] K Abbasi, Covid-19: politicisation, "corruption," and suppression of science, BMJ 2020;371:m4425. https://www.bmj.com/content/371/bmj.m4425

[24] R Perlis et al., Trust in Physicians and Hospitals During the COVID-19 Pandemic in a 50-State Survey of US Adults, JAMA Network Open, 31 July 2024. https://doi.org/10.1001/jamanetworkopen.2024.24984

[25] Department of the Prime Minister and Cabinet, COVID-19 Response Inquiry Report, 29 October 2024. https://www.pmc.gov.au/resources/covid-19-response-inquiry-report

[26] P Breadon and M Jessurun (Grattan Institute), Childhood vaccinations in freefall, Open Forum, 18 February 2026. https://www.openforum.com.au/childhood-vaccinations-in-freefall/

[27] Albany Advertiser, Child vaccination rates fall to five-year low amid distrust of trained professionals (reporting NCIRS National Vaccination Insights 2025), 5 April 2026. https://www.albanyadvertiser.com.au/news/child-vaccination-rates-fall-to-five-year-low-amid-distrust-of-trained-professionals-c-22097044

[28] V Prasad, The Fragmented Trust in Public Health, Brownstone Institute, 2022. https://brownstone.org/articles/the-fragmented-trust-in-public-health/

[29] J Bhattacharya, The Power of Public Health Agencies Must Be Curbed, Brownstone Institute. https://brownstone.org/articles/power-of-public-health-agencies-must-be-curbed/

[30] K Thomas, Government censorship threatens health, safety, and scientific freedom, The Spectator Australia, January 2024. https://www.spectator.com.au/2024/01/government-censorship-threatens-health-safety-and-scientific-freedom/

[31] B Barnett, Federal Covid Inquiry Finds Public Trust Plummeted, Brownstone Institute, 2024. https://brownstone.org/articles/federal-covid-inquiry-finds-public-trust-plummeted/

[32] Online Safety Act 2021 (Cth), including the image-based abuse scheme and the online content scheme for child sexual exploitation material. https://www.legislation.gov.au/C2021A00076/latest

[33] Criminal Code Amendment (Deepfake Sexual Material) Act 2024 (Cth). https://www.legislation.gov.au/C2024A00078/asmade

[34] Online Safety Amendment (Social Media Minimum Age) Act 2024 (Cth). https://www.legislation.gov.au/C2024A00127/asmade

[35] Health Practitioner Regulation National Law (Queensland), s 3A Guiding principles. https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2009-hprnlq

[36] Clayton Utz, Surgery to the national health law to affect 800,000 health practitioners, 26 October 2022. https://www.claytonutz.com/insights/2022/october/surgery-to-the-national-health-law-to-affect-800-000-health-practitioners