

How much longer can governments keep hiding behind the 'health advice'?

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Australia has for the most part been well-served by the willingness of both the federal and state and territory governments, governments of both major political persuasions, to be guided by advice from epidemiologists and other medical experts in their responses to the Covid-19 pandemic.

That approach stands in stark contrast to that of the Trump Administration in the United States and, at least initially, the Johnson Government in the United Kingdom (among others). And the results – 1,179 cases and 36 deaths per million population in Australia compared with 100,356 cases and 1,793 deaths per million in the US, and 66,134 cases and 1,886 deaths per million in the UK – bear out the wisdom of Australian governments' willingness to be follow 'medical advice' (although there have been other factors involved in these differences).

However, more than a year after the onset of the pandemic, it may be appropriate to question the continued unquestioning reliance on 'the medical advice' as the rationale for every government decision pertaining to the pandemic.

In the first place, 'the medical advice' is far from being uniform or monolithic. All along, the advice given to the various State Premiers and Territory Chief Ministers by their respective Chief Medical Officers has clearly differed – as evident from the differing willingness of various state governments to enforce 'lockdowns' in response to virus outbreaks.

As one example, Tasmania is the only jurisdiction in Australia which deems it necessary to require everyone arriving in that state to apply for [what amounts to a 'visa'](#), and then upon arriving to line up, outside the terminal at which they've arrived, for what can often be more than half an hour, in order to have that 'visa' processed by a bio-security official.

The Tasmanian Government has not, so far, thought it necessary to explain *why* it thinks it necessary to impose a requirement that no other state or territory government has done – beyond reciting the focus-group-tested clichés about “making no apologies” for “doing whatever it takes” to “keep Tasmanians safe”.

But it is becoming increasingly clear that there are serious differences of opinion among medical experts and epidemiologists as to, for example, the length of time for which Australia's international borders remain closed.

The Federal Government insists that its intention to keep Australia's borders closed until after the next election is based on 'medical advice'.

But that isn't the opinion of all the 'medical advisers' upon whom the Government has chosen to rely.

For example, Dr Nick Coatsworth, formerly the Commonwealth Deputy Chief Medical Officer, [last month told](#) the Royal Australian College of Surgeons that “we must not resist” pressure to open our borders “when a significant majority of our community is vaccinated” – which in last month’s Budget was assumed to be “by the end of the year” – on the contrary, he said, “we [the medical profession] should be leading the calls” for re-opening Australia’s borders.

Similarly Victoria’s Chief Health Officer Professor Brett Sutton has been [reported](#) as telling health care workers that Australia must at some point “abandon its fortress Australia approach” and that “a time would come when the Commonwealth would have to re-open international borders and accept that there would be cases of Covid-19”.

So we shouldn’t blindly assume that all the “medical advice” available to the Government is what the Government says it is.

In this area, as in almost all others, governments can, and evidently do, pick and choose what advice they seek out, from whom, and what advice they accept or reject.

The second important point is that, in every area of government policy and public administration, democratically-elected governments ordinarily do *not* base their decisions solely on the advice of ‘experts’.

Governments routinely and regularly reject the advice of their own economic experts in [Treasury](#), other departments, the [Productivity Commission](#), and the Reserve Bank. Often that’s because such advice conflicts with governments’ political objectives and priorities. Sometimes it’s because governments (properly) choose to give greater weight to other considerations (including social, environmental, or ‘national security’ concerns) which the expert opinions of economists cannot be expected to comprehend.

Governments frequently reject at least some of the recommendations of Royal Commissions which they themselves have established (most recently into [Aged Care Quality and Safety](#)), and which are typically led by people who are either experts in the matters being inquired into, or (as serving or retired senior judges) have a demonstrated capacity to seek out and examine evidence, and to draw the right conclusions from it.

This Government rejected, ignored, or at the very least failed to act on the recommendations of the [Review of Hotel Quarantine](#) by Jane Halton, whom it presumably (and if so rightly) regards as an ‘expert’ on matters of public administration (including as a result of having previously been Secretary of the Department of Health).

This Government has consistently rejected the overwhelming consensus of scientific advice regarding the urgency of action on climate change – because, it says, it gives greater weight to other considerations (including the impact on communities heavily reliant on the production of fossil fuels, and on electricity prices).

And governments have also routinely rejected the advice of health experts in other areas. If they had meticulously followed "medical advice", cigarettes and other tobacco products would be a lot harder to buy (legally) than they are, and there's be a lot less sugar in soft drinks, for example. In doing so, governments have (presumably) weighed up the advice from medical experts as to the lives which might be improved or saved, and the acute health care costs avoided, against other considerations.

And so, with absolutely no disrespect to the undoubted expertise of the Government's medical advisers in the areas in which they are indeed experts, their advice shouldn't be the *only* thing which governments take into account in deciding, for example, when to open Australia's international borders, or for how long Australians are to be subject to on-going surveillance of where they go and whom they meet.

Nor is it reasonable to expect the Government's medical advisers to have taken those considerations into account when offering their professional advice to Ministers. That's the responsibility of Ministers, not subject matter experts.

The real point is that, in democratic societies, people entrust the responsibility for making momentous decisions of this nature – decisions which they cannot make individually – to elected representatives whom they expect to weigh up "expert advice", from various fields of expertise (according to the issue concerned), against other considerations, not least among them the fundamental rights and freedoms which we tell ourselves every Anzac Day that our forebears risked (and in so many cases gave) their lives to uphold and defend.

If our elected representatives aren't prepared to do that – preferring instead to pick and choose which "experts" they are going to rely on, and then use those experts as an excuse not to make their own considered decisions, we might as well just hand the job over to unelected technocrats (as some other countries choose to do).

But we couldn't call that democracy.