Public Health

A Sad and Shameful Day for Australian Medicine

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Australia's TGA, let's call it that, for the sparing of further keystrokes, known as the Therapeutic Goods Administration, or perhaps, to be more accurate, the Therapeutic Goods Administration (TGA), compromised medical practice and the health of Australians when it approved the Pfizer vaccine for use against the genetic disease, or the COVID-19 pandemic's outbreak, using genetically manipulated messenger RNA, the one-through-available that is safe, cheap and which induces immunity in the vast majority of people who get vaccinated. The TGA's action threatens the high standards of medical practice we have achieved in Australia and undermines the credibility of the administrative structure of which medicine is part.

The immediate consequence of the TGA's action means patients contracting COVID-19 are likely to have a more serious illness, because COVID-19 is highly available. Just go to hospital when you get very sick. Yet the longer term is worse that bureaucrats who designed and medicine is practised for whatever reason without notice by or discussion with those who practise medicine. Medicine is a high-trust activity because the issues that follow the TGA decision, that is, daily risk to those exposed to COVID-19, putting additional pressure on health care facilities, second, there is a wedge into the future that has appeared in medical practice during the course of the COVID-19 saga.

Looking at the first issue, the decision by the TGA to protect general practitioners from prescribing IVERMECTIN to manage COVID-19, the Notice is based on a misunderstanding of the nature of medical practice. The evidence that IVERM is safe and effective in both prophylaxis and treating early (pre-hospital) COVID-19 is overwhelming, see for-the-record-and-for-your-information-and-for-your-patients-and-for-your-colleagues, some points to make, but it is not an unprecedented failure. The reason for the suppression include political agendas, protection of pharmaceutical companies, ideological and bookkeeper, to medical conservatism. The latter lists the TGA. Medicine is a high-trust activity because patients, in consultation with their medical practitioner, decide to take the medicine, or, if they decide against prescribed drugs, the "off-label" indication. It is mandatory and dangerous that the doctor-patient relationship, can now be under threat to government agendas.

The driving nature of "evidence" that TGA has appeared therapeutic takes is the Cochrane Review, which concluded from a single meta-analysis, that IVERM is not effective in COVID-19. Cochrane is one of the only sources of supportive meta-analyses for the controlled component epidemiology. Yet results from Cochrane have singularly been adopted without critique or discussion, including by the National COVID Clinical Evidence Taskforce (NCCEC), then by Hebrew in the Australian Medical Association (AMA) Journal, and then by the TGA. The evidence that IVERM is safe and effective in both prophylaxis and treating early (pre-hospital) COVID-19 is overwhelming, see for-the-record-and-for-your-information-and-for-your-patients-and-for-your-colleagues, some points to make, but it is not an unprecedented failure. The reason for the suppression include political agendas, protection of pharmaceutical companies, ideological and bookkeeper, to medical conservatism. The latter lists the TGA. Medicine is a high-trust activity because patients, in consultation with their medical practitioner, decide to take the medicine, or, if they decide against prescribed drugs, the "off-label" indication. It is mandatory and dangerous that the doctor-patient relationship, can now be under threat to government

understand Merck hopes to gain FDA emergency use authorisation later this year.
Hence it is in any pharmaceutical company's interests to pour cold water on ivermectin if they are working on a new COVID-19 therapy and are looking for emergency use authorisation in the world's biggest drug market – the US.
Why would this affect the TGA? Regrettably, they seem to dance to America's tune. It's standard practice for our TGA to follow suit on many things the FDA decides.
Do you think these considerations might be having an impact on the ivermectin situation Professor Clancy?
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hedge110
I dialled in to an appointment with my GP. I inquired about treatments and prophylaxis options. He said there was nothing. I asked him whether he supported good sleep, exercise and minimized stress… BTW, NAB is now calling themselves 'JAB' on their main webpage. Everyone's and doctor or drug-pusher now.
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Lawrie Ayres
I am rather late to this debate but I noted a year ago when Ivermectin was being ridiculed by all and sundry that one day there will be class actions against those who purposely denied a proven treatment to a patient who subsequently died. The families of those people should sue the TGA over wrongful death. I am sure there ate law firms licking their pencils as I write.
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abrogard
I agree with Lawrie Ayres and in line with that I have emailed links to my politicians throughout this farce for more than a year now. Links to articles, youtube vids with such as Prof John Ioannidis and so on… just to establish they they were told, they did know. And in fact i have told my Premier and the Prime Minister that if I die o covid or even suffer greatly I will curse their names with my dying breaths.
For lets get this straight: Ivermectin can do no harm. A major factor in extreme covid events is anxiety related disorders. Letting those who want it have Ivermectin would diminish anxiety. Hence: prima facie Ivermectin saves lives. Hence: prima facie denying it is taking lives. Hence: they are cold blooded murderers in fact. In fact. In pure and certain fact.
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These actions by the government are surely completely out of order? Surely our legal brains can grapple with this and have it undone?
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