Questionnaire: The right to liberty and security of persons with disabilities

# *Please provide information in relation to the existence of legislation and policies that are intended to ensure and protect the right to liberty and security of persons with disabilities.*

Australia’sfederal **Disability Discrimination Act**[[1]](#footnote-1) does not stop Forced Human Experimentation, but allows for this under the guise of psychiatric medicine. Though, there is some support in this legislation

*(1) For the purposes of this Act, a person (the discriminator) discriminates against another person (the aggrieved person) on the ground of a disability of the aggrieved person if, because of the disability, the discriminator treats, or proposes to treat, the aggrieved person less favourably than the discriminator would treat a person without the disability in circumstances that are not materially different.*

While **Common Law** should mean medicos are equally subjected to **the Crimes Act**, for perpetrations of Servitude, Torture and assault, arbitrary detention, discrimination… due to an ‘in good faith’ ruling, psychiatrists are above the law in Australia, seen as experts over their victims, and all this horrific exploitation for the purpose of lucrative human experimentation continues, as it has for over 200 years.

**State/ Territory Mental Health Acts** are designed to exploit people on the basis of perceived disability. Cognitive and social diversity are judged by a psychiatrist, who then can detain and force drugs, electrocution, surgery and other measures upon a person on this basis of human traits. The kind of people sectioned under *Mental Health Acts* are usually socially and/ or financially disenfranchised.

**The Guardian & Administration Act** also allows for forced medicine under Mental Health Acts.

**The Medical Treatment Planning and Decisions Bill 2016**, allows for forced medicine for people being sectioned under a State/ Territory *Mental Health Act*.

**The Human Research Code[[2]](#footnote-2)** allows for force to be used on humans[[3]](#footnote-3).

*Section 42A: There may be rare cases where the medical research procedure comes under the provisions for ‘Medical Emergency’, when the proposed procedure is necessary as a matter of urgency to save life, prevent serious damage to health or prevent significant pain or distress. In such cases, consent does not need to be obtained from the patient or the person responsible.[[4]](#footnote-4)*

How many people become those ‘rare cases of ‘medical emergency’? What are the statistics? Where would we find them? There is no doubt Australian psychiatrists do extensive research without consent, exception from informed consent research, emergency research, on people who are sectioned under one of the State/ Territory Mental Health Acts, or under threat of being sectioned and therefore any ‘agreement’ coerced constitutes force. People must also be aware that forced psychiatry is always consider Emergency Medicine. A person only ceases to be in an ‘emergency’ when they comply with treatment (and people only comply because they believe that is the only way to gain freedom from arbitrary detention, and not be subjected to higher doses, or electrocution and 4 point fetters.) Compliance is essentially a person broken down under a psychiatrist’s detention, torture, accusations, interrogations, deprivations and other means of dehumanising a person.

**The Australian Law Reform Commission** fails to even examine or list Mental Health Acts as restricting people.[[5]](#footnote-5) Yet, the Mental Health Acts restrict millions of people on the basis of perceived disability, 90% of whom have never committed a violent act, most are not even charged with a crime, but rather victims of crime. The restrictions, under Mental Health Acts, that are severe are ignored, as if they do not happen.

There is no doubt that psychiatrists are using people forcibly for invasive, cruel research in Australia[[6]](#footnote-6), on a very large scale because forced medicine is permitted under State/ Territory Mental Health Acts. That this allows for secondary research due to Electronic Health Records is another monetary matter. What must be stopped, is the physical violations upon people under Mental Health Acts.

16A & 16B of **the Privacy Act[[7]](#footnote-7)** allows for the sharing of hospital data. While this pertains to the entire population who choose to have a procedure or medicine or hospitalisation, it is very different to be held under a Mental Health Act and subjected to drugs that cause 24/7 torture and for this to be an indefinite force used on a person, and, then for psychiatrists to not only profit from wages for perpetrating this abuse, but also benefit from the extraction and selling of biological information gathered from this use of force upon a person.

'A majority of the reported research was conducted at public hospitals, followed by private research institutes and private hospitals.'[[8]](#footnote-8)

**The UN CRPD** was signed and ratified in 2008, but because it has not been implemented into Australian law. People who are discriminated against for human traits, perceived or actual disabilities do not have basic Equality before the Law, that should protect non-criminals from being arbitrarily detained and all people from being subjected to cruel, invasive, destructive human experimentation, under the guise of medicine/ care/ mental health treatment.

**RANZCP** has contradicting codes and ethical loopholes for the use of torture and forced human research. But, torture is torture, whether it is called medicine by the perpetrator, what matters here is that the victims of psychiatrists do not want this 24/7 torture and are held down and forced with worse and worse treatments until the person complies in hope for freedom from arbitrary detention, and less torture, and to escape potentially more.

***Code of Ethics[[9]](#footnote-9)***

*7.4 Informed consent must be obtained from potential research participants.* ***In special circumstances substituted consent might be appropriate****, subject to approval by an appropriately constituted ethics committee.*

*6.4 Psychiatrists shall not participate, either directly or indirectly, in the practice of torture or in cruel, inhuman or degrading interrogation, treatment or punishment.*

Yet, cruel, inhuman degrading interrogation, treatment and punishment is exactly what forced psychiatry constitutes. To call this care/ treatment/ medicine/ help only adds insult to a person’s injuries, and gaslights the senses of people who are further persecuted if they tell the truth of what they are suffering, or have suffered under forced/ coerced (under duress) psychiatry.

Psychiatry in Australia is exploitation for the lucrative purpose of intrusive, cruel, disabling, murderous forced human research.

**Legislation stopping corruption of Social Support Services**

There is much evidence of people being silenced (who wish to speak out against Forced Psychiatry) by social support services as well as psychiatric services. To be called ‘challenging’ or ‘combative’ when speaking the truth about forced psychiatry, can mean being threatened with arbitrary detention and torture under the guise of medicine. While pharmaceutical companies vouch for non-intrusive donations, there is little legislation guarding against Social Support being used as a means to enforce medicalisation of people who are socially/ financially disenfranchised, when pharmaceutical companies sponsor social support, such as:

- The Smith Family

- RUOK day

- Fitted for work

- Carers Australia... and many other organisations.[[10]](#footnote-10)

Social Support services generally refuse to recognise Victims of Psychiatrists (VOP) as such, but demand that people who have suffered, or are suffering forced psychiatry use the term ‘consumer’.

**Courts of Law**

The use of psychiatrists as expensive expert witnesses for victims-of-crime to gain compensation, means that the public accept the exploitation of people by psychiatrists for human experimentation, and the paradigm of judging human traits as ‘conditions’, rather than recognising the facts of what happened and what is likely to cause suffering if inflicted upon a person perpetuates. People look for the pathway that will enable them, to be able to gain what they need, the laws and means that will provide them with compensation. ‘Suffering’ or ‘hardship’ or ‘torture’ it seems are not enough without the so-called ‘proof’ from a psychiatrist of a ‘mental-illness’ in Australian courts of law.



1. <https://www.legislation.gov.au/Details/c2013c00022/Download> [↑](#footnote-ref-1)
2. <https://www.nhmrc.gov.au/guidelines-publications/e72> [↑](#footnote-ref-2)
3. <http://www.publicadvocate.vic.gov.au/medical-consent/medical-research> [↑](#footnote-ref-3)
4. <https://www2.health.vic.gov.au/about/clinical-trials-and-research/human-research-ethics-committee> [↑](#footnote-ref-4)
5. <https://www.alrc.gov.au/publications/laws-interfere-freedom-movement-0> [↑](#footnote-ref-5)
6. <http://www.monash.edu/__data/assets/pdf_file/0010/797311/Ethical-Research-and-Approvals-Human-Research-Involving-Human-Participants-Procedures.pdf> [↑](#footnote-ref-6)
7. <https://www.legislation.gov.au/details/c2014c00076> [↑](#footnote-ref-7)
8. <https://medicinesaustralia.com.au/files/2010/01/20120123-rpt-2011-Survey-Of-Australian-Clinical-Research-Full-Results.pdf> [↑](#footnote-ref-8)
9. <https://www.ranzcp.org/About-us/Governance/Regulations-policies-procedures.aspx> [↑](#footnote-ref-9)
10. <https://medicinesaustralia.com.au/> [↑](#footnote-ref-10)