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Re: Inquiry: The Australian Centre for Disease Control Bill 2025 and Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025

Dear Senate Community Affairs Legislation Committee –

I'm writing in a personal capacity based on my professional role as Senior Lecturer in Bioethics, specialising in public health ethics, at the University of Sydney. Moreover, I'm writing in my capacity as the former Chair and current Member of the Public Health Ethics Consultative Group (PHECG) at the Public Health Agency of Canada (PHAC), since 2017.

In order for the Australian Centre for Disease Control (CDC) to fulfil its purpose to "protect Australia from public health threats and improve the health of all Australians",¹ ethics will need to support the various programs and activities of the CDC.

Public health and health security are, fundamentally, exercises in promoting health equitably, which requires going beyond what is legally required by demonstrating that the CDC takes seriously the inevitable ethical challenges that will materialise. For example:

- Prof. Brent Sutton, of the Commonwealth Scientific and Industrial Research Organisation (CSIRO), recently noted that being prepared to tackle future outbreaks requires asking ourselves, as Australians, whether mandates are acceptable? And if so, which kind and toward what ends?²
- Another prominent and recent example was provided within the explanatory memo on the CDC Bill 2025 from our Commonwealth's Parliament, which notes the need to build public trust and the need for transparency in order for Australia to fulfil its human rights obligations.³ A CDC grounded in ethics and ready to consult with the world-renowned public health ethicists working in Australia would be immensely helpful in fulfilling this obligation.

The CDC's choice, therefore, is not whether it wants to engage in ethics or think about how to navigate thorny questions about competing values; those will arise whether we like it or not. Rather, the CDC's choice is whether it chooses to engage in ethics explicitly and with foresight, or implicitly, opaquely, and rushed.

³ Explanatory Memorandum - Circulated by authority of the Minister for Health and Ageing, the Hon Mark Butler MP. The Parliament of the Commonwealth of Australia, House of Representatives, Australian Centre for Disease Control Bill 2025.



¹ Australian Centre for Disease Control, "What we do"- https://www.cdc.gov.au/about/what-we-do (accessed September 15, 2025)

² Melbourne Drive with Ali Moore, "Professor Brett Sutton launches Coalition to rebuild trust in science" ABC Radio Melbourne (June 25, 2025).

Thankfully, the evidence suggests that **engaging with ethics and thinking about how to resolve ethical challenges before they arise leads to better outcomes**, too. For example, the WHO noted during the COVID19 pandemic that giving attention to values, such as "...trust, humility, [and] equity..." when communicating risk, coupled with attention to a community's interests and needs, leads to better communication and uptake of public health recommendations.⁴ In another example, systematic reviews of ethics consultative services suggest that these services generate high satisfaction scores from healthcare workers, patients, and patients' families,^{5,6} as well as some indirect evidence of economic benefits, too.⁷

The processes for ethics consultation by CDC decision-makers should also be considered carefully. Luckily, the CDC can look to other jurisdictions to learn from their approaches to ethics advice for public health, especially during emergencies, including the United Kingdom⁸ and Aotearoa New Zealand.⁹ In particular, Canada might prove an apt case study given its similar British-colonial history and federated-system of governance, where ultimate decision-making authority over much of healthcare and public health lies at the provincial level. PHAC instituted its PHECG service almost at the agency's inception in 2004. The PHECG exists "...to provide advice to the [PHAC] on ethical issues and questions related to PHAC programs and services, and issues of national significance to the practice of public health in Canada, including issues arising both nationally and internationally." Its non-binding advice has been sought by practically all departments of the PHAC, including those in the Federal Ministry of Health, time and time again.

Ethics is a cornerstone of public health, and a CDC grounded in ethics will better serve all Australian	ıns.
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Sincerely,

Diego S. Silva, PhD

¹⁰ Government of Canada, External Advisory Bodies - Public Health Agency of Canada's Public Health Ethics Consultative Group (PHECG) - https://www.canada.ca/en/public-health/corporate/mandate/about-agency/external-advisory-bodies/list/public-health-ethics-consultative-group.html (accessed September 15, 2025).



⁴ World Health Organization. WHO COVID-19 policy brief: Building trust through risk communication and community engagement. Geneva, Switzerland. 2022 Sept 14. 5p. WHO reference number: WHO/2019-nCoV/Policy_Brief/RCCE/2022.1.

⁵ Au SS, Couillard P, Roze des Ordons A, et al. Outcomes of Ethics Consultations in Adult ICUs: A Systematic Review and Meta-Analysis. Crit Care Med. 2018 May;46(5):799-808. doi: 10.1097/CCM.0000000000002999.

⁶ Haltaufderheide J, Nadolny S, Gysels M, et al. Outcomes of clinical ethics support near the end of life: A systematic review. Nurs Ethics. 2020 May;27(3):838-854. doi: 10.1177/0969733019878840.

⁷ Gilmer T, Schneiderman LJ, Teetzel H, et al. The costs of nonbeneficial treatment in the intensive care setting. Health Aff (Millwood). 2005 Jul-Aug;24(4):961-71. doi: 10.1377/hlthaff.24.4.961.

⁸ Wilson J, Hume J, O'Donovan C, et al. Providing ethics advice in a pandemic, in theory and in practice: A taxonomy of ethics advice. Bioethics. 2024;38:213–222.

⁹ The National Ethics Advisory Committee – Kāhui Matatika o te Motu, Ministry of Health – New Zealand Government - https://neac.health.govt.nz/ (accessed September 15, 2025).