

2024-06-20 Graham and John talk with Dr Sara McDonald...

Hi, everyone, and welcome back to Club Grubbery. As we record this interview on Tuesday, the 18th of June in 2024, it's good to have you back on. And, uh, we continue to bring you the information that is, as it comes to hand to, uh, to us. In regards to everything that's happening in this crazy country, Australia and indeed around the world.

So thank you for joining us and please remember the, um, some of the, uh, the censorship that's going on at the moment. Take note of that website that you see on our screen. Uh, it's very important that you subscribe to that website in order to keep up to date with the videos in case we get a 10 year ban, Johnny.

Well, anything's possible. What are you, uh, I'm surprised we haven't had a 10 year ban, uh, by now. But, uh, who knows? We might get a 20 year one. We might get a 20 year ban. We might go for the record. But anyway, uh, uh, look, we're, we're in this state. The reason, the reason that Club Grubbery is doing what it is doing is, as started as a result of medical tyranny around, uh, around the COVID, uh, pandemic.

We know that. And we've since learned with everything that's happening, especially in the last few weeks with the narrative exploding and more and more facts being revealed about the damage being done, that our, uh, our health departments in this country have got no interest in health whatsoever. They're only interested in control and um, and it's not a very healthy control.

We've got bodies like APRA who are regulating doctors into oblivion over nonsense and uh, we have New South Wales Health doing the same thing now, fiddling around the edges with doctors who are looking to heal. You know what? Doctors were created to heal. They're not like Michael Gray Griffith, they're not script writers, but that's what doctors have become.

They have become script writers. And they're, they're, they're not fulfilling their Hippocratic oath. They have lost complete, um, the, the trust of the Australian public and the whole system is a mess. And to discuss some of this tonight, we have Dr. Sarah McDonald from the Central Coast in New South Wales.

Sarah, great to have you back on with us. Hello. Hi guys. Thank you for inviting me on. Uh, it's great to have you on. It looks like a London fog has rolled into your living room. I know, I know. I can't fix that. I'm so sorry. I don't know what's going on, but you know, it's like a blurred background. That's okay.

That's okay. That's fine. But, um. That's a health department backdrop, pretty. Yes, a bit fuzzy around the edges. I know. But, um, we, look, we, we are, we are in a mess in this country. There's no doubt about it. Um, for example, I got a text message. I will, uh, I'll read to you from, uh, Brad Hill at the Kelly Hotel. I got it this afternoon.

Um, it's worthy to discuss because of, um, of what we're going to be talking about tonight and the state of health in this, in this country. Um, we, we have done an interview with Brad, which we're going to air very shortly. He's giving us the, uh, bartender's perspective on what's going on in the town of Singleton, which is at the heart of the Hunter Valley.

Now Brad has just sent me this message. I have just seen The Walking Dead. My God, can't even explain it. Never seen anything like this. Haven't seen this bloke for about five months. Uh, walks into the pub. He's up to shot number five. Unbelievable. Also a regular guy just telling us that eight, yes that's correct, eight people from his hometown of Glen Innes died in the last week.

eight people in Glen Innes. Now, Glen Innes is not a very big town and eight people to die in one week is unheard of. Things are going through the floor and it's all crazy. Johnny, before we go into the interview, just unpack for us before we, um, let Sarah loose on what this interview is all about. Well, look, this is, uh, another, uh, shocking moment really.

I mean, this is, uh, New South Wales Health and Dr. Kerry, Kerry Chant. At her absolute best at the helm of, uh, the ship of New South Wales Health. They are out of control. There were some, the Titanic hoodie. Um, she, she has no idea what's obviously going on under her, uh, control. Um, or maybe she does, maybe she, she absolutely knows what's going on.

But I'll tell you, uh, what, what we're about to hear is, is another tragedy of healthcare because what it's doing is in fact. Over bureaucratic reach from New South Wales Health, again, tampering in the lives of thousands and thousands of patients that are now going to be put at risk. Now going to suffer and now are going to be far worse off because of the meddling of Dr.

Kerry chance organization, uh, where it shouldn't have anything to do with it. And, uh, uh, these people, uh, are asleep at the wheel. They, uh, absolutely horrific managers. I don't know how else you say, uh, the fact that they're, uh, they're going after doctors. Uh, for absolute minor stuff and putting restrictions on what they're able to do and not do in the workplace, which really, uh, only affects one group of people and that's the patients they serve.

Uh, it's an absolute tragedy and, uh, sure Dr. Sarah will, uh, enlighten us as to, uh, the nuts and bolts of all this, but, uh, once again, you, you will be absolutely livid at the end of this interview. You will want, be wanting to ring Dr. Kerry Chan's office and these bureaucratic morons at health. And tear the, tear the phone apart, uh, because it makes no sense.

That look, it's so true. Dr. Sarah, you, you're a, let me say an alternative medical practitioner. Um, yeah. So the way I look at what I do, um, I, I actually went into medicinal cannabis because I started to see the clinical effects that it could have on, on patients and which were outstanding, um, and so little side effects and, um, you know, Such an excellent safety profile.

Um, so I sort of fell in love with that industry and became very, very, um, educated in it and have got to the point where I now teach and educate in it. And I teach other GPs prescribing and chronic pain management and all that kind of thing. And, um, I had a lot of patients like, uh, a lot of my colleagues.

A lot of patients and it's like the industry has grown very quickly. So I actually, I think it's great. And I welcome, um, regulatory, you know, um, uh, investigation. Like I do, I think it's really great and I welcome that. I think what's happened is it's, it's shot the other way. So, um, they've kind of had this sort of, I guess, task force, if you like, with the, um, the pharmaceutical regulatory unit to look into medicinal cannabis prescribing.

Um, but what has happened is from what I understand, um, cause I'm one of the doctors that have been affected, um, is that. We've, we've sort of been, um, rather than sitting down with us and having a discussion of, Oh, Hey, look, um, there's, you know, all these various regulatory things that we need to keep compliant with.

Are you aware of this? Oh, no, I wasn't that I will be aware though. I'm happy to be compliant with this. It was. Do you realize that you're not compliant with this? And then, um, well, we're going to suspend your schedule eight license. Um, which, um, from my point of view is kind of devastating, not just for, for me and my like practice, but for patients that are very vulnerable.

Um, and like, for example, that have PTSD, mental health issues, um, drug dependent patients to just cease. Um, their ability to get medications is I think putting the public more at risk than you know, if, if, and look like I realized they have to go through their process and do whatever they're doing. Um, but I've also realized that a lot of my patients don't know where I've gone either.

And they're like, where, where has Dr. Sarah gone? Um, and I know there are other doctors going through this right now. Um, there are pharmacists that have been, um, you know, Treated in a really abhorrent, terrible way, like, um, you know, searching their cars and things, uh, assuming that they're doing dodgy deals out of their cars.

Like, and we're talking the most beautiful pharmacist that serve the community. Um, it's, it it's the only way I can describe it is that, um, I feel traumatized by the experience and I'm just lucky that I've had support of family and friends and other colleagues. Um, It's been traumatizing for the pharmacist.

I know that have gone through it. Um, and to consider that in medicine, I'm not sure if you're aware, but doctors and in particular female doctors have a 220 percent higher risk of suicide than the average. So, um, the fact that now they're putting doctors through this, um, Is I think devastating and it's also making it harder for other like we were already trying to make it um more accessible for the average patient to get access to medicinal cannabis um through GPs and through their trusted doctors and I'm trying to do lots of education for doctors and and really expand.

The industry in that sense. And so this is kind of felt like a huge kind of attack on the whole industry itself in New South Wales at the moment. But my concern is, is that if. And I think it's also about just making sure the public are aware of what's going on, um, because nothing's been said about it in the news.

I realize there's no media on it, um, but I feel like the public just need to be aware that this is happening. So if you, like, if patients have all of a sudden lost their doctor and they've just gone able, it's You know, it's possible that this has happened. Um, but what I would really suggest for people that for patients that have been affected by this or that can't get their see their normal doctor, um, is to actually write into your local member, um, uh, right and just let them know, a, How medicinal cannabis has changed your life, but be, um, how this investigation and what's happening to New South Wales doctors is affecting their ability to get medications.

And we're talking about medications for autistic people, PTSD, um, chronic pain, mental health issues, war veterans. Um, so we're talking about lots and lots of different vulnerable patients that potentially are affected, have been affected by this. Um, So it's really more about just making sure that, um, I, I just want to sort of get some public awareness of this.

Um, so that I, other doctors that have been affected, I know you're not alone. Um, and you know, if you want to reach out, please reach out. Um, because you know, it's a fairly traumatizing experience. Um, and I consider myself a very cooperative person. Um, I, I happily would, you know, discuss and, and go through, um, I'm happy to comply with things as long as they make sense.

Right. Um, that's that that's fine. But this just felt like a real. overreach of power, um, to do this, especially, especially when there was no patient harm. We're not talking about patient harm. We're talking about some regulatory infringements, which, um, Look, I look, I've got to, I've got to intervene here before I blow a puff of valve.

Um, we, we, we have, we have seen the health bureaucracy in this country destroy doctor patient relationship, destroy doctor patient, uh, confidentiality has completely destroyed trust in health, in healthcare. I was in a supermarket today and while I was standing in the, in the, um, in the queue, there was a cigarette sales counter there with a big sign over the top saying smoking I don't know.

How do they regulate that? They just jack up the tax on it so they make more money. We're seeing, we're seeing the ramifications of the contaminated blood scandal in the, in the 1980s with age infected blood being given to people who weren't infected with AIDS. We've seen a debacle around the things that have gone on with the COVID pandemic, the vaccine rollout, the use of PCR tests, which are completely useless and give false positives.

We've seen so many, so many disasters and catastrophes around the health bureaucracy in this country. And now when it's needed most, when people need alternative methods of healing because they're being screwed over by the big pharmaceuticals and the medical industry. In this country, now they're running roughshod,

they're suspending doctors, they've got doctors and nurses who have been suspended and deregistered as a result of the COVID, uh, mandates.

We've got, we've got people, we've got ambulances ramping up, we've got hospital beds, Unattended because there's no staff. We're in the middle of what they're telling us is a health crisis with another bird pandemic coming along. Now can anybody please tell me why we would trust in any way the medical profession in this country and the health bureaucracy that runs it?

Please tell me because that, everything I've just outlaid there is just the tip of the iceberg and that is a litany of why this country has gone down the drain. People are dying and nobody's looking at it. Nobody's looking at the pink elephant in the room. You've got people like Nick Coatsworth coming out and saying, you know, trying to dip his toe in the water.

It's time he dived in and had a swim with the rest of us. People are dropping dead all around the place. We're not saying what the cause is, but everybody's ignoring the fact that there's a pink elephant in the room and nobody's looking at it. And now this comes on top of it. Why on earth would anybody trust.

New South Wales Health. They have screwed the pooch, they have overcooked the goose, and when the next big pandemic of choice comes out, and I say of choice because they seem to be choosing them willy nilly, you're going to be up in arms, you're going to be coercing, you're going to be threatening to lock people up, you're going to be mandating, you're going to be enforcing this stuff, you're going to be bribing.

You're going to be trying to inject rubbish into people all over the place and when they rebel because they don't trust you, you're going to turn on people like us because we've been spreading misinformation. You're an absolute bloody disgrace and the sooner, I agree with the dog, as soon as, as soon, the sooner we clear this stuff up, the better.

This is outrageous. I mean, what are you going to do? Why don't you deregister every doctor who has a stethoscope? Why don't you deregister everybody who doesn't just write a script? To go and get involved with the big pharmaceutical companies to boost their profits. Why don't you get out there and regulate people out of big pharma, start dealing with health, start implementing a health management system in this country and not a disease management system.

Oh, for goodness sake. And, and the amount of money that's spent on the health bureaucracy in this country is outrageous. It is absolutely outrageous. Look at these grubs. They've got five solicitors, a junior barrister and a senior counsel trying to stop me going back to work. I mean, you people are pathetic.

And then, and then they've got the audacity to complain about the costs. In the court. I mean, these people are unhinged. Fair dinkum. Kerry Chant, you couldn't run hot bath, darlin Fair dinkum. And Dr. Sarah, you know that by doing this interview, you have amplified the target on your back. Do you know that? Um, no, I, I understand that.

Um, but to me, speaking the truth was more important than, like, cause it's, this is bigger than just me. Um, and, I feel like I'm just speaking truth. I'm not here to try and agitate anyone. This is really just about, look, this is what's going on. This is what's happened. Um, and particularly because my first, like my oath as a doctor is to first do no harm.

And so. For all my patients and now being left without me without their doctor. Um, I'm concerned for them and I care for them. And I also just want them to have a way to be able to have a voice and to be able to, to know how to have a voice and to, to go to the MPs and let them know. Um, because it, it hasn't been, there's nothing in the media about it.

So, um, there's, there's going to be lots of. Patients that have been left kind of, um, I guess in without, without a doctor and without their medications. And that's, that concerns me. And then the concern is also obviously for the other doctors that have been affected by this, um, because we, like you go into.

You go to become a doctor because you care, right? Because you, you, you want to help people. And that's what I've always wanted to do. Um, and like, I care for the other doctors that would be going through this at the moment. Um, and the trauma that would, they would be going through. Because some of them, like, you know, the, the, the, that's their life.

Well, it is, it's our livelihood, right? So, um, and I think it's really, for me, just really important that, The public need to know that they have a voice, um, and it's really important that, that patients know they have a voice. Um, and it's like your stories are really important. So, um, if you've had success stories with medicinal cannabis, like, please share them, you know, share them, um, share, um, Um, share them with your local MP, share your stories, um, share how like losing a doctor has affected you.

Um, because it's just important to know medicinal cannabis is not cheap, right? So patients that buy it, that get prescribed it and use it, we know it works. Okay. You wouldn't keep buying something that was expensive. It doesn't work. We know it works. Um, there's amazing evidence behind it. There's amazing research behind it.

It's really safe. Um, even though. You know, we're made to, we're told that it's not safe because, you know, it's not an approved drug. Um, but it's, it's, it's, it's very safe. Like the, for example, the, um, opioid overdoses are quite high, um, in Australia. Um, but, uh, like, do you know how many overdoses we've had from cannabis?

None. None. So just from even from a doctor's point of view, from our point of view, it's also about harm minimization as well. So, um, you know, helping these patients to, to, you know, go on to something that's that, that has less of a risk. That's really important. That's part of what we do. Um, so I think it's.

So many of those patients there too would be, uh, terminally ill patients, wouldn't they, that are, that are suffering with, uh, really, uh, horrible cancers? Yep. Yep. Palliative, palliative patients. Um, and so I guess the other concern is here is that, um, medicinal cannabis was already difficult to access. Uh, well, not if I had to access, there was already a lot of red tape around prescribing it.

You had to do, um, you know, TGA regulatory requirements, speed, authorized prescriber, uh, sort of things. Right. So, um, Now it's going to potentially make it, um, harder because I think doctors are going to be more scared to prescribe it because of the, the huge heavy hand in, in, in the regulation, which, which, like I said, I have no issue with having regulatory oversight for anything.

I think that's really good. I just feel like it's probably gone the other way in this instance. And give us a bit of an idea, Sarah, just the sort of things that you're, uh, you know, Without going into too much detail, but just give us an example of, of some of the BS that's going on that they're carrying on.

Um, yeah, so without, I mean, obviously I'm like, I'm still going through the process at the moment, so I can't disclose like specific stuff, but, um, it's more around, um, like regulatory things on, you know, um, Something not having the correct. Yeah, like, like not having, um, correct details on like name addresses, things like on a script, um, phone numbers and things which, which don't actually affect patient care.

Um, it's really, which from my point of view, I sort of look at that and go, that's fine. We can change that. We can make sure that those things are tighter there. Um, but it's not affecting the patient outcomes. It's not affecting patient care. So just kind of like, give us the list of things that we need to do to maintain compliance and we'll do that because most doctors want to do the right thing.

Um, well, what do you think? Wouldn't you think? Oh, G'day, it's John here from the regulatory unit of the health department. Listen, Dr. Sarah, I've just gone over a few of your, uh, prescription labels, bottles. Look, you're missing a couple of things on there. Do you reckon you could fix them up? Well, yeah, you, you kind of think that

was, that would be, I would assume that would be the normal disc, like the normal process in kind of an investigations to do that.

Um, so I just feel like it's sort of, it's, it's swung the other way. Um, but the, the, the. The problem is the impact has been on the patients primarily. And of course the doctor's livelihoods and our ability to, um, prescribe cannabis. So like we can still practice at the moment, but we can't prescribe schedule eight medications, which is basically THC.

So that means all our patients who we had. We're managing now can't access the medications that, that they were wanting. So, um, this is, yeah, really about just, um, just really raising public awareness as to what's going on. Dr. Sarah is, is, um, Medicinal cannabis. Does it carry a label, uh, of Pfizer or Moderna on the packaging?

No. No. , um, Cheryl? No. Does, does it contain a genetically modified organism? I don't think so. I don't know. I don't. Well, there's your problem, Sarah. That's why you're having these issues. It's not an experiment. It doesn't contain genetically modified organisms, and it doesn't have Pfizer or Moderna written on it or Bayer.

There's your problem. I mean, why don't you guys just get that sorted and get on with your lives? Well, it's look, it's, it's been, um, It's okay to give that out. It's okay to give that out.

So I do a lot of, um, I do a lot of health and wellness education. That's part of what I love to do. Um, and I, I'm really about teaching people about good health and how to empower themselves to find their own healthy self. And that's always what I've loved to do. And that's part of the reason why I also went into medicinal cannabis, because I think it's such a great area.

Um, but I think, I think. During like, and at the moment, I think a lot of people and a lot of patients are actually wanting, um, doctors who a, um, are pursuing the wellness and are pursuing health, um, not just sort of I guess fixing a symptom, if that makes sense. So that's what I'm really passionate about.

Um, and being able to do that and, and inspire people to find their healthy self, um, rather than just kind of patch things up. Um, cause I, a lot of colleagues that I know, um, they're very, They're very stressed in their job. Um, and it's, you know, it's funny cause a lot of people think that doctors like, you know, Oh, well they have fabulous lives.

I have fabulous jobs, blah, blah, blah. Um, but the amount of stress that doctors are under at the moment, um, and there is so much paperwork that doctors have to do like so much, we, we have to document everything meticulously and we, you know, which is good. It's good to document things. Then it's. Obviously, if you have someone not doing the right thing, you need that regulatory oversight, a hundred percent get that.

Um, but I feel like it's also sort of gone the other way as well, where, um, doctors are feeling so stressed that we're trying to just keep up with, um, making sure all the boxes are ticked. Rather than just being, um, the healer or the teacher. So the Latin origin of doctor is actually teacher. So we should be teaching our patients how to be healthy and how to sort of, you know, live their best life if you like, um, rather than.

Just relying. I mean, there's a place for medication. There's absolutely a place for pharmaceuticals. I have no, no, no qualms with that. Um, but it's, it's, I think we've become too reliant on, on just prescribing things rather than sitting and having a good discussion about, well, you know, rather than just prescribing a Zempik, for example, Why don't we look at, um, fixing your circadian health, fixing your lifestyle, fixing your light environment, all those sorts of things.

Those are the things that we really need to focus on with patients. And, um, but doctors don't have time. We don't have time. You go see a GP you're in there for what? Five, 10 minutes. Um, so it's, it's difficult. It's, it's a difficult. It's a difficult industry to work in at the moment and it is, um, stressful, but that's all.

It's being made worse, Sarah, by the fact that so many doctors are being taken out of the system for nonsense. Yeah, well, it's, um. There are too many. There are too many that have been taken out for, for no real reason. Yeah, other than they were trying. They were actually trying to heal their patients. Yeah, they're taking out the, uh, the good ones and the ones that should be, uh, followed up.

Don't seem to get any, uh, Any attention at all. I mean, Dr. Sarah, uh, by, by Ray Hadley standards would not be determined as a cooker. I mean, she's worked in public hospitals, uh, as a long standing history of working in New South Wales public hospitals. Uh, so you're not the definition of a cooker, uh, in, in the Ray Hadley mull.

Uh, no, no, no. And I, I, I, I mean, I love. I love to help people and I love, I love that. Like that's my profession. That's what I do. Um, but I also stand for the truth and, um, what's been hard probably lately is to, um, especially as the. There's been this sort of overreach of power, um, from New South Wales Health and the Pharmacy Regulatory Unit to, to do what they've done, um, and we're talking about most of these patients are private patients too.

They're not even in the Medicare or PBS system. So, um, they're private patients, private scripts, private, you know, private products. So the taxpayers aren't paying for any of this. So it's, I also find that a little bit difficult to understand how, you know, Um, the government can come and get involved in that certainly if there's patient safety concerns.

I absolutely understand that. Um, but in this case, it doesn't feel like that at all. Um, let me get Dr. Kerry Chan and the good people at New South Wales Health have referred the majority of the doctors concerned to Arbor. Uh, correct. Yes. Correct. Yes. What could possibly go wrong? What could possibly go wrong?

Yes. Yes. So we, um, a lot of us have been referred, um, and it's, again, it's, um, I have no problem standing before the board and, you know, telling them, you know, that I've at every point tried to do the right thing and look after my patients to the best of my ability to learn as much as I can to educate other doctors.

Um, it would, it would almost seem, I mean, who knows? I can't, I can't comment because I haven't got to that point yet. Um, but it, to me, Being referred for such small things is, is sort of quite ridiculous, but I think what the big issue is the people that are investigating this don't have any experience in medicinal cannabis from my point of view.

My thought would be if you're going to audit this, if you're going to audit these doctors, get a panel together of experienced clinicians. Um, that in the industry that can actually, that know, you know, know the bioavailability, know the different delivery methods, know the average doses, know the medication interactions, um, know the contraindications, um, and that have actually had experience with patients.

I think the biggest issue is that the people that are auditing this don't have patient experience. So that makes it very difficult then because they're judging us from a position of, No, no, no, no patient experience and no cannabis experience. So that, that makes it difficult to, but, um, ultimately, uh, yeah, I just look, I just want other doctors to know that have been affected by this.

You're not alone. So, um, please reach out, you know, if you, if you're feeling isolated, um, or, you know, targeted, um, and to patients that have been affected, uh, by this, please just, you know, Let your local MPs know, um, write them letters, please share your stories. Um, cause stories are so powerful, you know, we, you know, you can write a letter and say, well, um, I want this to happen, but, um, if you, if you write a letter for the truth and you share your truth, I don't think you can ever go wrong sharing your truth.

And I think that's, that's the crux of this. Um, and the more that the public get behind, because it's not just, it's not just the fringe that use medicinal cannabis. We're talking hundreds of thousands to millions of Australians use medicinal cannabis and are prescribed it. We are not just talking about a small section of the population here.

We're talking about a huge, huge, um, demographic, you know, grandparents, grandmothers, grandfathers, moms, dads, um, people that are palliative cancer patients. Um, and it's, it's, The doctors that are in it are such passionate, beautiful people. When you meet them, they, they love it. Um, we've been doing it even with all the regulations and even though it's been really difficult to prescribe and you know, it's, it's been this growing industry and we've had to learn and grow with it.

Um, so it's really been about trying to, and we have for the most part, doctors have grown with it. And I realized there's regulatory issues. I realized there's been some doctors that have done. You know, not so the right thing, but that happens in any industry, but it doesn't mean that you should get rid of, you know, or just bring the hammer down on a whole stack of doctors.

So I think this is really about having a measured approach and for the public, just to push back, um, and for, for those doctors that have been affected, you know, to please don't feel isolated because, um, I know I felt very isolated when all this happened. Well, I did write on behalf of Club Grubbery to New South Wales Health today and invited Dr.

Kerry Chant, uh, to come on and, uh, uh, laid her position. Uh, I said, uh, we invite any of your bureaucrats or indeed the chief of them, Dr. Kerry Chant to speak with us about this, uh, concerning action taken, but there was no response, but, uh, luckily enough, I CC'd, uh, uh, the Honorable John Ruddock in the upper house from the Libertarian Party, and he rang me this evening.

And, uh, I've had a good discussion with, uh, John Ruddock about what's going on. So he's, uh, Uh, going to, uh, get a link, uh, from, from tonight's, uh, interview and he's going to follow it up with the health minister. Yeah. Awesome. And that's, look, and that's great. And that's all I can ask is this was really just about, again, raising awareness.

Um, because I feel for my fellow colleagues, um, and I've. Um, I really feel for my patients and the patients of my, like my other colleagues who are now left, um, defend for themselves. Um, and yeah, like when I think about some of my patients that I've had that, you know, were very vulnerable. Like it saddens me deeply that, um, I'm in this position and, um, you know, I mean, like, you know, obviously our indemnity insurance and like the lawyers are doing the best they can, but this is also a very new situation because this is kind of an unprecedented situation that's happened.

So everyone's kind of trying to figure out how to move forward. Um, and like how we can, Um, how we can practice again, um, how we can do our jobs again, and, and more importantly, how we can serve the community, um, and how pharmacists can get back and serve the community, um, and, and support an industry that is doing so much good for patients, um, and for the community.

I think we have, I think we have to highlight some more absurdity here because, um, you, you're being, you're being very, very diplomatic, Sarah, and I want, I want the authorities who will be reviewing this. in relation to you to realize that the ranting has not been going on by you, but it's been by John and I.

But I want to, I want to re I want to reiterate the absurdity here. The former deputy chief medical officer, health officer for the Australian federal government, Dr. Nick Coatsworth has had three of the mRNA shots, two of the two of the originals and a booster. He hasn't had a shot since for two years.

And when asked on public radio the other day by Ben Fordham. Why he hadn't had a booster, another booster, or hasn't had a shot for two years, he said the science doesn't back it up. The science doesn't back it up. Or words to that effect. On the, on the same, by the same token, New South Wales Health and other government bureaucratic agencies are telling people to keep getting boosted.

So you've got the former Chief Health Officer saying it's, it's not supported by the science. They were the words he's using. He was one of the guys pushing this at the beginning. When you look back at some of the, uh, the

broadcasts that were conducted with his face on it, where he's talking about the importance of everyone being vaccinated, he's got a very different stance now.

So when someone with that authority says the science, it's not supported by the science and something as simple as medicinal cannabis. is being restricted in such a way while the same bureaucracy that's restricting medical cannabis is pushing people to have a vaccine, which the former chief medical officer, health officer, deputy chief health officer said is not supported by the science.

Now, that does not pass the pub test. My, my wife has been taking, has been using cannabis oil to help her deal with her asthma. She's been getting vitamin C infusions to help her deal with her asthma. Prescribed by some of the leaders in alternative medicine in this country. And I won't mention their names because what's the point now?

Because they're going to put a target on their back. And you know what? It works. It actually works. It actually works. Well, I mean, that's the thing, right? We know that medicinal cannabis works. Um, like I've, I've seen it. I often say to people, I love my job because every day I feel like I see miracles all the time.

I just see patients that have amazing recoveries, um, patients that are on multiple medications and other schedule eight meds able to wean off them. Um, and, uh, you know, the most common thing I hear from patients is, uh, Dr. Sarah, I feel like I feel like myself again, like, I feel like I found myself again, you know, I'm sleeping.

Um, I can, I can work, I've got a job. Um, I'm, I'm not a zombie anymore. Like there's so many great, great success stories. And when you speak to doctors that do this, they will all say the same thing. We see amazing results. Um, and I think the, like, it would be great. I think if Parliament and government could really get behind, um, this because it's, it's, it's going to be a way of life.

Medicinal cannabis is going to be here to stay. Um, my only hope is that it doesn't become so restrictive for patients to get it that, you know, They have to go see a specialist or something because that's just going to be so difficult and the wait times to see specialists are ridiculous. So, um, like I, I consider myself very knowledgeable in this field and I've been doing it for a few years and like, I teach it to doctors, I teach prescriber courses, um, I, like, I know, I know cannabis very well.

Um, and so I, like. For me, I feel like, what, how can I not be prescribing? Like I, but you know, I, I look after these patients and I understand how it works and, um, and in some ways, like I would love to get in front of, you know, someone in, in, in politics or in government, just to be able to explain the endocannabinoid system, to explain how cannabis works, to explain that it.

Worked because, you know, like, did you know that we have 10 times more, um, endocannabinoid receptors in our brain than opioid receptors? Did you know that? So in other words, medicinal cannabis has got 10 times more potency and healing a lot of your stuff. And it has a lot more effects in different parts of the brain, which is why it's so effective.

So it doesn't just, for example, affect pain. It affects like sleep, anxiety, mood, um, uh, you know, um, like your ability to relax. Um, and it, it just, it has so many other far reaching effects because there's a cannabinoid receptors, CB1, CB2 receptors all over the body. Um, and the more we research this and the more, the problem is too, there's not enough funding to do big clinical trials for cannabis.

So a lot of the time it's small case studies, or we do, we do have more trials now. There are more coming out, but, um, it's from my point of view, I also look at anecdotal evidence and. Did it work for my patient? Because each patient really is and equals one. Um, each patient in front of you is, is that's the important patient.

It's not necessarily the, the statistics that patient in front of you is the patient that you're there to treat. Um, and, you know, you try something or like if I know that it's worked with other patients, you try it, it's, you trial it, um, and, and, and it works and there's no side effects. And you go, well, this is great.

You know, this is a wonderful. a wonderful tool I have in my box to be able to treat patients with. So, um, yeah, it's, I would, my, my concern is that if New South Wales Health, um, continue to do this, then I don't want the other states to follow suit because it's just going to cause a huge impact on the industry.

Um, and that will then affect, you know, Patient and patient care and, and the families and, um, Well, I think the problem is Sarah. I mean, you don't have to comment, but I think you said, well, it's health can be described as like the little, little yappy dog that's sitting on the front seat. Uh, they get told what to do by these big pharmaceutical companies and they, they do as they're told.

They do as they're told. They don't want to upset anyone. That's why the pharmaceutical companies are very upset about what you're doing because it's such a success. That's it. And, uh, you know, the opioid business is, uh, having a downturn because of what you're doing. Uh, there is no question about that.

This is, this is a hit job. And I, I, I'll also say that, uh, in my opinion, this is likely also about New South Wales Health having another smash up derby on those doctors that were likely people that didn't get vaccinated for COVID. Very, very, I can't comment on that. I have no idea. Um, but I do feel like, um, one of the, I do think one of the biggest issues here is that there's just a lack of.

Um, understanding and education by the people that are trying to regulate it and rather than, you know, rather than actually come, come to a point of actually wanting to learn about it and understand it. It's just, it shouldn't even get to that point. I mean, I mean, at the end of the day, I mean, if these people are incompetent, their job and they don't know what they're doing, they know nothing about what they're doing.

I mean, that's why Kerry chance in her job. That's why the senior people there. That is supposed to be overseeing this. That's why you've got governance in these organizations. I mean, it should never get to the point where 40 doctors have now been, uh, suspended, uh, from giving S8 drugs out to vulnerable patients because of dopes.

Well, it, yeah, look, it's, I think what has happened has been a massive overreach of power. Um, and certainly, uh, that is going to result in massive effects. Why are we not surprised? Why are we not surprised? I mean, I'm, I'm considered a radical because when I did my analysis of the, uh, of the COVID vaccine, I realized that if I didn't get the vaccine, I had a hundred percent, um, survival rate from vaccine injury.

I wouldn't get a vaccine injury because I didn't get the vaccine. And I had a 99.8 percent survival rate against the disease. The vaccine was meant to prevent me from catching, which it didn't. So why wouldn't anyone with a, with an ounce or modicum of common sense? Go ahead and get it unless they were forced into it or misinformed.

Um, and, and, you know, overridden again by the same bureaucracy that's carrying on like it is now. We don't, we don't need to overstate that. Um, but the, the thing is that change can only be affected when people once again, have to contact these moronic organizations and point out the bleeding obvious, you know, when are we ever going to have any kind of bodily autonomy ever again?

When are we going to have the right to decide what goes into our own body? There are so many, I saw, I saw an amazing documentary on medicinal cannabis about five years ago, trials that were conducted in the US. I took an interest in it because, uh, an airline pilot who I knew at United Airlines, uh, when I did some secondment work over there in Denver, uh, was struggling with severe Parkinson's disease.

And it was incredible to watch him. He was going through one of those awful episodes where he couldn't, you, you couldn't tie him down to a bed. He couldn't speak. He was just completely convulsing and going nuts. Within a couple of minutes of some medicinal cannabis, he was talking as rationally and as calmly as we, we three are at the moment.

Unless we get into a rant like John and I often do. I mean, the evidence was so clearly in favor of it. And as you said, there is no evidence of anyone overdosing from it. But then we have a system that calls ivermectin a horse dewormer and, and, uh, and, and prevents its use because of mainstream media misinformation that would have saved millions of lives in, uh, in the recent pandemic.

We shouldn't be amazed that these things go on, but we must be outraged the fact that, that they are going on. Can you imagine these poor buggers out there that have got terminal cancer? They're vomiting every half hour. Uh, they're in pain and the medicinal cannabis is the only thing that's helping them.

That's keeping their nausea at bay. That's giving them some pain relief. Uh, that's the case for so many patients out there and they don't even know that Dr. Sarah is offline. And there are many, many more people with terminal cancer now than there were two, three, four years ago. You know, I think, um, and there are so many like, again, and one of the real reasons I really wanted to do this was just so that there is some public awareness of what's going on so that if, you know, you might be watching this, but you may not be a patient, but you might know someone that goes, Oh, I've lost my doctor for whatever.

And then you can go, Hey, well, great. Can you please do this so that we can, we can have some sense of, um, because the public have a voice. It's a powerful voice, but they have to use it. And just like, I have a voice and that's why I came on and like agreed to come on. It's, um, I'm not here. I know you guys are like, I love the way you go on.

I'm not here necessarily to name and shame. Um, but I, I do my, my real purpose here is just to raise, um, to. Raise awareness. And so that people are aware of what's going on and we need the public support. We need, and cause you know what, a lot of people sort of, I often tell people, um, doctors like we, we are stressed doing our job most of the time.

And we, we deal with a lot of emotional. Shit like all the time and a lot of stuff and, um, we have to sort of deal with that on a daily basis. And, um, I think there was a Harvard study that showed that, uh, doctors, um, I think abuse, um, prescription drugs, I think five times more than the average person. Um, because it's what we do is a very stressful job.

So, um, the fact that there are now all these doctors out there that have been sort of, um, targeted and affected that really, that really sits not very well on my heart because I, I know what we go through already and I know what these doctors have restored ready to go into medicinal cannabis. Um, so yeah, if you guys are listening to this, please, please know you're not alone and please reach out.

Um, I would love to sort of be there for support for you. And, um, and I have some other, you know, doctors that have been through it and pharmacists and we, you know, we just want to be there to support. Um, and. For those of you who, who practice, practice medicine in its purest form, and, and you have the, uh, and you're advocates for your patients and you're doing everything you can.

To make sure there's no harm done by the, by the procedures that you prescribe, we desperately need you. We really, really need you. The world is going to need you even more as each day goes by. So please don't lose heart. You are, you are respected for what you do and you will be respected for what you do and without you.

The whole medical system that you've devoted your lives to serve will fall over because it needs you to help it to rebuild. So please, please be of good heart. Please hang in there and please continue to stand in your truth. Knowing that a great many people and a great many more people are becoming more and more aware of just how valuable you are as human beings.

So we, we, we feel your pain. We've seen so much pain in the community in the last few years. It's not funny and you're not immune from it. And, uh, we care about you and we need you. So please put that in the bottom of your heart. Yeah. Well said buddy. Thank you. Yeah. Look, doctors, uh, they do a really, really good job and

they're like, they're trying their best to, to, to be the best doctors they can be in, in what is a very, um, stressful time and very stressful job.

Um, and it's just, it's a stressful industry to be in. Um, so yeah, but. Yeah, if, you know, I just, so I, I am here if you need to reach out and talk to me other doctors, um, and, and you know, and, uh, we, we have some other, um, you know, doctors and pharmacists that have been through the same thing, so this is, yeah.

Um, anyway, yes. So that's, that's pretty much all I had to say for, um, okay. Well, look, I, you know, also a lot of people critic, very critical of doctors across the board at the moment, and I know a lot of doctors. No, I don't know a lot. I know some doctors who know the truth about everything that's going on and they're staying quiet for altruistic reasons.

It's not to protect their career. They desperately want to keep serving their patients. And there's one doctor in particular that I'm very familiar with, um, who absolutely knows what's going on. And he would love to come out and be more outspoken about it. When we come out knowing what's going on, and we get deregistered, who's going to look after all these people?

You know, so there, there are a lot of doctors in AMPS, for example, who have that mentality as well. And, um, we can't name them because once again, the system is so flawed and so, uh, toxic that it would, it would, um, it would target them. But I'm grateful to those doctors who know the truth and haven't spoken out publicly because they want to keep serving the people who need them the most.

So good on you. Keep doing that too. Yeah, well, I mean, I can't serve my patients right now, so I'm kind of stuck. Um, but yeah, but it's, um, it's certainly, um, I think, it's just really important. The more I speak to patients these days, the more I realized that, um, one of the reasons I, I, I love, I mean, I, and I have great relationships with like, you know, my, my patients, cause I'm, I'm very real with them and I laugh with them.

I cry with them. Um, and it's, I think that realness. People are now more than ever just wanting to connect with doctors that are going to be real with them, um, and have a real human connection. And I think that's so important. And it's something that is potentially getting lost, um, in, in the, you know, huge mounds of admin and paperwork that we, we, uh, uh, meant to do.

Um, Um, but at the heart of it, most people go into medicine. Um, like, you know, there's some doctors that don't go into medicine for that reason, but most doctors go in because they have a huge heart and they care. Um, and they want to help. So yeah, it's just a real shame when this kind of stuff happens and, um, they're, they're stuck and they don't know sort of what, what to do.

But, um, certainly I hope, um, At least if anything, this will also just open discussions, uh, as well, you know, maybe with patients and their doctors, um, and just, just open discussion, just start discussion so that people can start realizing that, um, you know, it's, what has happened is very much an overreach, um, And lots of people are being affected by it and lots of doctors, lots of pharmacies, um, nurses, and most importantly, lots of patients, uh, are being affected adversely by this.

Um, and that's where my heart really is. It's for, you know, my patients. Well, you thank you for practicing your craft. Um, and, uh, and, and sticking to the Hippocratic oath, which is no longer, you know, Uh, used I believe in, in medicine as far as swearing in of doctors or whatever. They don't, they don't swear to the Hippocratic oath, but first do no harm should always be still the principle of any medical practitioner.

Um, I know it was for you, Johnny. Yes. Yeah. Um, I don't know whether Kerry Chan's been at your door, uh, a few times during the interview, Sarah, because there's been a lot of gnarly barking at the door. She might be there trying to get your attention. Yeah, that's my dogs. They never leave my side. Uh, they're always following me.

It's like my, um, my little posse dogs that follow me everywhere. Um, yeah, but, uh, no, but look, I, I mean, I'm just going to walk out the process and just stick to my integrity as a person and as a doctor and my truth. Um, and I hope that other doctors do too. Um, and my real hope and passion is that the industry can still thrive and move forward Um, because I've met some of the most beautiful people in this industry and patients, doctors, colleagues, nurses, um, pharmacists, some of the most beautiful pharmacists that serve their community in such an amazing way.

Um, So, yeah, I just want to see, um, them all thrive, um, and, and, and see, um, see patients really heal and get better and, um, you know, get their lives back. Well, as we wrap this up, Sarah, let's bring God into it, shall we? Okay. Dear Lord, Father in heaven, we just, um, We thank you for the amazing immune system that you designed and implanted into our bodies, Father God.

We thank you for that. And we thank you for a heart that beats in our chest to serve others. And, and Father, most of us have that heart and a servant heart is a beautiful heart. It's a heart made of flesh and not of stone. Bureaucratic policy driven hearts are actually made of stone. They don't have, they don't have feelings.

They don't have empathy. And in many ways they are completely psychopathic. But father, we know that your truth will continue to prevail that you are in control. We ask you to form a hedge of safety around all of these doctors who are currently going through what they're going through and their patients who are now in limbo because of a bureaucratic overreach.

Father God, we need this to be sorted. And, um, we just thank you for the power that you give us through, uh, free will and through our, our ability to choose to bring a lot to truth in this country. We pray that that continues. In Jesus name. Amen. All right. Thank you guys. What can we say John? You just couldn't make this stuff up.

Couldn't you Kerry? Yeah. To all of you who are outraged as you listen to this, um, you're entitled to be, but don't forget what you did yesterday got you to today. And, uh, as much as we are annoyed at the, at the complete lack of common sense in any system that we ever trusted, it's all gone. Um, let's just do this together one step at a time.

If you love somebody and you haven't told them for goodness sake, tell them we've just been talking about this with, with doctors and the suicide rates. It's vitally important that people know how important they are in the big scheme of things. Stay out of the trees, everybody. Uh, Professor Ian Plymer, we'll be interviewing him on Thursday night.

Now having, uh, he's recovered from an illness and, uh, Dr. Suzanne Humphreys will be coming on also in coming days, uh, interviews. You will have enjoyed up to now, uh, especially Nicola Charles, uh, is happening probably before you say this, and we trust you enjoyed it. We've just got so many interviews coming and so many in the can, and we're just Keeping them coming out slowly but surely because they all get lost if we put them all out together.

So bear with us, but for goodness sake, keep sharing it. And, uh, we don't make a difference unless we get active. So be active, share this stuff where it needs to go. And mainstream media, um, it's all here. There's a, there's a vast reference library for you on the Club Grubbery website of incredibly competent.

Scientists, physicians and surgeons and whatever around the world who need their story told to a public who is completely oblivious to what's going on. So God bless you all. club. Sorry, just really quickly. If anyone wants to actually like, um, uh, like, cause I have a lot of health information and wellness information.

So they do want to access that. They can go to my website. It's just Dr. Sarah dot live. So. D A S A R A dot live. Um, where there's like, just because I'm really about wellness. And so if they want to sort of start to feel, uh, you know, get some education and I share lots of tips and things just about staying healthy and fixing their circadian rhythm, their mitochondrial health, things like that.

So, um, there's, there's lots of sort of free resources and stuff there as well. So if people want to do that, More power to you, Sarah, God bless you, my dear. Thanks so much for being part of club robbery and you're part of our family. Uh, and, uh, we love you and we just, uh, more power to you. Please let us know if there are any developments either way.

And I'll reiterate the rants you heard on this program tonight, New South Wales Health, were not from the lips of Dr. Sarah McDonald, but from two grumpy and frustrated old codgers who have had enough of your shenanigans. So if you're going to take it out on anybody, have a crack at us. I dare you. Go on.

Come on to the program and tell us where we're wrong. Okay. Thanks, guys. Thanks, Sarah. Okay, everybody. Thanks a lot for watching Club Grubbery and we'll be back tomorrow night. Bye for now. Thanks.