

**Submission
No 68**

THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES

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SUBMISSION FOR THE INQUIRY INTO THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES.

It would be arrogant for humans to believe that presently we have reached the pinnacle of medical and health information and practices. To do so, one would have to ignore all the historical evidence (for example: blood-letting, thalidomide, 'tobacco science') and the complexities of human physiology and individual biochemistry.

Good science should be able to withstand scrutiny and debate. To use the phrase 'survival of the fittest'; good science will prevail on its own merits without the need of subvention, bias and censorship. Blindly supporting an orthodox position is faith not science. While challenging existing paradigms is the essence of research and innovation.

The terms of reference for this inquiry seem noble in intent - people desire that all health information and practices are beneficial and safe. However the 'terms' can be used to censor, intimidate and vilify individuals and organisations that might question an orthodox view. (As an example, compare the ideal behind Queensland's VLAD laws to its application by police who have been using them to harass non-criminal motorcyclists.). A threat or perceived threat does not justify the diminution in civil liberties.

The ways in which the terms of reference can be (mis)interpreted and manipulated include:

- Further perpetuating the influence of the medical and pharmaceutical industries on government and marginalising alternative health practices. A recent study¹ concluded that *"to serve its interests, the (medical and pharmaceutical) industry masterfully influences evidence-base production, evidence synthesis, understanding of harms issues, cost-effectiveness evaluations, clinical practice guidelines and healthcare professional education and also exerts direct influences on professional decisions and health consumers."* The enormous financial interests involved in the development and marketing of drugs and medical devices is manipulating government policy to favour needs of the industry over that of the patient / public.
- The use of a narrow or biased definition of 'Accepted medical practice'. The terms of reference have left this undefined. "Accepted' by whom? What are their skills, knowledge, experience and vested interests? Is it possible to have a broad enough knowledge of the numerous health practices to represent the diverse needs of a population? An 'accepted medical practice' would be defined by a person's sphere of knowledge and prejudices, which in themselves have limitations. Egos, reputations and livelihoods are also involved and people will assail anything that might question an established view.
- Contravening the Australian Constitution Section 51, which enables constituents to choose a medication or medical treatment.

'Parliament shall have the power to make laws... with respect to... medical and dental services' (but does not as to authorise any form of civil conscription)'.

¹ Stamatakis, E., Weiler, R. & Ioannidis, J.P. (2013) 'Undue industry influence that distorts healthcare research, strategy, expenditure and practice' [Eur J Clin Invest](https://doi.org/10.1111/eci.12074), 2013 May;43(5):469-75. doi: 10.1111/eci.12074. Epub 2013 Mar 25. <http://www.ncbi.nlm.nih.gov/pubmed/23521369>

Choices cannot be considered voluntary and free, if biased science has been presented and any alternatives have been gagged or bullied out of existence. It is authoritarianism when there are systems of censorship coercing conformity and soliciting submission which indoctrinates a population into a single approach.

The obvious aim of the terms of reference of this inquiry is to 'shut down' organisations such as the Australian Vaccination Network and anti-water-fluoridation groups; and practices such as home-birthing. Further ramifications of the terms would see the HCCC being used by commercial and professional rivals to harm their opponents², if the complaints bona fides are not properly established.

Other possible outcomes include:

- Preventing open discussion and debate. As examples:
 - Programs such as the recent Catalyst (ABC) documentary on cholesterol and statin drugs will be prohibited.
 - Individuals relating health experiences to one-another could face HCCC action. (if I were to relate that allopathic medicine failed to control my eczema and recommend to a fellow sufferer an alternative modality which worked well for me, I could, by these terms, face action as I am not a recognised health practitioner).
- Stifling science, technology and innovation
- Discouraging the use of natural or holistic treatments such as chiropractic, naturopathy, homoeopathy and acupuncture.
- Eroding public confidence. Measures which result in oppression and censorship will always be exposed. A disillusioned and angry public will potentially reject all allopathic medicine out of suspicion and mistrust.

This inquiry is essentially about a medical system that is currently broken. If it was working, we would be seeing people getting healthier and a decline in chronic illness. The 'terms' of this inquiry would see the HCCC acting as a 'guard dog' for the existing paradigm. This would not improve the HCCC's credibility nor the reliability of the medicine it is trying to protect. The conscious denial or censorship of critical information is disinformation and the public needs to be encouraged to take an active role in health; to do otherwise is to abdicate their responsibilities to a 'nanny state'. To achieve this, all information is required, not just what is sanctioned by the our government.

I ask that you take these concerns into account in your deliberations.

Yours sincerely,

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² Loewenthal, M (2012) submission "Inquiry into Health care Complaints and Complaints handling in NSW".