

**Submission  
No 56**

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

**Organisation:** The Royal Australia College of General Practitioners  
**Name:** Mr Guan Yeo  
**Position:** Chair  
**Date Received:** 6/02/2014



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Healthy Profession,  
Healthy Australia.

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The Chair  
Committee on the Health  
Care Complaints Commission  
Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Mrs Williams

**Re: Invitation to comment on HCCC Committee inquiry into the promotion of false and misleading health-related information or practices**

The RACGP takes a keen interest in the regulation of advertising and promotion of unscientific health-related information or practices that is detrimental to individual or public health. General Practitioners (GPs) are responsible for most of the medical prescriptions in Australia and are regularly involved in discussions with patients around over-the-counter and/or alternative medications whose advertising and promotion may well have influenced the patient's purchasing decision.

We thank you for the opportunity to review and comment on the specific terms of reference outlined in your letter to us dated 5 December 2014 - File Ref: D13/34682.

**About the RACGP**

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the curriculum for education and training, maintaining high standards of quality clinical practice, and supporting general practitioners in their pursuit of clinical excellence and community service.

This submission has been prepared by the NSW&ACT Faculty.

**In response to the Term of Reference**

- a) The publication and/or dissemination of false or misleading health-related information that cause general community mistrust of, or anxiety toward, accepted medical practice;
- b) The publication and/or dissemination of information that encourages individuals or the public to unsafely refuse preventative health measures, medical treatments or cures;
- c) The promotion of health-related activities and/or provision of treatment that departs from accepted medical practice which may be harmful to individual or public health;

***In response to a, b & c:*** Currently, consumers are frequently being misled by direct-to-consumer advertising or promotional claims.

The 'vitamin and supplement' industry thrives on claims of therapeutic efficacy which can be shown to be false or exaggerated. This industry is so lucrative that it is more profitable to make a false claim to increase market share for as long as possible, and then deal with any complaint at a later stage. The time course for a complaint, including the pre-complaint sales, the first complaint, the drawn-out case and appeals process, the eventual reprimand and finally the delay in taking any action on that reprimand, can be years. Meanwhile, the profits far outweigh any financial penalty and by the time the company or individual complies by withdrawing the claims, it is time to move onto a new advertising campaign.

Even worse is when misleading and false information is disseminated from purportedly scientific legitimate organisations, a strategy used most commonly by the anti-immunisation lobby.

Although consumers are free to spend their money in whatever way they see fit, we believe that people are particularly vulnerable when it comes to products which purport to promote health or relief from suffering. False advertising claims for health products have potentially far more serious consequences to individuals than do false claims for most other consumer goods purchased.

Purported weight-loss agents and relief from chronic painful conditions such as arthritis are particularly prone to fanciful claims.

Promotional claims using evidence-based terms such as 'scientifically shown to', 'clinical evidence' or 'tests have proven', should require the company to demonstrate that the understood, scientific meaning of these words actually applies in each case. Besides any direct misleading, this lazy appropriation of scientific terms by marketing divisions also waters down the public's understanding of the meaning of such terms when they are applied correctly. This is particularly important in light of the ongoing struggle of the medical profession to continually 'clean up its own back yard' by debating and applying evidence to its own therapeutic interventions.

- d) **The adequacy of the powers of the Health Care Complaints Commission to investigate such organisation or individuals;**
- e) **The capacity, appropriateness and effectiveness of the Health Care Complaints Commission to take enforcement action against such organisation or individuals; and**

*In response to d) & e):* The RACGP strongly affirms the role of the HCCC, and believes that the role of HCCC in relation to dealing with non-health practitioners disseminating misleading and/or false information that harms the public requires strengthening.

Yours sincerely

  
Dr Gu  
Chair, NSW & ACT Faculty