

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

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

Friends of Science in Medicine (FSM) welcome this Inquiry as it has the potential to stimulate changes necessary to better protect the health and safety of the people of NSW and ensure that expenditure on public health measures is both cost-effective and justifiable.

Reasons for concern

The promotion of potentially harmful, unscientific information by providers offering health-related products and services is widespread. In an era of mass international communication, entering almost every home, people are more vulnerable than ever to misinformation.

Compounding this are various arguments commonly used by purveyors of alternative medicine. These include inaccurate claims that their particular treatment is evidence-based when it is plainly not, that one treatment is as reliable as another, that any critic of alternative health procedures is self-interested, that patient choice should be the arbiter of what works and that providing patients with freedom of choice should necessarily justify expenditure of public monies on worthless treatments simply because people want them, all at a time when health budgets for demonstrably effective treatments are stretched as never before.

In particular, people who have not experienced life prior to the introduction of mass vaccination, modern medical and obstetric care and antibiotics may not appreciate the remarkable improvements that have followed in terms of both personal and community health. The traditional and almost sole provider of reliable advice regarding personal and family health have been general practitioners. Increasingly, however, people turn to the Internet and social media to learn more about a range of issues including health care. Ironically, in this most scientific of ages, such outlets provide much potentially dangerous and unscientific misinformation, which is superficially appealing but certainly not reliable, as very few constraints are placed on this material. Particularly vulnerable are individuals with serious illnesses and those which are difficult to treat. Providers who have nothing effective to offer give these people false hope.

Better strategies are urgently needed to reduce the community's exposure to misleading information and practitioners who might cause harm either directly or by being instrumental in the delay of an accurate diagnosis and effective treatment.

Need for greater regulation

In Australia, regulations directed to the provision of health care have concentrated on registered professionals and complaints made about them by individuals dissatisfied with the care they have received. While this must continue, new regulations to better protect the public from unacceptable activities by non-registered providers are urgently needed. While it is currently a responsibility of the HCCC to respond to complaints about such individuals, we argue here that more effective regulations and enforcement measures are needed if the HCCC is to be more effective. New regulations should also address the propagation of false or misleading health related information.



The arbiter of what works and does not work in health treatments should not simply be (as it is at present in some professions) the mark of approval given through self-regulation by the self-interested. Evidence-based health treatments are those that in general:

- a. do not conflict with well-accepted and long established principles of chemistry, physics, physiology and pharmacology;
- b. can justify their application through their evaluation in publications that are well regarded, peer-reviewed journals appropriate to the treatment modality involved;
- c. emerge from meta-analysis (such as Cochrane studies) with some credibility; and
- d. if experimental, are being reported and published in credible, peer-reviewed journals so that their effectiveness can be properly evaluated in the fullness of time.

Recommendations for change

To address the developments and concerns outlined above, it is timely and appropriate to review the mechanisms available to the NSW Health Care Complaints Commission (HCCC) to hold the full range of providers accountable for their information and treatment.

FSM recommends that:

1. Businesses, organisations and commercial providers who offer information to the public about health and health care should be regulated according to an enforceable clearly defined code of conduct, with enforceable penalties for significant breaches of that code of conduct. The regulations should cover the conduct of both registered and non-registered practitioners. *The emphasis in this regulatory approach should focus on the provision of effective deterrents to the propagation of misleading/false information in the first place.*
2. Businesses, organisations and commercial providers who offer therapies or remedies to the public should be regulated according to a clearly defined and enforceable code of conduct, and should be held responsible and accountable for both the information provided about the therapy or remedies they offer and the health outcomes that follow implementation. Accountability should extend to the result of any delay in diagnosis or treatment occurring as a result of their advice or care.
3. Groups who offer health-related information or advice on open sites such as social media platforms (eg Facebook, Twitter, newsletters and bulletins) should be required to openly disclose the nature and purpose of the group, the source of their information and any health-specific qualifications by those preparing and distributing the information. This should be prominently displayed and immediately available on accessing the site.
4. The HCCC should change its name to the “Health Care Consumer Protection Commission” to better reflect the welcome legislative change that has empowered the Commission to be proactive in protecting consumers rather than acting only on the receipt of complaints.
5. Responsibility for protecting the consumer from the “promotion of false or misleading health-related information or practices” will continue to be shared, at least in principle, by a number of different agencies. An inter-agency liaison committee should be established and meet frequently so that there can be better coordination and sharing of resources for this initiative.
6. The HCCC should have a media liaison program to strengthen the media’s voluntary codes of practice in relation to misleading or false promotions that are currently a major part of the problem, rather than a solution.



Friends of Science in Medicine – history and objectives

FSM is an incorporated association. Articles of Association were lodged with New South Wales Fair Trading on 13 February 2012. The association's constitution is accessible here:

http://www.scienceinmedicine.org.au/index.php?option=com_content&view=article&id=179&Itemid=160

FSM was formed in late 2011 by five founding members from a cross-section of concerned professionals, each with a long, but different, history of involvement in educational activities fostering good science in Medicine. The motivation to formal action included both the increase in use of non-proven 'alternative' therapies by the Australian population and also the existence of various university-based courses which incorporated principles/concepts for which there is no credible scientific support. Concepts given undeserved credibility because of their acceptance in a university course include pseudo-sciences such as homeopathy.

Initial support from many colleagues prompted a larger campaign to expand the support base for FSM. This resulted in dramatic growth. At the time of writing, FSM has over one thousand registered supporters. With the majority of members being prominent Australian clinicians and scientists in Australia and abroad, FSM comprises a wide range of individuals and organisations. The professional disciplines include dentistry, dietetics, chemistry, physiology, information technology, environmental science, genomics, the law, education, and mathematics. In addition, there is a large representation from the clinical disciplines, including mental health, nursing, pharmacy, population health, psychology, physiotherapy, speech pathology, and medicine. Consumer advocates are valued supporters.

FSM members share a common concern about the abuse of science in the promotion of non-evidence-based treatments. FSM supports health treatments by the many science-based professions, as well as by the medical profession, provided that such treatments are based on sound empirical evidence of their effectiveness.

FSM believes that healthcare delivery in Australia should be underpinned by the application of credible scientific evidence for clinical effectiveness.

FSM is engaged in educating the public about evidence-based healthcare and how to avoid misleading and sometimes dangerous alternative interventions. FSM supports those allied health sciences (such as physiotherapy, dietetics, etc) with solid empirical bases and practices which are consistent with established scientific principles, but opposes the teaching and practice of 'alternative' disciplines based on unproven or disproven models and theories. FSM is committed to urging tertiary educational institutions to make sure all their health-related courses are based on good science and to engaging regulatory authorities to reduce the real and potential harm from non-science-based therapies and remedies.

FSM is also concerned that, at a time of unprecedented and growing demand on the health budgets of both state and federal governments, taxpayers' money should be spent in the most cost-effective way and not wasted on ineffective treatments to the detriment of patients and to the enrichment of those who offer false hope to the ill and vulnerable.

Introduction

Consumer protection in the area of health care is manifestly inadequate in Australia. In the appendix to this submission we provide numerous examples supporting this claim. The Therapeutic Goods Administration (TGA) has consistently failed in its efforts to protect consumers from fraudulent health claims and a myriad of bogus devices used by alternative practitioners. This has come about because its work in this area requires self-funding. The resources available are inadequate, prosecutions are rare and compliance with orders to withdraw claims or devices is often ignored.

The TGA has a committee which is supposed to approve all advertising claims for alternative products. This committee consistently fails to stop misleading claims from being broadcast. Australian Competition and Consumer Commission (ACCC) or Fair Trading has conducted a handful of prosecutions for serious harm done by alternative



practitioners, but any ruling applies only to that particular case so that the protection that results from any action is limited.

There are no legal requirements for media outlets to verify the health-related information they allow to be advertised. Radio and television allow numerous companies to try to convince Australians that they should consume a multivitamin tablet daily and that this will provide them with more energy and make them better able to handle stress. The emphasis is often on neutralising an unhealthy lifestyle rather than addressing that lifestyle. We have media which do not accept the principle of equal time and space for equal opinion. As a result, the community is often left with a “you decide” challenge. This approach has been particularly deleterious to efforts to educate the community about the safety and effectiveness of vaccination.

FSM has a substantial file of examples, all of which bear witness to this increasing problem. In our opinion, there is a most valuable role to be played by a revised and revitalised HCCC acting proactively to minimise the harm done by the “promotion of false or misleading health-related information or practices”. To be effective, the new HCCC will need “teeth” i.e. enforceable regulations, adequate human resources and contain representatives who can truly judge that which is evidence-based treatment at that which is not.

This Inquiry is timely and topical. The previous Federal government, concerned that tax-payer dollars were being wasted on approaches to health care for which there was “no credible scientific evidence of clinical effectiveness”, asked the Chief Medical Officer to report on which alternative approaches should be supported by tax-payer dollars. That report is due early in the new year.

While we appreciate the Inquiry’s focus on individuals who are not recognised health service providers, we wish to point out that some of the most prominent examples of misinformation and pseudoscientific treatments come from the ranks of those who can now claim to be registered health professionals. In an attempt to improve consumer protection, the previous government set up a national registration program for chiropractors and osteopaths. As we will illustrate, this initiative has failed to achieve that goal. Any examination of the damage done by “the promotion of false or misleading health-related information or practices” should include these disciplines.

Inquiry Terms of Reference

This submission addresses the following key points in the Terms of Reference:

- The harm and potential harm (to individual or public health) resulting from misinformation and/or non-science-based practices provided by individuals or organisations.
- The dissemination of information that encourages individuals or the public to unsafely refuse preventative health measures, medical treatments, or cures;
- The publication and/or dissemination of false or misleading health-related information that may cause general community mistrust of, or anxiety toward, accepted medical practice;
- The promotion of health-related activities and/or provision of treatment which, in departing from accepted medical practice, might be harmful to individual or public health;
- The adequacy of the powers of the Health Care Complaints Commission to investigate and take effective enforcement action against such organisations or individuals.

Harm and Potential Harm Resulting from Misinformation

False information can either convince individuals to accept non-valid (or frankly dangerous) treatment, or to forego effective treatment – either preventative or therapeutic. Examples include:



- misinformation and gross exaggeration about vaccine or other medication risks;
- misrepresentation (gross minimisation) of the risks of activities such as home birth;
- misinformation about the motivation and interests of government agencies and medical and allied practitioners;
- misinformation about the degree and/or quality of evidence underlying non-science based therapies – such as homeopathy, the application of ‘subluxation’ theory by chiropractors, Reiki and healing touch.

Harm and Potential Harm Resulting from Non-Science-Based Practices

Examples include:

- physical harm resulting from activities such as inappropriate spinal manipulation;
- toxicity from substances contained in unregulated ‘remedies’;
- harm to mental health resulting from counselling or therapy from unqualified providers;
- direct physical harm such as infection resulting from contaminated ‘Mesotherapy’ injections;
- financial harm arising from abuse of the provider-client relationship, the sale of ‘remedies’ or the inducement to return for long-term repeated services.

Misinformation encouraging the unsafe refusal of effective health measures

Including:

- refusal of immunisations or neonatal Vitamin K;
- refusal of safe obstetric screening and care;
- avoidance of science-based screening, investigation or care for cancer;
- refusal of effective medication for chronic health conditions.

Promotion of Potentially Dangerous Treatment

Examples include:

- coffee enemas and various non-evidence based anti-cancer interventions;
- various types of physical manipulation;
- dispensed liquid and tablet ‘remedies’ dispensed containing unknown ingredients and potentially contaminated;
- promotion of toxic ‘skin cancer remedies’, such as so-called ‘Black Salve’

Adequacy of Powers of the HCCC

It is noted that legislation defines the role of the Commission in relation to Public Health organisations (defined in the Health Services Act 1997) and with the health profession regulation and registration authorities.

According to s7 of the Health Care Complaints Act 1993, *“A complaint may be made against a health service provider even though, at the time the complaint is made, the health service provider is not qualified or entitled to provide the health service concerned.”* An individual or an organisation which provides a health service or health information service, but is not a recognised health care provider, can be the subject of a complaint.

Division 6A of the Act outlines possible *“Action against unregistered health practitioners”*.

It provides for the HCCC to issue Prohibition Orders. The imposition of a prohibition order *“prohibits the health practitioner from providing health services or specified health services for the period specified in the order or permanently”*. Such an order can be made if the provider is found to have *“breached a code of conduct for unregistered health practitioners or has been convicted of a relevant offence”* AND *“poses a risk to the health or safety of members of the public.”*



The legislation does not appear to provide for further action if a non-registered provider remains in breach of the Code of Conduct, or fails to abide by the prohibition order, either in part or in full.

It is therefore concluded that, although the 2013 amendment appears to give the HCCC appropriate powers to initiate and investigate complaints against unregistered health service providers, there do not appear to be specified actions or penalties for failure to comply.

This stands in contrast with action against registered health care providers, where regulatory authorities have a range of available disciplinary actions, including referral to the appropriate legal Tribunal and potential de-registration.

We suggest that the Inquiry would benefit from a case analysis illustrating a clear example of dangerous and misleading health care fraud involving the treatment of serious illness, reported to the HCCC by a credible recipient of this malpractice, Mrs Esther Rockett. Because of inadequate powers, no action was taken to respond and protect others from this ongoing health care fraud. We have been contacted by Mrs Rockett, and recommend her submission to the committee for detailed study.

Further information or consultation

FSM requests that members of the executive be invited to attend the Inquiry in person, to answer any further queries the Inquiry members might wish to pose and to discuss our suggestions.

Appendices

The appendices to this submission detail specifics of health service and information providers offering services unsupported by valid scientific evidence. All illustrative examples referred to are in the public domain.

We thank you for the opportunity to present our informed views and look forward to constructive results emerging from your deliberations.

Yours Sincerely



Professor John Dwyer AO
President of Friends of Science in Medicine



APPENDIX 1

EXAMPLES OF INDIVIDUALS AND ORGANISATIONS PROVIDING NON-SCIENCE-BASED INFORMATION OR INTERVENTION

1. NON-REGISTERED PROVIDERS

1.1 HOMEOPATHS

Unscientific information

The practice of homeopathy, based on principles described by an unqualified nineteenth century German, is intrinsically unscientific. Combining the principle of “like treats like” with succussion (shaking) and successive extreme dilutions (claimed to increase potency), the resulting ‘remedies’ consist of either water and/or alcohol or sucrose/lactose ‘pillules’ (tablets). Homeopaths are not trained in physical examination and have no diagnostic methods for excluding significant disease.

Unscientific and Potentially Harmful Practices

Discouragement from continuing orthodox therapy

This has occurred where the homeopath claims to be able to cure serious illness and convinces the patient to stop conventional treatment. This occurred with tragic results to [REDACTED], treated by homeopath [REDACTED]. [REDACTED] death occurred in 2005, at the age of 45. A subsequent Coronial inquest was severely critical of the homeopath. The WA Coroner made the following recommendations:

Recommendation No. 1

I recommend that the Commonwealth and State Departments of Health review the legislative framework relating to complimentary and alternative medicine practitioners and practices with a view to ensuring that there are no mixed messages provided to vulnerable patients and that science based medicine and alternative medicine are treated differently.

and

Recommendation No. 2

I recommend that the Medical Board of Western Australia finalise its document Complimentary Alternative and Unconventional Medicine if it has not already done so and take steps to ensure that the document is promulgated to the profession and complied with.

The WA Coroner’s report is accessible here:

http://www.safetyandquality.health.wa.gov.au/docs/mortality_review/inquest_finding/Dingle_Finding.pdf



Anti-vaccination advice and promotion of ineffective ‘homeopathic’ vaccination

Many homeopaths not only discourage people from obtaining effective vaccinations, but also promote homeopathic therapy known as ‘homeoprophylaxis’ or ‘homeopathic vaccination.’

There is good evidence that homeopathic “remedies” are inert. There is no plausible mechanism in which they could induce immunity. The scientific discussion and evidence is clearly outlined in the following document from the National Centre for Immunisation Research and Surveillance:

<http://www.ncirs.edu.au/immunisation/fact-sheets/homeopathy-vaccination-fact-sheet.pdf>

The promotion of ‘homeopathic vaccines’ in Australia has been investigated by the ACCC, who took action against NSW homeopath [REDACTED] trading as Homeopathy Plus. In February 2013, the ACCC instituted federal court proceedings, seeking an injunction to have the claims removed, as well as penalties against the company and individuals.

At the time of writing this submission, the Homeopathy Plus website had merely moved the offending information behind a simple step on their website – still easily accessible:

<http://homeopathyplus.com.au/oops-this-content-is-members-only/?wlfom=%2Fcategory%2Fprophylaxis%2F>

Hazardous procedures such as ‘mesotherapy’

Certain CAM practitioners engage in a range of potentially harmful physical ‘therapies’ for example, ‘mesotherapy’, which involves the injection of various substances under the skin.

In 2008, the South Australian Health Department investigated a series of cases of deep tissue infection/abscesses caused by injections administered by homeopath [REDACTED]. The provider was ordered by the Health Department to stop injecting or administering substances. Police charged [REDACTED] in 2009 with six counts of committing an act likely to cause harm, but the charges were dropped and she continues to practise.

As a result of both this and other concerning cases, the SA Parliament conducted an *Inquiry into Bogus, Unregistered and Deregistered Health Practitioners* in 2009. Subsequently, the Australian Health Ministers’ Advisory Council released the discussion paper *Options for regulation of unregistered health practitioners* in February 2011.

The discussion paper canvassed the following three options:

- No change – rely on existing regulatory and non-regulatory mechanisms
- Strengthen self regulation – a voluntary code of practice
- Strengthen health complaints mechanisms – a statutory code of conduct

We are still awaiting the outcomes of this Inquiry.



1.2 NATUROPATHS

Unscientific Information

Genuine professions focus on a body of well-established knowledge required practising a given discipline safely, effectively and ethically. No such description can be applied to 'Naturopathy'. Consumers attending someone who postures as a naturopath can have no confidence associated with the use of that term. Naturopathic practice is characterised by a diversity of opinion, advice and treatment, none of which is based on the application of credible scientific evidence. For these reasons, it has not been possible to approach consumer protection and naturopathy through a national registration process.

While sensible lifestyle advice may be given by some naturopaths, others target vulnerable groups, including the obese, cancer patients, new parents, women with menopausal symptoms, couples with fertility problems, and patients experiencing chronic pain

A naturopathic consultation might also include some type of alternative diagnostics based on pseudo-science (such as 'Live Blood Analysis'), resulting in a recommendation to purchase unproven or disproven 'remedies' such as homeopathic and herbal remedies and unnecessary vitamins. That these consultations might attract private health insurance rebates suggests to patients that the interventions are safe and effective. They also constitute a financial conflict of interest, where the same practitioner advises, dispenses and retails the 'remedy'.

Unscientific practices

Pseudo-science pathology testing

There are many tests offered to the public, primarily by naturopaths, which are far removed from orthodox evidence-based medical testing. These tests do not have analytical or clinical validity, and are therefore not cost-effective. This is a major concern of FSM. After consultation with leading specialists in clinical and laboratory medicine and the Royal College of Pathologists of Australasia (RCPA), FSM initiated an advisory paper:<<http://www.scienceinmedicine.org.au/images/pdf/pathologyrecommendations.pdf>>

These tests are advertised directly to the public, might involve patients collecting their own samples, and might not require the involvement of a registered medical practitioner. These tests are not publicly funded by the Australian Government (through Medicare) nor by State or Territory Governments.

Pseudo-science-based treatments

A wide range of unproven or disproven services are offered by many naturopaths, including the following:

- Electro-dermal treatments (e.g. RIFE - claiming to cure disease based on the use of the resonating frequency emitted by parasites or bacteria which is claimed by the practitioner to cause the illness.)
- Light therapy (e.g. Bioptron) - based on treating patients based on the colours of their 'Chakras', and laser light therapy which is claimed to "help keep the natural energy flow running smoothly, by rebalancing the energy system, to restore health, or prevent the development of disease".



- A range of TENS devices (e.g. Frequency Specific Microcurrent), which are claimed are safe, effective and clinically proven, and which can also be used to treat organic disease.
- Services claiming to remedy "imbalances in the body's energy" e.g. the 'Emotional Freedom Technique', claimed to be effective for "Anxiety, Stress, Depression, Anger, Trauma, Phobias, Addictions, Migraines, Asthma, Physical Pain, Fibromyalgia, and for assistance with Weight Loss and improvement in Academics, Business and Sports".
- 'Dorn Spinal Therapy', the naturopathic equivalent of the fundamentalist chiropractic approach to 'subluxations'. Claims include that this therapy is "a gentle, effective and safe vertebrae and joint treatment to correct misalignments of the spinal column and other joints." <<http://www.youtube.com/watch?v=zWO0hgL7ckM>>.

2. ORGANISATIONS

2.1 ANTI-VACCINATION ORGANISATIONS

The Australian Vaccination Network

Unscientific information

As the HCCC is familiar with the work of the anti-vaccination group "AVN", there is no need to describe the group's activities in detail.

It is worth adding, however, that this group also discourages people from accessing the services of medical practitioners and encourages the use of unproven therapies, such as 'Black Salve'.

3. REGISTERED HEALTH PRACTITIONERS (PROVIDING UNSCIENTIFIC INFORMATION OR TREATMENT)

3.1 CHIROPRACTORS

Unscientific Information

Many chiropractors, including the industries peak body, the Chiropractic Association of Australia, promote the 'subluxation' model of organic disease causation. This model was defined by the 'Father of Chiropractic', DD Palmer, in the nineteenth century. It extends well beyond musculoskeletal manipulative therapy for back pain – which is the only area of chiropractic supported by a reasonable body of evidence.

On its website, the Chiropractic Association of Australia states:

"Chiropractic works by helping to restore your own inborn ability to be healthy. When under the proper control of your nervous system, all the cells, tissue, and organs of your body are designed to function well and resist disease and ill health. The chiropractic approach to better health is to locate and help reduce interferences to your natural state of being healthy."

(http://www.chiropractors.asn.au/index.php?option=com_k2&view=item&layout=item&id=144&Itemid=262)



There are many false or exaggerated claims made on chiropractic websites. Examples include:

- treatment of newborn babies and children for 'subluxations' allegedly acquired during childbirth;
- claims that 'adjustment' of children is effective for infantile 'colic', Autism and asthma eg demonstration of Asthma intervention <<http://www.youtube.com/watch?v=5vVAS25BrTA>>;
- claims to be able to rotate breech babies using Webster Breech Turning Technique;
- claims that chiropractic adjustment "strengthens the immune system".

A significant number of chiropractors are also publicly opposed to vaccination. Many have been members of the Australian (anti-) Vaccination Network. Of particular concern is a chiropractor who teaches and writes about the chiropractic care of children, despite having no formal paediatric training, and who publicly expresses anti-vaccination views as well as providing misinformation about epidurals in childbirth. Further details are accessible at: - <http://welladjustedbabies.com/what-drives-allergies-asthma-digestive-problems/>

Unscientific and Potentially Harmful Practices

As a primarily manipulative therapy that sometimes uses a thrusting force, chiropractic manipulation has been shown to be the cause of injury, including vertebral artery dissection from neck 'adjustment'. Risks are outlined in the following papers:

Simultaneous bilateral internal carotid and vertebral artery dissection following chiropractic manipulation: case report and review of the literature

RN Nadgir, LA Loevner, T Ahmed, G Moonis, J Chalela... - *Neuroradiology*, 2003

Spinal manipulative therapy is an independent risk factor for vertebral artery dissection

WS Smith, SC Johnston, EJ Skalabrin, M Weaver... - *Neurology*, 2003

The prolonged management of unremitting symptoms also has the potential to delay the diagnosis and effective management of significant disease.

Despite the registration of chiropractors and the publication of various Codes of Practice by the Chiropractic Board of Australia and AHPRA, many continue to make false and exaggerated claims in their promotional material and continue to use testimony and special inducements which flaunt advertising standards. FSM believes the previous Federal government made a mistake in allowing chiropractors to use the title 'Dr.'

3.2 OSTEOPATHS

Unscientific Information

Like chiropractors, some osteopaths make exaggerated and false claims about disease causality and the effectiveness of therapy.

Of significant concern is the practice of 'cranio-sacral therapy', based on a misunderstanding of spinal and cerebrospinal fluid physiology and anatomy.



Unscientific and Potentially Harmful Practices

Unregulated courses on ‘cranial osteopathy’ are delivered and accepted as a part of legitimate continuing professional development (CPD). This is an intervention purporting to treat a wide range of childhood conditions. It has the potential to put the health of babies and children at risk.

4. SCIENCE-BASED REGISTERED HEALTH PROFESSIONS (INCORPORATION OF NON-SCIENCE-BASED PRACTICES)

4.1 MEDICAL PRACTITIONERS

Unscientific or Potentially Harmful Practices

A small subset of registered medical practitioners practise so-called “integrative medicine”, by integrating non-science-based therapies with orthodox medical practice. Some of these practices, which are potentially harmful, include the use of high-dose intravenous vitamins, chelation therapy and ‘anti-ageing medicine’.

Patients who seek out these practitioners are likely to have a strong motivational drive and may therefore not complain when results are not satisfactory or when harm occurs.

4.2 NURSES AND MIDWIVES

Unscientific or Potentially Harmful Practices

- **‘Colonics’**

The Sydney Colon Health Clinic, run by a registered nurse, provides a wide range of invasive colonic irrigation services to the public. Treatments are named according to various claims such as “ultimate wellness”, “gallstone flush” and “parasite elimination.” (<<http://colonhealth.com.au/SCHCBkgrnd.htm>> birth, colonic therapy).

While the delivery of simple enemas is within the scope of registered nurses, the exaggerated claims and more invasive irrigation involved in such a clinic take it outside of orthodox practice. Serious complications can occur. So there is no benefit to be gained, the risks are unacceptable.

- **Home Birth**

Home Birth is a small fringe movement within Australia. A small number of publicly-funded home birth programmes have been studied and assessed and found to have higher neonatal morbidity and mortality than hospital birth, even within a regulated system. The HCCC has previously taken action against a registered midwife who was found by the Tribunal to have “shown a serious lack of judgment and a lack of insight into the standards expected of her as an independent homebirth midwife.”

Even more concerning is the fact that South Australian ex-midwife [REDACTED] was the subject of a Coronial Inquest in relation to a number of intra-partum deaths occurring at home births she attended. Her decision to relinquish her AHPRA registration has theoretically spared her from censure by the Nurses Registration Board.

Previous recommendations from the Health and Community Services Complaints Commissioner, Mr Tully, were unable to stop [REDACTED] practising. As a result of SA legislative amendment, the Commissioner’s orders are now supported by the threat of penalties of up to two years’ imprisonment and a \$10,000 fine.