

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

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Dear Committee

I am writing as a concerned citizen who has taken an active and constructive interest in the health issues confronting my self and family over the last 25 years. In that time I have had cause to question and sometimes pursue more beneficial treatments than were offered or supported by my General Practitioners and the specialists to whom I was referred.

It is well established that the financial pressures on the medical practices available to the community preclude much more than writing out a prescription for the most commonly used pharmaceutical compound. Rarely in my experience has a medico given sufficient consideration to the cause of the symptoms (s)he is so anxious to eliminate.

In my own case no medico has ever discussed the critical importance of correct breathing to one's overall health. I overcame sleep apnoea by learning and applying the principles espoused by Russian Professor Buteyko. Rather than consider the results I achieved, the respiratory specialists have been much more committed to placing patients on CPAP machines to the considerable financial advantage of themselves and the manufacturers. The interests your Committee has now been enlisted to serve have succeeded in driving most of the practitioners who taught the Buteyko method out of business. Rather than considering the physiology involved, the establishment concentrated its attacks on claiming the treatment was a money making venture for the practitioners. Hypocrisy replaced application of the responsibilities inherent in the Hippocratic oath.

The four members of my immediate family derive benefits from regularly attending chiropractic consultations. The wholistic approach of our practitioner is in marked contrast to the symptoms focused interactions with our GP. The antagonism the

chiropractors endure from the medical establishment is palpable.

I had to take up the causes of both my father and my son who were over medicated with anti depressants and anti psychotics, respectively. They were prescribed the "therapeutic" doses but responded much better when treated with "sub therapeutic" amounts. After winning that argument, they could function and work in mainstream society.

I insisted that the medical practitioner visiting my 90 year old mother's nursing home eliminate or reduce a cocktail of drugs she was prescribed before going into the dementia unit. What is the point of giving statins to someone who would prefer to die? Does it make sense to prescribe diuretics and then anti-psychotics to mask the anxiety they cause? How about laxatives to counter the others that slow down the bowel? Perhaps I did her no favours because she is still alive at 94, bed ridden and un-knowing. If I had not intervened she may well be where she prefers to be - with her long dead husband and Jesus.

Well before the much-maligned Catalyst program brought to public attention the questionable benefits and risk of harm from statins, my wife, brother and I all ceased taking them. We all suffered memory loss that interfered with our work and they had nightmares. My GP had been concerned about my elevated blood sugar since I commenced taking statins 2 years ago. He has agreed that I should defer the blood test for 6 months after I gave up statins (Crestor). My legs were aching so badly I was on the verge of giving up my exercise regime. The cardiologist my wife and I consult agrees that there are other more benign ways to address concerns about cholesterol, if in fact it is the critical issue (as distinct from blood pressure and over consumption of sugar).

My ordinary family has had cause on many fronts to challenge the orthodoxy peddled by the pharmaceutical lobby and its sales agents in the medical fraternity. Surely the members of your Committee can relate to them and will act in the interests of consumers in the electorate. To do otherwise would condemn Committee members to be viewed as handmaidens of vested interests more committed to financial gain than patient welfare. The practice of medicine should not be shielded from public and published scrutiny nor allowed to deny the exercise of free speech in a democratic society.

There is some evidence that only patients who take responsibility for their health outcomes and contest the opinions proffered by their medical advisors, outlive their prognoses. If you want to die according to your doctor's timeline, remain compliant and unquestioning.

Consequently I am very concerned by any proposals to remove freedom of speech about medical and health matters. These concerns relate to several of the terms of reference of the Committee.

- (a) 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; and**

Most of what is practiced in mainstream medicine is not evidence based despite their loud claims to the contrary and as its main line of attack on other health professionals. Deaths resulting from inappropriate medical interventions, mainly in hospitals gain regular media attention but these mask and distract from what is happening every day in consulting rooms. It is important for the public to be able to hear about all aspects of treatment that is prejudicial to their health. A culture of cover ups should have no place in public health policy.

When the medical profession is causing much harm and operating against the community interests, it is the responsibility of all of us, not just politicians, to draw attention to alternatives that may offer some or all citizens a better outcome than the status quo. There-in lies progress but these opportunities would be curtailed if this proposal were accepted. Who in this zoo is the arbiter of what is misleading information. Will the Committee establish a "Medical and Health Information Censor" or is that to be the effective role of the Commission?

From my experience, many "know too little" medicos who assume their degree means they know all are sufficiently deluded to imagine that any information conflicting with what they learned many years before or more recently from a drug company representative is considered to be misleading the public. There are too many problems of bias inherent in most medical trials sponsored by pharmaceutical giants for all other contending views to be silenced.

- (b) The publication and/or dissemination of information that encourages individuals or the public to unsafely refuse preventative health measures, medical treatments, or cures;**

I demand the right to be informed and able to refuse treatments where there is sufficient evidence from a variety of sources for me to conclude that they cause more harm than good. If this proposal were accepted I may not be able to access the range of information that is available world-wide. Those peddling their profitable treatments are always tempted

to describe as unsafe alternatives they do not offer. Encouraging the use of loose language for financial gain is not the legitimate role of Parliaments or publicly funded authorities.

- (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;**

The few examples I have cited above shows that the assumption underlying this proposal is bizarre. Unfortunately at every turn we find the dire forecasts in Orwell's 1984 are coming into the language and the practice of heretofore "liberal democratic states". My family and I have suffered potential harm and advocacy of useless "accepted" interventions. The medical profession has shown us that they often describe safe treatments as harmful if they wish to suppress their use.

As consumers we should retain the right to access those who advocate health solutions and when funding permits it, evidence based medicine. If adopted this proposal would interfere with the free flow of information. You should resist a line of reasoning that would put Dracula in charge of the blood bank!

- (d) the adequacy of the powers of the Health Care Complaints Commission to investigate such organisations or individuals; and**

- (e) the capacity, appropriateness, and effectiveness of the Health Care Complaints Commission to take enforcement action against such organisations or individuals;**

Is your Committee seriously considering adopting the machinery of a police state rather than what is appropriate in the democracy Australia claims to nurture? Cases of suspected fraud or other criminal activity can be referred to police and the courts to examine and act on any alleged breach of the law.

Neo liberal orthodoxy applied on a bi-partisan basis would preclude governments from restricting competition between health services. The more so when mainstream medical practice has such a poor track record in some areas and may be causing harm to some patients.

Conclusion:

The above proposals should be rejected because they endow the Commission with punitive and unfettered powers to investigate and penalise individuals or organisations. Everyone should have a right to provide information to the citizens of this democracy. In adopting these proposals you would be abrogating

your responsibility to work for the "common" man and represent the powerless against the powerful. It is clear that the medical and pharmaceutical lobbies have too much power and influence from their vast financial resources to be feather bedded in these ways by the Parliament. Reject this blatant power grab and uphold the concepts of free and fair trading and of free speech.

This is an attempt to gag the citizenry with red tape. Fortunately, in the age of the internet, social media and blogs, the mission your Committee has been given is doomed to fail. But if the first of the proposals you are considering were adopted, would it no longer be possible to make this submission to my local Parliamentarian?

Yours sincerely,

Fergus McPherson