Submission No 32

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

**Organisation:** Australian Homoeopathic Association Inc. (AHA)

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**Position:** National President

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ARBN 077 464 101

Committee on the Health Care Complaints Commission Parliament House Macquarie Street Sydney NSW 2000

7 February 2014

Dear Committee Members,

Submission: Inquiry into the promotion of false or misleading health-related information or practices

We refer to the above-mentioned inquiry. On behalf of the Australian Homœopathic Association (AHA), I make the following submissions in accordance with the Committee's stated terms of reference.

Overall objective: report on possible measures to address the promotion of unscientific health-related information or practices which may be detrimental to individual or public health. The Inquiry will focus on individuals who are not recognised health practitioners, and organisations that are not recognised health service providers.

The AHA takes exception to the term 'not recognised' and would like to suggest that the term 'unregistered' be used instead.

The AHA supports any efforts by the Committee to inquire into practices which may be detrimental to individual or public health.

We note your media release of 29 November 2013, citing the above mentioned objective and community concerns in respect of the possible direction of the inquiry. Like many other stakeholders, the AHA had concerns regarding the narrow scope of the objective. In accordance with the comments of Mrs Williams in the above-mentioned



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press release, we trust that the scope has now been extended to all organisations that offer health-related services or advice.

(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;

The AHA supports the efforts of the Committee to limit the promotion of any false and misleading health information that may cause mistrust of, or anxiety toward, accepted medical practice. Such inappropriate information reflects poorly on all health-related services.

The Committee will find that many health-related organisations and associations, including the AHA, have a Code of Professional Conduct which governs the behaviour of their members. The AHA Code of Conduct is annexed and includes principles that:

- require members to "report their work with objectivity and honesty" (1.4);
- limit members from "employing, offering or undertaking work or advice beyond their professional competence" (1.5);
- require members to refer to appropriate practitioners where a problem or condition is beyond the competence of the member (2.7).

The AHA encourages the Committee, when considering measures, to address this concern and to take into account the democratic values of freedom of choice and freedom of speech.

Measures considered by the Committee must not stifle the ability of the general public to access information and/or publications that will assist them in making informed decisions about their health care.

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

The AHA supports any efforts of the Committee to limit the promotion of practices that encourages individuals to refuse measures, treatment or care. As previously referred to in reference point a) many organisations and associations have Codes of Professional Conduct to limit such publications.



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The AHA also draws the Committee's attention to clause 7 of the Code of Conduct for Unregistered Health Practitioners (made under the Public Health Regulation 2012 and annexed). This clause deals appropriately with such concerns.

(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 AHA supports measures to limit the promotion of harmful treatments; however, we warn that the Committee needs to carefully consider the scope of 'accepted medical practice' and the term 'harmful' in the above term of reference.

The AHA vehemently challenges any measure that may limit the promotion of treatments that depart from 'accepted medical practice', should the definition be limited to 'contemporary' or 'western' medicine.

Complementary health services, including homœopathy, have benefited many Australians and are legitimate health services.

Clause 12(3) of the Code of Conduct for Unregistered Health Practitioners (made under the Public Health Regulation 2012 and annexed) deals appropriately with such concerns.

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

The AHA considers that the HCCC presently has robust powers to investigate organisations and individuals (registered or unregistered) who are the subject of a complaint. Such powers are conferred to the HCCC by Division 5 of the Health Care Complaints Act 1993. Powers including the power of entry, search and seizure (s33) are extensive.

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

The AHA is concerned about any attempt to extend the powers of investigation to targeting organisations and individuals (registered or unregistered) who are not the subject of a complaint. The AHA is concerned that such an extension of the powers of



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investigation could lead to unwarranted and malicious complaints that may be detrimental to the entire health services industry and may create general community mistrust of, or anxiety toward, the industry.

The AHA considers that any panel should offer transparency and full disclosure of information relating to the offence, equity and fairness to all health care providers both non-medical and medical, and requests the Committee consider that any panel should be represented by professionals with specific expertise of the area in question. In the case of complaints made against homœopathic practitioners any panel reviewing the case should include a registered and experienced homœopath.

#### (f) any other related matter.

The AHA promotes healthy living and its practitioners offer a complementary health service to many Australians. We support any action that ensures the provision of safe health-related services. We hope that this inquiry will produce results, which are not a mere knee jerk reaction to a handful of isolated incidents, but which include careful consideration of the possible repercussions of proposed measures on the health services industry and the Australian public. We suggest the Committee considers education (to health providers and the public) as a means of ensuring that safe information on all available health service modalities is made available and accessible to the public.

We would be pleased to make further contributions and be consulted on possible measures to assist the Committee in its inquiry. Please feel free to contact us at the address below.



Leah Zinn National President