

A Journalist's assignment

Join me in my journey. You may find a major story opportunity for a journalist.

Summary: This article looks at a massive conflict of interest between the health and lives of the world's medical patients and the multitrillion dollar interests of global medicine.

The public domain medical literature shows that over decades and worldwide, millions of medical patients have died, or have been permanently harmed, by medical treatment as distinct from the patient's disorder. A blanket of secrecy shrouds this pandemic so effectively that few medical patients even know that the term for this harm is 'iatrogenesis'.

Secrecy about the pandemic protects medicine's multibillion dollar interests at the price of betraying patient and public interests. Conversely worldwide public exposure and understanding of the iatrogenic pandemic would protect some of those medical patients who are impending victims of the iatrogenic pandemic.

My years of investigating whose interests the medical profession, government and media serve lead me to conclude that Australia's health care Establishment is in this regard, dangerously untrustworthy.

As for your story: The mainstream media will not publish a damning article that exposes the complicity of our health care Establishment in a great wrongdoing. The internet offers opportunities to publish and network this amazing and essential information.

On a personal aside, learning about the iatrogenic epidemic may help you and those dear to you to avoid *harm arising from medical treatment*.

In the 1970's, Ivan Illich defined ***harm arising from medical treatment as distinct from the patient's disorder as 'iatrogenesis'***. The name derives from "iatros", the Greek word for physician, and "genesis" meaning origin.

A first question is what does our government estimate Australia's yearly iatrogenic toll to be? Is it: 259 or 4,500 or 18,000 or 50,000 iatrogenic deaths per year in Australia?

For the federal government to define Australia's total iatrogenic toll:

- 1 The law must require and achieve, reporting of all iatrogenic deaths as iatrogenic deaths.
- 2 There must be an oversight body to monitor and discourage the practise of re-allocating iatrogenic deaths to non-iatrogenic causes.
- 2 A government department must be legally required to collect, collate and record all iatrogenic deaths in all of the categories of the causes of these deaths.

Step 1: Check if there is a legal obligation to report iatrogenic deaths.

The following questions were put to the Federal Minister for Health and responded to by Senator Santoro, tabled 20 September 2006:

Are iatrogenic deaths legally required to be reported by law?

Yes, under the jurisdiction of the States and Territories, all iatrogenic deaths are required to be reported by law.

Is it illegal for a medical practitioner to falsely certify an iatrogenic death as having arisen from some other legally acceptable cause of death?

Yes, it is illegal for a medical practitioner to falsely certify a cause of death.

Do Australia's governments grant anonymity to iatrogenic deaths by allowing their true cause of death to go unrecorded?

No, the cause of death must be recorded.

Step 2: Check if medical practitioners report all iatrogenic deaths to the Australian Bureau of Statistics (ABS). Ask those who should know within medicine: *What is Australia's annual total iatrogenic toll?* You will find that evidence based medicine does not collect, collate and publish accurate evidence of its own frightening toll.

To categorise and record all iatrogenic deaths, the ABS must use the necessary number of appropriate categories.

According to the review of the public domain medical literature by Null et al the total iatrogenic toll is a composite of numerous categories of iatrogenic harm. For example, instance of fatal iatrogenesis may be classified into these categories:

1. adverse reactions to incorrectly prescribed drugs
2. adverse reactions to correctly prescribed drugs
3. errors (wrong site, wrong procedure, wrong patient) during surgery
4. medical error
5. hospital-acquired infections
6. bedsores
7. malnutrition among hospitalized patients
8. unnecessary medical procedures
9. failure to properly diagnose
10. misdiagnosis
11. failure to correctly treat
12. death arising from injury from therapeutic devices.

The Australian Bureau of Statistics (ABS) uses the WHO ICD-10 classification system which does not permit instances of fatal iatrogenesis to be classified into these categories. When I inquired, I was told that the ABS figures reflect two categories of "incidents arising from medical and surgical mishaps". These 2 categories are far too vague to produce a valid in-depth profile of the iatrogenic epidemic.

All nations permitting this situation cannot accurately account for their iatrogenic toll. Check to see if any government reveals its own country's iatrogenic epidemic. Check if the WHO recognises that there is an iatrogenic pandemic.

A few years ago, the ABS used death certificates bearing iatrogenic causes of deaths to estimate Australia's iatrogenic toll as 259 deaths. Both the public domain medical literature and media reports support an epidemic level of thousands of iatrogenic death per year, when asked why the Australian Bureau of Statistics reported 259 iatrogenic deaths and received an incredible reply:

"The issue of data discrepancies with regard to iatrogenic deaths in Australia is not currently on the ABS Mortality Statistics Forward Work Program, nor has it been in the recent past."

I assume that the ABS figures are fatally flawed because of: 1) The apparent reallocation of thousands of iatrogenic deaths to non-iatrogenic causes. 2) The WHO's (ICD-10) classification lacks the categories of iatrogenic causes that are essential to accurately calculating all iatrogenic deaths.

Step 3: Check what journalists have reported about medical patients being killed due to medical treatment as distinct from their medical disorder.

An article by Mark Metherall in "The Age" newspaper, July 27, 2009, regarding a Federal Government Report about public health was titled "Hospital Botches Kill 4500". ("Hospital botches" are only a part of the entire iatrogenic spectrum.) [\[i\]](#)

According to Bruce Barraclough's study, [\[ii\]](#) Dr Ross Wilson, Director of Quality Assurance at Sydney's Royal North Shore Hospital stated that there are 18,000 patients who die each year as a result of medical mistakes in Australia. [\[ii\]](#)

In his 1995 book "Bad Medicine", Australian investigative journalist, John Archer, derives his information via a meta-analysis of some of the public domain medical literature regarding iatrogenic harm. He estimated that Australia may have about 50,000 iatrogenic deaths and 750,000 permanent injuries per year. [\[iii\]](#) This implies that iatrogenic death may be a/or the leading cause of death in Australia.

On 29-12-12 the Age newspaper published an overview of causes of deaths in Australia entitled: 'Ways to Die'. The ABS based data could not account for the 4,500 deaths due to 'hospital botches', the 18,000 patients who die each year as a result of medical mistakes or Archer's 50,000 from all iatrogenic causes.

'Ways to Die' exposed a shocking cover-up that exemplifies how the ABS data collection system not only failed to reveal, but effectively concealed Australia's iatrogenic epidemic. Ignorance of the existence of the iatrogenic epidemic endangers medical patients while protecting medical incomes; it is a massive conflict of interests.

That ignorance depends upon and gets the informed silence and cooperation of Australia's mainstream media. I informed the medical writer, the Age newspaper and many other media outlets about this fatal deception. Their silence makes them party to a great wrongdoing.

Step 4: Compare Australia's decades of accumulating iatrogenic deaths to deaths arising from wars and the road toll.

a) War - among service personnel in all of the wars in which Australia has been a combatant.

When I checked with Australia's War Memorial their figures showed that in the years since 1860-61 the total number of Australian service personnel who were killed as a result of war caused injury totaled 102,820.

The succession of wars involving Australia has been separated by times of peace. Unlike wars iatrogenesis knows no casualty free times. Australia's flawed data conceals how many iatrogenic deaths have relentlessly continued to accumulate over decades.

Step 5: Ask Australia's Governments to define the true extent of Australia's iatrogenic toll, pointing out that the WHO's (ICD-10) classification cannot define Australia's total iatrogenic toll.

I created a list that incorporates most causes that may define Australia's total iatrogenic toll. I sent that to the Federal Minister for Health and asked him to use that to define Australia's total iatrogenic toll.

In reply to one of my questions, Australia's Minister for Health avoided confronting the total iatrogenic toll by stating: "The Australian Government does not make estimates of annual fatalities arising from these categories."[\[iv\]](#) My questions, in person and in state and federal parliament confirmed that governments cannot know their state, territorial, or national true iatrogenic toll. Ignorance of the iatrogenic toll is no accidental oversight; this failure to know is deliberate.

A continuing iatrogenic epidemic demands that for their own protection medical patients must be adequately forewarned of their impending peril. Although Australia's government is aware of their impending deaths and permanent harm, people in power by their default contribute toward that toll.

Step 6: Check to see if other departments know Australia's annual iatrogenic toll.

I e-mailed the Office of the Safety and Quality Council. In July 2005, their incredible reply confirmed that: "There is currently no one body that correlates all information on rates of death due to treatment and in fact, there is no single source of statistics that provides an appropriate measure for safety and quality in Australia."

In 'Australian Doctor', the article "Pay doctors to report adverse events" "Reporting of adverse events by healthcare professionals is not mandated by the Therapeutic Goods Administration and currently only 9% of all reports of adverse events to the TGA originate from them," and: "More than 1.5 million Australians suffer an adverse event from medicines each year, resulting in at least 400,000 visits to GPs and 190,000 hospital admissions.

Step 7: As the practise of scientific evidence based medicine is replicated in both Australia and other developed countries, check the international scene to see if other nations share similar epidemics.

In the USA and in 2004, 3 MDs and a PhD reported: "The most stunning statistic, however, is that the total number of deaths caused by conventional medicine is an astounding 783,936 per year. It is now evident that the American medical system is the leading cause of death and injury in the US".[\[v\]](#)

According to the BMJ 1999;319:136-137 (17 July) "Studies in Australia,[\[vi\]](#) Israel, [\[vii\]](#) the United Kingdom[\[viii\]](#) and elsewhere, suggest levels of error and hazard in patient care that are no lower than in America."

According to Scientific America, "If the airline industry's fatality rate was as high as the estimated death rate from medical errors, five major crashes would take place every day." [\[ix\]](#)

And in Canada: "It is not unreasonable to estimate that mistakes within the entire Canadian health system may be inadvertently or negligently killing 50,000 people a year or more rivalling heart disease and cancer as the greatest threats to life." [\[x\]](#)

Step 8: Check internationally, does any government collect and publish complete and accurate data about this "greatest threat to life"?

I have not seen any indication that any country does that. The use of ICD-10 classification provides an impression of accountability without confronting and exposing a nation's iatrogenic epidemic. Hence, its use by developed countries would have the effect of concealing the global iatrogenic pandemic. That suspicion carries enormous implications of great wrongdoing!

Step 9: Check internationally, has any mainstream media noted: 1) this glaring ICD-10 sourced discrepancy, 2) that no government collects and publishes accurate data revealing their country's annual iatrogenic toll, 3) that no government publishes adequate forewarnings about this great risk?

Responsible media outlets share a duty of care to recognise that death certificates bearing false or misleading causes of death and the use of the ICD-10 classification conceal rather than reveal the magnitude of a nation's iatrogenic toll. A concealed epidemic should be a major area of concern to responsible news outlets. Instead, as far as I know mainstream media articles never recognise that there is an iatrogenic epidemic or a global iatrogenic pandemic.

Step 10: Prepare and circulate adequate background material to effectively inform Australia's key editors and journalists in our mainstream print, TV and radio that media silence about the iatrogenic epidemic/pandemic betrays patient and public interests. Observe their informed decision.

13 years ago, a submission from the WA branch of the chiropractors' association, which contained much of the foregoing was sent to the WA Minister for Health. The segment confirming the iatrogenic epidemic was widely circulated among key MPs and media people.

More recently, I circulated the article; *The Media's Elephant in the Room* to around 200 people in the media.

BUT!! Massive amounts of money are at stake. Keeping medical patients dumbed down, concealing the data about the iatrogenic epidemic and even that the iatrogenic epidemic exists is crucial to the vested interests of many people. What a conflict of interest! Self-interest won out. Not one media outlet published a warning.

It is hard to imagine that a nation's key editors and journalists in the mainstream print, TV and radio media would make an informed decision to: 1) fail to call the government to account for what seems to be a massive betrayal of patient and public interest 2) never sound a public alarm about the true full dimension of the iatrogenic threat to medical patients.

As far as I know, no one in the media called on the government to explain 1) why full and accurate reporting of iatrogenic deaths is not enforced, 2) why they use the ICD-10 classification and so fail to accurately fully account for the iatrogenic epidemic and 3) why they endanger thousands of medical patients by not publishing adequate forewarnings about the epidemic.

That awareness created a public obligation for Australia's health care Establishment to protect future potential victims of the iatrogenic epidemic by providing adequate forewarnings. Informed silence and inaction, concealing by failing to reveal the potential disaster has over 15 years confirmed that Australia's health care Establishment is in this regard, dangerously untrustworthy.

Step 11: Look for the red herrings used by government to justify not providing public patients with direct Medicare funded access to non-medical registered and licensed health care professionals who do not create an epidemic.

Archer's 1995, 50,000 iatrogenic deaths and chiropractic's 1995, 0 death rate means that safety cannot be a foundation for medicine's exclusive role as the sole major provider within public health. Exclusive dealing between government and in terms of iatrogenesis, the most dangerous health care profession betrays, rather than protects, patient and public interest.

Citizens have no higher authority to appeal to regarding a corrupt health care Establishment's grievous misconduct that endangers the health and lives of medical patients.

The victims of the iatrogenic epidemic are medical patients. Unquestioning trust in medical advice ends as a person understands and owns the reality that there is an iatrogenic epidemic and that the total silence of the health care Establishment imperils future victims.

The Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery reads: "All health care professionals have an obligation to comply with the Universal Protocol and to speak up if they feel patient safety is being compromised in any way."

Seen in the simple scenario of two groups with conflicting interests, the reader of this article has a personal choice to either betray patient interest or to protect it, to be silent or to speak out.

In that regard betrayal of patient interest extends far beyond the health care Establishment to the mutual silence of the many government authorities dealing with 'health', to health professional associations, and their members. (Chiropractic associations and many chiropractors share silence about the foregoing.)

The betrayal by seemingly 'good people' justifies patients acting to whenever appropriate, protect themselves and their dependents from becoming exposed to iatrogenic risk. How much or how little one has to do with being exposed to iatrogenic risk is often a matter of choice.

Choosing an illness oriented lifestyle increases the risk of needing medical treatment with its risk of iatrogenic permanent harm or death. People who adopt and live a healthy, non-medicated lifestyle report going for decades without exposure to iatrogenic risk.

A few well informed people who comprehend the risk of becoming involved in the iatrogenic epidemic choose a healthy lifestyle in preference to a medicated lifestyle. Where safer equally good or better options of care exist they avoid the unnecessary risk of iatrogenic harm.

Logically, people who are well informed about the iatrogenic epidemic confine their use of drugs and surgery only to essential exposures.

Stay healthy!

[i] Archer, John. Bad Medicine: How Safe Is Modern Medicine. Simon and Schuster Australia, East Roseville, NSW. 1995. P184

[i] <http://www.theage.com.au/national/hospital-botches-kill-4500-20090726-dxjm.html>

[ii] The Quality in Australian Health Care Study. Wilson RM, Runciman WB, Gibberd RW, Harrison BT, Newby L, Hamilton JD. Med J Aust. 1995;163:458-471

[iii] Archer, John. Bad Medicine: How Safe Is Modern Medicine. Simon and Schuster Australia, East Roseville, NSW. 1995. P184

[iv] Reply to Questions on Notice, #577. Australian Parliament, Sept. 15, 2005.

[v] Le Magazine March 2004; As We See It, Dangerous Medicine
http://www.lef.org/magazine/mag2004/mar2004_aws_i_01.htm

[vi] Editorial reducing errors in medicine BMJ 1999
<http://www.bmj.com/content/319/7203/136#B4>

[vii] Editorial reducing errors in medicine <http://www.bmj.com/content/319/7203/136.full>

[viii] Editorial reducing errors in medicine <http://www.bmj.com/content/319/7203/136.full>

[ix] Physician, Heal Thyself by Mark Alpert, Scientific American 282, 32 - 34 (2000)
doi:10.1038/scientificamerican0500-32

[x] Squandering Billions; health care in Canada. Bannerman, Gary et al. Publisher Hancock House page 57