

BACKGROUND

In 1976 Ivan Illich introduced the term *iatrogenesis* in his book *Medical Nemesis*. *Iatrogenic* refers to harm arising from medical treatment as distinct from the patient's disorder. Since then sufficient articles have been published about the magnitude of iatrogenic harm to justify terming its magnitude an *iatrogenic* epidemic.

Examples of Media Reports of the Annual Toll of Thousands of hospital related iatrogenic Deaths.

Over 20 years ago, The Medical Journal of Australia Vol. 163 6-11-1995 reported: *"Extrapolation to all acute hospitals within Australia in 1992 indicates that 50000 patients would have suffered permanent disability and 18000 would have died as a result of their health care,.."*

Quoting a 1995 report by the then federal Minister for Health. Dr Carmen Lawrence relating to in-hospital iatrogenesis, *"It is of great concern to me that between 25,000 and 30,000 people would have experienced an adverse event that resulted in some degree of permanent disability, and between 10,000 and 14,000 people would have died."*

An article by Mark Metherall in "The Age" newspaper, July 27, 2009, regarding a Federal Government Report about public health noted that: *"Hospital errors claim the lives of 4550 Australians a year, equivalent to the death toll from 13 jumbo jets crashing and killing all on board, says a report to the Government which urges sweeping reforms of the health system."*

The Accumulated True Total Iatrogenic Toll.

A few years ago Australia's War Memorial figures showed that in the years since 1860-61 the total war caused death toll among Australia's serving defence force personnel, in all of the wars in which Australia has been a combatant totaled 102,820. Iatrogenic harm has continued over decades, is continuing and will continue. Seemingly, the accumulating true total toll of Australia's iatrogenic epidemic far exceeds one hundred thousand deaths; in secrecy!

Examining the Big Picture.

Meta-analysis is a statistical technique for combining the findings from independent studies. An Australian meta-analysis of public domain medical literature relating to the iatrogenic toll was conducted by the investigative journalist, John Archer in 1997 who used 'some of' the medical literature to find that: *"An epidemic which could affect up to 750,000 people and result in 50,000 deaths annually deserves to be a top research priority".* ⁱⁱ

In 2004, Null et al used "all available", public domain medical literature to claim that in the USA: *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.* ⁱⁱⁱ

The Global Iatrogenic Toll.

Similar rates of harm would be replicated in developed countries. According the British Medical Journal: ^{iv} *"Studies in Australia,^v Israel,^{vi} the United Kingdom^{vii} and elsewhere, suggest levels of error and hazard in patient care that are no lower than in America."*

Published information supports the presence of national iatrogenic epidemics and a global iatrogenic pandemic.

Both the benefits and harm of medicine's scientific evidence based procedure, products and services would be replicated in developed countries. Dr Liam Donaldson, the World Health Organisation's (WHO's) envoy for patient safety made the amazing claim about doing business with medicine: *"Millions of people die each year from medical errors and infections linked to health care."* ^{viii} It is important to understand that those millions of deaths that the WHO's envoy was referring to arose from only two of the twelve categories of iatrogenesis used by Null et al in 2004.

CONCEALING AN EPIDEMIC/PANDEMIC.

A blatantly simple arrangement has served for decades to make the concealment of the iatrogenic epidemic possible. In apparently thousands of instances of iatrogenic deaths, death certificates which should bear witness to the fact that her/his death was caused by iatrogenesis, instead bear the name of the patient's original disorder. Substitution permits no mention to be made that *iatrogenesis* caused her/his death.

Of all public safety policies probably no official ABS, Australian Bureau of Statistic's data has a greater priority and need for accuracy than *cause of death*. ABS data does not reflect either Archer's public domain medical literature's 50,000 deaths, or the thousands of iatrogenic deaths reported elsewhere. The ABS collects, collates and publishes what amounts to misinformation which actually deceives, disinformation.

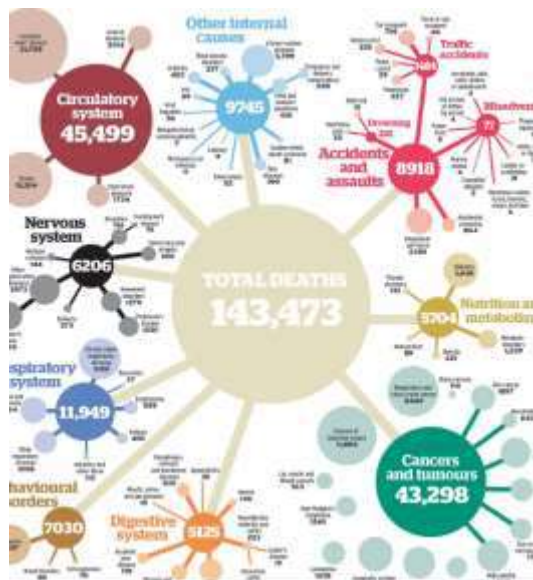
That ABS disinformation forms the substance of the government annual Report: *Cause of Death*, which makes no mention of Australia's *iatrogenic* toll. Based upon that data on the 29-12-12, the Fairfax media published an article titled 'WAYS TO DIE', its graphic fails to mention these 12 categories of cause of death.

THE MISSING DATA

The missing categories: 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.

White Lies, Black Lies and Statistics.

Australia's yearly death toll was reported on a total of 143,473 death certificates. One may assume that number of deaths is correct. Because no mention is made of Australia's iatrogenic toll, thousands of patients incurring iatrogenic deaths must have had a non-iatrogenic cause of death substituted on their death certificates.



In 2009 the Australian Bureau of Statistics ABS data defined only a part of Australia's annual iatrogenic death toll at 259. That massive shortfall happened because:

- 1) The government fails to ensure that all iatrogenic deaths are accurately reported as iatrogenic deaths.
- 2) The wording of the World Health Organisation's guidelines appears to permit deaths that are caused by iatrogenesis to have a non-iatrogenic cause of death to be substituted on death certificates.
- 3) The WHO ICD10 classification system is limited by not having all necessary 12 categories of iatrogenesis. The government uses the WHO ICD10 which cannot define Australia's true total iatrogenic death toll.
- 4) According to correspondence from Senator the Hon. Jan McLucas, Parliamentary Secretary to the Minister for Health and Ageing (29 MAY 2009) "According to Causes of Death, Australia, 2007 complications of medical and surgical care' was the underlying cause of 259 deaths in 2007." That email also stated: "There is no specific data collected nationally for the category of iatrogenic deaths."

The response by the ABS to correspondence about this fatal flaw was that: "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."

No One Counts Australia's Total Iatrogenic Death Toll

In July 2005, Australia's Office of the Safety and Quality Council 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."^{ix}

Senator Nettle put question 1029, 14/7/05 to the Minister representing the Minister for Health and Ageing: *Within all categories of the iatrogenic spectrum, what is the total number of public health patients who die in Australia each year as a result of iatrogenesis.*

It received the following incredible reply: *No data is available on the number of deaths annually of public health patients in all categories of the iatrogenic spectrum.*

Concealing a Pandemic.

Countries using the WHO guidelines and the International Classification of Diseases cannot know their iatrogenic toll.

In the USA according to Noel Eldridge, MS Center for Quality Improvement and Patient Safety Agency for Healthcare Research and Quality: *"There is not presently a reliable and up-to-date estimate for the number of deaths related to iatrogenic injury in the US, or in any other nation (to my knowledge)."*^x

In Canada: *"No one has the slightest idea how many iatrogenic errors might be uncovered if the entire field of medicine were to be studied particularly if the same forensic intensity were applied that is accorded highway accidents and crime scenes."*^{xi}

The Role of The Media.

In 1976 Illich warned of an iatrogenic epidemic. In 1995, Archer's information was published. In 2000, the Chiropractor's Association of WA submission about an iatrogenic epidemic was circulated to MPs, the health bureaucracy and the media. In the intervening years many media staffers received widely circulated overviews such as 'A journalist's assignment'.^{xii}

The media knows about thousands of medically caused deaths, they published stories about that. Because of substitution no media can publishes an overview of Australia's true total iatrogenic toll. They know about substitution and about the total silence about the iatrogenic epidemic. No media asked whose interests are protected by the annual government publication *Cause of Death* ignoring our iatrogenic epidemic and publishing disinformation.

Alarmingly, year after year, while thousands die and far more are permanently harmed, informed media silence accompanies (has resulted in Australia's total annual iatrogenic death toll disappearing from public view.

The 2004 publication by Null et al highlighted the necessity of having adequate categories to define the nation's iatrogenic toll and concluded that *"the American medical system is the leading cause of death and injury in the US"*. No media has questioned Australia's use of the inadequate categories.

I alerted the journalist who authored the Age newspaper article entitled: 'Ways to Die' about this major flaw. Ami had an opportunity to expose how the use of this arrangement permits the substitution of non-iatrogenic causes of death for the causes of thousands of apparent iatrogenic deaths. Nothing was published about that.

The media blackout has been and still is, so effective that Australia's 'average punters' remain ignorant of the meaning of the term iatrogenic or that there is an ongoing iatrogenic epidemic. Very few know that substitution conceals Australia's thousands of iatrogenic deaths per year from public view. Decades of total media silence has left the iatrogenic toll out of the public conversation.

In his book, *Deadly Medicines and Organised Crime*, author Professor Peter Gøtzsche shows how massive corruption by Big Pharma undermines the integrity, validity, effectiveness and safety of a great deal of medical research, its practise and the media.

"Like the drug industry, the media are immensely powerful, and when the two join forces, falsehoods are at their worst."
"The media should be less focused on a single murder here and there and more focused on drugs that kill thousands of patients. The public knows very little about this and virtually nothing about organised crime in the drug industry."

Political Hypocrisy



Both the current Prime Minister Mr Turnbull and former Prime Minister Abbott claimed that a first duty of government is to protect the public.

Since 2000, mass mail-outs to MPs ensured that they knew that the iatrogenic epidemic endangers thousands of impending victims. MPs should be aware that the continuing arrangements that conceal the true magnitude of iatrogenic deaths and permanent harm endangers impending victims.

Throughout the years as thousands died or were permanently harmed, parliamentarians, who should have known of this major threat to health and lives, failed to 'protect the public' in this regard.

Much of the correspondence about the iatrogenic epidemic is ignored. The few replies exemplified how bureaucrats can ignore the heart of the matter while replying at length without addressing the question. One inquiry generated an Orwellian reply from a government department that concludes with a warning that the response cannot be disclosed to others. Such obstructions to clear communication are destructive to the welfare of a free and open society.

Lost Opportunity.

Medicare reimburses some 5,700 medical products and services without hard scientific evidence of safe effectiveness. The decades of a concealed iatrogenic epidemic should have provided Australia's health care Establishment with adequate evidence about which ones permanently harm or kill public patients, to ensure their use is stopped or minimised.

The Bottom Line.

It is self-evident that Australia's unchallenged iatrogenic epidemic exists because key people in Australia's health care establishment, be they politicians, bureaucrats or media staffers are, to some degree, involved in heinous wrongdoing.

Reflecting on the one consistent outcome of my many meetings with generations of key people, years ago I asked a health care writer to author an article that exposed a corrupt aspect of health care. She refused, stating that to do so would cost her, her job. Without exception all of the key people that I asked for assistance failed to defend the health interests of very people whom they should act to protect.

Asking a key person to take a position that publicly recognises what is occurring threatens her/his job security. I assume that pharmacy based medicine's financial influence holds the power over employment. Hence my request for them to expose a corrupt aspect of health care creates a personally intimidating feeling of confrontation.

To me as a spectator, it seems that those we trust, share a diabolical allegiance that imperils thousands of the present and the future generations of public medical patients.

ⁱ <http://www.smh.com.au/national/hospital-errors-cause-4550-deaths-a-year-20090726-dxi5.html#ixzz36B3FcI4I>

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

ⁱⁱⁱ http://www.lef.org/magazine/mag2004/mar2004_aws_i_death_02.htm

^{iv} BMJ 1999;319:136-137 (17 July)

^v Editorial reducing errors in medicine <http://www.bmj.com/content/319/7203/136.full>

^{vi} Editorial reducing errors in medicine <http://www.bmj.com/content/319/7203/136.full>

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

^{viii} According to the article: Health Care Is "High-Risk Business" from Reuters Health Information by Stephanie Nebehay

^{ix} http://www.lef.org/magazine/mag2004/mar2004_aws_i_death_02.htm

^x Email from: Eldridge, Noel (AHRQ/CQuIPS) [mailto:Noel.Eldridge@AHRQ.hhs.gov]

^{xi} Squandering Billions; Health Care in Canada. Bannerman, Gary et al Publisher Hancock House page 56

^{xii} <http://www.attadalechiropractic.com.au/news-views/articles-of-interest/a-journalist's-assignment.aspx>