

Editors Note: Well done Dr McKibbin for identifying this contemporary issue that has been overlooked in the media! Thank you for the hard work and research.

A Journalist's assignment

Is there a story opportunity here for a journalist?

Subject: Do 259 or 4,500 or 18,000 or 50,000 Australians die per year as a result of harm arising from medical treatment as distinct from their medical disorder?

"Harm" arising from medical treatment was defined by Ivan Illich in the 1960's as iatrogenesis. The name derives from "iatros", the Greek word for physician, and "genesis" meaning origin.

For a government to define how many patients die from medical treatment as distinct from the patient's medical disorder; that is its nation's iatrogenic death toll:

1 The law must require and achieve, reporting of all such deaths.

2 A government department must be 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 the Australian Bureau of Statistics (ABS) uses the appropriate number of categories of iatrogenic harm causing death to categorise and record all reported iatrogenic deaths.

The ABS must have a classification system that includes all of the numerous categories of iatrogenic harm causing death. When I inquired, I was told that the ABS uses the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and that the ABS figures reflect two categories of "incidents arising from medical and surgical mishaps".

Assembling data using only a fraction of the all-inclusive list provides an untrue estimate of Australia's iatrogenic toll. The ABS reported an annual iatrogenic death toll of 259.

Step 3: Check if 259 iatrogenic deaths equate with media reported iatrogenic death rates.

An article by Mark Metherall in "The Age" newspaper, July 27, 2009, regarding a Federal Government Report about pub-

lic 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 and quotes some of the medical data about iatrogenic harm, to conclude approximately 50,000 iatrogenic deaths occur each year. [iii] This implies that iatrogenic death may be a or the leading cause of death in Australia.

Comment: These patients had a medical disorder. Some would have a very serious disorder. Others may be in their terminal stage of an illness. However terminal iatrogenesis is certainly not confined to those about to die.

A fatal flaw in the claim that medicine is evidence based is that the medical profession does not collect, collate and publish accurate evidence of its own epidemic level of iatrogenic permanent harm and fatalities.

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.

Unlike peace, iatrogenesis knows no casualty free times. Rather, its pandemic toll accumulates relentlessly over decades. 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.

b) Australia's Road Toll

In his 1995 book Archer noted Australia's annual road death toll was about 2,000.

Step 5: Query why the ABS reported 259 iatrogenic deaths when 1) the public domain medical literature implied an epidemic level of iatrogenic deaths, 2) selective media reports clearly indicate thousands of iatrogenic deaths?

I 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."

It is my understanding that because the World Health Organisation's International Statistical Classification of Diseases and Related Health Problems (ICD-10) does not accurately account for all categories of iatrogenic deaths the ABS figures are fatally flawed.

All nations using this ICD-10 classification cannot accurately account for their iatrogenic toll. No government reveals its own country's iatrogenic epidemic and collectively, the WHO cannot recognise the iatrogenic pandemic.

Step 6: Check to see if other Australian Government 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."

Step 7: Ask Australia's Governments to define the true extent of Australia's iatrogenic toll, pointing out that the ICD 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 iatrogenic toll. By seemingly having made an unofficial, informed choice not to adequately forewarn generations of victims, people in power by their default contribute toward that toll.

Step 8: As 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."

Edgar Suter, the author of "What Doctors Don't Tell You" comments, when comparing the rates of iatrogenesis to the misuse of firearms, "If you live in the USA where about 40,000 people are shot dead each year, you are never-the-less three times more likely to be killed by a doctor than by a gun". [ix]

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." [x]

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 rivaling heart disease and cancer as the greatest threats to life." [xi]

Step 9: 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. I suspect that the international use of ICD-10 classification

serves to give an impression of accountability without confronting and exposing either national iatrogenic epidemics or the global iatrogenic pandemic. That suspicion carries enormous implications!

Step 10: Check internationally, has any mainstream media noted: 1) this glaring ICD-10 sourced discrepancy, 2) that no government collects and publish 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 using the ICD-10 classification conceals rather than reveals 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.

It is hard to imagine that a nation's key editors and journalists in the mainstream print, TV and radio media would make such 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.

Step 11: Prepare and circulate adequate background material to effectively inform Australia's key editors and journalists in our mainstream print, TV and radio that a serious problem exists. Then observe their informed decision.

I circulated adequate information. Their uniform response has been silence and total inaction about it. No one called the government to explain 1) why they use the ICD-10 classification and so fail to accurately fully account for the iatrogenic epidemic and 2) why they don't publish adequate forewarnings about the epidemic.

Step 12: 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.

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.

As for your story: It will not get published if it exposes the complicity of our mainstream media in a great wrongdoing. The mainstream media's control over information has been lost to internet's social media. That offers opportunities to publish and network the story.

Please let me know if I have got something badly wrong. I look forward to your constructive critique of this article:

Michael McKibbin

michael.mckibbin@attadalechiropractic.com

[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>