

## The First Duty of Government

According to former Prime Minister Abbott: *"Because protecting our people is the first duty of government, it's right that I should update the House on developing challenges to our national security."*<sup>1</sup>

No one can know how many medical patients are unnecessarily permanently harmed or die due to medical treatment as distinct from their disorder. Death certificates do not truthfully evidence all iatrogenic deaths. No government department collects, collates and publishes accurate data profiling the true extent of **iatrogenesis**.

Scattered published reports of iatrogenic deaths and instances of permanent harm imply the existence of a decade's long iatrogenic epidemic happening within public health.

For years, people within government, media and bureaucracy were made aware of the urgent need to define the magnitude of iatrogenic harm and to adequately forewarn potential victims. While thousands died and thousands more were permanently harmed illusionists acted as though there is no iatrogenic epidemic/pandemic while fostering the deadly illusion that public health is acceptably safe. Both fatal illusions depend upon the government cooperating in not establishing Australia's true total annual iatrogenic toll.

During the decades of Australia's iatrogenic epidemic people within government, media and bureaucracy did not sound an adequate forewarning. This silence and the two illusions; 1) there is no iatrogenic epidemic 2) public health is acceptably safe, contributed, at least in part, to the extent of the ongoing iatrogenic toll.

Investigating the foregoing shatters those two illusions and discredits the integrity of those within the media, government or the bureaucracy who are knowingly passively or actively involved in this horrific misconduct.

If protecting our people is the first duty of government politicians need to be well informed about Australia's iatrogenic epidemic and to protect our people by ensuring that both the body overseeing Registration Boards (AHPRA), and the Medical Registration Board be legally regulated in a manner that both recognises and minimises iatrogenic harm.

Australia's iatrogenic epidemic makes it literally a matter of life or death that illusionists do not populate those Boards. Public patient safety demands that realists, independent authorities on Australia's continuing iatrogenic death toll, populating both the body overseeing Registration Boards



(AHPRA), and the Medical Registration Board. Current ignorance imperils future victims. AHPRA recently replied to an inquiry as follows:

*"Thank you for your recent enquiry regarding information collected and published in Australia about medical adverse events, injuries and deaths.*

*AHPRA's role is to support the 14 National Boards that are responsible for regulating the health professions in the public interest. The primary role of the National Boards is to set registration requirements and to establish standards and policies that all registered health practitioners must meet.*

*We are not able to advise on matters relating to employment and/or employment conditions nor are we able to provide you with statistics or information concerning the above mentioned."*

### BACKGROUND

Twenty years ago, Australian investigative journalist John Archer, used some of the public domain medical literature as a basis for his guesstimate of Australia's annual iatrogenic toll. Archer suggested: *"An epidemic which could affect up to 750,000 people and result in 50,000 deaths annually deserves to be a top research priority."*<sup>11</sup>

Former Minister for Health, Dr Carmen Lawrence's commented on a part of Australia's total annual iatrogenic toll, in-hospital permanent disability and death: *"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 in *The Medical Journal of Australia*, Vol 163 6-11-1995 stated:

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## An Introduction to Iatrogenesis — contributed by Dr Michael McKibben (cont.)

"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..." Unlike intermittent wars, iatrogenesis is continual, amounting over decades into massive toll.

### Iatrogenesis is contentious.

"The extent to which a problem may be attributed to iatrogenic injury is often debatable. In the case of the 14,000 deaths for example, it is known that the patient died and that there was an iatrogenic event. The extent to which the death was caused by the iatrogenic event compared with the contribution of their causes such as the critical nature of the patient's condition has not been determined and is the subject of further study."<sup>11</sup>

### Concealing an iatrogenic epidemic.

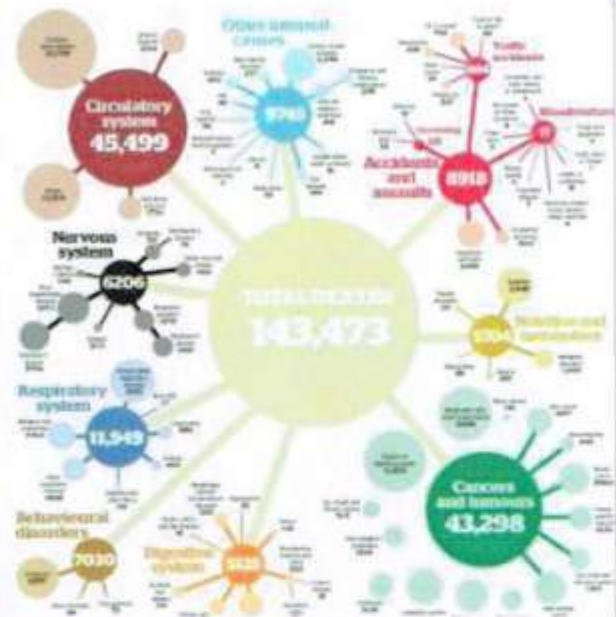
Firstly, thousands of iatrogenic deaths reported in published articles as being caused by iatrogenesis do not match what appears on death certificates; few death certificates bear iatrogenesis as a cause of death.

Secondly, the data is not collected. Over decades, while thousands of medical patients have fallen victim to the iatrogenic epidemic, no government department has collected, collated and published an accurate report about the true magnitude of Australia's continuing iatrogenic deaths and permanent harm. 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." Chosen ignorance imperils patients and thus is contrary to the government's first duty of protecting the public.

Thirdly, use two categories of iatrogenic deaths rather than twelve categories.

### The 12 categories of iatrogenesis.

US researchers, including three MDs and a PhD, used a framework of 12 categories of iatrogenesis in which to sort all of the available jumbled medical data into an orderly way of portraying the full picture of the entire spectrum of their iatrogenic epidemic. "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."<sup>12</sup>



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.

Two categories permitted the following response to a request for the government's estimate of Australia's iatrogenic death total: "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 Australian Bureau of Statistics (ABS) provides an annual report referred as Causes of Death, it served as the basis of an article, including this graphic, in the Sydney Morning Herald (SMH), titled "Annual loss recorded: a year in the life of death"<sup>13</sup>

Thousands of deaths due to iatrogenesis reported in Australia's media are missing from the official government report Cause of Death and so do not appear in this graphic.

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## An Introduction to Iatrogenesis — contributed by Dr Michael McKibben

### How the iatrogenic pandemic disappears:

The World Health Organisation's classification of diseases uses only two categories instead of twelve. Seemingly, the WHO death certificate guidelines permit those death certificates which should bear an iatrogenic cause of death, to instead bear a substituted non-iatrogenic cause of death.

Substitution disallows an accurate publication of deaths occurring in all 12 categories of iatrogenesis. Substitution permits the ABS, government and the media not to officially recognise that collectively, when all categories of the iatrogenic spectrum are assembled together, Australia has thousands of iatrogenic deaths per year.

The horrendous deception: Members of the health care Establishment are an informed party to a failure to reveal and so to conceal the magnitude of Australia's iatrogenic epidemic. That concealment permits the current horrendous

deception that the source of the epidemic, public health is acceptably safe, leaving impending victims of the iatrogenic epidemic, unaware of the true risk of the medical products and services that either permanently harmed or killed so many of their predecessors.

Substitution also conceals what medical products and services have, over past decades and globally, killed millions of medical patients. Hence the multitude of medical products and services creating the unrecognised global iatrogenic pandemic might escape recognition. Fatally flawed data collection denies the world's medical practitioners of information about the true degree of risk posed by many of the medical products and services that they are providing to their billions of current patients. In a seven trillion dollar per year illness industry, concealment protects profits at great risk to medical patients.

### Iatrogenesis is global.

The July 17th 1999 edition of the British Medical Journal included: "*Studies in Australia, Israel, the United Kingdom and elsewhere suggest levels of error and hazard in patient care that are no lower than in America.*" Medicine's scientific evidence based practises are applied in all developed countries creating similar levels of error and hazard in patient care. "*The causes of iatrogenic injury appear to be systemic. The remarkable constancy of pattern across the Australian and US health care systems for serious injuries bears witness to the fact that despite all of the differences in structure, training and practice, similar patterns of iatrogenic injury are observed.*"<sup>vii</sup>

### The global magnitude of iatrogenesis:

Dr Liam Donaldson, the 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.*"<sup>viii</sup>

It is important to understand this pandemic magnitude is continual, year in year out and included only two of the twelve categories of iatrogenesis.

### Concealing the iatrogenic pandemic:

"*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).*"<sup>ix</sup> 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.*"<sup>x</sup>

Nobody "*raises an eyebrow*": Quoting the must read book 'Deadly Medicines and Organised Crime', authored by Professor Peter Gøtzsche, who founded the Nordic Cochrane Centre: "*The mob doesn't kill many people compared to what the drug industry knowingly does.*" "*Tens of thousands of patients had lost their lives because of the misdeeds committed by Merck and Pfizer*". He estimates that 100,000 people in the United States alone die each year from "*the side-effects of correctly used drugs.*" ... *It's remarkable that nobody raises an eyebrow when we kill so many of our own citizens with drugs.*"<sup>xi</sup>

In 2000, a submission from CAA (WA) to the then Minister for Health, focused attention on why the government fails to recognise and curb the iatrogenic toll. Excerpts of the submission and further information relating to iatrogenesis being a/or the leading cause of death and permanent harm, have been widely circulated to federal MPs, political parties and to key people in Australia's media. Though informed, none of them 'raised an eyebrow'.

<sup>i</sup><http://www.smh.com.au/federal-politics/political-news/tony-abbott-national-security-statement-to-parliament-20140922-10kxcs.html#sthash=8e4aCdng>

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

<sup>iii</sup> WB Runciman, *Iatrogenic Injury in Australia*. A report prepared by the Australian Patient Safety Foundation, October 2001, pg 23.

<sup>iv</sup>[http://www.lef.org/magazine/mag2004/mag2004\\_awsr\\_death\\_82.htm#aw](http://www.lef.org/magazine/mag2004/mag2004_awsr_death_82.htm#aw)

<sup>v</sup> Correspondence from Senator the Hon. Ian McLucas, Parliamentary Secretary to the Minister for Health and Ageing (29 MAY 2009)

<sup>vi</sup><http://www.smh.com.au/national/health/annual-loss-recorded-a-year-in-the-life-of-death-20111228-3z2fu.html>

<sup>vii</sup> *Iatrogenic Injury in Australia*. A report prepared by the Australian Patient Safety Foundation, WB Runciman, October 2001, p 106

<sup>viii</sup> According to the article: *Health Care is 'High-Risk Business'* from Reuters Health Information by Stephanie Nebehay, 16

<sup>ix</sup> Email from: Eldridge, Noel (AHRQ/CQIP) [mailto:Noel.Eldridge@AHRQ.hhs.gov]

<sup>x</sup> Squandering Billions: *Health Care in Canada*. Bannerman, Gary et al Publisher Hancock House page 56

<sup>xi</sup> Peter Gøtzsche, founder of the Cochrane Collaboration, visits Australia to talk about dangers of prescription drugs, *Sydney Morning Herald* Feb 7, 2015 Amy Conderoy, Health