

To Tara Pritchard

Director, Health and Vital Statistics

Qld Office, Australian Bureau of Statistics

Dear Ms Pritchard

Thank you for a well stated reply to my questions re iatrogenesis; harm arising from medical treatment as distinct from the patient's disorder. You cited the international Classification of Disease's "4,015 mentioned and 259 deaths which had an underlying cause of death within the code block "complications of surgical and medical harm".

The federal Minister for Health was asked "How many die per year due to iatrogenesis?" Senator the Hon Jan McLucas responded quoting 259 deaths. The ABS data plays a crucial role the government's response to the question: Is there, or is there not an iatrogenic epidemic.

If the ICD's figures are accurate, then we have safe Medicine.

If the guesstimates in medical literature are approximately right then we have an iatrogenic epidemic about which the government must provide the public with an epidemic alarm level of forewarning appropriate to tens of thousands of iatrogenic deaths a year.

There is an shocking massive disparity between the ICD figure of 259 deaths and those of Dr. Ross Wilson, Director of Quality Assurance at Sydney's Royal North Shore Hospital, who found that 18,000 hospitalised Australians die each year as a result of medical mistakes and up to 50,000 are left permanently disabled by hospital bungles which cost the country \$1 billion annually.

As I mentioned in previous correspondence, John Archer's 1995 Australian over view of what the apparently authentic medical literature provided the guesstimate of Australia's iatrogenic death toll at about 50,000 deaths per year.

Either the ICD's figures are accurate and both Dr. Ross Wilson and the medical literature are wrong by a vast magnitude, or the guesstimates in medical literature are approximately right and the international Classification of Diseases is wrong by a vast magnitude.

The decades since Illich warned about iatrogenesis have provided ample time for the Australian Bureau of Statistics to do as John Archer did

and research, collect, collate and categorise the public domain medical literature about iatrogenic harm. I found John to be accessible on the phone.

Such a seemingly reliable source of published information at least opened the ICD's figures to question; if not rejection. A seeming vast comparative discrepancy in the ICD data to Archer's guesstimate may arise between the occurrences of the iatrogenic harm and whether or not that event is truly reported as being an iatrogenic event.

This discrepancy raises a huge question of the Establishment's integrity. By 'Establishment' I refer to the profession responsible for the creation of iatrogenic harm, the governments who sponsor the treatment causing that harm and the media that promotes the products and services contributing toward that harm while all remain absolutely silent about the full spectrum of iatrogenesis.

- 1) How does the ABS explain this vast discrepancy?
- 2) Has the ABS conducted its own research to discover the reason for this vast discrepancy?
- 3) If not, why not?
- 4) If 'Yes'; is the outcome of that comparative study available to the public?

Once again thank you for your assistance.

Sincerely,