

# Think or Die.

The stakes don't go much higher than win you live, lose you die. Around the world and over decades, millions of medical patients have gambled the risk of being killed or permanently harmed against having an improved outcome while surviving the use of drugs and/or surgery.

If you or a loved one are among those gamblers knowing the odds of iatrogenesis is worthwhile.

*Iatro* refers to a physician, *genesis* to create, hence iatrogenesis is the name for harm arising from medical treatment as distinct from the patient's disorder. Information about iatrogenesis is scattered throughout the medical literature. Numerous authors<sup>iii</sup> refer to that harm's magnitude as being 'epidemic'.

As an art, evidence-based medical practise may vary to some small degree. As a science, Medicine should replicate its provision, its benefits, and its harm where ever it is practised. Internationally, similar national epidemic levels of iatrogenic harm collectively create an iatrogenic pandemic. Please note! No one knows the true extent of either their nation's or the world's iatrogenic toll.

Assuming that the medical literature is somewhat reliable and that the pandemic is factual; then the industry's PR image of safety and trustworthiness is at best an illusion, at worst for those who die because of misplaced trust a culpable deception.

Those who cause this harm, the governments who sponsor it and the promoting media share a worldwide absolute silence about the pandemic's total casualties. These people **never** collect, total, and publish the annual toll of the full spectrum of medical harm. Chosen ignorance and denial surround this pandemic giving discussion about it the feel of being a work of fiction.

This extraordinary global pall of chosen ignorance and silence, by Medicine, media and government, serve to protect the mutual interests of the multi-trillion-dollar illness industry.

There would be a mass exodus of medical consumers if they gained a front-of-mind 9/11 type worldwide public awareness of the total magnitude of the decades-long iatrogenic pandemic.

Homework: Try to discover any mainstream publication revealing your nation's iatrogenic toll.

## Why are Chiropractors Interested in Iatrogenesis?

I know that chiropractic is the management of choice for subluxation-related disorders (SRDs). It is an abuse of political power to 1) unnecessarily expose those public patients who have SRDs to the real risks of iatrogenesis while 2) denying them direct access to and funding for, chiropractic care.

The following paragraph may sound so obvious to you that you wonder why I bother to write it.

*When safer, equally effective options exist, treatment with the common outcome of permanent harm or death should be the last option. Patients who are about to risk permanent harm or death should be adequately informed that choosing that treatment places them at that degree of risk. If safer non-medical options exist, public patients should be told of them and have direct access to them and Medicare funding for those safer options.*

Australia's 1977 Webb Report noted this sequence of events; the majority of new patients attending chiropractors shared a history of failed medical treatment, and later they sought chiropractic care for the same disorder. Quoting Webb; "...the majority of whom report high levels of satisfaction with the treatment they received."

In the four decades since then, millions of public patients have shifted to chiropractic care. Public patients continue to be denied direct access to, adequate Medicare funding for, none medical health care. The trade

between chiropractors and patients who have SRDs is contained in the private health marketplace and denied in the massive public health marketplace.

That trading relationship is restrained by a set of trade barriers<sup>iii</sup> imposed by Australia's governments that contain chiropractic in the private health marketplace. Containment unnecessarily exposes public patients to the risk of iatrogenic harm.

### GETTING OUR HEAD AROUND THE BIG PICTURE.

As a potential medical consumer, I am touchy about being unnecessarily permanently harmed or killed by medical treatment as distinct from my disorder. Medicine's risk-benefit ratio is of central interest to me.

If I need medical treatment, I want the provider to be a whiz on what treatment may kill or permanently harm me. I want her/him to know if safer alternatives exist and to let me know what they are.

During my years as a chiropractic student, there was no mention of iatrogenesis. Later, I heard the term iatrogenesis but took little interest in that subject

Nowadays the implied extent of iatrogenic harm justifies undergraduate courses in pathology giving iatrogenesis top priority. Frighteningly, pathology courses cannot provide that expertise.

Initially, my limited research implied that iatrogenesis seems to be at least third among the leading causes of death.

The book, *Bad Medicine*<sup>iv</sup> by John Archer, an investigative journalist used **some** of the medical data about iatrogenesis to create an overview. John estimated that Australia had 50,000 iatrogenic deaths and 750,000 permanent injuries per year. He noted Australia's road death toll was about 2,000. By comparison in 1999, Australia had 128,102 deaths.

I phoned John to suggest that his estimates were excessive. He stood by his interpretation of the figures from the medical data. I still think that medical data magnifies the rate of harm.

For a comparison of a cumulative death toll, I phoned the Australian War Memorial to ask for the total number of Australian service personnel who were killed as a result of war-caused injury. According to figures provided to me in the years since 1860-61, the total was 102,820.

A few years later, US researchers, including three MDs and a PhD, wrote the most comprehensive overview that I have seen. They claimed to have used **all** available medical data to portray America's full picture of their iatrogenic epidemic. Their report stated: "*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>v</sup>

Another thought-less assumption of mine was that in many countries medical registration Acts require an acceptable level of competence to ensure safe and effective care. Registration did not protect the apparent millions of past victims of iatrogenesis.

Homework: You can check that information by reading Archer's *Death by Medicine* and going online to view Gary Null's stunning videos linking political corruption and medical harm.

Initially, I found iatrogenesis was confusing until it had order. To get that you need to assemble the jigsaw. The jumble of rates of harm contained in the medical literature can be sorted into categories. Each category is like a jigsaw piece. All pieces are essential to the two big pictures of the entire spectrum of iatrogenic harm. Iatrogenic *deaths* require one framework, *permanent harm* requires another framework.

For example, instance of fatal iatrogenesis may be sorted 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

Homework: Do not assume that journalists, including medical writers, news editors and documentary producers, MPs including spokespersons for health, health care providers including non-medical and medical practitioners, and the government bodies who oversee the provision of and payment for public health have put all of the pieces of this jigsaw together. Ask them for their total picture of the full spectrum of Australia's iatrogenic toll.

Of the many that I asked, most did not even know that there is a jigsaw. No one presented the completed big picture. None had a framework containing all of the pieces. Most did not say: "I dunno." Instead they launched into a straight-faced comical exposure of their depth of ignorance. If you get any worthwhile trustworthy official data, please pass a copy on to me.

### **Failure to Reveal and Forewarn.**

A decade's long, ongoing iatrogenic pandemic must be obvious to those who create iatrogenic harm, the governments who sponsor that harm, and the media that promotes medical treatment. To compare their estimates, I initiated questions in the WA and in the Australian parliaments and asked many key players in politics, public health, and the media for their estimates. They received quotes from Archer's book the US article and my newsletters.

In reply to one question, Australia's Minister for Health stated: "The Australian Government does not make estimates of annual fatalities arising from these categories."<sup>vi</sup>

To gauge how acquainted Australia's government is with the iatrogenic epidemic, I e-mailed the Office of the Safety and Quality Council. In July 2005, they 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."<sup>v</sup>

I assumed that if the Australian Bureau of Statistics (ABS) publishes information it will be factually correct. If you read their ten most common causes of death you will not find iatrogenic deaths listed. That raised the question: "How can the ABS miss a decade's long epidemic?"

I initiated questions to the federal Minister for health to find out if official anonymity is given to thousands of iatrogenic deaths via thousands of fudged death certificates. The reply infers that the law requires that iatrogenic deaths be reported and may be the subject of a coroner's inquest.

My bet still is that for the cause of many deaths, their causes were certified as having arisen from some other legally acceptable cause of death. This absence of in-depth worthwhile official data is why investigative researchers used the medical literature to get their guesstimates.

Pause here to reflect that this total absence of reliable official government about the true extent of medical harm means that no one can know Australia's true iatrogenic toll.

Homework: Ask your state and your federal MPs to ask their respective leaders and their ministers for health to tell you what is Australia's true iatrogenic toll. Recent responses were 259.

Iatrogenesis is ongoing. Somewhere between 259 and 50,000 future victims wait in the wings, soon to die, far more to be permanently harmed. Forewarning of that risk and knowing about safer alternatives could save lives. MPs share the choice of either 1) forewarning members of their electorate of this peril or 2) making a heartless, informed choice not to do that.

I personally delivered copies to key players and met them later on. I circulated copies to many MPs and assisted to create a submission to the WA state parliament.

An alleged epidemic warrants the close attention of health spokespersons. On my return visit, one spokesperson admitted having not even looked at the submission. As far as I know, no MP rejected the data or further investigated iatrogenesis, or forewarned electors.

If you were a journalist and you found out that the government had been silent about the full spectrum of iatrogenesis would you see that story as being potentially a front-page media topic? Yet our mainstream print, TV, and radio media and journalists maintain a uniform silence about that big picture. To ensure that was intentional I sent them the data and suggested that they investigate, validate or invalidate and publish a story about that. I now know that they know; hence for me, their continuing silence thunders.

Have you ever heard, read or viewed one story about the full spectrum of harm? Dr Terry A Rondberg authored the book "Under the Influence Modern Medicine". He confirmed that in his international experience a remarkable pall of media silence in all countries conceals a pandemic.

## CONCLUSION

Those who create medical harm, the governments who sponsor that harm, and the media that promotes medicine know about it, but do not reveal the big picture. Ignorance minimizes litigation while retaining consumer confidence and that promotes medical treatment throughout the global multi-trillion-dollar illness industry.

I have seen an erosion of consumer confidence and an increasing suspicion that medicine is generating a raft of new high-incidence disorders. Rates of medical harm justify the question: Who can consumers trust and whom should we mistrust?

The advice in the article *A Prescription for Disaster* suggests a huge loss of confidence. The editor of Dynamic Chiropractic Donald M. Petersen Jr. advised chiropractors, "Our patients need to hear about the dangers and alternatives. You are probably the only one they can depend on to provide this valuable service." <sup>vii</sup> Isn't that sad?

I'd be blind but for medicine, I owe it a great debt and my respect. Medicine is a two edged sword, it deserves great praise and cautious use.

Your feedback will be welcome.

Michael McKibbin DC

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i Medicine Adrift Dr Jerzy Sikorski Pelican Press Page 9;

ii Medical Error What Do We Know? What Do We Do? By Marilyn M. Rosenthal / Kathleen M. Sutcliffe

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

v Le Magazine March 2004; As We See It, *Dangerous Medicine* [http://www.lef.org/magazine/mag2004/mar2004\\_aws\\_i\\_01.htm](http://www.lef.org/magazine/mag2004/mar2004_aws_i_01.htm)

vi Reply to Questions on Notice, #577. Australian Parliament, Sept. 15, 2005.

vii Dynamic Chiropractic February 12, 2005, Volume 23, Issue 04 [www.chiroweb.com/archives/23/04/14.html](http://www.chiroweb.com/archives/23/04/14.html).