

## Overview of my decades of informal study

### Two Opposite Paradigms 2016

Do ethical, altruistic good people populate our parliaments, the media and medicine? I thought so when I was a youthful illusionist.

My research over decades included a great deal of reading about the dark side of medicine, becoming informed about the iatrogenic epidemic and interviewing various MPs about those matters. As reality shattered my illusion, my paradigm shifted from trust to distrust. Becoming a realist has left me at odds with the illusionists.

As a realist and over decades much of my non-clinic time has been spent researching and opposing the containment of chiropractic and the cover up of Australia's iatrogenic epidemic.

I researched people in power who subscribe to the paradigm that the health care Establishment is trustworthy. I sent them information prior to our meetings. I found that those who govern were both disinterested and poorly informed.

They remained unfazed when I opened our interview by asking, *"Why are you a party to this evil?"* This conversation summarises most responses. The MP said: *"It's not an election issue."* I asked *"Define what you mean by that"*. He replied; *"An election issue is one that will cost me my seat if I do, or if I do not, do it."*

Pause a moment to consider, these highly paid people support laws that confine millions of public patients who may have subluxation related disorders to a chemical or surgical solution to the symptoms of their structural-mechanical disorder. That dangerous, inappropriate option cannot be justified by cost, outcome or patient safety.

Federal MPs and political parties have received ample information. Our former Prime Minister and former federal Minister for Health should be aware that thousands of Australians are currently exposed to and many thousands have succumbed to public health's life and death risk.

Both Tony Abbot and Malcolm Turnbull spoke at separate times re the terrorism laws and acknowledged that a first responsibility of parliament is protection of the public.

**My project about patient access began in the 1950's.** I was a failed medical patient. My same symptoms disappeared later on, after a chiropractor located and adjusted my subluxations. I interviewed other patients at the chiropractor's busy practice and found their medical failure-chiropractic success experiences were similar to mine.

Australia's 1977 Webb Report found that most chiropractic patients reported similar experiences. I will refer to them as 'Webb sequence patients'. By now the term 'most' would refer to millions of Webb sequence patients who had failed medical treatment followed by successful chiropractic care. That information was circulated to federal MPs, but they continue to support legislation that exposes should be chiropractic patients to Medicare reimbursed

inappropriate medical treatment. Denying public patient access to chiropractic care is not motivated by sound economic management. I regard this as evidencing political corruption.

### **The multimillion dollar restraint of trade project.**

Long ago, people in power artificially divided one illness industry into a two marketplace structure. Chiropractors are denied market entry into the public health marketplace, which is in its self, a restraint of trade. People in power created a set of trade barriers that contain the chiropractic profession in the private health marketplace. I met and argued against that with generations of MPs.

I presented small groups of Webb sequence patients to both the then federal Minister for Health and the Attorney general. Nothing we presented caused them to support an end to containment.

Containment has served its real purpose, denying trade between millions of public patients who had subluxation related disorders and chiropractors. Over fifty years of containment has captured a great amount of income for medicine. In current terms the gross annual income of Australia's chiropractic profession exceeds 900 million dollars within the private health marketplace. Containment is worth at least that much per year to medicine in Australia.

I am convinced that containment is about bucks, not backs!

**My patient education project.** Years ago when asked the WA government to include chiropractic in tax payer funded health education, I met with rebuffs. Many of my informal study hours assist in the production of synopsis'd professional articles for distribution as information. These include:-

- 1) Folders for the patient reception area.
- 2) Frequently updated displays for the five notice boards.
- 3) Patient handouts about health news items that do not appear in our mainstream media.
- 4) Creating newsletters for emailing to our past and present patients, chiropractors, key media contacts, bureaucrats and politicians.
- 5) My areas of study include producing book reviews for publication. A published book review is preceded by numerous writes and rewrites, circulation to an informal group of peers for their comments, informal study sessions while dining with local colleagues and a final draft.

**A year-long project** was producing patient case studies for use as in house videos. It involved me doing research looking for evidence and quotes from public domain literature. The introduction of the Board rule banning the use of testimonials made the videos redundant.

Since that ban came into effect, medical testimonials continue to be served up by the daily news. I contacted CAAN to point out that discrimination. CAAN seems to have remained inert about this.

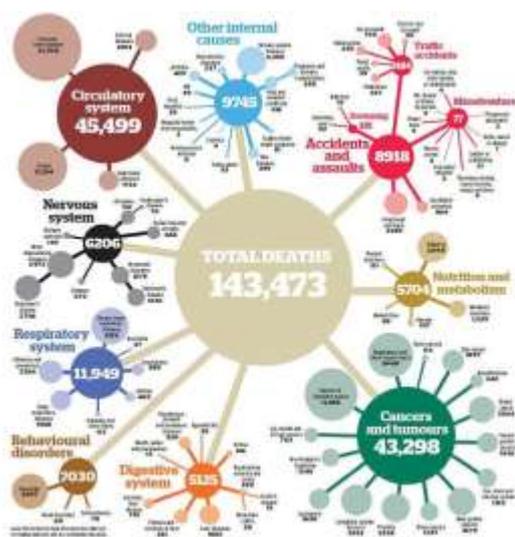
**My project about patient goals** began when I wished a patient a good outcome. He replied: "That's what I'm bloody well-paying you for." I asked a few hundred patients what benefit

they experienced and what they hoped to gain from their visits. My notes on that served as the basis for a clinic newsletter and as an article by Dr Peter Rome and myself in the September 2011 edition of the CAA journal.

Another joint Journal article in the December 2011 issue, arose following a FOSIM spokesperson suggesting that chiropractic outcomes were imaginary, placebo benefits. That is discredited by an article on veterinary chiropractic. Walter, the rat, and many other species provided examples of satisfactory outcomes coincidental to chiropractic care. Of all professions chiropractors used testimonials to educate our patients. The registration Board's ban on testimonials, is in my opinion, very wrong.

**My iatrogenic project** fired up after Dr Jim McNaulty, the AMA (WA) go between with the WA Minister for Health, told a delegation of chiropractors that chiropractic could not be integrated into public health because of a question of risk. My years of informal study established for me that Australia's iatrogenic toll is a/or the leading cause of death and permanent harm. The registration Board's ban on confirming that chiropractic is safer than medical treatment, is in my opinion also, very wrong.

**The Substitution Project** began when I noticed Australia's the leading cause of death, the iatrogenic death toll was missing from the Fairfax Media graphic in the article "Ways To Die".



The information was based on "Causes of Death" from the Australian Bureau of Statistics (ABS). Initially, I wrongly assumed the data fault that permitted the government figure of 259 iatrogenic deaths in one year, lay with the ABS; a far cry from Archer's figure of 50,000.

My research disclosed that seemingly the global concealment happens because WHO guidelines for completing death certificates provides for substitution of a non-iatrogenic cause of death. ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics (updated October, 2002 to include ICD codes for Terrorism

Deaths) cannot define the full iatrogenic toll. The annual toll of the iatrogenic pandemic would number in the millions, yet no government or population may know its country's true total iatrogenic death toll.

'The Australian Chiropractor' carried an article about substitution. In excess of 2,000 recipients have received information about the substitution project, including MPs, political parties, media, (yes our ABC) bureaucrats, chiropractors and our emailed network patients.

MPs, political parties, bureaucrats, key media people and the CAAN executive know of the extent of that toll, and of its concealment and all are a party to absolute informed silence. They

fail in their duty of care to forewarn thousands of potential victims of the decade's long iatrogenic epidemic. Informed silence permits a horrific cover-up, it is inexcusable.

In practice, as with any epidemic, chiropractors share a duty of care to forewarn their patients about this epidemic. A silently inert CAAN has known of the foregoing for years, but has made no effort to ensure that the iatrogenic epidemic became a part of the chiropractic profession's public conversation.

Although it serves the health interests of Australia's adult community to understand how chiropractic rates of harm compare to the iatrogenic epidemic, the Chiropractors registration Board imposed a ban on chiropractors claiming that chiropractic is 'safer'. I requested that CAAN ask the registration Board for scientific evidence justifying that ban. CAAN seems to have remained inert about this matter.

**As a lobbyist** for over forty years I have taken part in hundreds of interviews about containment and later the iatrogenic epidemic, with key people from media, the bureaucracy and MPs. Some were as a representative of ACA-CAA. Most of my interviews were on my own initiative.

No executive of ACA-CAA was prepared to publicly confront either the silence about the iatrogenic epidemic nor the reality that vested interest motivates an extremely corrupt and dangerous health care Establishment's support of containment.

**The ADF project.** Because members of the defence forces had been denied the right to consult a chiropractors as private patients I asked the Assistant Minister for Defence if that was still so and I found that is no longer in effect. I informed [mediaops@defence.gov.au](mailto:mediaops@defence.gov.au), most of Australia's many RSL branches, numerous other groups of this including many chiropractors. Both veterans and Defence Force personnel are denied direct commonwealth funded access to chiropractic care. CAAN does not appear to be tackling this matter.

**The workers compensation legislation project.** At least in WA compo denies injured workers of their legal right to reimbursement for directly, initially accessing chiropractic care. A letter from WorkCover outlined several aspects of medical practise that chiropractors lack.

I emailed the WA Minister for Health to ask him to define a chiropractor's legal scope of practise. His reply is "the *Health Practitioner Regulation National Law (Western Australia)* does not prescribe the meaning of chiropractic. It is therefore a matter that requires legal interpretation and advice".

The need for legal interpretation and advice has been brought to the attention of CAA (WA) and CAAN. At the time of my writing this CAAN is yet to confirm that it is creating a national overview of the role, or lack of a role, for chiropractors in workers' compensation.

Some forty years as an executive member convinced me that, although containment influences their entire careers and iatrogenesis is a national epidemic, few chiropractors are well read in this regard. They do not think and know and respond with courage to what is going on. The lights are on, but no one is home.

**My evidence based project.** The Chiropractors registration Board recently banned chiropractors from advertising that we get good results with a range of O-type disorders because of a lack of evidence. Mental health in Australia operates on a budget of 10 Billion dollars per year without hard evidence. This is one of organised medicine's numerous assaults against chiropractic that CAAN and the Board should have told the medical aggressors in the plainest of terms to "bugger off" and get their own house in order.

Currently, I am asking the Commission for Quality and safety to define what sound scientific evidence underwrites the government's mental health program.

Jim Tunney was president of ACA (WA) in the 1960's. As a realist Jim supported the concept that "You can't trust any of the bastards, their loyalty is bought and paid for".

Illusionists within the Chiropractors' Association of Australia subscribe to the "trustworthy" paradigm. Their overriding influence is reflected in the fact that CAA is yet to:-

- Publicly recognise the very existence of containment
- Publicly recognise a defined set of trade barriers that structure containment
- Publicly recognise that containment serves medicine's vested interests.
- Confront the health care Establishment about its support of this corrupt misconduct
- Seek to have the ACCC mount an investigation into containment as a restraint of trade.
- Publicly recognise the existence of Australia's iatrogenic epidemic.

Containment and its constituent trade barriers remain unchallenged. Organised medicine's continuing trade war is not even acknowledged by CAA, let alone responded to as such. CAA treats the health care Establishment's cover-up of the iatrogenic epidemic as if it does not exist.

At an association executive level, illusionist are not in a position to fight, to recognise and challenge the skulduggery. CAAN has yet to make the paradigm shift to recognising that trusted people betray their duty of care while using a mantle of ethical, altruistic integrity to conceal conduct that massively betrays patient and public interest.