

Response to Misinformation Bill 2023. part one, hope to add images to support concerns when possible.

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I note the exclusion of Professional News Content, and that produced by or for Government approved bodies are exempt from penalties for misinformation under this act.

This is the most concerning part to me, as an Ex Medical Doctor, well aware of the misinformation infiltrating the Medical Curriculum by the Pharmaceutical Industry and the undue effects such as concealing /downplaying the real risks and more appropriate treatments can have on a person's physical and mental well being.

Which is well known

The screenshot shows a news article on the Sydney University website. The article is titled "Conflict of interest policies at Australian Medical Schools too weak, finds review" and is dated 26 June 2023. The sub-headline is "Opportunity to develop national standard". The main text states: "Current conflict of interest policies at Australian universities are not strong enough to protect medical students from commercial influence, a study has revealed." A "Read the research" button is visible. The author is listed as Irvy Shin. The article is categorized under "Health & medicine".

The screenshot shows a quote from the article: "Strong conflict of interest policies are crucial to help protect students against industry influence in these formative years." Below it, another quote is visible: "Financial relationships with industry can detrimentally influence medical education and clinical decision making, which include inappropriate prescribing and overdiagnosis."

I have detailed the issue in Psychiatry at length previously based on my own experience, most recently to the Royal Commission into Violence against People With Disabilities and Their Homes, in 2020-2022, and before that the Productivity Commission Review into mental illness and Victorian Royal Commission into the same.

So for this submission I will seek to stress the importance of including Education, ESPECIALLY Medical Education, to both Professions and the General Public, that is full truth in all marketing, including marketing under the guise of a breaking News story as we see so commonly when a new "blockbuster" drug is released.

I have looked at the peer reviewed evidence on safety and efficacy in the literature versus that in Medical marketing Papers such as Australian Doctor and medical Observer, as documented forms of information and how it ends up on Doctors desks not just as misinformation by particularly rules to follow under the guise of guidelines drafted to profit industry at the expense of the individual and public health budget, especially via the PBS and Hospital System for the most severe side effects.

For the purposes of this example, I've chosen the respiratory system as in the ABC of emergency care the A and are airway and breathing.

The two key illnesses treated by Medical Doctors related to this are Asthma, an acute constriction of the Bronchi, while the other is Chronic Inflammation known as Chronic Bronchitis, although there is also an overlap with inflammation in constriction and visa versa, despite various attempts to define such as separate and distinct diseases.

Indeed the primary deception in Medical Education is that these and other chronic so called diseases are diseases at all, versus the consequences of a biochemical imbalance known as Oxidative Stress.

The role Oxidative Stress plays in asthma, COPD and many so called respiratory illnesses has been well documented for decades, yet fail to play any role in the management hat is diagnosis or treatment of bronchoconstriction aka asthma/COPD according to the industry driven guidelines which as education would be seen as exempt under the misinformation Bill as I understand it.

A 10 second check on google scholar will find evidence from 20 years ago proving the point, and I suggest many years before that it was obvious that asthma is due to oxidative stress.

https://scholar.google.com.au/scholar?q=asthma+oxidative+stress&hl=en&as_sdt=0&as_vis=1&oi=scholart

Note the 2023 papers links oxidative stress in asthma with cognitive decline, if respiratory difficulties were not reason enough to address the underlying cause ie OXS.

With COPD, we see that the untreated OXS leads to vascular comorbidities also in recent publications

Yet I have a thick pile of papers directed to medical as educational which suggests an entirely different pharmacological treatment very vigorously (might need to arrange how I convey this, might have to photograph or video..maybe tomorrow).

However more importantly the not treating properly is the harm done by the treatments which the industry manifested guidelines basically command doctors to prescribe in a pathway known as a protocol.

Basically there are two types of treatment, bronchodilators, such as ventolin, and the long acting versions of a chemical which stimulates the beta adrenergic receptors on the airways and elsewhere to force them to open when inflamed and in spasm of oxidation of nitric oxide.

There is also long standing significant amounts of evidence re benefits on antioxidants in asthma on the record

And indeed asthmatics are deficient of basic antioxidants which could be helped by diet

Instead Doctors prescribe artificial adrenalin mimics, in an inhaler which can run out leaving a person in withdrawal aka status asthmaticus, as caused as youth death at IGH when I was an intern.

This is an issue which is well documented yet again fails to make it into public or professional medical education.

https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=long+term+beta+2+agonist+death+new+zealand+asthma+mortality&btnG=

Instead the Australian Government moved to remove short acting asthma meds beta 2 agonists over to long acting, under guise of going CFC free around end of patent of old generation before introducing far stronger longer acting forms capable of causing greater desensitization, receptor down regulation, thus making asthma more “brittle” and increasing morbidity and mortality in not just asthma, but all the other associated diseases of oxidative stress which asthma is just one.

We'd call these cases in hospital crumbles because they'd be systemically collapsing, usually osteoporosis ridden , with thick charts, showing no lack of medical care, just the type that keeps the disease smouldering chronic, as the underlying biochemical balance aka oxidative stress, or toxins is polluting the system switching stem cells like those for bone from osteoblasts (makes new bone) to osteoclasts (erodes weak bone), making it common.

Even so the medications pushed/prescribed on people educated by industry (ultimately), add more damage to the skeletal structure, including causing short stature when given to children, and accelerated osteoporosis in adults, which means their backs collapse along with their lunds, their skin, their eyes and their immune function, and adrenal glands.

Also mental illness and muscle weakness..

Medics always knew this, but with misinformation from industry they tell themselves big lies like using a puffer BDI there is minimal systemic absorption, when the truth there is far more.

<https://www.sciencedirect.com/science/article/abs/pii/S0012369215352806>

<https://www.infrastructure.gov.au/department/media/publications/communications-legislation-amendment-combating-misinformation-and-disinformation-bill-2023>

I have a pile of paper covering medical misinformation and the harm it is doing, by wonder if the effort is worth it, given the intention here is to double down on enabling professional misinformation while clamping down on non profit driven people trying to tell the truth about a reckless and ruthless industry which already pays fact checkers to rewrite history with a far greater range than the small personal opinions which seem to be the target of this

Eg sterilization vaccine.

Yet there are papers on this technology on the NIH database.

<https://pubmed.ncbi.nlm.nih.gov/12346214/>

It seems that a false fact checking group deeming an inconvenient truth misinformation, makes a truth teller a misinformer and liable to punishment for trying to warn the public of a potentially dire public health risk, as we've seen with deregistration of Medics including myself for knowing the truth about Medical Cannabis's superiority of pharmacotherapy for PTSD particularly 20 years ago.

Well read and informed in a disorientated public driven by dollars is not a crime but a noble act.

I will seek to find a way to send copies of relevant documents re misinformation already misinforming medical practice with severe outcomes in public health as previously provided to PM Gillard c2010 and Senator Rennick, recently.

I will also attempt to add images for reference to this doc, but want this in before lapse in time allowed to send submissions.

Mind you probably better i publish as you plan to not publish private submissions, so can't see much point.

Seems to me instead of addressing potentially Lethal conflict of Interest you are writing Laws making such free from Misinformation Consequences.. May the consequences haunt you.

scholar.google.com/scholar?oi=gsb40&q=industry%20medicine%20conflict%20of%20interest&lookup=0&hl=en

Historical Timeline... Biomolecules | Free... An overview about... Oxidative stress in... The role of antioxid.

MR Tonelli - Chest, 2007 - Elsevier
... with the pharmaceutical **industry**, including subsidized continuing **medical** education (CME).
While by no means exhaustive, this survey of common **conflicts** of **interest** in clinical practice ...
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The challenge of conflict of interest in medicine
DF Thompson - Zeitschrift für Evidenz, Fortbildung und Qualität im ... 2009 - Elsevier
... **Industry** support for **medical** research has led to important therapeutic breakthroughs. Such ...
... has helped **medical** education at all levels. Academic research, in turn, has provided **industry** ...
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Controlling conflict of interest—proposals from the Institute of Medicine
R Steinbrook - New England Journal of **Medicine**, 2009 - Mass **Medical Soc**
... -**industry** relations, and key changes are being made to policies at various academic **medical** ...
... In late April 2009, the Institute of **Medicine** (IOM) issued a report on **conflicts** of **interest** that ...
☆ Save Cite Cited by 162 Related articles All 6 versions

Conflict of interest and the role of the food industry in nutrition research
D Mozaffarian - Jama, 2017 - jamanetwork.com
... from real or perceived **conflicts** of **interest**. Compared with research funding from
pharmaceutical, biotech, or **medical** device companies, **industry** sponsorship of nutritional research ...
☆ Save Cite Cited by 76 Related articles All 4 versions

Conflict of interest between professional medical societies and industry: a cross-sectional study of Italian medical societies' websites
A Fabbri, G Gregoraci, **D Tedesco**, F Ferretti, F Gilardi... - BMJ open, 2016 - bmjopen.bmj.com
... Disclosure of the amount of **industry** funding to **medical** societies is scarce... **medical** societies
and **industry** should be further disciplined in order to avoid any potential for **conflict** of **interest**...
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Sincerely,

Melissa Costin MBBS UQ '93