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

From: Melissa Costin

Information Integrity <information.integrity@infrastructure.gov.au>; "Rennick, Gerard (Senator)" To:

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senator.waters@aph.gov.au; mark.butler.mp@aph.gov.au;

Sun, 20 Aug 2023 10:12:21 +1000 Date:

Attachments:

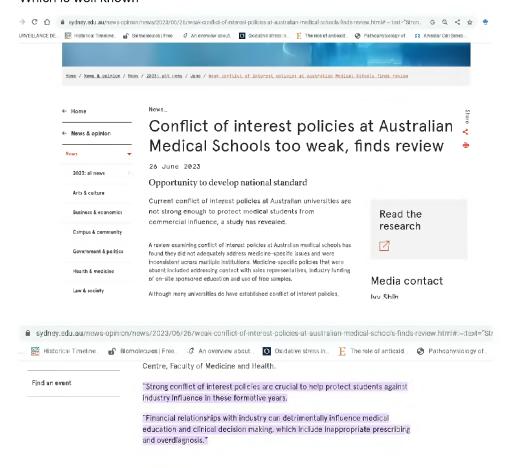
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I note the exclusion of Professional News Content, and that produced by or for Government approved bodies are exempt from penalties for misinformation under this act.

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



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 an 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 submssion 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 sory as we see so commonly when a new "blockbuster" drug is released.

I have looked a 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'e 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.

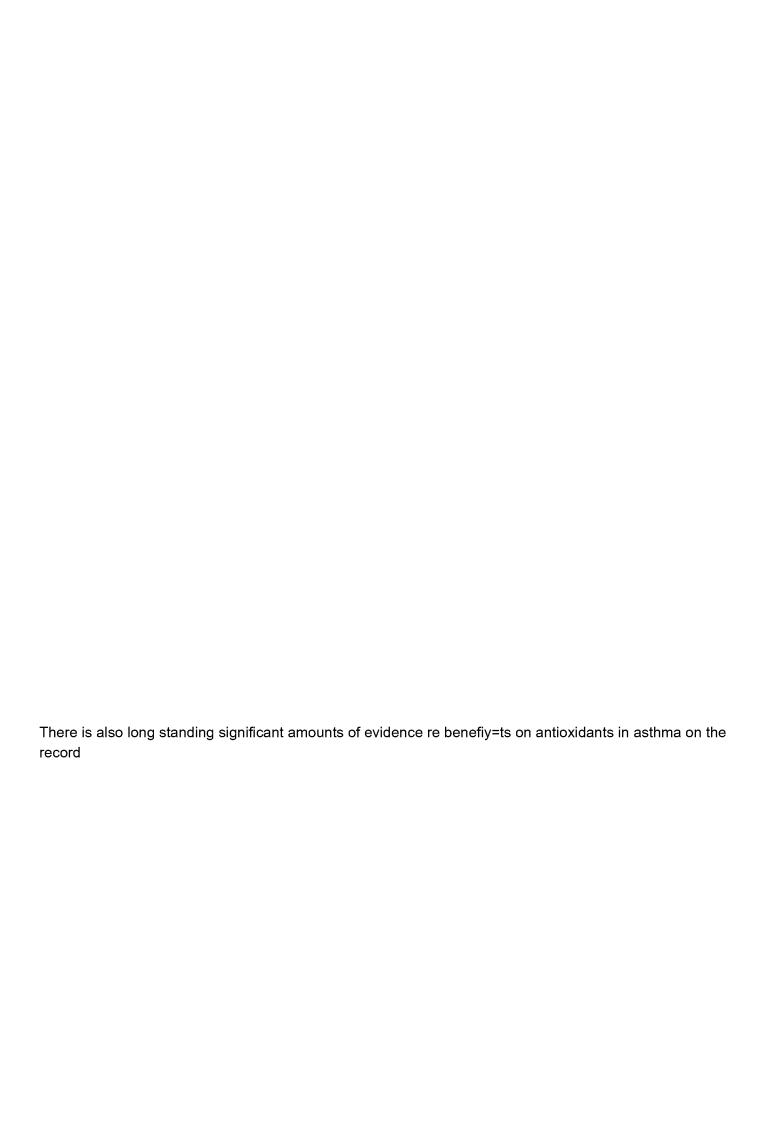
A 10 second check on google scholar will find evidence from 20 years ago proving the point, and I suggest many years before that it was obvious that asthma is due to oxidative stress.

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 videomaybe 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.





nstead 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.

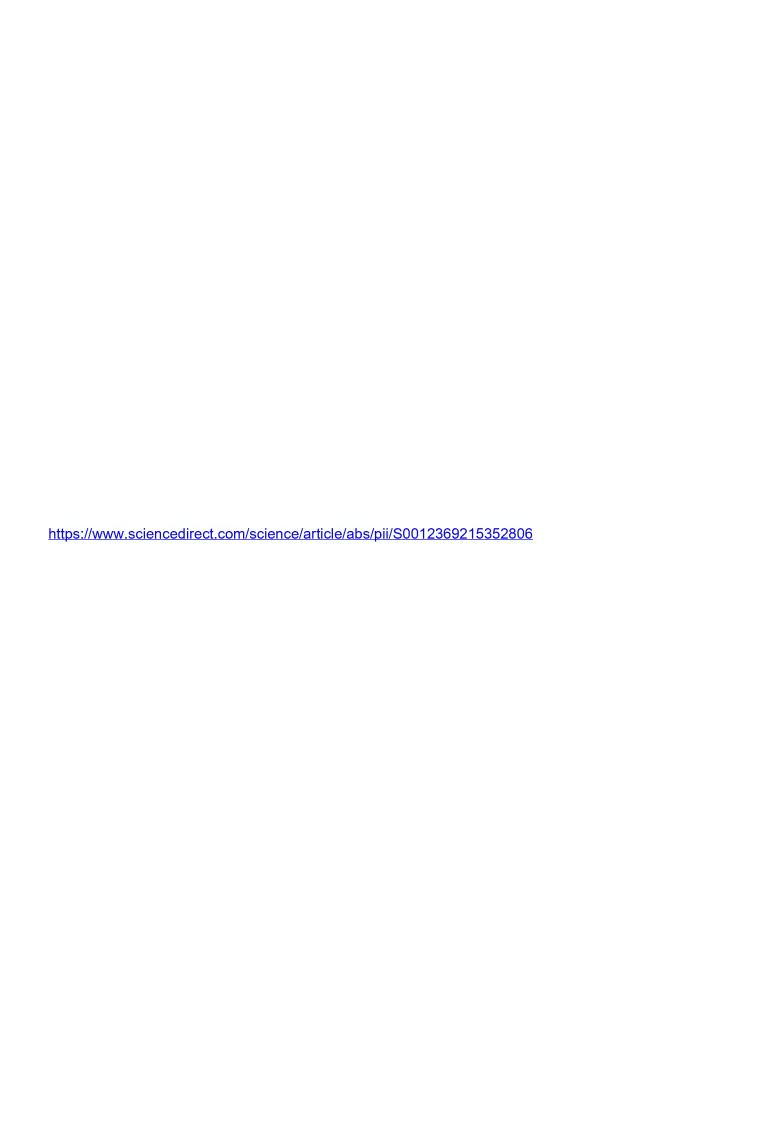
https://scholar.google.com/scholar?hl=en&as\_sdt=0%2C5&q=long+term+beta+2+agonist+death+new+zeal and+asthma+mortality&btnG=

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 desenitization, 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.

so mental illness and muscle weakness	
edics always knew this, but with misinformation from industry they tell themselves big lies like using a affer BDI there is minimal systemic absorption, when the truth there is far more.	



https://www.infrastructure.gov.au/department/media/publications/communications-legislation-amendment-combatting-misinformation-and-disinformation-bill-2023
I have a pile of paper coverring 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.



## 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 pharmacoetherapy for PTSD particularly 20 years ago.

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



Sincerely,

Melissa Costin MBBS UQ '93