

Submission to Senate Community Affairs Legislation Committee on Therapeutic Goods Amendment (2017 Measures No.1) Bill - Background Notes for the Senate

Executive Summary

- The move to have the current Bill flagged as ‘controversial’ is being driven by an ongoing ideological campaign by a skeptics-affiliated network seeking to exclude complementary medicine (CM) from healthcare. This collaboration, involving Friends of Science in Medicine (FSM), Australian Skeptics, Access2, Choice and the Consumers Health Forum (CHF) is evidenced by Dr Ken Harvey’s submission.
- The extreme anti-CM ideological agenda and activism of this network needs to be understood to provide balanced consideration of issues being presented to the Senate, as provided in this submission.
- The network’s anti-CM platform is epitomised by FSM, which espouses an extreme agenda to oppose the practice and teaching of natural medicine and restrict consumer access to CM products. FSM adopts the absolute Position that “*There is no alternative to Medicine*” and engages in stereotyping, rhetoric and diatribe characteristic of fundamentalist groups. FSM’s position on CM is not based on objective assessment of published research evidence, which is rarely cited and often contradicted.
- Members of the skeptics network currently lobbying the Senate are also represented on the Therapeutic Goods Advertising Complaints Resolution Panel (CRP), which Dr Harvey has publically described as a ‘like minded group’. This highlights historic conflicts of interest associated with the operation of the CRP. The skeptics collaborative is seeking to preserve the CRP as an instrument of influence in its anti-CM campaign, by presiding over (and influencing the generation of) complaints targeting CM advertisers.
- When he was a formal member of the CRP, Dr Harvey conducted consecutive ‘summer school’ programs at Monash University in 2015 and 2016 (‘BMS3052: Whack-a-Mole’), where students were solicited to generate complaints against CM products, which were also checked by a ‘FSM reviewer’ prior to being submitted to the CRP. As part of the course, Dr Harvey provided students with instructions and supporting documentation, including a list of CM websites. The course also involved drafting correspondence to the TGA in league with FSM, the Australian Skeptics, Choice and the CHF - the latter two groups also being represented on the CRP. Dr Harvey has also pre-published his Monash students’ Senate submissions.
- Dr Harvey has also confirmed in public discourse that he has been “encouraged and supported by many like-minded groups, colleagues and friends”, including FSM, the Australian Skeptics, Choice, CHF and **the CRP itself**, representing questionable ethical conduct.
- The skeptic-affiliated network’s stated frustration with the operation of the CRP is intimately linked with such unmanaged conflicts of interest, impacting the functional operation of the Panel as an anti-CM cartel.
- Senate submissions tendered by the skeptics network offer over-simplified arguments, where complex issues are reduced into a polarised stance. For example, potential problems with specific CM products are identified and universalised to apply to *all* CM products and, in extension, to the entire CM sector itself. This illogical premise underpins the approach presented, where problems and proposed solutions are unrelated. Another argument employed is to highlight deficiencies in the TGA’s regulatory framework for CMs and equating this to inherent deficiencies with all CM products themselves - an illogical supposition.
- It is also important to note that many of the amendments proposed by the skeptics network fall outside the scope of the current Bill. For example, a proposed regulatory restriction ‘requiring homeopathic and other traditional medicines to clearly disclose that they are not scientifically based’. This is an inaccurate, polemic position that is not evidence-based – rather it represents *assumed* truth based on ideology, not dispassionate assessment of published research evidence or valid evidence of traditional use.
- The current therapeutic goods regulatory framework allows for low-level therapeutic claims commensurate with traditional use, upholding public safety while preserving public access to traditional medicines. Hence, therapeutic indications for traditional products/ ingredients are already appropriately restricted to low level claims, intended for self-limiting and/or non-life threatening conditions.
- Groups in the anti-CM network such as Choice and the CHF claim to represent consumers, however given that three in four Australians use CM products and services, it is patent that the majority of Australians do not share the anti-CM platform of these special interest lobby groups, which are seeking to influence the Senate to restrict consumer choice according to ideological objectives.

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Purpose:

The purpose of this submission is to provide the Senate with relevant background relating to a skeptic-aligned network seeking to use the Senate inquiry process to further an ongoing campaign to exclude complementary medicine (CM) from healthcare. The extreme anti-CM ideological platform behind this campaign needs to be understood to facilitate balanced consideration of issues the Senate is being asked to consider. The anti-CM lobby group 'Friends of Science in Medicine' (FSM) epitomises this platform.

Background - Friends of Science in Medicine (FSM):

FSM was formed at the end of 2011 to oppose the teaching of CM courses in tertiary institutions. This quickly extended to the use of CM in the community. FSM's membership is relatively small (around 1,000 members) and has not substantially grown since FSM's inception and early growth in 2012/13. Many have resigned from the group due to the fanatic stance it promotes, which is summarised below.

FSM's mission statement¹ makes no secret of the group's extreme agenda to oppose the practice and teaching of natural medicine and restrict consumer access to CM products. FSM's Position document ('What do we stand for?') openly advocates the absolutist stance, ***"There are no alternatives to Medicine"*** - which is out of step with community use and demand for CM products and services. This fixed, definitive position is expounded using adversarial and dogmatic language such as, *"Most, if not all, CAM disciplines are founded in fixed systems of false beliefs"*; *"'Complementary and alternative medicines' (CAMs) are the modern version of magical practices"*.

The position of FSM and its network towards CM is polemic; not based on objective assessment of published research evidence, which is rarely cited and often contradicted. FSM's position on CM is based on rhetoric and stereotyping - the creation of a 'good' in-group (i.e. orthodox biomedicine) and a 'bad' out-group (i.e. CM). FSM proffers diatribe that is characteristic of most fundamentalist groups

Such polarised discourse has little place in public policy, especially when three in four Australians use CM products and services, supported by longstanding traditional use and a growing research evidence base.

A formal study of FSM's media on CM has identified, *"a rhetorical construction of complementary medicine that is an expression of ideology and power concealed behind scientific and evidence-based objectivity"*, concluding²:

"The Friends of Science in Medicine represent complementary medicine through a strategy of rhetoric and argumentation that contradicts the literature. Their discourse is symbolic and derives from a power-based ideological perspective that forms the basis for promoting exclusion of complementary medicine from university education and primary health care. [...]"

The findings have shown that FSM contradict the literature in their viewpoint of complementary medicine and its use, and manifest ideology and power within their discourse.

The implications of this are that FSM are using a style of language that promotes their own beliefs to suppress alternative voices. This leads to FSM having an inaccurate understanding of complementary medicine and patients because they have an interpretive bias originating from an ideological perspective. Their underlying desire to maintain power overrides any potential positive outcomes from within their view of complementary medicine, and contributes to a discourse that presents as diatribe.

The statements that FSM use have no respect for complementary medicine or its patients, create no potential for the application of science to this healthcare field, and leave no room for equitable scholarly debate."

FSM's website clearly evidences diatribe characteristic of its discourse, for example its most recent post is titled: *'Chiropractic, fake drugs, quackademia, and more'*, featuring links such as *'Do you believe in magic?'* and *'The FDA Endorsing Acupuncture: No Way, Right?'*³.

This black and white mindset underpins the arguments presented in Senate submissions by the FSM-affiliated network. FSM seeks to portray an image of credibility via its membership including orthodox biomedical experts. However it is important to note that **expertise in these fields does not equate to expertise/ academic**

¹ FSM 'Position Document', <http://www.scienceinmedicine.org.au/what-do-we-stand-for/position-document/>

² Flatt, Jeff. 2013. *Critical Discourse Analysis of Rhetoric Against Complementary Medicine*. Creative Approaches to Research, vol. 6, no.2, pp. 57-70.

³ <http://www.scienceinmedicine.org.au/2017/12/17/chiropractic-fake-drugs-quackademia-and-more/>, accessed 17.12.2017

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authority in disciplines outside these fields (such as CM), which FSM members lack. It is important to keep in mind that the views expounded by FSM constitute opinion and are not evidence-based.

FSM disseminates misinformation and seeks to polarise the healthcare debate, on issues that relate in equal measure to issues facing conventional medicine. Accordingly, respected bodies such as the Australian Medical Association (AMA) have distanced themselves from FSM, on grounds that its rhetoric exceeds the bounds of reasoned discussion and compromises the values it claims to support⁴.

Editorials in the *Medical Journal of Australia* have also called on the group to reverse its tactics, which most regard as extreme and polarising. Fanaticism takes many forms in modern society; FSM represents a biomedical example.

Unsurprisingly, FSM does not support scientific research to investigate the use of CM, evidenced through extreme, definitive statements such as “*pseudosciences are ... an affront to our knowledge, and indeed could not be supported by credible evidence of clinical effectiveness*”. FSM’s position is predicated on an **assumed** position that complementary medicine, as a whole, is inherently ‘not evidence based’. This position has an ideological foundation reinforced by rhetoric; it is not substantiated or supported by balanced assessment of actual evidence.

In instances where research into CM is announced, FSM and its network universally oppose it. A well-known example is Dr Harvey’s media-staged resignation from La Trobe University, after it announced the establishment of a research centre to test the efficacy of CM in collaboration with Swisse. He also strongly protested the establishment of the Maurice Blackmore Chair in Integrative Medicine at the University of Sydney, despite Blackmores having no say in how donated funds are allocated.

Campaign - skeptic-aligned network:

The Senate is being provided with submissions from a network of skeptic-aligned groups, essentially presenting a uniform series of proposals underpinned by the ideological anti-CM agenda outlined above. These groups are:

- Friends of Science in Medicine (FSM)
- Choice (Australian Consumers’ Association)
- Consumers Health Forum (CHF)
- Access2 (The Foundation for Effective Markets and Governance) - Allan Asher
- Australian Skeptics

Assoc Prof Ken Harvey’s submission to the Senate on behalf of these groups evidences this collaborative network. Dr Harvey is an established anti-CM activist, with a long history of involvement with:

- Australian Skeptics - life member
- Choice (Australian Consumers’ Association) - life member
- Consumers Health Forum
 - CHF’s complementary medicines spokesperson in 2011 when the National Health & Medical Research Council (NHMRC) Draft Position Statement on Homeopathy was leaked to the media (via the CHF)⁵
 - CHF’s representative (alongside Ms Alison Marcus, another FSM Supporter) on the Department of Health Natural Therapy Review Advisory Committee (NTRAC) for the *Review of the Australian Government Rebate on Private Health Insurance for Natural Therapies* (no conflicts were declared or managed).
- FSM - Executive Member (noting FSM’s Supporters include ‘consumer advocates’ and others who are members of the CHF and Choice).

⁴For example, <https://www.australiandoctor.com.au/news/ama-backs-away-anti-quackery-group>; Newton, Kate (17 July 2012). “Anti-quackery group risks backlash: critics”. Australian Doctor.

⁵Freedom of Information documents show that the NHMRC had contracted the CHF to conduct a ‘health literacy check’ on the NHMRC Draft Position Statement, which was leaked to *Australian Doctor* via the CHF, the same day that the Australian Homoeopathic Association (the key stakeholder group) accidentally learned of the existence of the process on 20 April 2011.

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Dr Harvey is also a member of the Therapeutic Goods Advertising Code Committee (TGACC) and until early 2017, a member of the Therapeutic Goods Advertising Complaint Resolution Panel (CRP) as a representative of Choice (discussed further below).

The aforementioned groups are also represented on the CRP, i.e. Access2 (Allan Asher, the CRP Chair), CHF and Choice. Allan Asher is also a former representative of Choice on the CRP. FSM and the Australian Skeptics are represented on the CRP by Dr Harvey.

History of anti-CM campaign collaboration:

This anti-CM network has a demonstrated history of collaborating in campaigns targeting CM. A core group of people are usually involved in coordinating such actions, in particular Dr Ken Harvey, who played a key role in having the current Bill flagged as controversial (see <http://www.medreach.com.au/?p=2353>).

Examples of the longstanding collaboration between these groups in a zealous campaign against CM include:

- On 20 December 2015, Dr Harvey disclosed in a blog that he had worked with two of his Monash University students undertaking a ‘summer program’ relating to CM reforms, including examining CM websites with a view to reviewing matters relating to decisions made by the CRP. The blog states (emphasis added):
“A letter about these matters is currently being finalised with support from Friends of Science in Medicine, the Consumers Health Forum, Choice, Australian Skeptics and the Doctors Reform Society.”
- On 15 August 2016, FSM issued a media release announcing Dr Harvey had been awarded the ‘Australian and New Zealand Association for the Advancement of Science (ANZAAS) Medal’ for 2016, quoting Dr Harvey:
*“A number of purveyors of complementary, alternative and integrative medicine also make unethical claims. So what to do? Marshal the evidence; **flood the regulators with complaints, engage the media and agitate for policy change.** In these endeavours, I have been encouraged and supported by many like-minded groups, colleagues and friends: Therapeutic Guidelines, Health Action International, Friends of Science in Medicine, Australian Skeptics, AusPharm, the Australian Consumers’ Association [Choice], Consumers Health Forum, Therapeutic Goods Advertising Complaint Resolution Panel and colleagues from the School of Public Health at both La Trobe and more recently Monash University”. (emphasis added)*

Dr Harvey’s Medreach blog⁶ also demonstrates his collaboration with the CRP Chair, Allan Asher (Access2), where Allan Asher’s Senate submission (‘Therapeutic Goods Amendment Bill 2017 – Notes by Allan Asher’) is pre-published, alongside several of his students’ submissions, “for ideas” to assist others to prepare submissions; flouting Senate rules on the publication of Senate submissions. Dr Harvey and Allan Asher have a long history of anti-CM campaign collaboration⁹.

As at 3 January 2018, the Senate has published two submissions, those of Dr Ken Harvey and Prof Jon Jureidini, both of whom are FSM Supporters. One of the students whose submission Dr Harvey pre-published on his Medreach page (‘AV’, accessed 18.12.2017) is also a FSM Supporter (see below).

Submissions to the Senate received from groups and individuals affiliated with the FSM affiliated network share a common anti-CM ideology and are inter-independent and should be viewed in this light. Background to FSM’s extreme anti-CM agenda needs to be understood to appreciate the real forces behind its campaign.

The CRP/ TGACC and conflicts of interest:

Dr Harvey’s reference to the CRP as a ‘like minded’ group (ANZAAS Medal speech, above) **reveals the Panel’s historic operation as an anti-CM cartel**, bringing its objectivity and independence into question. With passage of the Bill, the abolition of the CRP removes a mechanism of influence for the anti-CM lobby to target CM products and advertisers.

⁶ ‘Monash SPPM Summer Vacation Scholars Program 2015’, <http://www.medreach.com.au/?p=1459>

⁷ <http://www.scienceinmedicine.org.au/2017/02/07/media-release-anzaas-medal-for-ken-harvey/>

⁸ Therapeutic Goods Amendment (2017 Measures No. 1) Bill now sent to Senate
<http://www.medreach.com.au/?p=2353>, accessed 18.12.2017 (Appendix A)

⁹ e.g. <http://mlsv.org.au/wp-content/uploads/2017/08/Sept-8-2017-Seminar-The-Advertising-of-Therapeutic-Goods-and-Services-and-its-regulation.pdf>; <http://www.bfcsa.com.au/index.php/entry/bfcsa-lawlessness-for-bankers-and-then-productivity-commission-says-no-enforcement-of-law-for-banks>

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These groups are therefore now seeking to gain advantage via the Senate inquiry process to ‘lock in’ reforms aligned to their broader agenda to restrict consumer supply and access to CM products and services, if not attempting to preserve the ongoing existence of the CRP itself, to ‘keep their finger in the pie’.

Dr Harvey’s Senate submission states that ‘the most important concern’ regarding the operation of the current advertising complaint system (CRP) *“is a lack of transparency in dealing with complaints”*. **However, the following issues relating to ‘transparency’ in the operation of the CRP should be noted**, highlighting a number of ethical concerns:

Monash ‘Whack-a-Mole’ Summer School program 2015:

In 2015, Dr Harvey ran a ‘Monash SPHPM Summer Vacation Scholars Program’ course to give students *“practical experience of the role of the regulators”* (<http://www.medreach.com.au/?p=1459>). The course (‘BMS3052: Whack-a-mole’) solicited students to generate complaints on CM products to the CRP, **of which Dr Harvey was a member**. As part of the course, students were provided with instructions and supporting documentation (including a list of CM websites) to assist them in generating official submissions of complaint to the CRP against CM advertisers. Students’ draft submissions were then ‘checked by a FSM reviewer’ (‘Step 4’) before being sent to the CRP.

Dr Harvey’s Medreach webpage details how the course also involved “drafting a letter” in collaboration with FSM, the Australian Skeptics, the CHF and Choice (CHF and Choice also being represented on the CRP).

Monash ‘Whack-a-Mole’ Summer School program 2016:

In 2016, Dr Harvey worked with two Monash Biomedical Science/Law Summer Scholarship students on the ‘Whack-a-mole’ project (<http://www.medreach.com.au/?p=1969>), which involved ‘submitting complaints about the promotion of CM to the CRP’, ‘media engagement’ and ‘a submission to the TGA on regulatory reform’.

Notwithstanding the explicit conflict of interest inherent in generating complaints to a committee of which he was a member, there is also an open question regarding whether Dr Harvey, Allan Asher and representatives from the CHF and Choice declared their conflicts and abstained from proceedings when the CRP considered complaints generated via their collaborative network.

The Senate could request the CRP secretariat to provide it with the minutes of CRP meetings to determine whether these conflicts were in fact declared and due process followed, in line with legislative requirements.

In their submissions to the Senate, Dr Harvey and his network’s stated frustration with the operation of the CRP is intimately linked with such unmanaged conflicts of interest, resulting in the historic dysfunctional operation of the Panel (where Dr Harvey and his affiliates have been complicit in influencing decisions against CM advertisers, by both generating complaints to the CRP then adjudicating on complaints they were involved in generating through backdoor means). This relevant part of the equation is excluded from submissions to the Senate from members of the anti-CM network, but which the Senate should note.

Monash ‘Whack-a-Mole’ Summer School program 2017:

During his 2017 ‘Whack-a-Mole’ Summer Vacation Scholarship School Program, Dr Harvey coached his students to prepare submission to the Senate inquiry to support the skeptic network’s current anti-CM campaign. Three of these students gave presentations at the Victorian Skeptics meeting on 18 December 2017 (<https://www.flickr.com/photos/malv-one-stop/sets/72157663824849618>).

Dr Harvey also **pre-published another three of his students’ Senate submissions** on his Medreach blog (<http://www.medreach.com.au/?p=2353>, accessed 18.12.2017 - see **Appendix A**); flouting Senate rules regarding the pre-publication of submissions, of which he is aware since he outlined them in his blog. The student submissions were removed from Dr Harvey’s blog after the Senate secretariat was notified of the breach on 19 December 2017. On 22 December, Dr Harvey published a ‘tribute’ to these students (<http://www.medreach.com.au/?p=2396>). Soliciting students to participate in an ideological campaign represents questionable ethical conduct.

For years, such conduct has compromised the integrity of the CRP and the TGACC as functional instruments, where anti-CM groups have become factionalised to further a shared anti-CM ideological agenda.

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Illogical arguments presented in anti-CM network submissions to the Senate:

Flatt (2013; citation footnote 5) has identified three main characteristics of FSM's discourse/ strategy towards CM, **which are evidenced in submissions to the Senate from the FSM-affiliated network:**

1. Distinct CM disciplines are grouped together/ universalised to circumvent difference, creating rhetorical and fictional constructions rather than factual representations of diverse disciplines.
2. Demarcation is attempted through 'boundary work': the use of science to differentiate practices that challenge professional domination. Positive scientific qualities are attributed to biomedicine (the 'in-group') and negative non-scientific qualities to CM (the 'out group'). Here, FSM creates its own interpretations of 'science' and 'evidence' that acts to sustain professional dominance and power.
3. 'Evidence-based medicine' is applied rhetorically to develop normative statements, associated with fundamentalism, intolerance of alternative views, and the use of evidence as a symbolic weapon.

In this way, complex issues are reduced and over-simplified into a polarised stance. A strategy employed is to identify a potential problem with a specific CM product, **which is then universalised to apply to all CM products and in extension, to the entire CM sector itself.** This illogical premise underpins the regulatory restrictions the skeptics network is proposing to the Senate. The following examples illustrate this point:

The student submission by 'MD' (pre-published on Dr Harvey's Medreach webpage) highlights the product 'Melatonin 4X' as an example of a product: *"being promoted under the guise of homeopathy, despite not conforming to homeopathic traditions or definitions"*. This is then inappropriately generalised to argue that *all* homeopathic products, whether or not they legitimately represent the homeopathic tradition and/or comply with therapeutic goods regulations (which most do), must therefore include the following statement, 'or words to that effect':

"This traditional indication ~~is~~ is not in accordance with modern medical knowledge; there is no scientific evidence this product is effective"

It is apparent that the problem and the solution are entirely unrelated. Such argument lacks credibility and can only be understood in terms of anti-CM ideology, of a broader agenda to harm the commercial viability of CM products and to thereby restrict consumer access to CM products and services.

Similarly, the pre-published student submission by 'AM' (accessed 18.12.2017) identifies two Chinese Medicine products, misstating as fact the *assumption* that their formulas 'have no scientific evidence for these claims' - simply because they are traditional and without assessment of published literature. 'AM' uses this to support her lecturer's (Dr Harvey) proposal for the above-mentioned 'traditional indication disclosure statement', which is also supported by submissions by Dr Harvey's supporters Allan Asher and others in the skeptics network.

Another argument often employed is **highlighting deficiencies in TGA's regulatory framework for CMs and equating this to inherent deficiencies with all CM products** - an illogical premise. By analogy, this is akin to arguing that problems with the regulation of prescription drugs equates to inherent flaws with prescription drugs *themselves as an entire category and in extension, all of Orthodox medicine itself* - a bizarre argument.

Proposed regulatory restrictions fall outside the scope of the Bill:

It is also important to note that many of the amendments proposed by the skeptics network **fall outside the scope of the current Bill.** For example, a stated an 'area of concern' for them is that *"There is no proposed regulatory restriction requiring homeopathic and other traditional medicines to clearly disclose that they are not scientifically based"* (e.g. Allan Asher and Ken Harvey submissions). Implicit is the **assumption** that CM products and services 'lack scientific evidence'. This is an entirely polemic position that in fact contradicts the research evidence base; it is not grounded in independent, impartial assessment of any research evidence or expert consultation (i.e. it is not "evidence based")¹⁰. Such rhetoric contradicts the scientific principles that groups like FSM purport to uphold, but do not demonstrate in practice.

¹⁰ For example, in the case of homeopathy, around 50% of randomised controlled trials (RCTs) report statistically positive and clinically relevant results; with 45% inconclusive and only 5% negative - strikingly similar to the findings of orthodox medical research. In concluding there was "no reliable evidence" for homeopathy, forensic investigation has revealed that the NHMRC:

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Traditional evidence indications are appropriately regulated according to history of use:

The skeptics network confounds 'scientific evidence' with 'traditional evidence'. The current therapeutic goods regulatory framework **allows for low-level therapeutic claims commensurate with traditional use**, upholding public safety while preserving access to traditional medicines. Hence, **therapeutic indications for traditional products/ ingredients are appropriately restricted to low level claims, intended for self-limiting and/or non-life threatening conditions**. Contrary to skeptics' rhetoric, many traditional products and ingredients *are* in fact underpinned by a growing scientific evidence base. Moreover, until further scientific research is conducted, the efficacy of these ingredients in the scientific paradigm **remains an open question**. Absence of evidence of efficacy (because studies have not yet been done) does *not* constitute evidence of absence of efficacy.

The TGA's role is to regulate medicines, not adopt the ideology-based positions of special interest groups.

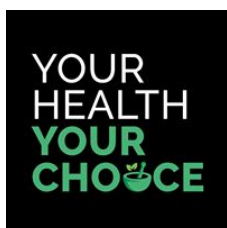
Australia is a multicultural society and people have a Constitutional right to access healthcare and products of their choice, in accordance with cultural and historical use. For peoples of European ancestry, this includes major traditions such as Naturopathy, Herbal Medicine and Homeopathy (the latter also an important medicine traditionally used by large sub-populations of Sub-Continent and Central/ South American origin). The current therapeutic goods regulatory framework appropriately caters for this diversity and history of use.

The significant majority of CMs are low risk Listed products with an exemplary safety record and the TGA's regulation of these products appropriately reflects their low risk profile. Claims to the contrary are not supported by substantial real-world evidence of risk of harm.

Skeptics network not representative of consumers:

Groups in the anti-CM network such as Choice and the CHF claim to represent consumers, however given that three in four Australians use CM products and services, it is patent that the majority of Australians do not share the anti-CM ideological agenda of such special interest groups, which are seeking to restrict consumer choice.

To date, over 72,000 consumers have signed a petition calling for a Senate inquiry into alleged bias and misconduct in the National Health & Medical Research Council's (NHMRC) conduct of the Homeopathy Review, which involved FSM Supporters and other conflicts at multiple levels, without declaration or management¹¹. The 'Your Health Your Choice' campaign (www.yourhealthyourchoice.com.au) is drawing attention to these and other issues of bias facing the CM sector - such as the removal of the health fund rebate subsidy for 17 natural therapies, on the basis of a Department of Health report that did not review any original research studies, excluded subject experts, appointed anti-CM activists (such as Dr Harvey), did not declare conflicts and did not conducting any targeted cost-benefit analysis (see <http://www.nhmrchomeopathy.com/health-fund-rebate-reviews.html>).



The Your Health Your Choice collaborative (www.yourhealthyourchoice.com.au)
Facebook: <https://www.facebook.com/yourhealthyourchoice.com.au/>

1) terminated and obfuscated a good quality first review conducted in 2012 that reported positive findings, and 2) for the second (published) review, retrospectively (and without disclosure) created two arbitrary and unique exclusion thresholds ('N=150 sample size' and '100% quality rating'), which *post-hoc* dismissed the results of 171 out of 176 RCTs from contributing to the findings - effectively reducing the findings of the entire review to only 5 trials that were deemed "reliable". The NHMRC excluded from scope all *in vitro*/ laboratory research (where there is no 'placebo effect'), 75% of which reports positive findings, with 75% of these studies having been successfully replicated. The NHMRC's conduct of the Review has been referred to the Commonwealth Ombudsman for formal investigation (see www.nhmrchomeopathy.com).

¹¹ See Senate petition at: <https://www.yourhealthyourchoice.com.au/wp-content/uploads/2017/11/Senate-Petition.pdf>

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APPENDIX A

Dr Ken Harvey's Medreach page, showing pre-publication of his students and Allan Asher's Senate submissions (<http://www.medreach.com.au/?p=2353>, accessed 18.12.2017)

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← Very profitable: Australia overdosing on dietary supplements

Therapeutic Goods Amendment (2017 Measures No. 1) Bill now sent to Senate

Posted on December 3, 2017 by Dr Ken Harvey

This is a win! The Department of Health, TGA and the Health Minister's Office have been trying to bypass the Senate Committee system on this Bill arguing that it was non-controversial! Which it is not!



Fortunately, Greens Senator Richard Di Natale responded to requests, responded to requests to get the Bill reviewed by the [Senate Community Affairs Legislation Committee](#).

A public hearing was requested but apparently was rejected because of short time-frame encompassing Christmas & New Year.

The Committee now invites written submissions by **12 January 2018**. For ideas see:

- [Therapeutic Goods Amendment Bill 2017 – Notes by Allan Asher](#)
- [Concerns about the Exposure Draft of Therapeutic Goods Amendment \(2017 Measures No. 1\) Bill 2017 and related measures](#)
- [Senate Submission MD](#)
- [Senate Submission AM](#)
- [Senate Submission AV](#)

Also, talks to:

- Mordi Skeptics, ["Update on advertising and complementary medicine reform"](#).
- Vic Skeptics, ["Whack-a-mole" student work and an update on TGA regulatory reform"](#).

And, ["TGA Consultation Submissions: Regulatory reform of complementary medicines and advertising"](#)

The Committee prefers to receive submissions online as an attached document by accessing the committee website and selecting the [Upload Submission Online link](#). Alternatively, submissions may be emailed as an attached document to committee.sen@aph.gov.au.

Submissions become Committee documents and are made public only after a decision by the Committee. Publication of submissions includes loading them onto the Internet and making them available to other interested parties including the media. Persons making submissions must not release them without the approval of the Committee. Submissions are covered by parliamentary privilege but the unauthorised release of them is not protected. Information relating to Senate Committee inquiries, including notes to assist in the preparation of submissions and a submission checklist can be located on the Internet at:
http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/How_to_make_a_submission

If you require further information please contact the Committee secretariat on (02) 6277 3585.

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Themes

- ABC ACCC advertisements AHPRA
- AMHC AMI Blackmores
- CHC Chiropractic Board
- chiropractors Code authorisation
- Complaint Resolution Panel
- consumers CRP Dr Jacqui Forrester Dr Tom Goyer
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