

27 October 2017

**Sustainable Health Review Secretariat
189 Royal Street
EAST PERTH WA 6004**

Via email SHR@Health.wa.gov.au

Dear Panel

Sustainable Health Review

Thank you for the opportunity to make a submission to the Sustainable Health Review and to the Panel for their time and efforts in this endeavour.

Under the Terms of Reference (ToR), I submit the following:

Lyme-like illness

As a Lyme-like illness and Chronic Fatigue Sufferer/Myalgic Encephalomyelitis (CFS/ME), I can tell you the treatment of these illnesses is appalling and nowhere is the Hippocratic Oath to be found in consultations with a majority of medical professionals. It is little wonder that chronic disease prevails, when prevention (as per the RACGP website below), could have been the first cab off the rank when visiting a doctor with a bullseye rash and all the symptoms, but in my case it was completely ignored, then acknowledged in a visit some months later that "Lyme disease is very real" but this doctor chose to illicit harm by her complete negligence. A simple treatment of anti-biotics would more than likely eliminated the pathogens in its acute stage, instead I have been unable to work and function since I was infected (in Australia) for nearly two years. As someone who, prior to this incident, was a fit and healthy fully functioning member of society, it leaves a bitter taste in my mouth.

The Health Departments lack of acceptance of the disease, the AMA's, RAGCP and governments attitude of sticking its head in the sand because it is an extremely hard illness to eradicate once it has taken hold, and any doctor who will treat a Lyme-like sufferer threatens to be struck off if they do accept and treat patients is simply appalling. Some patients commit suicide because of this attitude and in Australia, the supposed lucky country, we are fighting for our survival because of some political game. Only when those professionals are (or their loved ones) affected will change happen. I would not wish this disease on my worst enemy.

A search of PubMed throws up 2,112,694 studies on Lyme Disease. Why when there is so much research out there to be accessed is it still denied? Whether the illness was contracted overseas or in Australia is being argued while people are dying is simply unacceptable. As an analogy, if I broke a bone while on holiday overseas and sought treatment in a hospital in Australia, medical aid would not be denied because I was overseas!

In my opinion we could create an opportunity from these illnesses, but we must first acknowledge that it exists. Western Australia could be the first State to do so and be pro-active in accepting the illnesses exists, allow doctors (and there will be plenty by now) to openly treat patients, share knowledge of their successes (and treatment failures), and offer treatment facilities for Australians and overseas patients alike. We have some very clever researchers, medical professionals, and entrepreneurs in Australia and the opportunities for state of the art, world class treatment facilities, would be extremely beneficial. This could in fact be a tourism opportunity. Many patients travel overseas now for treatment to alleviate the pain and suffering. This sometimes comes at the expense of families and individuals having to mortgage their properties to do so, **but they are regaining their health**. These treatments are not quackery, they are simply not taught at our medical schools and in mainstream medicine (because of the dependence on pharmaceutical companies to fix illness), but with the advent of the internet, mainstream medical systems are being heavily criticised as outdated, second class, and many general practitioners simply arrogant.

Summary of my Recommendations:

1. Improve patient centred service delivery, pathways and transition

- As an individual who has watched the medical system for many years as an observer, I have always believed that we insure ourselves to be sick, rather than insure ourselves to be healthy. Government has an opportunity to incentivise individuals or groups in the prevention of illness. It is not until we become ill and are forced to use the medical system that we realise its real benefits and downfalls, look at our mortality, and wish for a better alternative. Prevention, not cure, must be the adopted model.
- Patients must be treated as individuals, with all manner of illness, which is an alternative medicine approach. Doctors are happy to refer patients to psychiatrists if they do not fit the “disease” criteria. This is a waste of resources, money, and time in many cases. Especially the time of the patient who is being treated as sick in the head, instead of sick in a physical capacity which leads some patients to suicide as they cannot get well and have missed the boat at the acute stage. All too many psychiatric referrals are being made, or pharmaceutical drugs being dispensed, instead of finding the root cause of the illness.
- Integrative medicine (ie working with alternative therapies and therapists) must be accepted as the norm. The petty attitude of doctors having a crack at naturopaths (and the like) as second-class citizens, when they truly do follow the creed of “first do no harm” is simply arrogant and many individuals have only become well again because of the assistance of natural therapists and their non-invasive methods where the medical practitioners have failed dismally. I am sure there is no data on naturopathic or holistic cures as most GP’s dismiss the cures because of their insular attitude.
- New testing criteria around the world needs to be accepted instead of being used as a political football by health authorities and the medical profession. This, once again, forms part of the education or re-education of the medical profession.

2. Maximise health outcomes and value to the public

- Allow and encourage home visits, where necessary, with a view to encourage the use of skype consultations where patients might be unfamiliar with the concept (the banks used this type of approach when they introduced their ATM dispensing machines and re-educating people).

3. **Encourage and drive innovation**

- Lyme patients could choose either private options for treatment or Medicare funded facilities. Where a patient has travelled from overseas, this would be completely private (user pays), whereas Australians would be given the choice, or it could be a means tested system. Allowing entrepreneurial business/individuals into the mix would soon see eradication and treatment successes rather than this current burden of chronic Lyme-like sufferers and doctors treating the illness being driven underground.
- Allow nurses more autonomy in patient care in general.
- Allow more autonomy with pharmacists and prescription dispensing and allow computer access to medical records where the patient has given permission.
- Research facilities and the medical profession should be more interactive. It is my understanding that the medical profession and research profession are very sceptical of each other.

4. **Partnership opportunities**

Partnerships with private sector in new technologies and treatments should be encouraged however there needs to be caution where the patient is not the first priority (ie big pharma may be a conflict of interest).

5. **Improvements in safety and quality for patients**

- As stated before, the patient must come first. I note that the new Busselton Hospital opened in 2015 and whilst I could offer many opinions about this facility I will limit my experience to the fact that on my two visits in 2015 I was extremely frustrated that the doctors at the hospital have no interaction with the doctor/s I was seeing at the time. There appears to be no access to patient notes and the emergency doctors fly blind as to any pre-existing issues of individual patients. Ultimately many blood samples which had been carried out before were taken, all resulting in the same outcome. How is this beneficial to the patient or the financial burden on the overall health system? Online records (obviously with tight control of data) must be adopted so that patients and doctors alike can have access to notes, drugs they have been prescribed, and doctor recommendations so that they can take control of their conditions.
- Nurses now appear to spend time taking records on pulse rates and heart monitors instead of interacting with the patient on how they feel. The Aboriginal community are extremely reluctant to visit the hospital for many and varied reasons. It is apparent that no consultation was done with them prior to the building and construction of the facility.

Whilst I understand it was built under a Liberal Government, politics must not enter into the discussion.

6. **New efficiencies and change**

Efficiencies and change must encompass (as stated above) that the patient is the critical factor in the mix. The patient must be treated as an individual, not a number, money paying statistic, or a time limited appointment.

New Treatments -

In many European countries there is now state of the art use of ozone therapy which is having significant impact but frowned upon in Australia.

Cannabis, as a medicinal therapy, MUST be encouraged and not thought of as something to get the patient high. It was outlawed because of political and monetary reasons and in the meantime people are chronically ill and dying painfully because of these political, uneducated, and monetary reasons.

Low Dose Naltrexone (LDN) has been significantly studied and is extremely beneficial for many patients with chronic issues as it is an immune antagonist, but it is not widely known by the medical profession.

Vitamin C infusions are now being hailed as extremely beneficial in many illnesses but once again the 17 year lag of medical knowledge is against patients.

Stem cell therapy is also something that could be looked at and there is a great many other treatments which could be adopted, however I watch with interest the uptake on the cannabis take up and am extremely cynical whilst the medical profession are all too enthusiastic when a new drug is hailed as the answer to the equation. We have progressed no further in the mainstream medical approach to cancer whereas many therapies have been openly embraced by cynical patients of chemo and radio therapy who opted for something different. Doctors who know no better continue to embrace the pharmaceutical path yet quite often succumb to the same disease path through a closed minded approach.

There is now a great deal of research and treatment options available on the web which are very effective and many people are taking up these options because of the narrow-minded mainstream medical approach, however, this information is being discredited by the medical profession. There is a great deal of misinformation on the internet, but there is also a great deal of information which can assist in the individual persons wellness.

Research

- Whilst Murdoch University is studying pathogens, Lyme Disease (or Lyme-like illness) is not accepted by doctors, however Bahmah Forest and Ross River Virus are accepted and carried by mosquitos. Where is the research to categorically say that this illness is not carried by mosquitos (because overseas research suggests otherwise) or any other

insect. To say that a tiny insect could not have been brought in on someone's clothes from overseas and that it does not exist in Australia is simply sticking our heads in the sand. No education program exists for individuals and the medical profession alike and in the words of Dr Kenneth Liegner, Physician since 1988 *"In the fullness of time the mainstream handling of chronic Lyme disease will be viewed as one of the most shameful episodes in the history of medicine because elements of academic medicine, elements of government, and virtually the entire insurance industry have colluded to deny a disease. This has resulted in needless suffering of many individuals who deteriorate and sometimes die for lack of timely application of treatment or denial of treatment beyond some arbitrary duration"*.

- A central database of all research, preventative methods, cures and the like should be available (whether controversial or not) so all professions can access the latest independent research from clinical trials and findings in Australia and around the world and disclosure of any interests must be first and foremost in any research finding.

Productivity

Private business is a driver in productivity and emulating private business, or the privatisation of some sectors of the health system may be an option, however I would err on the side of caution in how this is done.

Teaching and training

The current medical system is extremely flawed, and I believe the Australian Medical Association (AMA) has too much power over the medical system in that it protects doctors, not patients who are the ultimate reason why their profession exists, and lobbies governments hard to see its point of view when individual patients generally don't get the opportunity to do so. The Hippocratic Oath "first do no harm" appears to be forgotten in the model of patient/doctor/hospital treatment under today's system. A case in point is the willingness of doctors to want to perform extraordinarily expensive operations over preventative measures in the first instance.

It is said that 50% of the information which is taught in medical school is incorrect, but which 50% is correct!

A quote from the Royal Australian College of General Practitioners (RACGP) states "Doctors are the foundation of a good health system and GPs are usually your first port of call when you are sick. A GP not only helps you get better, they can also help keep healthy people well by practising preventive medicine. GPs who have obtained the highest level of training and specialise in general practice are Fellows of The Royal Australian College of General Practitioners (FRACGP). As a patient, when you choose a Fellow as your GP, you can be assured your health is in the best of hands and you will receive excellent care." This statement falls short in the current standard of care model and I have heard from many individuals I have spoken to and if this was the case, then there would be little, or no disease.

My research has led me to understand that on average it takes medical professionals 17 years to become aware of the latest technology. I am unaware of any other profession that this lack of knowledge is so prolific. The latest findings (unbiased and devoid of influence from big pharma and multi-national companies) must be available AND medical professionals must undertake mandatory updating of their licenses and/or education on say a two-three yearly basis (in the very least) as the advances in testing, technology, DNA, and science is now extremely progressive.

Diet -

Government's must detach themselves from the likes of the AMA, big pharmaceutical companies (who push cures, not prevention), and indeed food and beverage industries (who push white death). The latter multi-national, multi-billion-dollar industries, are assisting in driving disease, not just in Australia but around the world, and just like the smoking scourge has been addressed, we need to have a similar approach in addressing our addictions to prescription drugs, high consumption of alcohol, manufactured supposedly healthy foods/beverages, and sedentary lifestyle. It is this vicious cycle of big business who is pushing the burden of "ill-health" on our "health" system and governments and taxpayers are forced to pick up the unsustainable tab.

Other countries are addressing some of these issues and we need to be pro-active, not reactive in addressing them too as our rates of type 2 and 3 diabetes (Alzheimer's disease), obesity, mental health, heart disease and stroke rise exponentially.

Dr Peter Brukner OAM, MBBS, FACSP, FASMF, FACSM, FFSEM, an Australian is an advocate of the Low Carb/High Fat (or Ketogenic) approach to healthy living and slowly this dietary lifestyle will take front and centre place in people's lives to eradicate disease but education (from doctors to dieticians and the general public) must now convince us that what we have been told complete lies, hence the exponential rise in disease and even mental health issues etc.

Environment –

Heavy metal toxicity, dental amalgams, vaccines, and foodstuffs are adding to the burden of disease and there is a great deal of research available to show this to be the case. Unfortunately, the man on the street has little knowledge or understanding of the daily toxic load that we now have to burden and is attributing to our chronic illnesses. Until this is addressed and acknowledged then our health system will remain a disease system.

Culture

The dispensing of drugs must be addressed. It is clear that the overuse of anti-biotics is now something frowned upon, but other medications must also be addressed. Anxiety, depression, sleep disorders, thyroid, and the list goes on, can all potentially be addressed and alleviated by diet, however this will be the last resort, and once again the "first do no harm" approach is secondary to an easily written prescription. It is my opinion, and there

are many forums which substantiate this, that because a doctor has been at medical school for many years we are supposed to revere them. Many doctors show an arrogance (not all) which is devoid of any compassion. This must be addressed by the teaching facilities as it is all too common.

Leadership development

The private sector is extremely effective in leadership development, and private business generally goes broke if it does not adapt. Some examples could be emulated from the private sector to develop medical models.

Procurement

No comment.

Improved performance monitoring

No comment

7. Implementation

No comment

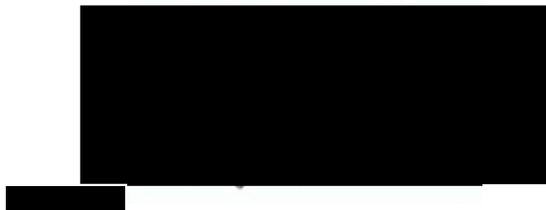
8. Implementation

As above.

9. Any further opportunities

As above.

Yours sincerely

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