General Practitioner, Dr D

Opinion – Case 98HDC19278

Complaint

The Commissioner received the following complaint from the consumer, Mrs A, about services provided to her by Dr D, general practitioner, between March and October 1998:

- *On 19 March 1998 Dr D diagnosed dermatitis due to chemical poisoning, to be treated with a twelve-week course of homeopathic Paraquat injections and drainage.*
- *Dr D gave an unconditional guarantee that he was able to cure Mrs A.*
- *Dr D gave Mrs A the first Paraquat injection at the first visit and advised Mrs A to inject herself once a week for a period of 12 weeks. She was told not to apply any topical ointments or preparations apart from BK Lotion.*
- *Mrs A conveyed her concerns about the use of BK lotion, but was given reassurances by both Dr D and his nurse.*
- *Over the next three months Mrs A progressed from having eczema on her hands, to having hands that were so swollen she was unable to use them and her face had swollen so much she was unable to see. Mrs A was unable to look after herself, she felt unable to leave her property due to her looks and she was unable to drive.*
- *By July the situation was no better, but Dr D was insistent that Mrs A was on the right track. Mrs A experienced difficulty in her attempts to speak with Dr D.*
- *By September 1998 Mrs A's condition was not better and on returning to Dr D he did some more testing and changed his diagnosis to Psoriasis caused by Legionnaires Disease. At this time Dr D suggested that they pray. Mrs A was also prescribed Histafen tablets, a drug Mrs A had been on for much of her life, for six more days as Dr D said he had changed her DNA structure.*
- *During the next month Mrs A got progressively worse and Dr D advised her that she had Multiple Chemical Sensitivity and that someone in the neighbourhood must have been spraying.*
- *Dr D did more testing, told Mrs A that the sun was causing an electrical reaction to her skin and that things in her home like the stove and computer were putting too much electricity into her.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Complaint *continued*

- *In seven months Mrs A had progressed from having sore hands through a range of diseases and she had intensely itchy, reddened skin. She went to a dermatologist, who is concerned at the condition of her skin. Mrs A is $1500.00 poorer with a worse skin condition than she had previously.*

Investigation Process

The complaint was received on 20 October 1998 and an investigation commenced on 23 December 1998. Information was received from:

Mrs A	Consumer
Mr B	Consumer's Husband
Mrs C	Consumer's Mother
Dr D	Provider / General Practitioner
Ms E	Dr D's Practice Nurse
Dr F	Dermatologist
Dr G	General Practitioner

The New Zealand Charter of Health Practitioners Inc.

Relevant medical records were reviewed. Advice was obtained from a homeopath and a general practitioner. Following Dr D's response to my provisional opinion, advice was obtained from a general practitioner and physician who also practises homeopathy, and a medical microbiologist.

Information Gathered During Investigation

The consumer, Mrs A, had suffered from eczema since she was a young baby, and used steroid creams and prednisone medication to control her condition. Mrs A explained that conventional treatments had provided her with some relief in the past, but that over time her eczema would flare up again. Over the last decade her eczema became worse and dermatologists she consulted could only provide temporary relief. Mrs A advised me that a work acquaintance of her husband recommended she consult general practitioner Dr D, at a medical clinic, as he used a combination of homeopathy and conventional medicine. Mr B and Mrs A thought that Dr D would be able to provide her with the best of both schools of thought and felt confident about consulting him, as he was a registered general practitioner. They felt that he would not just be "*dabbling in hocus pocus*".

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D is a general practitioner who provides both conventional and homeopathic treatments at the Medical Centre. Dr D stated that his practice philosophy is "*to provide a wide range of modalities mostly unavailable from other medical practitioners to give patients a wider choice of options for treatment than is available elsewhere*".

When asked to detail his alternative medicine and homeopathy qualifications, Dr D stated:

> "…
> *First let me point out once again, that what I do is* ***not alternative****, but* ***complementary as it is called in England by the British Medical Association****, as I use all the modalities of traditional medicine, in fact in many cases more than my colleagues. …*
>
> *My knowledge of Complementary Medicine and Homeopathic Medicine, started when in 1984, me and my whole family accidentally got arsenate poisoned …. From this we developed full-blown ME, from which we had to find our own way out. This started off my own personal struggle to get this condition recognised in NZ, successfully, I might say, against opposition from the Medical Council ….*
>
> *Since these early beginnings, I have pursued various homeopaths for help in recovery, attended all the that I can in the emerging disciplines of the branches of (1) Isopathy HOMEOPATHY and (2) Complex HOMEOPATHY. I have read vociferously in these areas, attended all the courses offered by* [Dr H] *and inculcated them into my practice of medicine. …*
>
> *I attend the conferences run under the auspices of the American Environmental and Toxicology groups at Dallas Texas, headed up under Dr Bill Rae, the head of the Dallas Environmental Health Clinic. …*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

I am a Member of the College of General Practitioners (MRNZCGP) and a member of the NZ Medical Association. I attend the required number of hours for continuing Medical Education (CME) and attend numerous conferences each year, …. There are no Complementary Medical Associations in NZ because unlike the situation in England, this Medical Council will not allow any to be registered under a medical umbrella, in their own right. …

The training that I have received in the bio-energy paradigm started first in 1983 with learning Acupuncture under [Dr H] *in* [the city]. ...

Since [Dr H] *began offering teaching in these areas, including the areas of Isopathy and Complex Homeopathic, I have attended all that he has offered, have all the manuals, and got and read all the books on offer. There is only Classical Homeopathy offered by the NZ Society of Homeopathy, and this has very little application in the busy world of General Practice. I have attended the appropriate conference overseas and keep up with Saturday clinical meetings up at* [the city] *when they are on offer in these fields. ...*"

Dr D has provided me with extensive material to support his belief that his diagnostic and treatment techniques are standard, proven, and effective.

On 19 March 1998 Mrs A consulted Dr D, seeking treatment, and a long-term cure, for the recurrent eczema on her hands. Mrs A's mother, Mrs C, accompanied her to the consultation. As the practice nurse had instructed her when making the appointment, Mrs A took two samples of water to the first consultation (one from her jug and one from the tap at her house).

Mrs A stated that Dr D asked her why she was consulting him, and she told him that she had ezcema on her hands. After a quick glance at the rash on her hands, Dr D said that she did not have eczema but was suffering from dermatitis due to chemical poisoning. Mrs A said that Dr D then proceeded to question her about her medical history.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D advised me that during this first consultation he visually examined Mrs A's hands and discussed her medical history, before concluding that she was suffering from dermatitis caused by chemical poisoning. Their discussion of her medical history is documented in Dr D's record of this visit. Dr D's notes record the history of Mrs A's skin problems and her agricultural work history. Her current symptoms, as well as medical history are also briefly noted. Dr D explained to me that conventional diagnoses and treatments had not given Mrs A any relief from her symptoms, which suggested to him that the conventional diagnoses had not been correct.

After muscle testing Mrs A, Dr D determined that exposure to the herbicide Paraquat had caused her skin problems. Dr D explained to me that a diagnosis of Paraquat poisoning is a visual one, as is a lot of dermatology, and that Paraquat poisoning appears as a highly irritated skin with a degree of thickening never found in eczema. Also, that there is:

> "*a different kind of feel to the skin, the difference of which can only be gained from experience in feeling the skin of such people who have acquired the problem having a clear history of personal usage, plus or minus spillage on the skin.*"

Dr D explained that Mrs A's presentation was consistent with other cases of Paraquat poisoning he had seen. He also stated:

> "*There is at present a lack of recognition of [paraquat poisoning] by medical professionals, even though the common symptoms found in people with paraquat poisoning cannot be explained in the conventional framework.*"

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D advised me that the lack of laboratory tests in NZ to diagnose paraquat poisoning means that muscle testing is the only way to do so. In a letter to me dated 22 December 1999 Dr D elaborated on his diagnosis:

> "…
> <u>Paraquat diagnosis</u> *is in the first instance a visual thing like over 95% of all dermatology, however once seen, never forgotten. I have been paraquat poisoned, and so have two of my family members.*
>
> *Not that our GP at the time, or dermatologist had any idea at all what it was or how to treat it. … With the painful, itchy and scaly exematous looking, but clearly not quite eczema, we were stuck without treatment, so once again, as with our ME I was stuck with finding out what it was, and how to treat it – hence my interest in this area, and subsequent expertise, when other people deserted by the medical profession on a lifetime of skin-thinning steroid, found out I might be able to help. …*
>
> *There is no general literature that I am aware of dermatologically speaking,* [about the diagnosis or treatment of paraquat poisoning] *as none of the local dermatologists knew anything about any of the cases that I have ever sent to them, and poo-hoo-d the idea. … The short answer is, that we can't diagnose it in this country, but it can be done in Sweden. That leaves doctors in this country with observational diagnosis, if they know what they are looking at, or what I do, or better still, both. …*"

Mrs A advised Dr D that her eczema had been present since she was a young baby, and asked him how it was possible to suffer Paraquat poisoning, as she was not aware of ever having had any contact with Paraquat. Dr D replied that it was not important how she had got the poisoning, and told Mrs A that other doctors had wrongly diagnosed her condition. Dr D advised me that he believed it was highly likely Mrs A was suffering from Paraquat poisoning although she could not recall having used Paraquat. Dr D stated that at the consultation on 21 May Mrs A informed him that she had been exposed to Paraquat previously. This information confirmed his diagnosis.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Mrs A explained that although a former employer had used Paraquat, she had not carried out any spraying herself or come into direct contact with the chemical. Paraquat was not used in the area of the farm that Mrs A had worked in.

Dr D tested Mrs A against a "*diagnostic set of KUF Paraquat Vials*" at each consultation (muscle testing). Mrs A described sitting on a chair while holding an agricultural chemical book on her knees. Dr D used wires to connect her to a small machine that contained a metal plate. He gave her a little electric shock in each finger, then placed samples of various substances on the plate and gave her small vials to hold in her hands. Dr D held Mrs A's hands and small movements in her fingers gave Dr D the results of each test. At the first consultation, on 19 March, Dr D tested Mrs A through her mother Mrs C, as Mrs A's hands were so badly affected by her eczema. Mrs C held her hands over the plate and vials, and Mrs A put her hand on her mother's arm. Dr D stated that Mrs A returned a strong positive result to this test which confirmed to him the clinical appearance of Paraquat poisoning.

Dr D described and explained to me the testing procedure he used as follows:

> "…
> *The muscle testing procedure is based on the patented 'double 'O' – ring' test, that was awarded to a Japanese Professor of Medicine. It has been taken up into world wide usage, without use of paying patent usage, because the point of patenting it, is to make the point that you can't patent rubbish, ie something that doesn't work and is a sham. The technique in its simplest application, has been renamed as* ***Peak Muscle Resistance Testing*** *(PMRT) as a more descriptive title, to give some understanding as to what actually takes place when the technique is applied.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

The items of equipment … include an aluminium plate on which the person to be tested places their hand in an upturned position. Attached to the plate is a wire which goes to a honeycomb, which is a solid piece of aluminium, drilled with holes sized to accommodate standard vials. This honeycomb has placed in it 4 vials of Epiphysis D26 which are augmenting vials to make the signal on the plate clearer, by making the distinction greater between signals, either weak or strong. Then the person being tested touches test vials with an aluminium probe. The whole test relies on the well established phenomena in physics called ***resonance*** *to occur when the person being tested touches a test vial, which contains a substance that is present at the same resonance in their body. The phenomena of resonance can be measured a number of ways, and there are a number of patented methods of doing this, ranging from electrical mechanical and pneumatic. …*

The actual practice of the technique is as follows*:*
The person being tested first places his hands, one at a time, palm down onto the aluminium plate. The Tester then applies a current to the 'ting' points of the fingers using a piezo crystal device (similar to the device that you use to light a barbecue, except there is a flat head not a spark head on the instrument as the intention is to transfer charge, not give the person a 'shock' as such). The person being tested then places their left hand, palm side up, onto the aluminium plate, and opposes the thumb and fourth finger, forming an 'O' – ring shape …. The Tester then holds the hand of the person being tested in such a way that he can apply pressure to pull these two fingers apart, while the person being tested attempts to apply maximum pressure between the thumb and the fourth finger. … There are various procedures that are gone through to ensure that the person is able to be tested … before the actual testing can begin.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Testing proper then can begin, first with the Biological Score to get an objective measure of where the Testee is in terms of mesenchymal toxicity. This scale is derived from human mesenchyme tissue and ranges from 1-21 vials, giving a scale against which the testee can be measured. Treatment can be compared against this at any time to see if the treatment is curative ... or suppressive. What follows next is a long and involved testing procedure with hundred of vials tested against the Testee with orders, and patterns according to what the responses of the testee are to any given challenge. ... These may include various bacteria or viruses, toxins of various kinds such as chemical, petrochemical, electromagnetic stress etc.

*It needs to be stressed from the outset that **this is never a stand alone test**, but simply a complementary modality to the normal medical work-up, of history, examination and blood tests, as I have shown in* [Mrs A's] *case ....*"

Dr D stated that his working diagnosis at this point was first of Paraquat poisoning, and secondly a strong atopic tendency (predisposition to allergies) evidenced by previously active eczema and active asthma. Dr D said that he then explained to Mrs A that his proposed treatment had been very successful in treating other patients with Paraquat poisoning. He also said that she could have a high expectation of her skin looking like clear normal skin if she followed the treatment through and no other problems arose. If this treatment was unsuccessful, Dr D planned to try other techniques, including homeopathic skin drainage for unknown toxins, specific homeopathic skin drainage for known toxins and constitutional remedies for skin and other things.

During this Mrs A stated that Dr D told her that a 12 week course of homeopath Paraquat injections and drainage treatment would leave her with "*skin like a baby*". Mrs A stated that Dr D gave her an unconditional guarantee that he could cure her and she would have no further skin problems. Dr D told Mrs A he had never had a case of Paraquat poisoning he had not cured, and at no time gave her any indication that problems might arise during treatment or that the treatment might not be successful.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D subsequently explained his use of the "*placebo effect*" in treating patients. His approach is to build up "*realistic hope*" in his patients, in order to motivate them to persist with treatment that may be difficult, and he estimated that this results in up to a 20% improvement in treatment outcomes. Dr D explained the disadvantage of this approach being that patients may misunderstand and mistakenly believe that he has guaranteed them a cure. Dr D stated that he never uses such guarantees to motivate people.

Dr D said that he gave Mrs A a full explanation of the two options for treating Paraquat poisoning. These were hyperbaric oxygen therapy, also known as decompression chamber therapy (at a cost of between $800.00 and $1000.00 for two weeks' treatment, available only in the city), or homeopathic detoxification through a course of injections. Dr D advised me that he informed Mrs A that the injection treatment could aggravate her eczema before it got better and that she would not be able to use her usual steroid creams during this process. There is no record of these explanations in the record Dr D kept of this consultation. Mrs A stated that Dr D did not tell her that the Paraquat injections would aggravate her eczema.

Mrs A stated that Dr D gave her no option other than homeopathic Paraquat injections for her treatment. She was clear that he did not mention oxygen or other therapy. Although he initially told Mrs A that she could either have injections or drops, he later said that due to the extent of her Paraquat poisoning she would need to be treated with injections as drops would not be effective. Mrs A stated that when she asked what was in the Paraquat injections Dr D told her that it was homeopathic Paraquat, which was "*harmless*".

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D explained to me that:

> "…
> *The paraquat injections are a series prepared by the German company 'STAUFEN' …. They are an internationally accepted company and treatment for chemical poisoning, and have a huge range of products for homeopathic treatment. The ingredients are a standard potentised preparation, in this case made from paraquat as the base molecule, as we are of course talking about paraquat treatment. They appear in a series increasing potencies of the X or D series from D5 to 30D potency. …*"

Dr D then asked Mrs A how she was feeling generally. Mrs A replied that she was "*okay*". Dr D then told her that she could not be feeling okay, as her energy levels were far too low. He told her that she was used to feeling that way so did not realise how bad she really was. Dr D told Mrs A that once the Paraquat was out of her system her energy levels would increase once more.

Mrs A decided to proceed with the homeopathic detoxification and Dr D prescribed BK and Pinetarsol lotions for her to use during the treatment (to help control the itching). He told her not to use any other topical ointments or preparations. BK lotion contains lanolin, which had previously caused Mrs A problems. When she asked Dr D about this he tested her again and determined that "*she was not at that time lanolin sensitive*". Dr D explained to me that from his experience BK and Pinetarsol are the most effective lotions to relieve discomfort from symptoms, while the causes of Paraquat poisoning are being treated. He stated that he explained to Mrs A that her skin would initially sting a little when using these lotions, and that she accepted that she would have to deal with short-term discomfort in order to obtain long-term benefits. Mrs A said that Dr D did not tell her this.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

At her first consultation Dr D gave Mrs A a one page information sheet entitled "*Taking Homeopathic Medicine (Naturopharm)*". This sheet stated that homeopathic drainage remedies prevent newly mobilised toxic substances such as chemicals, poisons and bacterial toxins from rebinding to tissue. These toxins can then be excreted through urine, faeces, skin and hair. Other instructions on the sheet related to the storage of homeopathic remedies, foods, products and medications to avoid taking during the homeopathic process, and how to take oral homeopathic medicine.

Mrs A was to have one injection each week, as well as taking drainage drops, grape powder, and vitamin C powder for 10 weeks, then drainage drops only for two more weeks. There were also dietary restrictions, which were explained on the handout she was given. Dr D's nurse gave Mrs A the first injection at the first consultation and instructed her how to inject herself with the Paraquat. The injection site was one hand width up from the anklebone and half of each vial was to be injected in each leg. The nurse mentioned to Mrs A that some people have a "*flare up*" when they first use the treatment. Mrs A said that Dr D did not mention this possibility to her.

Mrs A explained that there was no English language and no usage instructions on the packaging of the Paraquat injections. She was given all ten vials at once to take home with her.

Mrs A's diary entry for 19 March 1998 describes her consultation with Dr D. She concluded that she did not understand Dr D's approach to treatment, and that she had found the consultation strange.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Mrs A explained to me that the day after this first consultation her hands became swollen and painful and her skin was hot and oozing. Dr D told her that the bad reactions she had to the Paraquat injections confirmed his diagnosis of Paraquat poisoning. Her hands became even more irritated after she applied the BK lotion. In the past when Mrs A had used lanolin products her skin stung badly. She suffered the same reaction every time she used the BK lotion prescribed by Dr D. In spite of Dr D's assurances to the contrary, Mrs A said that the BK lotion "*burnt*" when applied to her intact skin and was even more painful when applied to the raw and weeping areas that later developed.

On 27 March 1998 Mrs C rang Dr D's clinic and spoke to his practice nurse, Ms E, to discuss these developments. Ms E assured Mrs C that everything was fine, that it was all "*part of the process*", and recommended Mrs A should sit in a cold bath to ease the symptoms. Mrs A said to me that cold baths did not ease her symptoms much.

Mrs A administered the weekly Paraquat injections as Dr D had instructed. Her diary entries show that her symptoms were worse on the days immediately following each injection, and she felt her best on the days immediately before each injection. As Mrs A continued with the Paraquat treatment she visited Dr D approximately once a fortnight. Each consultation was approximately 20 minutes long and Dr D charged $3.00 per minute. The initial consultation had been about an hour long. During May and June, Mrs A's whole body continued to be itchy, painful and swollen, sometimes with open weeping wounds. She described feeling extremely miserable and despaired of ever being cured.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

On 9 April 1998 Mrs A visited Dr D. She was concerned because her skin continued to get worse. Blood test results indicated to Dr D that Mrs A would benefit from taking vitamin B12 tablets. Mrs A said that when he muscle-tested her, however, he found that vitamin B12 would put her out of "*balance*". Dr D suggested that they say a prayer, which she thought was weird, but consented to try. When Dr D tested her again following the prayer, Mrs A was back in balance with vitamin B12. Mrs A said to Dr D that she did not really understand how and why that had happened, but Dr D told her that was not important. After praying, Dr D explained that Mrs A would no longer suffer allergic reactions as God had "*balanced*" her. Dr D stated that addressing her low B12 levels would assist Mrs A's skin to heal.

Dr D explained that he uses prayer to reduce the time and cost of the treatments that he offers. He described his work in this area as "*pioneering*" and has acknowledged that there have been some teething problems.

Mrs A said that she questioned Dr D about the testing he was carrying out and asked him why other doctors were not using it. Dr D replied that the testing was used extensively overseas but New Zealand doctors were between seven and 10 years behind the times. Mrs A said that this statement indicated to her that Dr D was not practising mere "*gobbledegook*". When Mrs A asked specifically about Dr D's process he told her that her understanding of the process was not important.

Mrs A advised me that at one consultation she asked Dr D how he had found out about Paraquat poisoning and the treatment he was offering. Dr D replied that "*necessity was the mother of invention*", and that while in Papua New Guinea with his family he walked through a field that had been sprayed with Paraquat. He later became ill and, when conventional medicine could not help, Dr D conducted his own research into a cure.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

On 23 April Mrs A's face was extremely sore and she had another consultation with Dr D. Dr D told her he was pleased with her progress and that her liver was coping very well so her drainage treatment remained the same. Dr D's receptionist showed Mrs A pictures of another woman said to have had Paraquat poisoning, both during and after her treatment. Mrs A described these pictures as "*an inspiration*". Dr D advised me that the skin on Mrs A's forearms and feet had improved, and that "*the skin thickening was much less*", the first improvement she had had in five years. These observations are not in Dr D's record of the consultation, and Mrs A does not agree that this was the case.

On 7 May Mrs A again consulted Dr D. He expressed to her his surprise at how much Paraquat was still in her system and at the terrible condition her hands were in. She was given a follow-up appointment two weeks later, and he reassured her that the treatment was still on track and that her problems would improve. Dr D's notes record that Mrs A felt terrible, and that there was marked excoriation.

At the consultation on 21 May 1998 Mrs A received her final Paraquat injection from Dr D. After giving the final injection, Mrs A recalled Dr D took the box containing Paraquat vials off her abruptly, saying that he needed it. Dr D then used a laser, which he told Mrs A was to take the remaining Paraquat out of an energy spot in her right ear. He stated that this was the "*high frequency paraquat 200D*". Mrs A was told everything was alright, and to go back for a blood test in six weeks, then for a check-up in seven weeks. She had four more weeks of drainage drops to take.

Mrs A again asked Dr D about the testing process that he used. Dr D explained to her that it was based on the radio frequencies given off by all substances, and that it worked on the same principles as colour therapy except that colour therapy was evil.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Mrs A told me that during June her skin continued to deteriorate. The skin on much of her body became sore. Her face was so swollen that she was unable to see and the condition of her hands was so bad she could not drive. Mrs A kept a diary during this period in which she described constant pain and discomfort from a very unsightly rash on her face, neck and hands. The rash spread, became scarlet then broke and became weepy. Mrs A's face swelled up and her eyebrows fell out. The skin on her neck, under her eyes and on her forehead cracked and began oozing. She also had the rash on her arms and thighs. There were lumps on her eyes and eyelids, which made it very difficult for her to see. She was unable to carry out her normal household duties or walk around the farm. Personal cares such as brushing her hair and washing became so difficult that her mother had to help her.

On 5 June 1998 Mrs A discussed her situation with Dr D's practice nurse, Ms E. She said Ms E explained that her problems were to be expected as Paraquat is very hard to get rid of, and suggested that Mrs A double the dosage of drainage drops she was taking. Ms E also described to her the plight of another woman who had suffered Paraquat poisoning, whose arms had swollen so much she could not care for her own baby.

On 15 June 1998 Mrs C insisted Dr D needed to see Mrs A. At this consultation Dr D admitted to Mrs A that something had definitely gone wrong, noted that she was not happy and that her skin excoriation had become worse. Dr D said she had a longstanding infection, probably due to glandular fever, even though Mrs A was not aware of ever having had glandular fever. Dr D assured her she would be fine, and stated again that all traces of Paraquat were gone from her system, except for some remaining higher frequencies. He again used a laser on her ear to remove what he said was the remaining Paraquat. Dr D gave Mrs A Zyrtec, an anti-histamine, and made a follow-up appointment two weeks later. Mrs A stated, "*I had now reached the time when he had told me I would be better but the condition of my skin was worsening*".

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Mrs A described her condition at this point as follows:

> "[Dr D] *gave further assurances to my family that the 'cure' was in sight. I had merely experienced setbacks. The fact that now the skin on my whole body was affected, red and sore as well as oozing was largely ignored – I was making 'good progress'. Over the last three months I had progressed from having eczema only on my hands, to complete disability as they were so swollen they were useless, my face had also swollen so much that I was unable to see. My husband had to have time off work as I was unable to care for myself. Through this period I felt unable to leave our property, except for visits to* [Dr D]*, because I looked revolting, with a swollen featureless face. I was also unable to drive due to the condition of my hands.*"

Mrs A explained that at about this time Dr D prescribed her a short course of Betnovate (a corticosteroid cream used in the treatment of inflammatory skin conditions) and that her skin temporarily improved as a result. There is no record of this prescription in Dr D's notes.

Mrs A recorded in her diary that Dr D confirmed at the consultation on 29 June 1998 that there was no more Paraquat in her system. He gave her antibiotics for an infection that he said was affecting her leg and face, put her back on homeopathic drainage therapy and gave her four drops of Aurum Metallica to get rid of a longstanding infection. Mrs A expected to improve within a brief time.

Dr D informed me that on 29 June 1998 it became apparent to him that something other than Paraquat poisoning had intervened in the treatment. He checked Mrs A further and found that she was "*showing up an old toxin, a cytomegalovirus, that she had previously overcome*". He advised that he discussed this with Mrs A and they decided to leave treating this until the Paraquat treatment was complete. He also stated that at this point Mrs A's skin had improved and her hands were excellent. The homeopathic Paraquat treatment was finished but bioenergetic testing showed that cytomegalovirus was aggravating her and that more Aurum Metallicum was needed.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D subsequently explained to me that whereas conventional blood tests would only be able to ascertain whether there was currently or had previously been an infection with cytomegalovirus, muscle testing can detect whether a "*toxic viral residue*" is still present and causing "*viral fatigue*", which can be cured homoeopathically.

Dr D explained that Mrs A had developed a cellulitis from a streptococcus infection, which is what had caused her eyelids to swell and get "*boggy*". He explained that this was an unfortunate event, unrelated to her treatment, and that Mrs A was extremely unlucky to have caught this infection while her other conditions were being treated. Dr D gave Mrs A four drops of a constitutional remedy (Aurum Metallicum) to try to improve the ability of her skin to bounce back and recover, and prescribed Klacid antibiotics for ten days to treat the infection.

Dr D explained to me that the cellulitis was a complication of the previous steroid treatment Mrs A had had. The steroids had thinned her skin, rendering her vulnerable to infection. Dr D explained that cellulitis symptoms are simple – swelling, heat, pain, redness – and that an educated guess is needed to ascertain which bacteria is causing the problem in order to decide on appropriate antibiotic treatment. There is no laboratory test for cellulitis. In Mrs A's case Dr D confirmed his diagnosis and choice of antibiotic through muscle testing, and stated that the successful outcome proved the validity of his testing.

Mrs A did not agree with Dr D's conclusion, and pointed out that although her hands were often badly cracked and she worked on a farm, she had never before suffered from skin infections.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

At the next consultation, on 9 July, Dr D told Mrs A that although she now had another infection her immune system was in fact improving. Mrs A recalled being told that she was recovering well given the number of things that had been wrong with her. Dr D told her there would be two more sets of drainage over the following five weeks, after which she should be fine.

On 9 July 1998 Dr D advised that he attempted a "*double detox*" with homeopathic remedies, of both the cytomegalovirus and the streptococcus toxin. He also prescribed Urea cream 10% and aqueous creams. Dr D told Mrs A that she was still doing well.

On 30 July Mrs A telephoned Dr D to explain her worsening condition again. Dr D's receptionist promised to return her call but did not.

On 31 July Mrs C telephoned Dr D on her daughter's behalf. Dr D's receptionist explained to Mrs A that it would take time to be healed as there had been a lot wrong with her, and that Dr D had yet to return her call from the previous day as he was researching what to do next. Mrs A's hands were swollen and Dr D's notes describe her skin as "*grotty*". At this time Ms E told Mrs A that "*the squeaky wheel gets the most oil*", and that she should complain more. However, Mrs A stated that as Dr D had only three 30 minute "*call in*" times per week, it was difficult to discuss her concerns with him. Ms E added that Mrs A could see Dr D in a week's time if she was no better. Dr D recommended some homeopathic treatment (Cellular Recharge and hom. Sodium) to reduce the swelling on Mrs A's hands, and sent her two new kinds of homeopathic drops. He insisted she was "*on the right track*" to be healed. Mrs A said that according to the labels on the bottles, these drops were to treat back pain. Dr D did not see Mrs A on this occasion.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

On 5 August 1998 Mrs A had a cough which Dr D diagnosed as a bacterial throat infection. His muscle tests showed a "*streptococcium infection*" and he prescribed Ceclor antibiotic tablets. Dr D told Mrs A her immune system had improved and that she was to apply tea tree oil and arnica to her hands. Mr B attended this consultation with his wife, and asked Dr D whether her skin was improving. Mrs A stated that Dr D assured them that her skin would be fine once it settled, and that it would never flare up again.

There was another discussion by telephone with Dr D on 24 August, and he agreed to prescribe Mrs A Advantan cream (a corticosteroid used to treat eczema), to use until her skin condition settled.

On 3 September 1998 Mrs A consulted Dr D again. Dr D recorded that Mrs A's cough was almost gone and her tonsils and larynx felt normal. He stated that blood tests showed nothing unusual from an orthodox point of view. He noted that although her face had improved, Mrs A's hands were still peeling. Dr D found this development perplexing and after muscle testing decided that the peeling was caused by a legionella infection. He told Mrs A that his diagnosis was now psoriasis caused by Legionnaires Disease, and that research he had done on the internet had confirmed a correlation between Psoriasis and Legionnaires Disease.

Dr D has subsequently explained that muscle testing showed the legionella bacteria had caused a bowel infection. He put forward information to support his hypothesis that it is feasible that legionella is a water borne bacteria that may be found in household hot water systems, and that it may be present in the bowel. Dr D also stated that he is currently setting up a research project into his theory. Dr D explained that Mrs A's blood test results were consistent with malabsorption due to an unrecognised low-grade bowel bug.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D recommended that Mrs A pray, and said that the best treatment was rest and an improvement in the patient's overall health. He explained to me that prayer, as a means of positive thought, can be very powerful; prayer has been a source of healing since long before conventional medicine developed. Dr D wrote:

> "*After the prayer the test signal disappeared, which showed that the bug was dead, though the toxin of course remained in the tissue. At this time I was able to look at the bloods and see evidence of this particular bug being present as a bowel bug, a most unusual situation as this bug is usually an air-borne bacteria. It had been present for some time but the signal was overwhelmed by the other more powerful energetic signals of the other things. The body heals from superficial to deep, and this bug is a deeply imbedded one in an intracellular hiding place, and is one of the last ones usually to be pushed up by the body.*"

Dr D subsequently explained to me that Legionella is intracellular in the human body, and that "*it is easier on the body to deal with extracellular bugs before intracellular bugs*".

Dr D noted in Mrs A's records that she found this diagnosis discouraging, but she complied with taking the homeopathic detox drops for the Legionella bacteria.

Dr D told Mrs A not to have another appointment for another two and a half months. At this consultation Dr D also told Mrs A she was only to take six more Histafen tablets (which she had been taking for years to control urticaria) as God had told him they were no longer necessary. Mrs A said that Dr D explained that he had changed the structure of her DNA, but that they did not discuss constitutional remedies at this time.

Dr D said that he did not tell Mrs A that she had psoriasis, but that legionella had been implicated in skin conditions as diverse as psoriasis to dermatitis. He also explained that he could not explain Mrs A's reference to DNA changes, but he wondered if she might have misunderstood his explanation about the constitutional remedy.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

On 22 September 1998 Dr D recorded in Mrs A's notes that her skin was going well until Saturday, when it had suddenly gone "*yucky*". Mrs A told him she was standing in the sun and that the skin exposed to the sun went red. Dr D initially said that she may have had a multiple chemical sensitivity and that a neighbour may have been using a chemical spray. He then tested her and decided that Mrs A had become sensitive to electromagnetic radiation. Mrs A recalled that Dr D explained that she had had a bad reaction to the sun, which short-circuited her system. She was full of electricity that was draining her system. Dr D explained to her that household appliances such as the stove and computer were putting too much electricity into her system. Dr D advised me that "*this is not uncommon following an altercation with Legionella toxin*", and that Mrs A opted to pray to settle the reaction to sunlight down as quickly as possible.

Dr D subsequently explained the diagnosis of sensitivity to electromagnetic radiation to me as follows. The symptoms include: becoming tired in sunlight; red/itching/burning skin in sunlight; shocks off car door handles; making syntax errors while working on a word processor; tiredness in front of electrical equipment including TV, stove, microwave or computer; wrist watch will not keep proper time while being worn; and odd sensations on the side of the body on which a wristwatch is worn. According to Dr D this diagnosis can be made after questioning patients about their symptoms, and is confirmed through muscle testing, which was also used to determine a suitable homeopathic remedy. Dr D stated that "[Mrs A] *gave a superb description of suddenly becoming EMR* [electromagnetic radiation] *sensitive. She stood out in the sun – her neck, arms and hands went red and her skin which was going well until Sat*[urday] *suddenly went yukky*."

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D stated that he also told Mrs A at this consultation that as her skin was so reactive she needed to give it time to settle. She was to keep the lotions she was already using, and a vitamin C lotion, grapeseed powder, a multivitamin and mineral ("*Cardiocare*"), and vitamin B12 were added to her medications. Dr D explained that Mrs A was to return one month later, but that he wrote repeat prescriptions for three months of medications that she would normally receive from her usual GP. Dr D believed that Mrs A confused these two timeframes and mistakenly believed that she was not to return to him for three months.

Dr D stated to me that at this consultation he discovered that Mrs A had now lost her asthma, which had been present since she was six years old. Mrs A recalled telling Dr D that her asthma had improved significantly, not that it had disappeared.

Mrs A had the impression that towards the end of her treatments Dr D no longer wanted to see her, and that she had been placed in his "*too hard basket*". She felt that his nurse would "*fob her off*". Mrs A felt that Dr D tried to place a lot of the blame for her condition on her. For example, during the consultation when he told her she had an allergy to the sun the first thing Dr D said to her was "*What have you done?*". Mrs A advised that she had followed all of Dr D's instructions to the letter; she had eaten only what he said and had avoided everything he said must be avoided. Mrs A believed Dr D was trying to blame her condition on something she had done or omitted rather than accepting that his treatment had not worked.

Dr D subsequently explained to me that he had not intended to blame Mrs A for the deterioration in her condition. Rather, he was wondering whether she had used oil or a lotion that her skin was intolerant to. Dr D also explained that he believed Mrs A's perception of having been abandoned was incorrect; he had put her onto a one month maintenance program.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

On 14 October 1998 Mr B tried to telephone Dr D to discuss his wife's condition and their dissatisfaction with the services Dr D had provided. Mr B made it clear that he wanted to speak with Dr D himself. Mr B was unable to speak with Dr D and the practice nurse advised that Dr D could not see Mrs A until 27 October 1998. She explained to Mr B that as Dr D was a specialist he cannot be expected to be available like a general practitioner. Mr B explained that Mrs A had run out of Histafen tablets and her skin was intensely itchy, and was told that Dr D would prescribe more Histafen but still could not see Mrs A until 27 October.

Dr D stated to me that Mr B made no attempt to discuss these matters with him. The telephone call Mr B made was while Dr D was with another patient and unable to come to the phone. He explained that Mr B was told to either call him during a "*phone-in time*" or to come in, and that he was offered an appointment without charge. Dr D believed that there was no medical urgency for him to be directly consulted at this time. Dr D said that his staff told Mr B that Dr D was a "*specialist in his field*", which meant that he was not a standard general practitioner. Dr D described himself to me as a general practitioner who specialises in problems such as environmental medicine, fatigue problems and ME.

Mrs A commented that she often had difficulty contacting Dr D to discuss her medical condition. There was only a recorded answerphone message, and no facility to leave messages. Dr D advised that since this complaint he has increased his "*ring in*" times and it is now easier for patients to contact him to discuss any matters of concern. He said that his practice is to make it easy for patients who are having trouble to telephone him or to come in for an explanatory consultation, for which no charge is made. He stated that he was working three out of four weekends during the time Mrs A was under his care.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Mrs A did not return to Dr D for further consultations, and on 14 October 1998 returned to her general practitioner, Dr G, who referred her to dermatologist Dr F. On 30 October 1998 Dr F diagnosed endogenous hand and food dermatitis (skin inflammation, not from external causes), urticaria (vascular reaction of the skin marked by the transient appearance of slightly elevated wheals), and folliculitis (inflammation of hair follicles), and began her on a course of conventional treatment. Mrs A said that her skin condition has now improved but it is still worse than it was before she first consulted Dr D.

Mrs A stated to me that Dr D did not explain the adverse effects his treatment might have on her before she consented to treatment. In fact, he told her that the Paraquat injections were harmless. She was not warned that she could be incapacitated during the treatment. When Mrs A first consulted Dr D her skin problems were limited to her hands. Since his treatment the problems spread to areas previously unaffected, such as her back, chest, inner thighs and face. She has developed an intolerance to the sun and is on a very heavy drug regime to try to settle her skin conditions.

Dr D, however, stated that Mrs A improved while under his care: her asthma disappeared and she lost all the lichenification, thickening, itchiness and redness on her forearms, arms and feet, but was left with exfoliative dermatitis on her hands. He explained that following the 13 week treatment for Paraquat poisoning, a series of additional infections and complications occurred, which were beyond his control or ability to anticipate. Dr D stated that he did not ignore Mrs A's needs, but that there was no "*magic solution*" for her problems and his practice nurse did what she could to help Mrs A through the difficult stages of her cure. Dr D concluded that, in reality, there is often nothing that he can do.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

Dr D explained to me that he believes Mrs A's worsening condition was "*rebound dermatitis*" caused by her return to conventional treatment. Had she persevered with his treatment programme then these ongoing problems would not have occurred. He criticised conventional medicine as only able to offer a description of Mrs A's problems and symptomatic treatments, whereas his homeopathic Paraquat treatment, or hyperbaric oxygen therapy, are the only real ways of treating Paraquat poisoning. Dr D explained that other medical practitioners in New Zealand either let people die from Paraquat poisoning, or just treat the symptoms.

Mrs A, however, talked of an improvement in her condition only after recommencing conventional treatment. The deterioration in her symptoms occurred while she was under Dr D's care.

During the time she received treatment from Dr D, Mrs A stated that Dr D actively discouraged her from consulting her regular doctor, as he wanted to ensure Mrs A's "*balance*" was maintained. Mrs A said that when she expressed concerns about Dr G's reaction to her appalling appearance, Dr D offered to prescribe repeats of medications she would usually have returned to Dr G to obtain.

Dr D subsequently stated to me that he gives "*huge amounts of information*" to his patients and that he tries to adjust what he says to people's level of understanding, so that although what he says may not be "*rigorously scientifically exact*", it is "*descriptive at their level*". Dr D stated that Mrs A has reinterpreted what she perceived that he said, and has incorrectly quoted him as having unconditionally guaranteed to cure her. Dr D stated that he actually said that as he has personally suffered from Paraquat poisoning, he is able to speak from experience:

> "*I am probably the only doctor in the [area] who can diagnose chemical poisoning and treat it. I believe from the experience I have, I can bring the skin back to normal with time. It will get worse before it gets better, but me and my staff will walk you through it. All things being equal and IF nothing else crops up – it will take about a year.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Information Gathered During Investigation *continued*

This is not a boast but a statement based on thousands of chemical cases successfully treated."

Mrs A informed me that she spent about $1500.00 on her treatment with Dr D, and provided receipts for payments to Dr D totalling $1212.45.

Dr D stated that his records show total payments of $1294.45, although he advised that repeat medications dispensed at Mrs A's request may account for the higher figure provided by Mrs A. Dr D advises that Estrafem, Aropax, Pulmicort and Advantan cream were originally prescribed for Mrs A by other doctors but repeat prescriptions for the medication were provided by him, at her request.

Mrs C, Mrs A's mother, accompanied her to all but one consultation (on 5 August Mr B went instead). Mrs C's account of events confirmed Mrs A's recollection.

To summarise, Mrs A wrote:

> "*If I had one wish it would be that I had never heard of* [Dr D], *Paraquat poisoning, muscle-testing and the associated hocus-pocus that goes along with it. I expect a doctor to make sane, sensible decisions, to do the best that he can for his patient, certainly not to make the condition worse and pray to God when it all goes wrong*."

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner

Expert advice was obtained from an independent general practitioner and an independent homeopath.

General practitioner

"…

1. [The general practitioner, Dr D] *checked* [the consumer, Mrs A] *on 29 June 1998 and apparently found from a blood test that she had come into contact with CMV (Cytomegalo virus). From that he said that this was showing up an old toxin. There is in fact no known blood test that is able to diagnose the presence of such a toxin as blood tests simply show whether or not we have antibodies in response to any previous infection with CMV. This is presumably what he found although I do not have any documentary evidence of this.*

However, it needs to be said that there is no known recognised test which states that CMV has produced a toxin which is detectable.

2. *It would appear from* [Dr D's] *notes and diagnosis that* [Mrs A] *developed cellulitis from a Streptococcus infection (although this is not shown to be proved) and that* [Dr D] *stated that this was a complication of previous steroid treatment. Again,* [Dr D] *is not a specialist and he cannot make this statement with any degree of surety. Therefore one cannot say that this statement is correct. If in fact* [Mrs A] *did have such a cellulitis then* [Dr D's] *treatment with antibiotics was appropriate.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

3. [Dr D] *apparently performed some sort of testing which showed that* [Mrs A] *had a Legionella infection. It is unclear to me just what testing this was as it was certainly not conventional medical testing. Again it is totally unclear to me from any conventional medical practice how prayer could change the test signal which would show that the bacterium was dead. This is not conventional evidence-based medicine.*

4. *It is certainly impossible for* [Dr D] *to look at blood tests and see evidence that the Legionella bacteria was present as a bowel bacterium. Again, conventional evidence-based medicine would say that this is an impossible diagnosis to make.*

5. [Dr D's] *comment that 'The body heals from superficial to deep and this bug is a deeply embedded one in an intracellular hiding place, and is one of the last ones to be pushed up by the body' is unprovable and an inappropriate comment to make to* [Mrs A]. *This assertion is entirely untestable.*

6. *Likewise it is totally impossible for* [Dr D] *to conclude from any sort of testing that* [Mrs A] *has become sensitive to electromagnetic radiation and that this was* [not] *uncommon following an altercation with Legionella toxin. Again, this is simply not acceptable in our model of conventional medicine.*

7. *Again, it is not acceptable to say that prayer is an appropriate medium to settle the reaction to sunlight.*

8. *It can be reasonable that homeopathic* [medicine] *be prescribed alongside traditional medicine.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

9. *Clearly* […] [Dr D's] *explanations to* [Mrs A] *were inappropriate and not sufficiently clear. She was clearly confused and the explanations themselves, for the most part, do not make conventional sense at all.*

10. [Dr D] *is not a specialist in any formal recognised conventional medicine. He may call himself an alternative medical practitioner but it is a falsehood to label* [himself] *as a 'specialist' in conventional medicine.*

11. *The Medical Council has recently put out Guidelines on Complementary, Alternative or Unconventional Medicine [1999]. I enclose a copy of these guidelines and in particular draw your attention to the last portion of it which is concerned with assessing complaint or concerns. I draw your attention to:*

Part (a): I do not believe, looking at [Dr D's] *notes, that an adequate patient assessment was carried out.*
Part (b): I do not believe that the methodology promoted is as reliable as other available methods of diagnosis.
Part (c): it is clear to me that the risk/benefit for [Mrs A] *was not acceptable for her condition.*
Part (d): there is no evidence that the treatment proposed for [Mrs A] *and given to her was in any way extrapolated from reliable scientific evidence.*
Part (e): is also contentious as it is unclear to me what reasonable expectation that the treatment offered would result in favourable patient outcome for this patient.
Part (f): with regard to the compensation for service provided, it would appear to me that $1,294 is a very high compensation provided.
Part (g): it is unclear to me what reliable scientific evidence was part of this treatment.
Part (h): it appears to me that placebo alone probably would not have done any worse for this particular problem.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

Part (i): there is no accurate documentation in the medical records of the patient's full consent of the treatment.
Part (j): I do not know of a formally constituted ethical committee which has given approval for such a treatment.

Thus, under all the criteria for assessing this complaint, it would appear that this particular treatment, of this particular patient, failed to reach acceptable guidelines for treatment."

Homeopath

"…

Much of the evidence provided has been very bewildering and the facts obscured at times due to the omission of vital details or the rewriting of accepted scientific concepts. However, [Mrs A] *was led to believe that she was being treated homeopathically to 'a twelve week course of Paraquat injections', and* [Dr D] *makes repeated reference to homeopathic medications and apparent homeopathic drainage and other procedures. Therefore the perspectives provided in this report are based on standard homeopathic principles.*

…

I. Was [Dr D] *able to conclude from his examination of* [Mrs A] *that she was suffering from Paraquat poisoning and was the treatment for Paraquat poisoning appropriate?*

[Dr D] *did not provide much rational evidence in any conventional homeopathic sense to justify his diagnosis and the prescription of homeopathic Paraquat injections. … (The testing is presumed to be muscle testing, but there is no confirmation of this. Muscle testing is not a homeopathic procedure at all ….)*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

No explanation is given to the uninitiated as to what K.U.F. Paraquat vials are. ... We therefore have to assume at an initial and critical stage of treatment, and continuing therapy during the full course of treatment that [Dr D] *used muscle testing as his main means of diagnosis .... He did not provide any credible evidence of the matching of any of* [Mrs A's] *symptoms (or even taking them down adequately) in the conventional homeopathic manner and matching them to a well defined set of symptoms produced by Paraquat poisoning i.e. the Laws of Similars from a MATERIA MEDICA.*

I have gone to considerable length to find if any reputable 'proving' has ever been done on Paraquat anywhere in the world, but to no avail. Having used this little known remedy, [Dr D] *should have had this information in order to match* [Mrs A's] *symptoms to those produced by Paraquat poisoning.*

...

[H]omeopaths will have little problem if no other choice is available in a crisis in acknowledging reliable medically recorded symptoms produced in a case of Paraquat poisoning. ... Paraquat poisoning is not as insidious as [Dr D] *would have us believe. There is reliable evidence for example that 'Paraquat can be used safely as a herbicide by workers repeatedly exposed to it over long periods without fear of lethal or dangerous systemic effects'. ... Paraquat is highly toxic if ingested in material doses affecting mainly internal organs such as lungs, gastro-intestinal tract, kidneys, liver and possibly skin. ... Very serious consideration and matching of symptoms to remedy would have to be applied before responsibly prescribing such a remedy without possible harm to the patient by the appearance of 'proving' symptoms manifesting ....*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

The most authoritative set of medical symptoms of Paraquat poisoning (that could be acceptable to homeopathic practitioners in an emergency although incompletely repertrised) is that provided by the Martindale Extra Pharmacopoeia 31st edition of 1996, and recognised by medical and pharmaceutical authorities world wide as well states 'CONCENTRATED solutions of Paraquat may cause irritations of skin, inflammation and possibly blistering, cracking and shedding of nails and delayed healing of cuts and wounds It is NOT significantly absorbed from UNdamaged skin'. ... There is no mention of a predilection area of skin being damaged such as in [Mrs A's] *case with dermatitis on the hands only.*

[Dr D] *appears to have based his diagnosis and consequent treatment on assumptions, some of which are totally foreign to conventional homeopathic principles:*

1. *His previous experience ....*
2. *'The diagnosis for Paraquat poisoning is a visual diagnosis ...'. He also claims (some 2 months later) that* [Mrs A] *suffered from exposure to Paraquat earlier when 'her boss used a mixture of Paraquat ... round the shed'. ... Not very likely!*
3. *Muscle testing or Bioenergetic testing ....*
4. [Dr D] *states ... 'It is technically therefore impossible to assay Paraquat in the blood ...' and we have to accept his means of diagnosis, yet blood and urine tests <u>are</u> conducted. ...*

To state emphatically that dermatitis on a patient's hands was caused by Paraquat under the circumstances described in this case is debatable. The skin conditions he is describing on page 2 could be attributed to a whole host of other causes.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

From the development of the symptoms [Mrs A] *experienced, it is obvious that she suffered a severe deterioration in her health while undergoing treatment provided by* [Dr D]. *On the 19 March 1998 according to* [Dr D], [Mrs A] *presented her case to him. He makes no mention of giving her any injection then, but she states '*[Dr D] *gave me the first Paraquat injection on this first visit, and advised me to do likewise for a period of twelve weeks'. Nowhere are we informed how* [Mrs A] *was injected, or the potency or frequency of the injections except by attempting to decipher some ill defined scribbled notes provided. ... I have been unable to accurately determine the number of Paraquat injections* [Mrs A] *had, but they were mainly in a high potency and in excess of what we were led to believe.*

... [Mrs A] *continues to list a whole range of completely debilitating symptoms that she had never had before ....*

Conversely [Dr D] *has provided scant information on her deteriorating condition during this period. ...*

It is inconceivable that the skin of her hands got better (and then worse one month later) while there was a marked deterioration in the rest of her body.

To summarise, [Dr D] *did not practise sound, reliable and safe homeopathic principles when treating* [Mrs A].

1. *He did not match* [Mrs A's] *symptoms with the symptoms which would be produced by Paraquat. No reliable MATERIA MEDICA provings detailing all the symptoms or drug picture of Paraquat is available to make such a suitable match. He was therefore unable to adequately monitor her progress and curtail her aggravations if need be.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

2. *He ignored the principles of prescribing remedies i.e. 'Only one pill/dose is given (of one remedy at a time) because once the pattern of symptoms starts to move or increase its movement, the cure is speeded up, and complications are avoided. There is a skill in selecting a potency so as not to create too much disturbance i.e. make the patient worse. When we say a homeopathically treated patient gets worse before getting better (homeopathic aggravation) it is only these symptoms i.e. the main ones for which is repertrised that get worse and they change according to the Law of Cure or Hering's Law. 'THE GOLDEN RULE OF HOMEOPATHY IS TO WAIT, NOT TO REPEAT THE REMEDY AS THIS MAY PRODUCE PROVING SYMPTOMS.' ...*

3. [Mrs A's] *symptoms were severely aggravated and the aggravations were not recognised nor corrected but exacerbated by further treatment of the same kind. ... If* [other symptoms appear] *then either (the remedy chosen was wrong and/or ...) the potency was too strong (or repeated too often ...) and proving symptoms have appeared in correspondence with the remedy used, or the case was more complicated than you thought, or you do not have a good understanding of the case. ...*

4. *Homeopathic medications are not given more than one at a time usually, especially in high doses.* [Mrs A] *was given a 'constitutional remedy ... Aurum Metallicum' a deep acting remedy and Paraquat 200D also a deep acting remedy, both in high potencies on the same day. Consequently she would have manifested responses to both, causing utter confusion and strong aggravations lasting for a long period. It would have been highly unlikely that she would have responded even to heavy allopathic medication but would require a homeopathic antidote to relieve her aggravations.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

II. Following the 9th Paraquat injection [Dr D] *lasered off the high frequency Paraquat 200D. Was this appropriate?*

It should be clear from the facts stated above that this was not appropriate. I am unable to determine from the information provided by [Dr D] *the number, frequency or dosage* [Mrs A] *received nor do I have verifiable and accurate evidence of her response to the treatment except that she suffered a continuing severe deterioration in her health. … It has been assumed after searching through his statements (and notes) that the initial dose of Paraquat could have been of a low potency D6 then being increased (without any mention of the patient's responses) to a D8, D10, 12x, 15x, 30x, D30, D200. Concurrently with the last Paraquat laser (and further unclearly noted deterioration in the patient's health) he prescribed '4 drops of the constitutional remedy' – Aurum Metallicum (30C?) Potency and frequency of dose also not admitted.*

III. On the 29 June 1998, [Dr D] *checked* [Mrs A] *and found that she was showing up an old toxin, a CMV (Cytomegalo Virus). …*

Again I am left in the dark as to how he decided that [Mrs A] *had this 'toxin'. It must be presumed he obtained this information from muscle testing. Confusion exists as to when the Paraquat treatment was finished. On this day he 'lasered off the D200' ? frequency and … states on the same day 'the homeopathic Paraquat treatment was finished …'. Yet on the same day he records 'On discussion with* [Mrs A] *we opted to leave it (treatment for CMV virus) at the time UNTIL the Paraquat treatment was completed'. Again I am of the opinion she was suffering from excessive aggravations from overdosing of Paraquat and did not have all the other maladies* [Dr D] *diagnosed in the course of his treatment. His muscle testing techniques appear to be very unreliable to say the least and his statements are contradictory. …*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

IV. [Dr D] *has recorded 'Bio-energetic testing still shows a positive for SKN-DRN (presumably skin damage) which has both CMV viral toxin aggravating it and Aurum metallicum showing a positive influence or help for it. Both needed to be done'. …*

Once again I am confronted with the results of [Dr D's] *inappropriate methods of diagnosis leading to wrong decisions and harmful medication. Homeopathic medications are matched on an individual basis for each patient and aimed to treat the whole person and not just 'skin damage'. … Incidentally Aurum Metallicum (Gold) does not have a pronounced effect on the skin and is seldom if ever used for predominantly skin conditions. He admits that 'even though she had finished the injections and was on drainage' she still tested positive on 'vials D60 and D200' – (Paraquat ? …). It appears that he was using Paraquat for skin damage and at that stage she needed more dosing. Doing so exacerbated* [Mrs A's] *condition.*

V. [Mrs A] *developed Cellulitis from a streptococcus infection which* [Dr D] *states is a complication from previous steroid treatment rendering the skin vulnerable to infection. Is this correct and was the treatment prescribed appropriate?*

… [Mrs A] *was not experiencing a healing crisis at all but severe aggravations and very likely a 'proving' of Paraquat. There are no hard and fast rules but during a 'healing' crisis the patient should be strictly monitored and*

1. *Not allowed to suffer unduly.*
2. *There is often an apparent temporary worsening of the patient's condition for a short period of time followed by a continuous improvement (healing) phase.*
3. *'Healing crises generally occur 10-14 days after the commencement of constitutional remedial therapy, and often persists for a week or two. …'*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

None of these criteria apply to [Mrs A] *nor were they mentioned or monitored by* [Dr D]. *In these circumstances the deterioration of* [Mrs A's] *condition was to be expected.* [Dr D] *states 'this was an unfortunate event that was unrelated to her treatment. It was extremely unlucky …'. And later 'what unfolded was a series of additional infections entirely beyond either my control or my ability to anticipate' …. With this admission he acknowledges the matter is beyond his ability and he should have referred her to another practitioner or reassessed his ability to treat her. He did neither.* [Mrs A] *makes no mention of him having made this admission to her. He continued to treat her and to compound the aggravations further.*

VI. Was the double detox of both the CMV and streptococcus toxin appropriate (on 9/7/98)?

'Double detox' is an expression foreign to Homeopathy. I can only assume that [Dr D] *is trying to say that he is capable of isolating out two conditions simultaneously and forcing them out of the body. Detoxification does not function in this way. The body chooses in its own way at the appropriate time to detoxify whatever needs be, once triggered by a remedy. It is a natural healing process.*

The body only has a limited capacity or inherent resources and attempting to give a 'double' or do two detoxifications simultaneously would put the body under tremendous strain if it were possible. The body of its own volition, once initiated will detoxify all its organs of poisons or toxins in the right order, and the right time and pace.

VII. [Dr D] *concluded following testing that* [Mrs A] *had a Legionella infection. Was* [Dr D's] *conclusion following prayer that the test signal disappeared which showed that the bug was dead though the toxin remained in the tissue appropriate?*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

[Dr D] *provides no substantive evidence that* [Mrs A] *had any of the standard recognised symptoms of Legionnaires disease symptoms. He produces no laboratory evidence nor any reports that he physically examined her nor corroborated his muscle testing techniques. This, for a serious disease is irresponsible. On the contrary, he even mentions her tonsils and larynx feel normal (3/9/98) which would probably not be the case with such an infection.*
Homeopathy completely accepts medical scientific facts and works in harmony with them. Laboratory tests are often very valuable to the homeopath.
In my opinion [Dr D] *should have at least questioned his muscle testing proficiency if after prayer the test signal disappeared for the Legionella bug. The fact that the TOXIN remained in the tissues defies a logical explanation from a homeopathic point of view and is of little relevance as she had no symptoms of the disease to match, but he sends her away for the detox of the Legionella BACTERIA.*

VIII. …

[Dr D] *has shown a distinct predilection to alter the laws of modern science to suit his hypothesis. … Homeopathy has no conflict in accepting modern scientific laboratory reports, on the contrary they are useful in determining the progress of the patient on treatment.* [Dr D] *cannot commit Homeopathy to providing him with a smoke screen of convenient answers to illogical explanations.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

IX. …
The statement that Legionella bowel bug 'is one of the last ones to be pushed up by the body' is a novel one and raises the question if [Dr D] *believes that this applies generally to the public at large as well. He has also noted in his written notes on the 3/9/98 that* [Mrs A's] *'cough about gone – NONE'. This would be strange suffering from Legionnaires disease.* [Mrs A] *is sent 'away to do the homeopathic detox for the Legionella bacteria'. We are given no information whatsoever as to the medication or dosage. …*

X. Was it possible for [Dr D] *to conclude from testing that* [Mrs A] *had become sensitive to electromagnetic radiation and is this not uncommon following an altercation with Legionella toxin?*

[Dr D] *did conclude from his muscle testing that* [Mrs A] *had become sensitive to electromagnetic radiation. Again we have another example of how misleading it is to only rely on one form of diagnosis without any confirmatory back up. He was completely ignorant or utterly rejected the tried and tested basic principles of Homeopathy …* [and] *should have realised that by this stage he had far transgressed the safety point of* [Mrs A's] *treatment.*

XI. …

By the use of prayer hopefully [Dr D] *may be admitting for the first time to the fact that he was hopelessly out of his depth and needed outside intervention. From his hand written notes however he still appears to persist in giving more than one remedy and in high potencies, aggravating an already extremely aggravated condition. … The result was to be expected. A further deterioration in* [Mrs A's] *health to the point where she said soon afterwards 'I have had enough' ….*

XII. Was the homeopathic medicine prescribed along side traditional medicine appropriate?

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

Normally this is not necessary as the Homeopath would like to see the traditional medicine progressively decreased or stopped (there is no need to 'double treat' ...). In the circumstances described in this case, one would suspect [Dr D] *was hoping either one or the other would resolve the situation. ...* [Mrs A] *received considerable conventional medication concurrently throughout the treatment ....*

XIII. Were [Dr D's] *explanations to* [Mrs A] *appropriate and sufficiently clear that she should not have been confused?*

[Mrs A] *has proved beyond any doubt to have had her faith tested to the extreme relying on* [Dr D's] *insistence 'that he could remedy this ...'.*

There is ample evidence that [Mrs A] *valiantly submitted to* [Dr D's] *treatment and accepted all his explanations because he was a general practitioner and gave her confidence until she could endure the suffering no longer. ...* [Dr D's] *statements, explanations and lack of vital information are often contradictory, confusing and misleading. His basic knowledge of Homeopathy appears to be very limited and unreliable and until he understands it better he should not present himself as a 'specialist' ....*

XIV. ...

a) What was interesting was the significant part played by [Dr D's] *nurse,* [Ms E] *in* [Mrs A's] *treatment. ...*

[A] *vigilant homeopath acts almost like a hawk especially at the start of treatment in monitoring his patient's responses ... to ascertain if the patient is responding favourably and experiencing a genuine healing crisis. This vigilance should not be entrusted to subordinates at all or even colleagues as this is the homeopath's responsibility. ... The nurse would not have the faintest idea of what signs to watch for in the patient beyond the broad concept of a healing crisis (otherwise she would be the doctor/specialist!).*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

...

Clearly [Dr D] *failed and was not even aware of the need to be extremely vigilant in respect of his patient's responses to treatment in order to control the outcome, but entrusted his nurse with the responsibility.*

b) This problem is further confirmed by [Ms E] *who states that when explaining the* <u>*lack of accessibility*</u> *of patients to* [Dr D] *'Some days and even weeks an appointment book is very full .... We don't keep spaces each day for emergencies ....' '*[Dr D] *specialises in Environmental Medicine.'* [Dr D] *states 'Any patient who needs to see me on a Friday is always fitted in ...' implying one may presume that a patient is required to wait until Friday to obtain attention?*

The attempts by [the consumer's husband, Mr B] *to speak to* [Dr D] *in October 1998 was a further example typifying the problems of accessibility in this badly managed case by not making himself available at a critical time. ...*

c) As a professional medical practitioner [Dr D] *has failed to provide clear lucid and concise information concerning procedures, medications administered, dosages and frequencies. ...*

I have cautiously contacted both medical friends here in New Zealand as well as reputable homeopaths here and abroad to discover the latest developments in lasered injection techniques but no one knows anything about it. I would not know why [Dr D] *used this technique, because homeopathic pillules or drops would work quite satisfactorily.*

...

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

d) Many experienced practitioners of Homeopathy appear to work from the premise that 'they can do no harm', 'no disease state can be created', or 'the most that can happen is that the patient's symptoms continue as before'. Nothing could be further from the truth. The same misconception applies to a healing crisis. …

A patient certainly would not undergo as many 'healing crises' as [Mrs A] *was subjected to over a period of six months and never feel better. After a healing crisis there is always an appreciable increase in health and vitality.*

…"

In response to my provisional opinion Dr D raised several issues. Additional expert advice was obtained from a general practitioner and physician who also practises homeopathy, and a medical microbiologist.

General Practitioner/Homeopath

"***1. Did* [Dr D] *charge* [Mrs A] *reasonably for the services he provided? Why or why not?***

[Mrs A] *paid $1,500.00 for 8 consultations and all the remedies. The first consultation was $165.00 and follow-up consultations ranged from $16 to $65.00. These seem reasonable charges for extended consultations. (As a guideline, Pegasus Health reimburses doctors $90 per half hour of clinical work.) However the total charge made does seem to be excessive.*

If [Dr D's] *fees are higher than the charge made by surrounding general practitioners, then the price should be told to the patient at the time of making the first appointment.*

The charge for the homeopathic remedies was a common price, but I could not comment on the charge for the Paraquat preparation, because I am not aware of it being used in homeopathy.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner ***continued***

It is unusual to raise the cost of the consultation if the visit is longer than the minimum as seems to be his policy.

2. Were* [Dr D's] *diagnostic methods appropriate? Specifically, please comment on the biokinesiology/muscle testing and paraquat poisoning as a 'visual diagnosis'.

I do not think [Dr D's] *diagnostic methods were adequate, or appropriate. Biokinesiology/muscle testing can be used in context for some minor decisions, but it is not appropriate for significant decisions or clinical diagnosis.*

When I was a Medical Registrar in the Resuscitation Ward, I dealt with and read widely about paraquat poisoning, and I do not think that the diagnosis of this condition can be made visually.

I wonder whether this might be a hunch or a theory that [Dr D] *has espoused.*

3. Were the diagnoses based on an adequate patient assessment and supported by the objective evidence? Please comment specifically on the paraquat poisoning, the cytomegalovirus as a toxic viral residue, cellulitis, legionella in the bowel leading to psoriasis (and 'leaky gut syndrome'), and electromagnetic sensitivity.

I do not consider that the diagnoses were in any way based on an adequate patient assessment or supported by objective evidence.

There was no diagnosis of paraquat poisoning other than 'visual diagnosis', and 'vega-type' testing. No diagnostic or confirmatory blood tests were arranged.

Although [Dr D] *has supplied some material about viral residue, this seems to be based on his individual opinion. None of it seems to have been supported by peer review.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

It is possible to diagnose cellulitis clinically, although common medical practice is to take a skin swab as well.

I know of no peer-reviewed material describing 'legionella' in the bowel, and certainly there is no evidence that this can cause psoriasis.

'Leaky gut syndrome' has been described, but I have no specific knowledge on this.

I know that some 'environmental medicine' practitioners talk about electromagnetic sensitivity, but I doubt its relevance, as to most living people it would be a minor influence only.

4. Are* [Dr D's] *diagnoses supported by a credible scientific rationale?

No.

[Dr D] *says that he uses muscle testing, or 'vega-type' testing, despite the fact that he does not have a vega machine. I presume that this 'vega-type' testing is loosely based on principles used by the vega machine, and that it was developed by* [Dr D].

I enclose some medical information about the vega machine (1) and a recent controlled, double blind trial published in the British Medical Journal. (20 Jan 2001) (2). The vega machine was tested in optimum circumstances, and the conclusion was made that electrodermal testing cannot be used to diagnose environmental allergies. I do not know of any trials that have had proper methodology or been peer reviewed, that address the use of the vega machine to diagnose 'viral residues'.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner ***continued***

5. Please comment on **[Dr D's]** ***description and discussions of paraquat poisoning, toxic viral residues, and legionella in the bowel. Are these theories supported by a credible scientific rationale?***

Please refer to my preceding comments.

These theories are not supported in any way by a credible scientific rationale.

6. Was the treatment regime of homeopathic paraquat injections safe and appropriate? Is this treatment in accordance with accepted principles?

[Dr D] *talks about homeopathic treatment, but in truth he is not practising homeopathy. There are three principles of Homeopathy: like cures like, individual treatment, and using the least necessary dose.*

[Dr D] *was using remedies prepared according to the third principle, but was not following the general principles of homeopathy.*

As homeopathic paraquat has not been 'proved' (trialed) to my knowledge, I cannot comment on that.

Aurum metallicum 30c is a standard homeopathic remedy. Streptococcinum 30c and Cytomegalovirus 30c are nosodes, ie preparations of diseased tissue prepared in a homeopathic way, and these are sometimes given after an infection by those organisms.

Chelidonium 6x, Hydrastis 6x, and Gelsenium 6x are, among other things, used as liver draining remedies. I would be concerned if these were used continuously long term, as they could produce adverse responses in their own right ('provings').

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

I can not comment on grape seed and Mixed Ascorbate, as I do not use them in my practice.

I think the stopping of potent conventional medications could well have led to significant symptoms in this case.

7. Were the other homeopathic medications prescribed by* [Dr D] *safe and appropriate? Were they prescribed and administered according to accepted principles?

I have seen no testing ('proving') of homeopathic paraquat, and it is not in general homeopathic use.

I do not think the treatment was in accordance with accepted principles (even given the reservations about the diagnosis itself). I have concerns about the clinical use of homoeopathically prepared paraquat.

Homeopathic remedies are almost exclusively given by mouth. I am aware that injections are sometimes used, but these are administered by the practitioner or practice nurse, and not by the patient.

8. Was* [Dr D's] *documentation of an acceptable standard?

I think that [Dr D's] *documentation is of a just adequate standard.*

He does mention history, employment history, medication history and past history, and also some interrogation.

He has only examined her head and neck, taken her pulse, and done her blood pressure, apart from a 'visual diagnosis' of her skin.

Incidentally her blood pressure was significantly elevated, and he does not seem to have checked her again.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

And the number of Ceclor prescribed (81) is significantly more than for a usual 10 day course (20-40).

I note that he actively discouraged the patient from going back to her regular general practitioner, which seems to me to be unethical conduct.

…

III GENERAL ISSUES

1. It is of concern that despite [Dr D's] *medical training, in these two cases he has used almost exclusively alternative medicine.*

Moreover the modalities he has used are of kinds that are not widely accepted in alternative medicine.

'Vega-type' testing, laser treatment to the ear and prayer are all unusual treatment modalities, which would be acceptable to very few alternative practitioners, and virtually no medical practitioners.

2. It seems to me that his training in alternative/integrative medicine has been only partial and unstructured, and that then he has gone on further to make his own private assumptions, without reference to others in comparative fields.
There is a difference between theory and fact, and it seems that he uses some theories or hypotheses as proven fact.

3. I see that the Medical Council's Guidelines on Complementary, Alternative or Unconventional Medicine have already been commented upon in this file, but I would like to do so as well.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

'Where patients are seeking to make a choice between evidence-based medicine or alternative medicine, the doctor should present to the patient all the information available concerning his or her recommended treatment thus allowing the patient, if a competent and consenting adult, to make an informed choice which should then be treated respectively.'

I think that if one is presenting oneself as a Medical Practitioner then one must practise orthodox medicine to a satisfactory standard, whether or not one is also practising alternative/integrative medicine in addition.

4. *The Medical Council has also said that in the case of unconventional practice it will particularly consider the following questions:*

'Has an adequate patient assessment been conducted in each case, including history and physical examination, laboratory studies, imaging and other evaluative measures to determine that the patient has the condition for which treatment is being prescribed?

a) Is the methodology, if any, promoted for diagnosis as reliable as other available methods of diagnosis?

b) Is the risk/benefit ratio for any treatment greater or less than that for other treatments for the same condition?

c) Is the treatment extrapolated from reliable scientific evidence, including properly conducted clinical trials, and/or is it supported by a credible scientific rationale?

d) Is there reasonable expectation that the treatment offered will result in a favourable patient outcome?

e) Is the practitioner excessively compensated for the service provided?

f) Are the practitioner's promotional claims supported by reliable scientific evidence?

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

g) Is the benefit achieved by the practitioner greater than that which can be expected by placebo alone?

h) Has the patient's informed consent been obtained and adequately documented in the medical record?

i) Has a normally constituted ethical committee given its approval to the investigation or treatment?'

In these two cases before the Commissioner there is no evidence of any of these clauses being fulfilled.

5. <u>Accountability</u> is necessary in all professional disciplines. In order to be accepted into orthodox medicine, alternative/integrative medicine is developing its own education, regulation and research.

It is important for all medical practitioners to have peer review, and for general practitioners practising alternative/integrative medicine to have peer review in both fields.

This is in order to assure that standards are maintained, that practitioners keep up with changes in accepted practice, and that there is no risk of practitioners going 'out on a limb' within their practices.

I do not think that [Dr D] *has shown any accountability in his practice: indeed when questioned about his practice he only proceeds to justify his opinions and actions.*

6. <u>Integrative medicine</u> is described as practising medicine in a way that selectively incorporates the elements of complementary and alternative medicine, integrating comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment. This is further discussed in a recent editorial in the British Medical Journal.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

Like orthodox medicine, alternative/integrative medicine has a background of theory and knowledge, and accepted guidelines and standards of practice. I do not think that [Dr D] *has upheld these principles in the documentation I have received.*

7. In answer to the question in Appendix II of Guidelines for Independent Advisors, the conduct of this provider in these cases incurs my severe disapproval, and I think it must also incur severe disapproval of other peers.

8. I trust that this opinion reflects a flexible unbiased approach in the evaluation of the case.

…"

Medical microbiologist

"…

The opinions expressed below are in my capacity as a medical specialist in the field of medical microbiology and communicable disease. Aspects of the case have also called on my general knowledge of the sciences, and particularly of the epistemology of science and medicine.

Parts of the complaint bear on a diagnosis of poisoning. I am not a toxicologist, but have expressed an opinion based on the diagnostic process applied, rather than on the specifics of the poisoning in question.

I have no commercial, personal or professional interests either with or in competition with [Dr D].

I must, however, declare that I have a moral aversion to the practices followed by [Dr D], *which I see as cruelly exploitative, if not outright fraudulent. This inevitably must colour the opinions I express on the particulars of this case, although I have attempted to be as objective as possible.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

I do not contend that there is no value in alternative and complementary medicine per se. Generalisations are dangerous because there is so great a diversity in what is effectively a lumping phrase for all healing practices other than the 'conventional' or 'biomedical' system.

At one extreme of this spectrum there are such long established systems as Ayurvedic medicine, Chinese traditional medicine and Maori healing, which rest on theoretical underpinnings (albeit quite distinct from those of biomedicine, being metaphysical rather than physical), centuries of accumulated experience, a moral code, and coherence with the spiritual and cultural traditions of both practitioner and client.

At the other end of the spectrum are the practices of snake oil merchants, charlatans and confidence tricksters, who exploit public perception of the limitations of biomedicine. Their mode of business is to confuse with an impressive sounding but meaningless pseudoscientific jargon, to make extravagant promises, and to slander conventional medicine by accusing it of a conspiracy to suppress facts. Such practice is without any philosophical, theoretical or empirical underpinnings.

I would put [Dr D's] *practice close to the latter end of the spectrum. His written response to the investigating officer's questions, and the reported information given to patients, are expressed in language which attempts to mimic that of science, but is inconsistent with scientific theory and method.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

I have little doubt that my advice will be challenged on the grounds that I do not have a background in the variant of homeopathy which [Dr D] *purports to practice. However, by remaining on the medical register,* [Dr D] *creates an expectation that he is bound by the scientific standards of Medicine and so must expect to be judged against them. This was expressed by the complainant as: '... if* [Dr D] *wants to practise as an alternative practitioner that is fine but he should not do it under the guise of a GP'. I concur with this sentiment.* [Dr D] *has used the outward respectability conferred by his qualifications and registration as a practitioner of conventional medicine to allay a patient's healthy scepticism about his methods, and so to abuse her trust. This is not in the spirit of informed consent.*

Background

[Mrs A] *had had eczema from early childhood. Her condition was worsening despite conventional therapy.*

She consulted [Dr D] *in March 1998. He diagnosed paraquat poisoning and prescribed a course of homeopathic paraquat injections. He also told her to stop taking the prednisone creams she had been taking.*

[Mrs A's] *skin condition became progressively worse, causing limitation to her activity.* [Dr D] *continued the homeopathic injections, but added a corticosteroid cream containing lanolin, despite a history of intolerance given by* [Mrs A].

The ongoing and worsening skin problems were said by [Dr D] *to be due to other conditions, including Legionella infection, glandular fever, psoriasis and streptococcal infection. A variety of conventional and homeopathic remedies were given.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

Eventually, in October 1998, [Mrs A] *returned to her former general practitioner and was referred to a dermatologist, who diagnosed endogenous dermatitis, urticaria and folliculitis. (This is a variant of eczema in which no precipitating allergen is implicated.)* [Mrs A] *is on conventional treatment, which has improved her condition.*

Specific Matters:

1. Please comment on* [Dr D's] *diagnoses, the basis for his hypotheses and his explanations.

The diagnoses made were:

a. Paraquat poisoning. *This diagnosis seems to have been made partly on the basis that* [Mrs A's] *eczema accorded with other cases, including* [Dr D's] *personal experience of paraquat, partly on the 'testing with vials'.*

[Dr D] *claims to have seen 150 cases of paraquat poisoning in 14 years.*

While a contact dermatitis is a manifestation of paraquat poisoning, this is described as a self limiting condition, and associated with direct contact with the chemical. The descriptions of the dermatological manifestations and epidemiology of paraquat poisoning in comprehensive reviews are not in accord with [Mrs A's] *life-long dermatological problems and relatively transient exposure to the agent.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

New Zealand is an agrarian society, with a higher proportion of its population living in rural areas and working in agriculture than is found in any other developed country. Occupational and environmental exposures to agricultural chemicals are therefore matters of great interest to occupational health practitioners in this country. It is absurd to claim as [Dr D] *does, that there is some sort of conspiracy of silence within the medical profession, or that the epidemic proportions of paraquat poisoning suggested by his 150 supposed cases could have gone unreported in the medical literature.*

If indeed [Mrs A] *was suffering from paraquat poisoning, any remaining poison residue would be expected to be dispersed throughout the lipid (fat) compartment of her body. The notion that it could then be eliminated by laser treatment of her ear is absurd. Even if the paraquat were in some way sensitised to light by the homeopathic injections, by what mechanism is it supposed to be sequestered in the ear?*

There is also no scientific evidence for response of paraquat poisoning to homeopathic detoxification.

b. ***Glandular fever / Cytomegalovirus.*** [Mrs A] *was told that she had long-standing glandular fever, and that she was showing up an old toxin of cytomegalovirus. There is, however, nothing in the notes to suggest that she had either the clinical, haematological or serological features of glandular fever.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

Glandular fever is a clinical syndrome which includes sore throat, swollen lymph nodes, fever, and a blood monocytosis. It is a manifestation of (commonly) infection with the Epstein-Barr virus, or the related cytomegalovirus. Both infections are common, indeed most adults will have had both infections at some time in their lives, but may be unaware of the fact, as the infections are often subclinical. The viruses are integrated into host DNA, and so persist for life, generally without causing any symptoms.

Cytomegalovirus is a putative cause of chronic fatigue syndrome. This is highly conjectural, controversial and unproven.

There is no indication in the documentation that [Dr D] *did any conventional testing to establish the diagnosis. The clinical features are not adequately specific to make a diagnosis, so it must be confirmed by serology.*

The use of the term 'toxin' to describe persisting viral DNA is non standard and misleading. The DNA is not toxic.

There is no evidence that 'biokinesiology' can detect viral DNA. Indeed, if it could, then almost all of [Dr D's] *patients would come up positive.*

There is no evidence that the course of either infection is altered by homeopathic remedies.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

c. ***Streptococcal skin infection.*** *Cellulitis, or soft tissue infection, is, as* [Dr D] *says, a visual diagnosis. It is certainly possible that a non-infective inflammation of the skin and subcutaneous tissue could present similarly, but it would be prudent practice to regard the inflammation as infective unless proven otherwise.*

The diagnosis of cellulitis is therefore tenable by the standards of conventional medicine.

The causative organisms of cellulitis are seldom identified in routine clinical practice, since their isolation requires the taking of a needle aspirate of tissue fluid before commencement of antibiotic therapy.

Where studies have been done, the commonest pathogens found are indeed streptococci, and it is reasonable to treat empirically with antistreptococcal antibiotics.

[Dr D's] *choice of Klacid (clarithromycin) was reasonable, though standard practice would be to use such equally efficacious but cheaper drugs as penicillin or erythromycin.*

[Dr D] *also 'attempted a double detox of both the CMV and the streptococcus toxin'. This was presumably an homeopathic treatment, for the efficacy of which there is no evidence.*

d. ***Bacterial throat infection.*** *When* [Mrs A] *presented to* [Dr D] *with signs of inflammation of the throat and upper respiratory tract, he diagnosed a bacterial throat infection, and noted: 'Testing – showed a Strepptococcium (sic), for which Ceclor, 6 days was chosen.'*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

This raises several issues. Firstly, the majority of upper respiratory infections are either viral (for which antibiotics are ineffective) or, if bacterial, are not significantly improved by antibiotics. The major exception is infection by Streptococcus pyogenes, for which antimicrobial treatment is indeed recommended, mainly to prevent complications. The diagnosis of a streptococcal pharyngitis cannot be confidently made on clinical examination alone, but rapid diagnostic tests are available, which detect the streptococcal grouping antigen on a swab.

An older, and preferable method is to submit a throat swab to a clinical laboratory for culture. Results are then available in 24 hours.

There is nothing to indicate that [Dr D] *used such a standard test kit, and it is probably correct to assume that he made the diagnosis by his 'biokinetic' method, for the validity of which there is no evidence.*

If it is assumed that the infection was indeed streptococcal, the treatment of choice would have been penicillin or erythromycin. Ceclor (cefaclor) is an antibiotic with an unnecessarily broad antimicrobial spectrum, and its use where a narrow spectrum antibiotic would suffice is contrary to current thinking on the prudent use of antimicrobials.

e. Legionellosis. *When* [Mrs A's] *skin condition was unimproved (indeed worsened) by September 1998,* [Dr D] *changed his diagnosis to one of psoriasis caused by Legionnaires' Disease.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

While legionellosis is indeed a multisystem disease, skin involvement is rarely described. What has been described is a transient macular rash (reddish spots). [Mrs A's] *eczematous dermatitis could by no stretch of the imagination be described as a macular rash.*

There is nothing in the supporting documentation to suggest that [Dr D] *did any conventional tests to confirm this diagnosis (culture or serology). The diagnosis therefore rests entirely on* [Dr D's] *'testing' (presumably the same 'biokinetic' or 'peak muscle resistance' testing as was used to diagnose paraquat poisoning).*

[Dr D's] *notion that the Legionella can be a cause of bowel disease has no support in the scientific literature. Although there is a single paper reporting the isolation of the organism from faeces, there is none indicating a pathological role in the bowel. Indeed, Legionella species are generally inhibited by competition with other gram negative organisms. The intestine, which teems with a diverse population of bacteria, would thus not be expected to be a favourable environment for Legionella replication or invasion.*

There is also no evidence that homeopathic drops have any effect on the progress of legionellosis.

f. ***Psoriasis.*** *The diagnosis of psoriasis is a visual one, and I would suggest that the opinion of the dermatologist is to be trusted.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

A search of the medical literature failed to find any association between psoriasis and either legionellosis or paraquat poisoning (except for a single account in which psoriatic skin allowed the absorption of paraquat).

2. Does reliable scientific evidence or a credible scientific rationale support* [Dr D's] *claims?

[Dr D's] *diagnoses were all based on the idea that there is some sort of interaction between a toxic principle in the patient's body, and the same in homeopathic dilution in a vial. This interaction is supposedly detected through its electrical effect on the patient's muscles.*

Given that homeopathic dilutions are generally so dilute that there is virtually zero probability of finding even a single molecule of the active ingredient, homeopaths claim that the diluent contains a 'memory' of the active ingredient.

That this is absurd is easily demonstrated by the thought experiment of considering the many thousands, even millions, of substances with which the diluent will have had contact at least as material as that with the highly dilute active ingredient.

A glass of water from the [local] *River (or, for that matter the Elbe) will have had contact with every animal, vegetable, microbial and mineral compound to be found in that river's catchment, and by the reasoning of homeopathy should remember all, and have biological effects related to every one!*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

How then, can a homeopath claim that a remedy has a single action?

Some homeopaths have claimed that the memory of which they speak is in some way related to the resonances of the electrons and nuclei of the diluent.

This suggestion has been tested. Nuclear magnetic resonance studies are able to find no difference between homeopathic solutions, or between different strengths of the solution.

3. Were adequate patient assessments carried out to determine that* [Mrs A] *did indeed have these conditions?

Adequate assessment, by the standards of conventional medicine, implies the taking of a history and making a physical examination, as a result of which one or more diagnostic possibilities are formulated. Laboratory and radiological investigations are then used as necessary to confirm or refute these possibilities.

It appears that, at least in regard to the diagnoses of paraquat poisoning, legionellosis and glandular fever, [Dr D] *bypassed this conventional approach, and worked on hunch and the results of his 'peak muscle resistance testing.'*

It should be noted that no reputable diagnostic laboratory will offer a test which has not been thoroughly evaluated for sensitivity, selectivity and positive and negative predictive values (the probabilities that, given a positive test, the patient has the disease, or, conversely, given a negative test, that the patient does not). Such information is vital to the rational selection of tests to confirm or refute a diagnostic possibility, and to the interpretation of the results.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

No such data are offered by [Dr D] *for his 'peak muscle resistance testing'.*

The diagnosis of streptococcal cellulitis, on the other hand, could reasonably be made on examination alone. Most practitioners would be confident to do so. The responsible organism (generally a beta-haemolytic streptococcus) can only be reliably cultured if tissue fluid is aspirated with syringe and needle, and promptly inoculated on culture medium. Since the organisms commonly implicated are reliably sensitive to ordinary antibiotics, it is reasonable not to attempt culture except in cases of treatment failure. This diagnosis would therefore appear to have been competently made, though the 'testing' was a redundant charade.

[Dr D] *claims in his responses that he 'tested' the organism responsible for its susceptibility to two antibiotics, Augmentum (sic) and Klacid. In another part of the documentation, he claims to have tested its susceptibility to Ceclor.*

All three of these antibiotics would be suitable for the treatment of a streptococcal cellulitis, but could be criticised for being of unnecessarily broad spectrum.

The antibiotic which [Dr D] *chose, clarithromycin (Klacid), is an effective choice, but an expensive one.*

My advice in such a case is to use either penicillin or erythromycin.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

[Dr D's] *'testing' of antibiotic susceptibility appears to rely on the same notion of 'resonance', this time between the organisms in the patient, a vial with an infinitesimally dilute suspension of the organism, and a vial of the antimicrobial (whether dilute or not is not revealed). As in the discussion on the diagnostic value of this 'testing' method, there is no plausible physical mechanism by which the contents of these vials could interact at a distance with organisms in the patient, still less a mechanism to explain how this interaction could manifest as a muscular twitch in the patient.*

The most likely explanation is that the muscular twitch is a result of suggestion. As [Dr D] *presented the antimicrobial he wished to use in the 'test', he will, by word or gesture, have suggested the response by* [Mrs A]. *The power of suggestion in eliciting involuntary responses is the reason that double blinding is standard practice in trials on pharmaceuticals.*

1. Any other issues arising from the supporting documentation?

a. Does a patent imply efficacy? [Dr D] *asserts that the muscle testing is based on a Japanese patented 'double 'O'-ring' test, and that: '... the point of patenting it, is to make the point that you can't patent rubbish, ie something that doesn't work and is a sham.'*

This is not so. The test of patentability is only that an invention be novel, and that its construction be clearly described. There is no requirement in Japanese patent law for an invention to be proven to work.

A much more convincing demonstration that a testing method works and is not a sham would be publication of both the method and of the results of independent evaluative studies in the peer reviewed scientific literature. [Dr D] *produces no such evidence.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

b. What does the registration of a homeopathic medicine in Germany indicate? *The homeopathic preparations used by* [Dr D]*, and for one of which he provides an information sheet from the manufacturer, Staufen-Pharma GmbH.*

Homeopathy originated in Germany, and has a large following there. Germany also has a reputation for the implementation of industrial standards and quality measures. It would therefore not be surprising if there is a public perception that a homeopathic preparation originating in Germany is to be trusted.

Medicinal products are regulated in Germany by a Federal agency, the Bundesinstitut für Arzneimittel und Medizinprodukte.

While conventional pharmaceuticals are subject to a rigorous and costly authorisation process, which demands proof of efficacy and safety, homeopathic remedies are specifically excluded from this requirement, and need merely be registered.

This uneven and unscientific approach has been criticised by leading German pharmacologists, but persists for purely political and economic reasons.

…

It must be stressed that the registration and legal right to sell homeopathic remedies is nowhere based on any objective evidence of efficacy or safety.

[Dr D] *states in his comments on Medical Council guidelines that the injectable homeopathic treatment 'is neither unproved nor experimental'. This is incorrect. The treatment is not proven. In a sense it is indeed not experimental, but that is insofar as it has not been subjected to controlled investigation.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

[Dr D] *has provided a copy of the packaging of the Paraquat medication. It clearly indicates, in accordance with German Law, that no representation (Angabe) is made with respect to therapeutic indications.*

My translation of the relevant bits of the packaging follows:

Gebrauchsinformation *Serienpackung R25* *KI 15 N (PARAQUAT)* *Flussige Verdunnung zur Injektion*	*Usage information:* *Series packaging R25* *KI 15 N (PARAQUAT)* *Fluid dilution for injection*
Homoopathisches Artzneimettel	*Homeopathic medicine*
Zusammensetzung: *1 Ampulle enthalt: Artzneilich irksame* *Bestandteile:* *KI 15 N (PARAQUAT) Dil.* *(HAB, Vorschrift 5A)*	*Ingredients:* *1 ampoule contains the active* *components* *KI 15 N (PARAQUAT) Dil.* *[? reference to homeopathic pharmacopoeia]*
Darreichungsform und Inhalt: *10 Ampullen zu 1ml flüssiger* *Verdünnung zur im., sc.* *Injektion in den* *Potenzstufen:* *D 6, 6, 6, 8, 8, 10, 10, 12, 15, 30*	*Presentation and content* *10 1ml ampoules of a fluid dilution for* *intramuscular or* *subcutaneous injection,* *in the potency steps:* *D 6, 6, 8, 8, 10, 10, 12, 15, 30 [As I understand it, a D6 potency is a 10^{-6} dilution, that is, one in a million. D 30 is a 10^{-30} dilution, approximately equivalent to one molecule of the ingredient in a megalitre of diluent.]*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

Anwendungsgebiete *Homöopathisches Arzneimittel, daher* *Ohne Angabe einer therapeutischen Indikation.*	*Fields of application* *Homeopathic medicine, thus without representation as to therapeutic indication.*
Hinweis: *Sollten wahrend der Anwendung des* *Artzneimettels die Krankheitssymptome Andauern, ist medizinischer Rat Einzuholen.*	*Remark:* *Should symptoms persist during the application of the remedy, medical advice must be obtained.*
Gegenanzeigen: *Nicht bekannt.*	*Contraindications:* *Not known*

c. Interferences with homeopathic treatment. *One of the documents supplied by* [Dr D] *is a patient information sheet 'Taking homeopathic medicine'.*

The patient is cautioned to avoid storing the homeopathic medicine near any electrical wiring or apparatus, and also to avoid various drugs and foodstuffs, and x-rays. These are all said to 'interfere' with the 'homeopathic process'.

These instructions are irrational. We are all bathed in a flux of electromagnetic radiation across the whole spectrum from long wavelength radio waves to x-rays. Most of this electromagnetic radiation is of natural origin, coming from the sun and electrical storms.

To suggest then that the small contribution of electromagnetic radiation contributed by household appliances will negate homeopathic treatments, when background radiation will not, is absurd. It is also a most convenient explanation for treatment failure!

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

Similarly, all plants, and so all food plants, contain an array of biologically active substances, such as alkaloids. Any distinction between 'herbs' and any other plants is quite arbitrary.

It also occurs to me that imported homeopathic remedies are likely to be x-rayed at the ports of entry to New Zealand, as part of customs and biosecurity screening. If this is the case, then [Dr D's] *own information sheet would indicate that none of them can be expected to have any activity.*

Unless [Dr D] *can produce documentary evidence that the remedies he sells are protected from ionising radiation through the whole passage from factory to his rooms, either his claims for their efficacy, or his precautionary information, or both, must be false.*

d. Inconsistent approach to infections and supposed infections. *In the course of his management of* [Mrs A], [Dr D] *made two diagnoses of bacterial infections: legionellosis and streptococcal cellulitis. His management of the two were markedly different.*

Whereas the supposed legionellosis was treated with homeopathy and prayer, that of cellulitis was treated with antibiotics.

This might simply be interpreted as laudable eclecticism, but might also point to a cynical exploitation. The diagnosis of legionellosis was humbug, there was no immediate danger to the patient, so humbug remedies sufficed. That of cellulitis was genuine, there was a potential for the infection to develop into a threat to life, and so it had to be treated promptly and effectively.

I do not believe this is the behaviour of a practitioner who believes in what he is doing, however misguidedly. It is rather the behaviour of a charlatan, conscious of the fraudulence of his methods, who looks to his profit in the one case, and to saving his skin in the other.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

e. The Great Smokies Diagnostic Laboratory Manual. [Dr D's] *referencing the Great Smokies Diagnostic Laboratory does no credit to his judgement.*

In addition to a standard range of laboratory tests, Great Smokies Laboratory provides a number of decidedly dubious and non-standard ones.

Great Smokies Diagnostic Laboratory is listed in Dr Stephen Barrett's Quackwatch site. (Dr Stephen Barrett is a retired psychiatrist and well known author, editor, and consumer advocate. He is vice-president of the (US) National Council Against Health Fraud, a Scientific Advisor to the American Council on Science and Health, and a Fellow of the Committee for the Scientific Investigation of Claims of the Paranormal (CSICOP). In 1984, he received an FDA Commissioner's Special Citation Award for Public Service in fighting nutrition quackery.)

The most notorious of the Great Smokies tests is its 'comprehensive digestive stool analysis'.

Since this is in my area of specialist expertise, I had a critical look through the claims made for this investigation in the Great Smokies manual. While the claims made are plausible in terms of knowledge of the bacterial ecology of the gut, they are most certainly not proven. Though an impressive list of references is given at the end of the section on stool analysis, the references are all to relatively uncontentious statements in the section, and are tangential to the main issue of the rationale behind and interpretation of the Great Smokies analysis. Such controversial statements as that Klebsiella, Proteus, Pseudomonas and Citrobacter may be involved in the etiology of various chronic and systemic problems, are unsupported by the references.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

There is no mention of stool microbiology methods remotely resembling those offered by Great Smokies in the American Society for Microbiology's Manual of Clinical Microbiology, generally regarded as the gold standard of clinical microbiology texts.

It is alarming to see that Great Smokies has an agency in New Zealand: […] *which collects and couriers specimens to the US. …*

f. Financial conflicts of interest. *I would concur with* [the general practitioner advisor's] *opinion that* [Dr D's] *fees are extraordinarily high.*

Even more disturbing is that [Dr D] *sells the homeopathic remedies which he prescribes.*

The separation of prescribing from dispensing is an important ethical tradition in conventional practice. The rationale is that the profit made on selling drugs could act as an unwholesome incentive either to over-prescribe or to prescribe medicines on which the profit margin is greatest, rather than those best for the patient.

Where necessity (such as remote rural practice) forces a prescriber to dispense, it is prudent to so arrange the accounting that no profit arises from the sale of medicines.

g.* [Dr D's] *response to the opinions given by [the general practitioner advisor]. *One of the documents provided is a lengthy diatribe by* [Dr D] *against the opinions expressed by … an expert engaged by the Health and Disability Commissioner.*

I have little doubt that [Dr D] *will attack my advice in similar vein! (In passing I should add that I am in complete agreement with everything that* [the general practitioner] *said.)*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

The essence of [Dr D's] *argument is that, because* [the general practitioner] *has no knowledge of the 'complex homeopathy', 'isopathy' and 'biokinetics' practised by* [Dr D], *he cannot meaningfully comment on their effectiveness. This is nonsense. Were there any objective evidence of the effectiveness of these treatments and diagnostic methods, it would most certainly have been published, and would be accessible on the bibliographic databases to which any interested person has access. The truth is that there is no such evidence. Those papers which have been published purporting to show efficacy of homeopathic practices have, without exception, been able to be shown to be methodologically flawed.*

The anecdotal successes which [Dr D] *claims are simply that. Most acute ailments are self-limiting, and many chronic ones have undulant courses of progression and remission. When a patient improves, the treatment being received at the time of improvement will be credited with success, whether it has had anything to do with the improvement or not. Similarly, the 'placebo effect' is well known in medicine. Any therapy will engender an expectation of improvement, and the expectation will, to some extent, be fulfilled.*

The only way objectively to know whether a treatment is effective is to subject it to trials in which the expectations of both subject and investigator are controlled by double blinding.

[Dr D's] *diagnostic method of 'biokenetics' is also without objective validation. It confirms what he expects it to confirm, without any reality check against an independent diagnostic method.*

Summary

There is no plausible basis in the natural sciences for the biokinetic diagnostic methods used by [Dr D], *nor, indeed, are most of the diagnoses he made on* [Mrs A] *plausible on clinical and epidemiological grounds.*

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Independent Advice to Commissioner *continued*

The isopathic/complex homeopathic remedies used by [Dr D] *are also without evidence of efficacy in the scientific literature.*

Both the high fees charged, and [Dr D's] *very different therapeutic approach when dealing with potential immediate dangers, suggest that he is very well aware that his homeopathic and biokinetic methods are bogus, and that his exploitation of those who have put their trust in him as patients is quite conscious, ruthless and unprincipled.*"

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Code of Health and Disability Services Consumers' Rights

The following Rights in the Code of Health and Disability Services Consumers' Rights are applicable to this complaint:

RIGHT 2
Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation

Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

RIGHT 4
Right to Services of an Appropriate Standard

1) Every consumer has the right to have services provided with reasonable care and skill.
2) Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.

RIGHT 6
Right to be Fully Informed

1) Every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, would expect to receive, including –
    a) An explanation of his or her condition; and
    b) An explanation of the options available, including an assessment of the expected risks, benefits, and costs of each option; ….
2) Before making a choice or giving consent, every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, needs to make an informed choice or give informed consent.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Code of Health and Disability Services Consumers' Rights *continued*

RIGHT 7
Right to Make an Informed Choice and Give Informed Consent

1) Services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent, except where any enactment, or the common law, or any other provision of this Code provides otherwise.

RIGHT 10
Right to Complain

3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.

Other Relevant Standards

Medical Practice in New Zealand – A Guide to Doctors Entering Practice (Medical Council of New Zealand, 1995)

7. Unconventional Medical Practice

…

7.1 General

Doctors who practise in modes that are outside the main stream of conventional scientific medicine but remain on the Medical Register must be prepared to be accountable, like any other doctor, to the professional registration body which is concerned with quality assurance of patient care to the public.

…

7.2 The Role of the Registration Body

…

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Other Relevant Standards ***continued***

The following postulated **criteria**, might indicate issues of misconduct faced by unorthodox doctors. They may be called to question if there is:

- Harm to the patients.
- Inadequate information and consent, which includes false representation of both the theory and the training of the doctor.
- Short cuts in standard methods of diagnosis with use of unproven and unrecognised methods, often pseudo-scientific.
- Treatment programmes that are inappropriate, unproven and unjustified and not supported by a substantial body of medical opinion.
- Exploitation of the 'registered doctor' role in terms of securing patients and in financial gain.

7.3 Consent in Unorthodox Management

A leading medicolegal advisor has stated that "*if doctors choose to suggest therapies which are well outside what the profession at large would regard as being reasonable treatment, I believe they have a duty to their patients to tell them that [this] is outside the boundaries of conventional medicine, and would not have the support of most medical practitioners*". In the light of the newer requirements for informed consent in NZ, it is imperative that such consent to unorthodoxy is given and well documented. …

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach

In my opinion the general practitioner, Dr D, breached Right 2, Right 4(1), Right 4(2), Right 6(1)(a), Right 6(1)(b), Right 6(2), Right 7(1) and Right 10(3) of the Code of Health and Disability Services Consumers' Rights.

Right 2

The consumer, Mrs A, had the right to be free from financial exploitation by Dr D. In my opinion Dr D did financially exploit Mrs A.

Dr D practises as a registered general practitioner operating out of the medical clinic in the city. The heading on the information sheet he gave to Mrs A, and his practice letterhead, do not list any qualifications in alternative medicine but do list his medical qualifications.

While Mrs A was aware that Dr D offered complementary treatment as well as traditional medicine, she was clear that the fact that Dr D is a general practitioner gave her the confidence to consult him about her skin problems. She believed he would offer her the best of both approaches to treatment and not just "*dabble in hocus pocus*". When Mrs A questioned Dr D about his diagnostic procedures, he told her that the type of testing he employed was used extensively overseas but that New Zealand doctors were between seven to 10 years behind the times. Mrs A said that this reassured her that Dr D was not practising mere "*goobledegook*".

Dr D charged Mrs A $3.00 per minute, or $180.00 per hour, and continued to do so as her condition deteriorated.

In my opinion, Dr D took advantage of the credibility that his qualifications as a registered medical practitioner gave him while utilising diagnostic techniques and treatments that were not of an acceptable standard for a medical practitioner. In doing so he secured significant financial gains, as Mrs A's consultations involved repeat consultations over seven months, from 19 March 1998 until October 1998. According to Dr D he charged Mrs A a total of $1294.45. Mrs A estimates that she spent $1500.00 for treatment from Dr D and provided me with receipts totalling $1212.45.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

Dr D has submitted that his fees were comparable to those charged by other GPs in the area, and were not excessive. However, for the reasons set out below, I consider that the services Dr D provided to Mrs A were not of a comparable standard to those reasonably expected from a GP, and that his charges were excessive.

In my opinion Dr D financially exploited Mrs A and, in doing so, breached Right 2 of the Code.

Right 4(1)

Mrs A was entitled to have health services provided to her with reasonable care and skill. In my opinion, Dr D did not exercise reasonable care and skill in providing Mrs A with medical and homeopathic services.

Dr D is registered as a medical practitioner with the Medical Council of New Zealand (MCNZ) and holds a current practising certificate. He is a member of the Royal New Zealand College of General Practitioners and the New Zealand Medical Association. He holds himself out as being both a conventional medical practitioner and a provider of alternative therapies. Dr D stated to me that he uses all the modalities of traditional medicine as well as offering alternative or complementary treatments.

During the seven months that Mrs A attended Dr D she received both conventional medical and alternative treatments. The fact that Dr D is a general practitioner as well as a practitioner of alternative therapies gave her the confidence to consult him about her problems. She believed he would be able to provide her with the best from both schools of thought.

Advice on this case was originally obtained from a conventional general practitioner and a classical homeopath. Dr D objected to the use of these advisors, as he did not consider them to be true peers. In response to this submission from Dr D, this point was clarified.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

The Chief Executive Officer of the New Zealand Charter of Health Practitioners was consulted. The Charter is the registration body for alternative healthcare practitioners. The CEO confirmed that the homeopath advisor is well qualified and appropriately qualified to review Dr D's use of alternative practices.

Additional advice was obtained from a general practitioner and physician who also practises homeopathy. A medical microbiologist reviewed Dr D's submissions concerning the scientific grounds for his theories and treatments.

Each of my advisors has independently concluded that Dr D's theories and practices are unacceptable, both in the conventional and alternative realms of medicine.

Diagnosis

I accept advice from both my general practitioner advisors that Dr D's diagnostic methods were below an acceptable standard in both conventional and alternative medicine, and that his notes do not show that an adequate patient assessment was carried out.

My homeopathic advisor described Dr D's diagnosis and methods as inappropriate and stated that they led to wrong decisions and harmful medicating.

An adequate patient assessment by the standards of conventional medicine includes taking a history and physical examination, and formulating possible diagnoses, which are then confirmed or refuted by laboratory or radiological investigations. My microbiologist advisor pointed out that although Dr D's diagnosis of cellulitis was tenable by these standards, his diagnoses of Paraquat poisoning, legionella, and cytomegalovirus were not.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

Dr D appears to have made most of his diagnoses through muscle testing. I am advised that muscle testing can be used in context for some minor decisions, but that it is not appropriate for significant decisions or clinical diagnoses. My general practitioner/homeopath advisor was not aware of any correctly conducted or peer-reviewed trials that address the use of muscle testing to diagnose viral residues.

I reject Dr D's assertion that, because his muscle testing technique is based on one that is patented in Japan, it is therefore reputable.

Cytomegalovirus: My general practitioner advisor informed me that there is no known blood test capable of diagnosing a toxin produced by a cytomegalovirus. My microbiologist advisor explained that there was no evidence that Mrs A had clinical, haematological or serological features of this illness. There was also no indication that any conventional testing was carried out to confirm this diagnosis. Dr D's description of viral DNA as a toxin is misleading, as DNA is not toxic.

Cellulitis: My microbiologist advisor advised that Dr D's conclusion that Mrs A was suffering cellulitis from a streptococcus infection was tenable by conventional standards, and that it is indeed a visual diagnosis. Empirical treatment with the antibiotic Klacid was reasonable although not standard. Dr D advised me that no laboratory test is available to test for cellulitis. However, I was advised that skin swabs may be taken in some circumstances to ascertain the causative agent, although these are not absolutely necessary.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach *continued*

Legionella: Dr D used muscle testing to diagnose the Legionella infection, but he provided no substantive evidence that Mrs A had any recognised symptoms of Legionnaires Disease, and there are no laboratory reports or record of a physical examination to confirm his diagnosis following the muscle testing. On the contrary, he recorded that her tonsils and larynx felt normal. I am advised that this would probably not be the case with such an infection. In conventional evidence-based medicine it is not possible to conclude from blood tests that Legionnella bacteria were present as a bowel bacterium. I accept my general practitioner advisor's advice that the assertion that "*the body heals from superficial to deep and this bug is a deeply bedded one in an intracellular hiding place, and is one of the last ones to be pushed up by the body*", is unprovable and inappropriate.

My microbiologist advised that skin is rarely involved in a legionella infection, and that Mrs A's skin problems were not consistent with the usual presentation of legionella. There is no scientific support for Dr D's assertion that legionella can cause bowel disease, or that there is an association between psoriasis and legionellosis or Paraquat poisoning.

Electromagnetic radiation sensitivity: Dr D diagnosed Mrs A as sensitive to electromagnetic radiation. My advisors did not recognise this as a clinically significant condition, and doubted the actual effect that electromagnetic radiation would have.

Paraquat poisoning: I accept the advice from my homeopath and general practitioner/homepath advisors that Dr D did not provide sufficient rational evidence in any conventional homeopathic sense to justify his diagnosis of Paraquat poisoning and the prescription of homeopathic Paraquat injections. My general practitioner/homeopath advisor stated that Paraquat poisoning is not a diagnosis that can be made visually. Diagnostic and confirmatory blood tests should have been ordered. Nor did Dr D provide any credible evidence that he followed accepted homeopathic diagnostic principles of the Laws of Similars, matching Mrs A's symptoms to the defined symptoms known to be produced by Paraquat poisoning. Dr D appeared to have based his diagnosis and treatment on assumptions, some of which were foreign to accepted homeopathic principles, and which appear to be uniquely his own.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach *continued*

Dr D stated that it is "*technically ... impossible to assay Paraquat in the blood*"; however I am advised that blood and urine tests should be conducted to determine if Paraquat is present.

My microbiologist advisor explained that while contact dermatitis is a manifestation of Paraquat poisoning, it is a self-limiting condition associated with direct contact with the chemical. Mrs A's lifelong problems and transient exposure to Paraquat are not consistent with the expected manifestation of Paraquat poisoning. Doubt was also cast on Dr D's assertion that the remaining Paraquat could have been lasered out of her ear, as it would in fact have been dispersed throughout the fat in her body. I also note the comment that 150 cases of Paraquat poisoning are unlikely to have gone unnoticed by New Zealand's medical profession.

Further, my homeopath advisor advised me that Dr D's understanding and explanation of the causes and effects of Paraquat poisoning is not consistent with generally accepted documented scientific evidence and that Dr D's conclusion that Mrs A's skin problems were the result of Paraquat poisoning was debatable, as the skin condition described by Dr D could have been attributed to many other possible causes.

Treatment
I accept my advisors' advice that the treatment offered to Mrs A was not based on reliable scientific evidence, and was unacceptable in conventional terms.

Although in some circumstances it may be appropriate to prescribe homeopathic remedies alongside traditional medicines, I accept my homeopathic advisors' advice that the treatment Dr D offered Mrs A was not acceptable homeopathy. There are three basic principles of homeopathy: like cures like, individual treatment, and using the least necessary dose. Although Dr D used remedies prepared according to the third principle, he did not follow the other principles of homeopathy.

My general practitioner/homeopath advisor noted that homeopathic remedies are usually given by mouth. When injections are used these should be administered by the practitioner or practice nurse, not by the patient.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

My homeopath advisor observed that Dr D prescribed more than one remedy at a time, and in high potencies, and that this would have aggravated Mrs A's already extremely aggravated condition, and was not consistent with accepted homeopathic practice standards.

My homeopath and general practitioner/homeopath advisors were not aware of homeopathic "proving" research having been done in respect of Paraquat. As Dr D was using a little known remedy to treat Mrs A, he should have made this information available to her. Paraquat injection is not a remedy that is in general homeopathic use.

My general practitioner/homeopath advisor was concerned about the clinical use of homoeopathically prepared Paraquat. Dr D should have carefully considered, and matched, Mrs A's symptoms to the proposed remedy of Paraquat injections before he could responsibly prescribe this, without risking causing her harm. My advisor noted that in prescribing Paraquat injections, a homeopathic remedy, without first assessing Mrs A's situation in accordance with accepted homeopathic principles, Dr D risked harming Mrs A.

Dr D submitted that homeopathic Paraquat injections are a proven, effective remedy, well accepted in Germany where they come from. However, my microbiologist advisor pointed out that German homeopathic remedies are not in fact subject to the same rigorous scientific testing and validation that conventional medication is. In fact, the packaging itself states that no claim is made with regard to therapeutic indication.

Dr D advised that the deterioration in Mrs A's condition throughout the time that she received treatment from him was due to "*a series of additional infections entirely beyond either my control or my ability to anticipate*". In my opinion when Mrs A's condition deteriorated significantly Dr D had a duty to re-evaluate the appropriateness of the treatment he was providing to her and to seek further advice on this matter from another practitioner or specialist. This did not occur. Instead, he discouraged her from returning to her usual GP, which my general practitioner/homeopath advisor described as unethical conduct.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

Although Dr D's records note occasions on which he believed Mrs A's condition was improving, I do not accept that she did in fact benefit from his treatment. Mrs A, her husband and her mother are very clear that her condition got progressively worse from the time Mrs A began consulting Dr D, and that Dr D's treatments caused Mrs A harm.

My homeopath advisor is of the opinion that it is likely that Mrs A was suffering excessive aggravations from an overdose of Paraquat, and that she did not in fact have all the other conditions Dr D diagnosed. My general practitioner/homeopathic advisor's opinion is that the stopping of potent conventional medications could well have led to significant symptoms in this case.

In response to Dr D's conclusion that Mrs A was suffering a healing crisis, a normal and expected response to homeopathic treatments, my advisor concluded that Mrs A was probably suffering severe aggravations as a result of the Paraquat injections and that during this time Dr D should have monitored her strictly and not allowed her to suffer unduly. He did not do this.

Dr D's treatment of Mrs A's upper respiratory tract infection with antibiotics was also unusual in terms of accepted practice standards. My microbiologist advisor pointed out that most such infections are in fact viral, meaning that antibiotics have no effect. Had the infection indeed been a bacterial one, the antibiotic chosen by Dr D was not consistent with current thinking on the prudent use of antimicrobials.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach *continued*

General

My advisors stated that several aspects of Dr D's practice are inconsistent with generally accepted standards in the practice of alternative therapies. The modalities he has used are not widely accepted in alternative medicine. His theories of diagnosis and treatment appear to be based on his own opinions, have no credible scientific basis, and are inconsistent with accepted theory in both the conventional and alternative realms. They have not been subjected to peer review or objective testing of their efficacy. Indeed, although Dr D has justified his position by describing himself as a pioneer and asserting that there is a strong scientific basis for his "*cutting edge paradigms*", an expert medical microbiologist strongly disagrees.

Dr D has submitted that there is in fact a strong scientific basis for his theories and practices, and has described his work as "*pioneering*". My medical microbiologist has evaluated Dr D's submissions, and concluded that although Dr D's explanations are expressed in language that mimics that of science, they are inconsistent with scientific theory and method.

I note that my microbiologist advisor is strongly critical of homeopathic theory and practice in general. It is important to note that my opinion of Dr D's practice of alternative medicine is based on the advice I have received from other alternative practitioners. My microbiologist advisor has evaluated Dr D's claim to have a scientific basis for his theories.

Dr D stated that he is uniquely qualified to diagnose and treat Paraquat poisoning, and that he has had much success in treating previously undiagnosed cases. He has made similar claims about other conditions he diagnosed Mrs A with. Yet none of my advisors agree. Dr D should either take appropriate steps to have his discoveries scientifically validated and thus accepted by other practitioners, or he should cease those parts of his practice which do not conform to generally accepted principle of conventional or alternative therapy.

In my opinion Dr D did not exercise reasonable care and skill in his diagnosis or treatment of Mrs A and breached Right 4(1) of the Code.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

Right 4(2)

As a registered medical practitioner, Dr D has a duty to comply with the relevant standards of his profession when providing health services, whether or not he also offers alternative treatments.

The MCNZ's 'Guide for Doctors Entering Practice' (1995) lists criteria which may indicate issues of misconduct for practitioners who offer alternative therapies as well as conventional treatments. Dr D is subject to these guidelines (which have since been updated and are now found in Cole's Medical Practice in New Zealand, MCNZ, 1999).

I accept the advice of my general practitioner advisors and my medical microbiologist advisor that under a traditional model of evidence-based medicine Dr D's diagnostic techniques, diagnoses and treatment were not of an acceptable standard. I was also advised that there is no credible scientific basis for much of the treatment Mrs A received, nor is there evidence for Dr D's claim that Mrs A's skin problems improved while she was under his care.

My homeopath advisors agreed that Dr D's theories are of concern, and are at variance with both accepted medical and alternative practice standards. Despite Dr D's medical training he used almost exclusively alternative medicine, the specific modalities of which are not even widely accepted in that realm.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

For the reasons set out earlier, in my opinion Dr D did not provide services to Mrs A with reasonable care and skill. In failing to do so, Dr D's practice met all the criteria which the Medical Council guidelines state may indicate problematic practice in the practise of unorthodox medicine:

- Dr D's treatment caused harm to Mrs A. I have not formed an opinion on whether the homeopathic treatment provided by Dr D caused Mrs A's eczema to worsen or whether his requirement that she discontinue her regular medication and steroid creams led to this deterioration. However, it is clear that when Mrs A ceased consulting Dr D her eczema was significantly more widespread than when she had commenced treatment with him. I accept my general practitioner advisor's advice that the risks of the treatment outweighed the benefits for Mrs A and was not acceptable for her condition.

- Dr D took short cuts in standard methods of diagnosis and used unproven and unrecognised methods. I am of the opinion that much of his methodology was pseudo-scientific. Dr D told Mrs A that New Zealand doctors were seven to 10 years behind overseas doctors in their diagnostic techniques. He further stated that he is the only doctor in New Zealand able to diagnose Paraquat poisoning. He has provided no impartial, evidence-based research to support his conclusions but relies on his experience alone. I accept the advice of my advisors that the methodology Dr D used for diagnosis was not evidence-based or reliable and that his assessment of Mrs A's condition was not of an acceptable standard.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

- Dr D did not provide treatment that was appropriate, proven or justified. It is not treatment that is supported by a substantial body of medical opinion. I accept the advice of my advisors that there is no evidence that Mrs A's proposed treatment was in any way extrapolated from reliable scientific evidence. Dr D has described his own personal research to discover diseases and cures that are not recognised or accepted by either conventional or alternative practitioners. Dr D has himself stated that he is the only practitioner in New Zealand able to diagnose and cure Paraquat poisoning. He has provided no impartial, evidence-based research to support his conclusions but relies on his experience alone. Nor has he sought ethical approval for his unproven treatment regimes.

- Dr D exploited his status as a "registered doctor" to secure Mrs A as a patient for financial gain. Mrs A consulted Dr D because he was a registered doctor who also provided homeopathy. She relied on his credibility because of his qualifications as a doctor. In my opinion Dr D, in his treatment of Mrs A, took advantage of the credibility his medical qualifications gave him, while providing alternative non evidence-based diagnostic techniques and treatment that were not of an acceptable standard. Dr D charged Mrs A at least $1,294 for these services.

- Dr D did not provide Mrs A with adequate information or gain informed consent before he treated her. There is no evidence that Dr D advised Mrs A that the therapies he provided were well outside what the profession at large would regard as acceptable.

Accordingly, in my opinion Dr D in his care of Mrs A met all the criteria that indicate issues of misconduct by an unorthodox doctor and breached Right 4(2) of the Code.

Documentation
I do not consider that the sparse records Dr D kept of Mrs A's consultations and treatment were adequate.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach *continued*

Mrs A's account of her worsening physical condition is not reflected at all in Dr D's notes, in spite of her regular consultations due to her worsening symptoms.

My homeopath advisor observed that the records kept by Dr D of Mrs A's treatment and consultations were not adequate to allow an accurate determination of what treatment he provided.

The method of injecting the homeopathic Paraquat and the potency, frequency and number of the injections was not able to be determined from the records. My advisor stated that he was unable to accurately calculate the number of Paraquat injections Mrs A received but that in his opinion the injections had been mainly of a high potency and in excess of what we were led to believe. Nor was there a record of Mrs A's response to this treatment, or an accurate indication of when the Paraquat therapy ceased.

Dr D did not record the medication or dosage he gave Mrs A for the "*homeopathic detox for Legionnella bacteria*". He did not provide clear, lucid, and concise information concerning procedures, medications administered, dosages and frequencies.

In response to my provisional opinion Dr D advised me that given what he perceives as an unfair attack by my advisors, he will write his medical records defensively in the future, and his patients can bear the extra cost caused by the extra time that consultations will take.

In my opinion, Dr D further breached Right 4(2) of the Code, as his records of Mrs A's treatment fall below an acceptable professional standard for clinical documentation.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

Rights 6(1)(a), (b), and 6(2)

Mrs A had the right to information that a reasonable consumer, in her circumstances would expect to receive. This includes an explanation about her condition, and explanation of the available options, including an assessment of the expected risks, benefits, side effects, and costs of each option. For Mrs A, this included an explanation of the risks and benefits of stopping the treatment she was already on for her long term skin condition. She also had the right to honest and complete answers to her questions. In my opinion Mrs A did not receive such information, nor were her questions answered adequately.

Explanation of condition

During the first appointment on 19 March 1998 Dr D diagnosed Mrs A with Paraquat poisoning. Mrs A asked him how that was possible, as her eczema had been present since she was a baby and she was not aware of having had any contact with Paraquat. Dr D replied that it was not important how she got the condition, and that other doctors had wrongly diagnosed her. In my opinion, this was not an adequate response to Mrs A's question and she did not receive an adequate explanation of her condition.

Explanation of options

In my opinion Dr D failed to give Mrs A an adequate explanation of the available options for her treatment.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach *continued*

Dr D said that during the consultation on 19 March 1998 he gave Mrs A a full explanation of the two options available to her to treat her paraquat poisoning – hyperbaric oxygen therapy or homeopathic detoxification through a series of injections – and that he explained the costs of each option to Mrs A. Dr D said that he explained that the homeopathic treatment had been very successful in treating other patients; if Mrs A followed the treatment through and no problems arose she could have a high expectation that her skin would look like clear normal skin. If the treatment was unsuccessful other techniques could be used. He also said he stated that the injection treatment might mean that her eczema would be aggravated before it got better and she could not use her usual medications during the course of the therapy. He denied giving an unconditional promise of a complete cure.

At the first consultation Dr D gave Mrs A a one-page information sheet on "*Taking Homeopathic Medication*". The sheet contained general information on how to store homeopathic medications, which foods, products and medications to avoid during the homeopathic process, and how to take homeopathic medication. The sheet contained no information on possible side effects of homeopathic medication, nor any information about the specific remedies Dr D prescribed for Mrs A.

Although Dr D informed me that he explained his techniques to Mrs A, Mrs A advised that she was not provided with adequate explanations of the tests carried out by Dr D or the treatment he provided. Her diary entries confirm her obvious lack of understanding about the treatment and theories.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach *continued*

Mrs A's medical notes do not record any discussions about the nature and/or effects of Paraquat injections, homeopathic drainage, constitutional remedies or the various "tests" carried out by Dr D. Dr D said that he informed Mrs A that his Paraquat treatment had been very successful with other patients and "*if that remained the only problem and she followed the treatment through then she could have a high expectation of her skin looking like clean, normal skin*". There is no evidence that Dr D provided Mrs A with any information about studies examining the effectiveness of this treatment. In fact I have not seen evidence that any studies or trials have ever been carried out to assess the safety or success of this procedure for treating the Paraquat poisoning that Dr D diagnosed.

Mrs A said Dr D did not ever discuss hyperbaric oxygen or any other therapy. Mrs A said Dr D stated that a 12 week course of homeopathic injections and drainage treatment would leave her with "*skin like a baby*", and that he gave her an unconditional guarantee that the treatment would cure her and she would have no further skin problems. Dr D also told her that he had never had a case of paraquat poisoning that he had not been able to cure.

Mrs A's mother, who attended all but one appointment with Mrs A, confirmed Mrs A's recollections. Mr B attended the one consultation with Mrs A that her mother did not attend and also confirmed Mrs A's recollection.

It appears that no information about the effectiveness of the treatment was provided by Dr D, other than his personal views based on his own experience. My experts advise me that the explanations Dr D did offer Mrs A were inconsistent with accepted principles, illogical, contradictory, confusing and misleading. When Mrs A asked what was in the paraquat injections Dr D told her that it was homeopathic paraquat, which was harmless. Mrs A stated that when the nurse gave her the first injection, she then mentioned that some people had a "*flare up*" when they begin treatment, but that Dr D did not mention this possibility to her.

Dr D did not respond appropriately to the specific questions Mrs A put to him about his methods.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach *continued*

My general practitioner advisor states that Dr D's explanations to Mrs A were inappropriate, unclear and did not make any sense in conventional terms. My homeopathic advisor described them as contradictory, confusing, misleading and often lacking in vital information.

In response to my provisional opinion, Dr D maintained that he provided Mrs A with ample information about the available treatment options and that Mrs A had misunderstood and misquoted him. I do not accept this assertion.

Dr D also advised me he sees the requirement to clearly document consent to alternative therapy, as per the MCNZ's guidelines, as an unfair double standard. I do not agree. In spite of this, he has changed his practice to have patients sign the notes to indicate that they "*have received sufficient information to make informed consent*", and that "*I give my informed consent to treatment offered*". In my opinion, it is not sufficient to have this type of written statement unless the person has indeed received a clear explanation of all the necessary information.

In my opinion, by not fully informing Mrs A of the diagnostic tests he wished to use, the treatment options, and the risks and benefits of the treatments proposed, and by not answering Mrs A's questions accurately, Dr D breached Right 6(1)(a), Right 6(1)(b) and Right 6(2) of the Code.

Right 7(1)

A consumer's informed consent must be obtained before any health services are provided. Mrs A did not receive sufficient information to make an informed choice and give informed consent to the diagnostic tests and treatments Dr D proposed. Without this information she was unable to make an informed choice and give informed consent. In my opinion, in failing to obtain informed consent prior to diagnosis and treatment, Dr D breached Right 7(1) of the Code.

Continued on next page

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Opinion: Breach ***continued***

Right 10(3)

Under Right 10 of the Code, Mrs A had the right to complain about the services Dr D provided to her. Right 10(3) requires Dr D to facilitate the fair, simple, speedy and efficient resolution of complaints.

Mrs A stated that she often found it difficult to contact Dr D in order to discuss her condition and concerns. The consumer's husband, Mr B, telephoned Dr D on 14 October 1998, on his wife's behalf, and stated that he was not satisfied with the services Mrs A had received.

Dr D's practice nurse told Mr B that Dr D was unavailable and would not be able to see Mrs A until 27 October. She then explained that Dr D is a specialist, and could not be expected to be available like a general practitioner.

In response to my provisional opinion Dr D has explained his staff were overprotective of him when Mr B wanted to complain, and he offered an apology for this. Dr D also advised that he has increased his "*phone-in*" times in response to Mrs A's complaint. He also apologised for the misunderstanding that occurred about follow-up times at Mrs A's final appointment – he intended one month, not the three months that Mrs A understood.

Nevertheless, no further steps were taken to address Mr B and Mrs A's concerns. In my opinion Dr D did not take adequate steps to address Mr B and Mrs A's complaint. Dr D therefore breached Right 10(3) of the Code.

General Practitioner, Dr D

Opinion – Case 98HDC19278, continued

Actions

I recommend that the general practitioner, Dr D, takes the following actions:

- Apologises in writing to the consumer, Mrs A, for breaching the Code of Rights. This apology is to be sent to the Commissioner and will be forwarded to Mrs A.
- Reimburses Mrs A the $1294.45 paid to Dr D for her treatment. A cheque should be sent to the Commissioner and will be forwarded to Mrs A.
- Establishes a complaints procedure that complies with the Code's requirements.
- Familiarises himself with the Medical Council's 'Guidelines on Complementary, Alternative or Unconventional Medicine' in 'Cole's Medical Practice in New Zealand' (MCNZ 1999), and alters his practice to comply with these guidelines.

Other Actions

- A copy of this opinion will be sent to the Medical Council of New Zealand with a request that a review of Dr D's competence to practise medicine be undertaken.
- Copies of this opinion will be sent to the Royal New Zealand College of General Practitioners and the New Zealand Medical Association.

Director of Proceedings

I will refer this matter to the Director of Proceedings under section 45(f) of the Health and Disability Commissioner Act 1994 for the purpose of deciding whether any action should be taken.