

**From:** Doug Cross [REDACTED]  
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**To:** medboardconsultation  
**Subject:** Consultation on water fluoridation

**To: The Medical Board of Australia 'Consultation on Good Medical Practice'**

**The practice of water fluoridation challenges the authority  
of the Medical Profession**

**Douglas Cross, CSci., CBiol., FSB**

**24th September 2013**

I write in support of the complaint regarding professional behaviour within the context of water fluoridation in Australia, forwarded to you by Anna M and Sandra C, dated 20th September 2013.

In no way do I endorse the extreme actions that are currently exercising both camps in this long-standing confrontation. But behind the instinctive public distrust of the practice of water fluoridation there lies a very real and substantive professional issue that you, as the body responsible for the maintenance of standards in the field of medicine, urgently need to address.

**Failure to distinguish between public health and medication.**

The addition of physiologically active substances containing 'fluorine' to public water supplies, colloquially referred to as 'fluoridation', with the intention of preventing dental decay, raises a very important ethical issue. Although it clearly falls within the bounds of medicine, the moral high-ground in the debate over this procedure has been efficiently hi-jacked by the dental sector. I will not here reflect on the apparent authority of this legislation to allow any of the many pharmacological products that contain fluorine in their molecular structure to substitute the currently conventional fluoridating compounds - medically qualified professionals will realise the potential implications that this unfortunate wording of the law might suggest.

The dental sector's case for fluoridation relies on the misrepresentation of this intervention to both the public and the medical profession as a legitimate exercise of the State's duty and powers to protect public health. It is not. The adoption of this practice by the States of Australia presents a direct challenge to the exclusive authority of the medical profession to practice medicine.

**Violating the boundary between public health and medical practice**

'Public health' is a general term, and activities that fall under its remit include a variety of approaches. Those measures that rely on careful environmental management to reduce the risks to the public of exposure to potential infection or contamination are quite legitimately seen as 'public health' matters. As such, they are under the joint control and supervision of Local and Health Authorities. They include public and private sanitation, the regulation of food quality and handling standards, and many other 'environmental health' activities.

However, the generic term 'public health' also includes more active interventions that must not be confused with the environmental health remits of Local Authorities. Public health policies also include such invasive clinical interventions as vaccination, yet these are never administered as an unavoidable imposition on the entire population (regardless of the ambitions of some politicians with more extreme views on the ethical justification for such interventions.)

Administering any substance with the intent to prevent a disease is an invasive clinical intervention. As such it is the exclusive prerogative of qualified prescribing professionals. The addition of chemicals containing 'fluorine' to public drinking water, where it is virtually impossible for the average person to avoid them, is a direct medical assault against the public. It is, as the public is intuitively aware, compulsory medication, in which the State is permitted to usurp the role of medical practitioners in the treatment of their patients.

### **The 'legal fiction' that fluoridation is not medication.**

The spurious claim that the product is not a medicine provides the entire shaky foundation upon which this unethical medical intervention is not merely tolerated but even mandated by States. It is argued that, if fluoridated water is not a medicine or drug, then fluoridation cannot constitute 'mass medication'. As Dr. David Shaw recently observed, the continued practice of water fluoridation is utterly dependent on 'the legal fiction that it is not a medicine'. [1] In simple language, fluoridation continues because the lie that it is not a drug has become accepted as the truth.

Inexplicably, your profession has allowed itself to be traduced by the incessant repetition of this absurd claim by those within the dental sector (and sadly also, within your own profession) who have been persuaded by this deliberate misinterpretation of the law.

The definition of what substances or products must be classified and regulated as Therapeutic Goods is clearly set out in the Therapeutic Goods Act of 1989. For all practical purposes, this definition is identical to that adopted by the European Community, so Shaw's conclusion is completely appropriate to the classification of fluoridated water under Australian rules. Fluoridated water is a 'therapeutic good', and one for which specific medical claims are made. As such, it must be regulated exclusively as a drug.

### **The anomaly of 'Excluded Goods' with respect to medicines and drugs.**

The proposal that fluoridated water should be permitted to escape regulation under the Therapeutic Goods Act by including it in the 'Excluded Goods' category is ridiculous and perverse. It sets a dangerous precedent that your profession tolerates at the expense of its own authority and the safety of your patients. No such clinically invasive products should be excluded from strict regulation.

A good case can be made for recognising that some non-invasive medical devices can safely be excluded from regulation under the Act. But it is a founding principle of medicinal practice and law that no substance administered to a patient, either through ingestion or parenterally, should be excluded from rigorous regulation as a drug. It is precisely for this reason that even homeopathic remedies are classed and regulated as such. The category of 'Excluded Goods' currently recognised by Parliament must not be permitted to apply to any ingestible or parenterally-administered product.

### **The clear division between medicine and dentistry**

Here we come to a serious anomaly within your profession itself - your remarkable failure to clearly distinguish between medical and dental practices. You have allowed the boundary between the two to become blurred, with consequential confusion of both the public and politicians alike. The result is a dangerous misunderstanding of the quite different legitimate roles of the two professions.

Medical practitioners are trained in the skill of balancing the benefits and risks of clinical treatments to their patients. They provide some assurance that potential conflicts between different courses of treatment are eliminated, or else reduced to mutually comprehensible and acceptable limits. As such, the decision as to what treatment is appropriate is utterly reliant on medical professionals' full understanding of each patient's individual needs and responses to treatment. It is also subject - absolutely without exception - to informed consent.

Where one form of treatment conflicts with another, it is the skill of the medical professional on which the patient relies to protect him or her from avoidable harm. Through centuries of strict adherence to this

principle, the profession has built up the reputation that it enjoys today, and which is at the heart of the respect in which the public now holds its members.

In contrast, dental practitioners have virtually no relevant expertise in toxicology - they fix teeth. If at all, most have only a restricted understanding of interactive pharmacology. Yet in complete ignorance of whatever other form of treatment that unidentified individuals may be receiving, quite legitimately, from registered professional medical specialists, they endorse the dosing of fluoride to every prospective purchaser of their own services.

### **A conflict of interest**

The profession routinely denies sound evidence that up to half of all children so 'treated' will develop some degree of abnormality of their dental enamel.[2] In many cases this will require the purchase of their expensive professional services at a later date, a clear conflict of interest. This endorsement of the improper administration of a medicinal product - and an unlicensed one at that - without regard to the fundamental ethical principles on which true medical practice relies, falls far short of the standards expected of a qualified medical practitioner.

To put the matter bluntly, in the issue of water fluoridation dental practitioners have invaded the domain of the medical profession. Many of its members are now recommending the indiscriminate imposition of an active and invasive clinical intervention to entire populations. They do so in complete ignorance of the medical condition of each person subject to their whim, and in many cases despite the express withdrawal of consent to such an intervention. Attempting then to persuade the public to provide 'approval' for the intervention, through public relations exercises such as referenda, is an ethical obscenity - the endorsement of such cynical practices cannot be tolerated in a humane society.

The political policy of indiscriminate, and of effectively compulsory, public medication by the enforced fluoridation of public water supplies is a direct and substantial challenge to the authority of the medical profession. The habitual adoption of the designation 'Doctor' by many dental practitioners who do not have a doctoral degree emphasises this trespass into the realm of medicine. It may misdirect patients into assuming that they have expertise that they in fact lack.

### **The conflict between the 'science' of water fluoridation with medical ethics.**

I will not here comment on the widespread ignorance, within members of both professions, of the disreputable misinterpretation of the scientific evidence on which the alleged benefits of fluoridation are advanced. Unfortunately, through the incessant repetition of such propaganda, the extraordinarily poor provenance of the practice is widely disregarded or misunderstood, and all prospects of a rational debate have long since evaporated.

Instead, I ask you to consider the fundamental issue that underpins all such debate - the resolution of the questions of precisely who has the professional authority to determine what medical treatment is administered to whom, under what circumstances, and on the absolute requirement for individual consent to be provided for any such treatment. Your own profession has the sole authority to make such decisions and to manage each patient, case by case. This is the authority that is endorsed by public recognition of your impartiality, and acceptance of the ethical code of practice by the members of society who are your patients.

That authority cannot and must not be usurped by another profession that is unqualified to intervene in the care and treatment of your members' own patients. Nor may it be usurped by administrators - whether locally in Councils, or at State or Federal levels - who may be intent, for purely political purposes, on imposing treatment that crosses the boundary between public health and medicine.

The public expects you to protect them from harm - and this includes from the indiscriminate administration of unrecognised medicines by others who have neither the qualifications nor the authority to do so. I ask you

now to declare the practice of water fluoridation unethical, and in violation of the Medical Code of Conduct on which your profession's very reputation is utterly dependent.

**References.**

1. Shaw D. Weeping and wailing and gnashing of teeth: The legal fiction of water fluoridation. *Medical Law International* 12(1):11-27.
2. McDonagh M, Whiting P, Bradley M et al. A systematic review of public water fluoridation. 2000; York, Report number 18 University of York.