This earlier submission is submitted as an attachment to substantiate my views on the current topic of screening infants 0-3 years old.

NHMRC
Submission on Clinical Practice Points on the Diagnosis, Assessment and Management of ADHD in Children and Adolescents

Dear Sir
I have read your guidelines and the proposed Clinical Practice Points and put forward the following facts & truths on this matter.

After World War 2 and following the atrocities perpetrated by the German government and the physicians under their control on persons deemed inferior, the Nuremberg Code was scripted in order to prevent these abuses of Human Rights from ever happening again.

Similarly your own office has released a document entitled “The National Statement on Ethical Conduct in Research Involving Humans.” which is an evolution of the Nuremberg Code.

In the preamble to this document you state:

> **“Ethics and ethical principles extend to all spheres of human activity. They apply to our dealings with each other, with animals and the environment. They should govern our interactions not only in conducting research but also in commerce, employment and politics. Ethics serve to identify good, desirable or acceptable conduct and provide reasons for those conclusions.“**

Looking at the Oxford English Dictionary (OED) definitions of these terms we find they mean:

Good:- useful, advantageous, or beneficial in effect.

Desirable:- wished for as being an attractive, useful, or necessary course of action.

Acceptable :- Able to be agreed on; suitable.

And here with acceptable there must be a consensus or agreement between parties. I will add more about who this agreement is between shortly.

Therefore we must align these Clinical Practice Points with the viewpoint of doing something good, desirable and acceptable for the person being targeted by the CPP’s.

It is well known that the type of drugs used for the “treatment” of ADHD and in fact any psychiatric classification are extremely dangerous and have labels warning of these dangers.

As an example some of the effects of Ritalin are:

- Addiction
- Nervousness including agitation, anxiety and irritability
- Trouble sleeping (insomnia)
- Decreased appetite
- Headache
- Stomach ache
- Nausea
- Dizziness
- Heart palpitations

Other Serious Side Effects Include

- Slowing of growth (height and weight) in children
- Seizures, mainly in patients with a history of seizures
- Eyesight changes or blurred vision

Less Common Side Effects

- High blood pressure
- Rapid pulse rate (and other heart problems)
- Tolerance (constant need to raise the dose)
- Feelings of suspicion and paranoia
- Visual hallucinations (seeing things that are not there)
- Depression
- Cocaine craving
- Dermatoses (infected or diseased skin)
- Urinary tract infection
- Infection or viral infection
- Elevated ALT enzyme levels in the blood (signaling liver damage)

Overdose Side Effects

Methylphenidate drugs have been extensively abused. Extreme psychological dependence and severe social disability have resulted. Abuse of methylphenidate

drugs may cause a sudden heart attack even in those with no signs of heart disease. Symptoms of overdose that require immediate medical assistance include:

- Restlessness
- Tremor
- Aggression
- Hallucinations
- Panic states
- Hyperreflexia (overactive reflexes, which can include twitching or spasms)
- Personality changes
- Symptoms of depression
- Seizures or abnormal EEGs
- High blood pressure
- Rapid heart beat
- Swelling of hands/feet/ankles (for example, numbing of the fingertips)
- Delusions
- Sweating
- Vomiting
- Dehydration
- Unexplained muscle pain
- Lower abdominal pain
- Rhabdomyolysis and kidney damage
- Chronic abuse can manifest itself as psychosis, often indistinguishable from schizophrenia

Therefore we have to ask, is putting a child through one, some or all of these effects, doing something good, desirable and acceptable for the child as our ethical principles dictate?

Is there anything Right about subjecting a child to any of these effects?

The answer must be categorically NO.

Your Clinical Practice Points summary states that:

> **"Attention Deficit Hyperactivity Disorder‟ (ADHD) is a description rather than an explanation of a pervasive, persistent, disabling pattern of inattentiveness, overactivity and/or impulsiveness."**

What you have said here is that you have observed something, but you have no idea what you have observed nor understand the cause of what you have observed.

This means the diagnosis is theoretical guesswork and not based on scientific measurement. There are no tests to prove what you have claimed.

Your definition is also taken from the viewpoint of the doctor or parent in whose interest it may be to have the child docile and quiet.

Is a child who kicks up a stink because his mother tries to make him eat a vegetable he does not like, suffering from over activity or impulsiveness?

Also when one looks up "Ritalin" in a Drug Compendium it says:

"We don't know exactly why Ritalin produces the effects it does."

If you do not know how it produces the effects it does, then to use such a drug, which you have no idea of the effects or destruction it may cause, obviously moves your actions into the field of experimentation and further guess work, which leads us into the section "Principles of Ethical conduct" of "The National Statement on Ethical Conduct in Research Involving Humans.":

> **"1.2 When conducting research involving humans, the guiding ethical principle for researchers is respect for persons which is expressed as regard for the welfare, rights, beliefs, perceptions, customs and cultural heritage, both individual and collective, of persons involved in research.**
> and
>
> **1.4 Each research protocol must be designed to ensure that respect for the dignity and well being of the participants takes precedence over the expected benefits to knowledge. "**

Does exposing a child to any, some or all of those effects of the drugs, enhance his welfare, dignity or rights?
Is there any thing right about subjecting a child to this treatment, when you have no idea of what the problem actually is?

The answer once more must be categorically NO.

In the section consent, of “The National Statement on Ethical Conduct in Research Involving Humans.” it states

> **“1.7 Before research is undertaken, whether involving individuals or collectivities, the consent of the participants must be obtained, except in specific circumstances defined elsewhere in this Statement [see paragraphs 1.11, 6.9, 14.4, 15.8, 16.13].**
>
> **The ethical and legal requirements of consent have two aspects: the provision of information and the capacity to make a voluntary choice. So as to conform with ethical and legal requirements, obtaining consent should involve:**
>
> **(a) provision to participants, at their level of comprehension, of information about the purpose, methods, demands, risks, inconveniences, discomforts, and possible outcomes of the research (including the likelihood and form of publication of research results); and**
>
> **(b) the exercise of a voluntary choice to participate. Where a participant lacks competence to consent, a person with lawful authority to decide for that participant must be provided with that information and exercise that choice.**
>
> **1.8 A person may refuse to participate in a research project and need give no reasons nor justification for that decision.**
>
> **1.9 Where consent to participate is required, research must be so designed that each participant’s consent is clearly established, whether by a signed form, return of a survey, recorded agreement for interview or other sufficient means.**
>
> **In some circumstances and some communities, consent is not only a matter of individual agreement, but involves other properly interested parties, such as formally constituted bodies of various kinds, collectivities or community elders. In such cases the researcher needs to obtain the consent of all properly interested parties before beginning the research. “**

This brings us back to the the fact that we need consensus to carry out these acts that you propose and that agreement has to be between the subject and the person administering the drug.
It is not between the NHMRC and the persons wishing to push their product onto a helpless person by legislative means which does not have the best interests of that person in mind.

In the High Court Ruling commonly known as “Marion’s Case” it states:

> **"it is a rule of universal application, in the absence of any stipulation to the contrary, that no one having such (fiduciary) duties to perform should be allowed to enter into engagements in which he has or can have a personal interest conflicting or which possibly might conflict with the interests of those whom he is bound to protect".**

Department of Health and Community Services v JWB and SMB (Marion's Case) [1992] HCA 15; (1992) 175 CLR 218 (6 May 1992)

Further on in Marions’s case it states:

3. **“It is the central thesis of the common law doctrine of trespass to the person that the voluntary choices and decisions of an adult person of sound mind concerning what is or is not done to his or her body must be respected and accepted, irrespective of what others, including doctors, may think is in the best interests of that particular person. To this general thesis, there is an exception: a person cannot consent to the infliction of grievous bodily harm without a "good reason"(260) Attorney- General's Reference (No.6 of 1980) (1981) 1 QB 715, at p 719. But save in this exceptional case, the common law respects and preserves the autonomy of adult persons of sound mind with respect to their bodies. By doing so, the common law accepts that a person has rights of control and self- determination in respect of his or her body which other persons must respect. Those rights can only be altered with the consent of the person concerned. Thus, the legal requirement of consent to bodily interference protects the autonomy and dignity of the individual and limits the power of others to interfere with that person's body.**

4. At common law, therefore, every surgical procedure is an assault unless it is authorised, justified or excused by law. The law draws no lines between different degrees of violence, "every man's person being sacred, and no other having a right to meddle with it, in any the slightest manner."

and

> **"to provide for the maintenance of their children, is a principle of natural law; an obligation ... laid on them not only by nature herself, but by their own proper act, in bringing them into the world: for they would be in the highest manner injurious to their issue, if they only gave their children life, that they might afterwards see them perish. By begetting them, therefore, they have entered into a voluntary obligation, to endeavour, as far as in them lies, that the life which they have bestowed shall be supported and preserved."**

These three points tells us it is a right and an obligation for the parent to protect their child from harm based on the information they have to hand, and to prevent a child from undergoing inhumane treatment or drugging in the name of spurious medicine.

Your statement in section 4.4 **“the inability of parents to implement strategies may raise child protection concerns”,** is another huge concern.

To make it a crime for a loving parent who uses their god given talents of judgment and reason to find out that the cure is far worse than the complaint and to decide I do not wish to subject my child to torture, is nothing but a pure act of antisocial behavior.

The OED definition of antisocial is: **“contrary to the laws and customs of society; devoid of or antagonistic to sociable instincts or practices”**

What sane and reasonable person, knowing full well the facts that their child may die or be physically or mentally damaged by placing them on these medications, would consent to such an insane request.
To enforce such an absurdity is to place us back to 1945 where Adolf Hitler left off. This is an abominable thought.
It is your duty to prove and show without equivocation that what you propose is one hundred percent safe.
I quite frankly, am disgusted that a government department, set up for the welfare of the people could even contemplate this unreasonable use of force.

Our basic legal principles dictate:
• that a man is innocent until proven guilty,
• that the safety of the people is the supreme law
• and that the safety of the people can be judged only by the safety of individuals.

Since the safety of the people is the supreme law, this maxim tells us how to judge the safety of the people. It's not just the safety of the majority that counts. It is the safety of every single one of us ...individually.
If a law is bad for any innocent individual it is bad for us all.

The infliction of death,Heart attacks, Psychosis and all the rest of the poisonous effects of these drugs is bad for all of society and are in reality causing grievous bodily harm to Children.
Definition Grievous bodily Harm: The meaning of GBH has been defined by statute. For example, GBH may include any permanent or serious disfiguring of the person (Crimes Act 1900 s 4; Criminal Code s 1), the loss of a distinct part or organ of the body (Criminal Code s 1), or any bodily injury of such a nature as to endanger life or to cause permanent injury to health, or that is likely to do so (Criminal Code s 1)
ref:LexisNexis Legal Dictionary.

With all these points in mind it is easy to see that this DRAFT Clinical Practice Points on Attention Deficit Hyperactivity Disorder (ADHD) in Children and Adolescents is a, draconian, one-sided, antisocial piece of legislation which is attempting to outlaw the humanity of parents, when the actual elephant in the living room is the fact, that Children are being drugged with horrible side effects up to and including death, for a "complaint" the "experts" can't explain, understand or even test for.

The NHMRC, medical personnel and drug manufacturers have a Fiduciary Duty toward the public, which is, **"An equitable duty to act in good faith for the benefit of another. Persons subject to a fiduciary duty are not permitted to profit from their positions (other than where expressly permitted) or to put themselves in a position where the fiduciary duty and personal interest may conflict:"**
Hospital Products Ltd v United States Surgical Corp (1984) 156 CLR 41; 55 ALR 417.

Therefore the NHMRC is duty bound and legally bound to veto this legislation and especially if any members of the panel and in particular Psychiatrist Bruce Tonge, Ms Margaret Vikingur and Mr Michael Khon are engaged in activities where they are receiving any benefits from drug companies or other entities that may benefit from this legislation being enacted.

There are consequences to your actions as legislators and you must look at the intent of the legislation and the results of your legislation.
Are these results good or are they bad for the public?
Does this legislation help or hinder people in their lives?

But you must LOOK at the end result not just assume you are getting what you legislated.
There are people being severely damaged by Mental Health legislation and it needs to stop.

You will have my full support for medical legislation that benefits all and improves the quality of life for us all.
Unfortunately we are not yet at that stage, and I do not support the unnecessary drugging of children for financial gain and spurious reasons.

There are social people and antisocial people and it is up to the social people to recognise and prevent the antisocial from dealing in actions devoid of or antagonistic to sociable instincts or practices.
Government is not an omnipotent organisation and does make horrendous mistakes, witness the aboriginal stolen generation and the140,000 stolen english children in which Australia played an ignoble part because antisocial people were not recognised and prevented from hurting these children.

Yours Sincerely.

Leigh Price.