

DoCS – Stealing Our Children for Medicine?

One Australian Family's Nightmare Loss of Health Freedom

**An Article
By
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Important: This information is not to be construed as medical advice. It is one family's experience and it is sourced and referenced with additional information. For legal reasons the names of the child and parents have been changed. This is a revised edition which further de-identifies the family's details-not by request of the family but rather by request of DoCS having applied to the Court for suppression orders. However, they succeeded only in winning minor concessions, now made. No other information has been changed. The facts in this article are true and stand as logically probative facts derived from affidavits, legal documents, medical records, interviews and independent research. This revised edition complies with court orders issued in the NSW Supreme Court on 8/12/03. Pursuant to these orders the author is hereby legally entitled to publish this revised article. The author gives permission for this revised article to be freely distributed for non commercial purposes. (If you have a previous version of this article, please replace it with this revised edition and you may pass it on.)

Lisa was a red cheeked, athletic eleven-year-old when she complained of feeling unwell in late November 2002. She had been robustly healthy all her life, and had never experienced any serious illness. She was born and raised in an Australian rural community where the family has a farm. Lisa enjoyed helping her parents with gathering eggs, planting organic vegetables and tending to the cows. Her father, James, worked nearby to supplement the family income and her mother Elizabeth attended to Lisa and her siblings at home. Lisa's grandparents lived on an adjacent parcel of the family landholding near a scenic river frontage, where Lisa, her siblings and their cousins were frequent visitors. The older children spent enjoyable days swimming in the river, and helping their grandmother with chores including homemade butter making. The extended family formed a close and cooperative unit that gathered regularly. At those times Lisa's favourite activity was babysitting for the younger cousins while her parents, uncles and aunts spent the day pitching in with some of the heavier farm chores.

Every Parent's Nightmare

Lisa was normally a lively girl with a keen sense of fun, but in November 2002 her parents became concerned that she had seemed unwell over the previous few days. Late that evening they noticed a lump in her upper abdomen and James decided to take her to the local hospital some distance away while Elizabeth planned to stay home with the other children. By the time preparations were made, Lisa was asleep. The next morning the lump was still there and James took her to the local hospital where the family doctor

examined Lisa. He thought it was her bladder but catheterisation did not alleviate the problem. James was advised to take Lisa to another hospital some distance away where blood tests were taken. The duty doctor returned to tell James that the tests indicated 11 year-old Lisa was 14 weeks pregnant. James, as the father of a number of children, thought this was not the case for a variety of reasons, and told the doctor that he had never seen a pregnancy originate from “so high up in the abdomen”. He gave permission for further tests including a Doppler test to check for a foetal heartbeat and an abdominal ultrasound, scheduled for the following day. The doctor however was so convinced Lisa was pregnant that he had already contacted the local office of DoCS, the Department of Community Services (child protection). He was determined to question Lisa about sexual matters. In the interim, the Doppler test revealed no hint of a foetal heartbeat. Meanwhile, Elizabeth had arrived at the hospital, and with both parents present, Lisa underwent an abdominal ultra sound the following morning, when a tumour was found. James had refused to allow the staff to question Lisa about sexual matters until more conclusive tests could be done, but they had questioned the child anyway. It is not known what effects this added stress had on the child. She had by that time undergone a number of uncomfortable procedures and was faced with a serious, possibly life-threatening diagnosis. To Lisa it would have appeared that her life had taken a turn toward uncertainty from the relatively carefree life she’d had on the farm.

Shaken to the core, but struggling to remain calm for Lisa’s sake, James and Elizabeth drove their daughter to John Hunter Children’s hospital in Newcastle. The next morning, following a CT scan, oncologist Dr. A. and surgeon, Dr. Cassey, told Lisa and her parents that urgent surgery was necessary to remove the tumour. James and Elizabeth agreed and signed the consent form after Lisa told them she “wanted it out”.

Dr. John Cassey finished operating on Lisa at 3pm on Wednesday, November 27th. The tumour had been the size of a small football and extended the height of the abdomen from the pelvis to the diaphragm. Dr. Cassey removed the mass, along with the left ovary and four lymph nodes. He explained that Lisa had felt off colour because the mass had cut off its own blood supply and was breaking down. He reassured James and Elizabeth that all went well even though they were alarmed at the length of time Lisa had been in recovery after surgery. Both parents were momentarily relieved and felt Lisa was in good hands with Dr. Cassey.

Three days later the John Hunter Children’s oncologist, Dr. A. told the family that the histopathology report had returned. The result indicated a rare ovarian mixed germ cell tumour consisting of various types of malignant cells, resulting from cancerous changes of various ovarian cell lines. These cells secreted hormonal substances and tumour markers into her bloodstream. He expressed concern about any residual tumour cells and told James and Elizabeth that their daughter would die with certainty if she did not receive chemotherapy. With chemo, Dr. A. claimed, Lisa had an “85% chance of being cured”. They asked the doctor how chemo worked. James reports, the doctor “could not describe it as anything other than deadly poison and that it was indiscriminate in the way that it killed both cancer and healthy cells.” Dr. A. recommended three chemotherapeutic

agents to be given over three days, bleomycin, carboplatin and etoposide. This was to be repeated four or five times at 21-28 day intervals.

Impossible Choices – “For my eyes only”

Lisa and her parents returned to the farm to reunite with the other children and their grandparents. Meanwhile Lisa, clearly delighted to be back home, made a remarkably quick recovery surrounded by her family. Before the next visit to the hospital four days later James and Elizabeth studied as much information as possible about chemotherapy.

They discovered that Chemotherapy originated from mustard gas from which the first family of cytotoxic (cell killing) drugs were synthesized. Nitrogen mustard is still listed on schedule one of the Chemical Weapons Convention. (1,2) Since then, many other equally toxic chemical agents have been developed and used as chemotherapeutic agents. Because of its high toxicity, staff using protective clothing, goggles, boots and specialised rubber gloves administers chemotherapy. The floor below the preparation area and intra venous stand is protected from accidental spills, as just a few drops of concentrate are so corrosive that it can damage surfaces and cause chemical burns to human skin. An accidental spill kit is located on the wall of chemotherapy rooms. Staff mopping up spills carefully handle the hazardous material and dispose of it as toxic waste. The chemotherapy is infused into the patient and it immediately kills fast-dividing cells including cancer cells, but also cells forming bone marrow, immune system, digestive system, hair follicles and reproductive cells of the testes and ovary. It also kills healthy cells throughout the body, including liver, kidney and brain cells. Parents of children having chemo are cautioned to wear gloves when bathing their children or coming into contact with their urine. The chemicals saturate the body tissues, killing red blood cells, which carry oxygen to body cells. This causes fatigue, anaemia, and shortness of breath. Low white blood cell count occurs due to the death of white blood cells, the cells responsible for fighting infection. The patient develops a severely compromised immune system incapable of fighting off infection. The immune system's natural killer cells are destroyed by the chemicals, and unable to continue seeking out and destroying cancer cells. Platelets are destroyed and with them the body's blood clotting ability. This causes nosebleeds and the potentially fatal risk of haemorrhage into lungs, intestines, brain or other organs, depending on how low the platelet count falls. Most patients retch, vomit and experience diarrhoea shortly after chemo starts. In some cases chemotherapy has to be stopped or the patient will die. Three percent of patients die from the therapy. Many others die later from longer-term complications, when the deaths are attributed to cancer and not to the treatment. Some 67% of people who do not survive the course of treatment die because of their weakened immune system's failure to overcome infection, directly attributable to the chemotherapy. Those that survive the treatment often experience longer-term sequelae. Chemotherapy drugs are often in themselves carcinogenic chemicals that break and damage DNA. This creates a seed for a new cancer that may emerge years later as a direct effect of the treatment. The most common cancers that are caused by chemotherapy are leukaemia and lymphoma. Apart from the relatively temporary effects of hair loss, this type of therapy most often causes permanent

damage to ovaries and testes causing sexual dysfunction and permanent inability to have children. Considering the significant risks of chemotherapy, this treatment would be expected to deliver considerable efficacy. However, according to U.S. physician and author Dr. Cynthia Foster MD:

*“Cytotoxic chemotherapy kills cancer cells by way of a certain mechanism called "First Order Kinetics." This simply means that the drug does not kill a constant number of cells, but a constant **proportion** of cells. So, for example, a certain drug will kill 1/2 of all the cancer cells, then 1/2 of what is left, and then 1/2 of that, and so on. So, we can see that not every cancer cell necessarily is going to be killed. This is important because chemotherapy is not going to kill every cancer cell in the body. The body has to kill the cancer cells that are left over after the chemotherapy is finished. This fact is well known by oncologists.*

Now, how can cancer patients possibly fight even a few cancer cells when their immune systems have been disabled and this is yet another stress on the body, and they're bleeding because they have hardly any platelets left from the toxic effects of the chemotherapy? This is usually why, when chemotherapy is stopped, the cancer grows again and gets out of control. We have now created a vicious cycle, where doctors are trying to kill the cancer cells, and the patient is not able to fight the rest, so the doctors have to give the chemotherapy again, and then the patient can't fight the rest of the cancer cell, and then the doctors give the chemotherapy again, and so on.”

James and Elizabeth went on to research the three cancer drugs the oncologist intended to use and discovered a number of facts they had not been told. Bleomycin is a toxic agent that is known to cause permanent lung damage and precludes the medical use of oxygen. This side effect would make any future resuscitation attempts or anaesthetic increasingly likely to cause severe, permanent and possibly fatal lung damage. The other chemotherapy drugs were Carboplatin and Etoposide. The former has a high incidence of causing deafness in children. In recent studies it was found that hearing loss was found in 79% of patients treated with Carboplatin. (3) Etoposide is known to be associated with further cancers including leukaemia following its use. Both chemicals are also toxic to bone marrow, kidneys, skin and liver. Platinum containing chemotherapeutic agents are known to leave residual platinum in the body for years. The long-term toxicity of this substance is unknown. And according to the manufacturer's instructions, none of the three chemicals have sufficient information available to recommend their use in children.

The family then researched other cancer therapies and found a number of wholistic treatment approaches conducted by researchers both in Australia and in the UK. They came across Professor C. who conducted interesting work using bioenergetic medicine, oxygen therapy and other immuno-supportive treatments. The Professor was a scientist but not a medical doctor, however he worked with a medical team in Melbourne. The other interesting work James and Elizabeth found was that of Dr. Kenyon of Dove Clinic in UK, who used intravenous natural anti cancer therapies and nutritional support on cancer patients with encouraging results. In principle James and Elizabeth preferred treatment modalities that aimed to support the immune system in order to strengthen the body's ability to scavenge the cancer cells. They were keen to preserve Lisa's quality of life instead of risking her death from the effects of the treatment alone. However, they

still needed to know more about both chemo and other treatments before they could make a firm decision.

The family returned with Lisa to see Dr. A. in early December for blood tests and a check-up. James asked the doctor about the possible causes of their daughter's cancer, as the diagnosis had seemed at odds with their healthy lifestyle. According to James, the doctor could not give an answer as to the causes, but told the parents he wanted to start the chemotherapy on Lisa in the first weeks of January, some 5 weeks away. That would give her time to recover from the major surgery she had just endured. James and Elizabeth asked about any alternatives to chemotherapy and reported the doctor told them nothing else "has ever worked" and he "would not consider using anything else". It seemed the parents' line of questioning appeared to irritate the doctor. By the end of the consultation he displayed a sudden change from his previous position. Now he told them it was imperative to start chemotherapy in the next five days, before he departed on his trip to the US, or Lisa would die.

The doctor expected them to consent to chemotherapy. Still actively researching the various treatment options, James asked for evidence that such treatment would work. The doctor left the room and returned some time later with about six papers. James recalls the doctor said; "This is all I have, you will have to accept it." James asked him for a copy of these studies, to which he recalls the doctor replied, "They are for my eyes only."

The parents wondered why there was so much secrecy about the treatment if it is purported to "cure" Lisa. Dr. A, clearly annoyed, mentioned that if James and Elizabeth didn't go along with his treatment "things could get quite messy." In most cases parents caved in when oncologists mentioned the mere hint that their children would be taken away from them. Around that time most parents dispensed with any more enquiries and signed the agreement form for the child to commence chemotherapy treatment. James and Elizabeth, however, were the rare exceptions. They wanted the evidence.

Two days later the family flew to Melbourne to see Professor C. The Professor showed them his statistics on survival rates following his treatments, which included vitamins, minerals, ozone (oxygen therapies), and bioenergetic treatments. The parents concluded on the evidence that Professor C had something to offer with his non-toxic, wholistic approach. This treatment was commenced, with Lisa's enthusiastic co-operation for two weeks. Lisa's subsequent blood tests indicated the tumour markers had dropped dramatically since starting Professor C's treatment.

Conundrum in the Medical Profession

"... the NCI (National Cancer Institute) has effectively blocked funding for research and clinical trials on promising non-toxic alternative cancer drugs for decades, in favor of highly toxic and largely ineffective patented drugs developed by the multibillion dollar global cancer drug industry. Additionally, the cancer establishment has systematically harassed the proponents of non-toxic alternative cancer drugs.---Professor Emeritus, Dr. Samuel Epstein

Elizabeth and James wanted to be supported with the best possible medical care for their daughter. They sought the advice of two more doctors. One, an oncologist, agreed with Dr. A, but could not give a reason for his views. The other doctor agreed to support them in their choice of Professor C's treatments because he was familiar with his work, but he warned he would disavow all support if the matter went "legal". The reason? The orthodox establishment was powerful enough to cost a doctor his licence even when there is evidence for the treatment's efficacy. If labelled "strictly alternative", it was a hot potato no matter what the evidence. James and Elizabeth soon realised that the treatment of cancer was thick with politics. They thought they could decide what was best for their daughter, by merely pursuing the truth, but now they had to tread through a minefield replete with hidden agendas that posed new dangers they had not considered before.

They noticed cancer doctors were divided into different camps: Orthodox oncologists were utterly convinced, even passionately in favour of chemotherapy and those few who were not convinced of its curative properties refused to admit this in public. Orthodox doctors regularly accuse wholistic doctors of not practicing evidence-based medicine even if studies support their treatments, while wholistic doctors question the validity of some of the mainstream medical "evidence". To complicate matters further, the two groups are often at odds with one another. James and Elizabeth had not yet met a doctor with the courage to speak out in public.

A notable exception came from cancer biostatistician Dr. Ulrich Abel, of Heidelberg, Germany, who reviewed the scientific literature for cancer statistics in 1990 after he'd become alarmed that the cancer death rate was escalating despite almost every patient receiving chemotherapy before dying. He wrote:

"Even though toxic drugs often do effect a response, a partial or complete shrinkage of the tumour, this reduction does not prolong expected survival...Sometimes, in fact, the cancer returns more aggressively than before, since the chemo fosters the growth of resistant cell lines. Besides, the chemo has severely damaged the body's own defences, the immune system and often the kidneys as well as the liver." (The Cancer Chronicles, December, 1990.) (4)

75 percent of oncologists said if they had cancer they would not participate in chemotherapy trials due to its "ineffectiveness and its unacceptable toxicity. - Dr. Abel.

And just a few of many other sources:

"For the majority of the cancers we examined, the actual improvements (in survival) have been small or have been overestimated by the published rates...It is difficult to find that there has been much progress...(For breast cancer), there is a slight improvement...(which) is considerably less than reported."---U.S. Federal Government General Accounting Office

"As a chemist trained to interpret data, it is incomprehensible to me that physicians can ignore the clear evidence that chemotherapy does much, much more harm than good."---Alan Nixon, Ph.D., Past President, American Chemical Society.

Out on A Limb

"I look upon cancer in the same way that I look upon heart disease, arthritis, high blood pressure, or even obesity, for that matter, in that by dramatically strengthening the body's immune system through diet, nutritional supplements, and exercise, the body can rid itself of the cancer, just as it does in other degenerative diseases. Consequently, I wouldn't have chemotherapy and radiation because I'm not interested in therapies that cripple the immune system, and, in my opinion, virtually ensure failure for the majority of cancer patients."---Dr Julian Whitaker, M.D.

At the same time as they came across such astonishing information, James and Elizabeth were starting to feel that they were out on a limb. But by then they had to accept what was rapidly becoming self evident to all who saw Lisa. The parents decided to continue with Professor C's treatment after they noticed a striking improvement in Lisa's general health almost immediately after she'd started treatment. For the time being Lisa ate more than her father and her hearty appetite led to her regaining the weight she had lost while in hospital. Soon she had once again reached her usual weight of 40 kg with a bit of help from grandma's homemade butter, bread and jam. James and Elizabeth regularly took Lisa to the local medical centre for blood tests to determine the level of tumour markers. In January they returned to see Dr. A. Still feeling like Lisa could use extra support, James asked the doctor if he would be willing to monitor Lisa's progress on the current treatment modality with scans and blood tests, considering her obvious good health and their apparent success so far. (Low levels of tumour markers further supported this). James reported that Dr. A refused strongly. He had consistently refused to consider any other but his own treatment recommendations and refused weeks earlier to send Lisa's pathology report to Professor C and Dr. B. in Melbourne.

With no hope of support from the oncologist, James and Elizabeth decided to continue treatment with Professor C, his team in Melbourne and their GP at Gloucester. They resolved to add another local doctor to the team as soon as possible to monitor Lisa's progress. Meanwhile, after consulting with Lisa, the three of them decided not to see Dr. A at the Hunter Children's Hospital again.

Their decision, however, was slipping from their hands, since Dr. A was already set to start a series of events that would draw in government instrumentalities; the same department that had been told by a doctor weeks earlier that Lisa was "pregnant" when he'd jumped to the wrong conclusion. Dr. A was as good as his word. Things were already on their way towards getting "very messy".

Part 2

Truth Isn't Easy

The summer of 2003 brought a string of hot days and blazing bushfires, but Lisa's family had their own crisis to attend to. Because of their healthy lifestyle, they had never imagined that any of their children would suffer from childhood cancer. Suddenly they were thrust into a position of heavy responsibility, having to decide what was best for their daughter. Neither James nor Elizabeth had had much previous medical knowledge but they were determined for Lisa's sake to learn all they could. At the time of their daughter's surgery the previous November they both agreed that they could not live comfortably with their choices unless they were solely guided by the weight of credible evidence and by their own reasoning ability. They also knew how important it was for Lisa to have informed choice and a voice in the decision-making.

While Elizabeth was more involved with the day to day nurturing role of her other children and providing for Lisa's special needs, James took the role of family protector all the more seriously and spent most of his spare time researching. Out of a pressing need for accurate information, he barraged the medical professionals with a multitude of questions at every opportunity. Both parents considered it vitally important to receive accurate and not conflicting information so they could keep their options open to several treatment possibilities including chemo if or when the time came. For the time being Lisa was making astonishing progress and they decided to continue with the Melbourne Professor's regimen. They also stayed in touch with Dr. Kenyon and studied his protocols and reviewed the studies that had been conducted on his treatments. They discovered other cancer treatment centres in Germany, USA, Mexico and Switzerland, which were getting good survival rates using natural approaches or integrative approaches using a variety of orthodox and natural treatments. All they required now was a doctor to advise them without bias on the merits or shortcomings of any given treatment option, someone who would not railroad them and who could give them accurate information. They had heard of a doctor near the NSW Central Coast who practiced integrative medicine using both orthodox and proven alternative approaches. They made arrangements to see him as soon as they could juggle work and domestic schedules. Lisa's treatment and frequent trips to doctors and to Melbourne was demanding most of their available time.

Getting "Very Messy"

If Lisa and her family were under the impression that they had moved on to another doctor's care, it was not how Dr. A saw it. The previous December, he had made a clinical note to the effect that should the family decide to refuse his treatment that he claimed would bring an 85% probability of a "cure", he would consider it a "child protection" matter. The doctor offered no supporting evidence for his prognosis.

During February and March, Elizabeth and James kept in regular contact with Professor C's clinic in Melbourne. Lisa returned to playing games with her siblings, which usually amounted to setting them up with various mischievous pranks, which they took with good humour. Most of Lisa's antics were so clever it was difficult to be angry with her and the family was collectively relieved and happy that her elfin sense of fun was undiminished. Lisa's lively presence gave them all an opportunity to experience their close bond together again as a family.

In March the John Hunter Hospital social worker, was instructed to organise a meeting between Dr. V, head of Hunter Children's Health network, and Dr. A (the oncologist), due to his concerns that the parents did not return to him for treatment. The social worker noted that the "parents' delay" in agreeing to Dr. A's treatment is placing Lisa at increased "risk of harm".

Back on the family farm, James, Elizabeth and Lisa's grandmother had learnt to administer Professor C's treatment regimen home. Lisa enjoyed her treatments and reported that she felt they were doing her "good". This was evidenced by her return to her favourite activities of playing games with her siblings, riding bikes, going for long walks in the hilly country and seeing her friends.

On March 11, Dr. A and Dr. V at John Hunter Children's Hospital decided to contact the Department of Community Services (DoCS) regarding their concerns that Lisa was pursuing treatment other than the one Dr. A had prescribed.

Meanwhile Lisa spent the beginning of the new school year being home schooled by her family, as the 40 km roundtrip to school was deemed to be too much. Her Grandmother and mother took turns giving her maths, reading and spelling lessons and her daily treatments. Her parents took her to the local GP regularly for tumour marker blood tests, and by May they had risen. Professor C explained that it sometimes happened with the treatment she was on and his team would keep an eye on it. Meanwhile, he adjusted the regimen accordingly. Despite the rise in her blood tests, Grandmother states, "Lisa responded very well and was able to walk around the cattle with me, sometimes a journey of over three kilometres, over steep hilly country." Lisa enjoyed climbing and swinging from tree branches. It was impossible to keep her inside for long. She enjoyed the country air and revelled in playing with her numerous pet dogs, sheep and calves. She loved watching nature and even had a pet crab. She was always thrilled to see her friends especially since she was well enough to stay overnight with friends of the family. Peter and Lyn recall, "The treatment Lisa has been on has made such a difference to her, that we can honestly say each time she has been with us, all have remarked how well and healthy she looked. Her energy level was high and she has been the liveliest of all their children. People that have met Lisa recently have not believed that she has cancer, as she has responded so well to the treatment."

In May, James and Elizabeth took Lisa to see the doctor on the Central Coast. Dr. Roerich was a surgeon by training but practiced as a GP with a special interest in nutritional and environmental medicine. He practiced an integrative approach to medicine

in general. With cancer treatment, he was comfortable with surgery, chemotherapy and proven natural or complementary treatments. He states his primary objective with respect to any medical treatment is to weigh the risks to benefits and tailor it to the patient's quality of life. He regards his role as providing patients with informed choices and he is an avid reader of the medical literature.

It wasn't long before Lisa warmed to Dr. Roehrich's mild manner, and jumped around his consultation room while he tried to elicit a history from her. Finally, he let her twirl around his office chair in order to test her stamina. To him Lisa appeared extraordinarily well considering she had a grade three ovarian tumour (one that had spread to other areas) removed six months previously. She did not complain of any pain or discomfort and moved her body freely while doing her mischievous antics in the surgery. Examination of Lisa's abdomen revealed no lumps or clinical abnormalities. Dr. Roehrich was aware of Lisa's rising tumour markers. He took a detailed history and the parents briefed him fully on Lisa's history, providing all available test results. He noted that the parents were health and diet conscious, and keen to discover possible environmental links to their daughter's cancer. They were very knowledgeable about certain chemicals and hormonally active substances in the environment that were possible triggers of ovarian and testicular cancers. They were concerned about the escalation of these cancers and wished to avoid the risks for their 5 other children. A brief discussion followed about those issues. For the time being Dr. Roehrich could only include some essential nutrient supplements that were missing from Lisa's regimen to strengthen her immune function, until such time that he had more information. He noted Lisa's healthy appearance in his clinical notes and made a mental note to avail himself of medical studies on both chemotherapy and the other modalities of treatment for Lisa's particular problem.

While the family attended to Lisa's care back home on the farm, DoCS at Taree had consulted with their internal legal advisor who issued requests for information under section 248 of the Children and Young Persons Care and Protection Act. 1998. The previous week the department had contacted Lisa's school with instructions to answer a list of questions. The school replied; "Lisa" is always well groomed and cared for. She is a well mannered and co-operative student." DoCS compiled a dossier on Lisa's school and medical records, and interviewed the local GP. Dr. A, the oncologist prepared a written report to the effect that Lisa has not had his treatment for several months and purported that she would die without his treatment.

On May 15, 2003, just before lunch, two caseworkers from the Taree office of DoCS arrived at the family's home. Lisa was having her school lessons at her grandmother's house nearby, from where she was summoned so the caseworkers could serve the child with documents. Meanwhile James explained in great detail the medical treatment Lisa was currently having. The women served the father with a notice under Section 173 of the Children and Young Persons Care and Protection Act. 1998, which forced him to take Lisa to Dr. A at a specified time later that week. The hospital was a two-hour drive away. When Lisa arrived from her grandmother's house, the two caseworkers were visibly shocked. One noted in her report later; "The child arrived with her aunty and her baby

cousin. I observed the child to be tall, slender, she had rosy cheeks, good skin tone, bright eyes, no visible signs of being ill, bouncy, active and apparently not incapacitated due to her illness.” Judging by the tone of Dr. A’s concerns, they evidently expected to see a neglected and dying child. The caseworkers took Lisa aside and served the notice on her, explaining to her that they were there to “make sure children are cared for properly”. Lisa took the paper that stated she would be compelled to see Dr. A, whom she and her family had decided not to see months ago. Lisa was eleven years and 8 months old. It was the first time she had ever experienced strangers coming to her home and forcing a course of action on her and her family.

On May 19th Lisa and her parents were on the road once again. James had managed to get a concession out of DoCS that they would not be forced to see Dr. A. Instead DoCS made a booking with another Oncologist, Professor M at the Sydney Children’s Hospital. Dr. M conducted a clinical examination. In a letter to Dr. A on 30th May he states; “When I examined “Lisa” on 20.5.03 I could find no abnormalities”. He ordered a bone and CT scan for Lisa for the following week. He ordered no other treatment in the interim. Chemo was discussed. The hospital social worker consulted with the family. She later reported back to DoCS that James and Elizabeth had requested studies (that supported the efficacy of chemotherapy for Lisa’s type of cancer). The social worker complained that they seemed quite “strange”. The Sydney Oncologist was also unnerved by the parents’ request for information. He reported back to DoCS that; “The parent’s behaviour and decision making about basics shows significant departure from normal behaviour in our society.”

Meanwhile in the absence of medical evidence the parents did not enter into any agreements about chemotherapy for Lisa. The doctor was quite clearly looking for other reasons as to why the parents were not convinced about chemo. He noted; “I don’t feel it’s only the family’s decision, but perhaps the church or influences from grandparents and extended family members.”

Lisa and her family were nondenominational. They had never gone to a church in search of medical information.

The family returned to see Dr. M, the Sydney Oncologist the following week. He told them the bone scan was clear, as was the former site of the original mass. But the CT scan revealed that Lisa had a plum sized mass attached to the lower pole of her spleen which did not appear to be a solid tumour mass, but appeared cystic or fluid filled. The doctor told the parents that Lisa was now in urgent need of chemotherapy and he wanted to start immediately. James told Dr. M he would give him an answer in a few days, and the family returned home. The doctor contacted DoCS and told them he was concerned that Lisa would drop dead at any moment.

By now the family had travelled from home to Sydney to Melbourne for professor C’s treatment and back home again. Back on the farm the family’s reunion was held under a cloud. Lisa was quieter than usual as she was forced to reconsider her treatment options. She told her parents that she had seen kids who’d had chemo at the hospital and she had decided that if that were her only choice she would rather die happy, surrounded by her family and animals. No sooner had the family settled down from their exhausting trip,

than another visitor arrived from DoCS to question Lisa. She was beginning to sense the pressure keenly, and it was beginning to show. Lisa was more reluctant than ever to talk to strangers. Later she told her father; “I don’t want chemotherapy, Dad, there is no guarantee that I would live.”

Meanwhile the department of Community Services (DoCS) intervened swiftly and took the case to the Supreme Court where Lisa was made a ward of that Court.

In the week prior and just after the court hearing, James’s car was broken into twice, the money he had in the glove box was untouched. Their home had also been entered during the Queen’s Birthday long weekend. Nothing but important papers had been taken, all of them pertaining to Lisa’s court case.

Involuntary chemotherapy was started on June 13, and lasted for three days. Lisa was so sick during the procedure the hospital staff warned that she could die from the treatment. Within days Lisa had brown striped skin discoloration over her body and her hair began falling out in clumps. She was allowed home to recover. Two weeks later she presented to Dr. Roehrich, hardly able to stand. She was pale and listless. She said very little. The doctor noted that she’d had severe and prolonged nosebleeds, a sign of a low platelet count, and upper respiratory tract infection, along with an active chest infection. She’d also had abdominal discomfort and cramping since the treatment. The doctor recommended a pro-biotic lactobacillus powder to restore the bowel flora after the chemo’s massive gut cell kill-off had disturbed bowel function. Lisa later reported this had helped her “a lot”. He wrote a medical certificate declaring Lisa as “unfit to receive another dose of chemotherapy at this time”. In addition Lisa was still suffering from a heavy chest infection and seemed unfit for any invasive procedure. The following day her parents were compelled to bring her to the Sydney Children’s hospital. The DoCS’ legal representative wrote a letter to his Honour, the Supreme Court Judge, notifying him of the fact that Lisa would be operated on forthwith to remove her spleen. As Lisa was wheeled into the operating room, her parents were told this was a court order and were given no opportunity to sign a consent form. As James and Elizabeth waited for Lisa to come out of surgery they were left wondering why it was that since Lisa had had the chemo, (which was supposed to decrease tumour size), her splenic lump had doubled in size. The staff could not give them an adequate explanation. Now their child was suffering from the post-operative complications of a severe chest infection for which she could not have oxygen because she had had Bleomycin as one of her chemotherapeutic agents, which when combined with therapeutic oxygen, can cause lung damage. Lisa was in agony for a week post operatively while she tried to cough and clear her chest without tearing her abdominal sutures. Ten days after surgery she still had not eaten much. Hunched and frail, barely able to get out of bed, she received a visit from the DoCS legal personnel and caseworkers. They sent her grandmother out of the room and when they were alone with her, they impressed upon Lisa that she was a ward of the Court and without chemotherapy, they claimed, she would certainly die. DoCS social workers were determined to make Lisa aware of her “rights”. Lisa had never in her life heard so much about death as she had since the people from DOCS had come into her life.

Dr. Roehrich visited Lisa at the hospital. He was shocked at Lisa's emaciated state and the large amount of weight she had lost. He noticed that the child was unusually quiet and withdrawn, hardly bothering to look up, even at her mother and grandmother. Since he had seen the parents last he had investigated a number of clinics in various countries that had had quite surprising success with integrative and natural cancer treatments, but it seemed a mute point at the time. He was also in the process of conducting a search of the medical literature about chemotherapy treatment for Lisa's cancer, and what he found was beginning to surprise him. But for the time being he decided to keep it to himself. His concern was with Lisa's emotional wellbeing, which had clearly suffered since she was forced to undergo treatment. Most of all he suspected her main suffering came from the fact that the Court was now her parent. And there was another hearing scheduled. Dr. Roehrich decided to address the court directly with the following plea on Lisa's behalf:

July 23, 2003

To His Honour Judge (name deleted),

Re: My patient; (name and date of birth deleted)

I, Dr. Eckard Roehrich am a registered medical doctor, having practiced medicine in New South Wales since 1982. Prior to that time I practiced medicine and surgery in Hamburg, Germany where I was board certified in general surgery and trauma surgery. In addition to my medical degree I hold a PhD in Experimental Medical Physiology from the University of Kiel. Please refer to my CV for further professional details.

I can confidently say that I am well grounded in conventional medical approaches to cancer such as surgery and chemotherapy. However during the last 20 years of medical practice, I have also undertaken further professional training in environmental and nutritional medicine, which includes nutritional and complementary and alternative approaches. I have practiced an integrated approach to medicine for over 20 years, encompassing both orthodox as well as alternative treatments for a variety of conditions including cancer. I currently use a variety of modalities and integrate them according to the patient's needs. This includes: pharmaceutical approaches, nutritional medicine, surgery, acupuncture, diet, orthomolecular medicine, hormone therapies (where required), intra-venous therapies and counselling. I have found many positive outcomes using this integrated approach with few side effects. It can also be tailored to individual needs and tolerances.

I have read all available legal material and medical records pertaining to ("Lisa"), to this current time.

I first saw (Lisa) on 19.5.03 at my surgery at which time she had been recovering from surgery to remove a left ovarian tumour in November 2002. Despite rising tumour markers at the time she looked remarkably well. She had been undergoing treatment under (Professor C.) at the time and the treatment regimen was in the process of being reassessed when the Department of Community Services (DoCS) intervened, as I understand it, at the behest of (Dr. A) who had formed the opinion that Lisa would die if she did not undergo his recommended treatment consisting of high dose chemotherapy. As a result of this action (Lisa) became a ward of the Court and subsequently underwent further surgery and a cycle of chemotherapy, under the supervision of Dr. A's nominated colleague (Dr.M). (Lisa) tolerated the chemotherapy very poorly with major side effects, which I documented at the time of her visit to my surgery on 3.7.03. During her involuntary hospitalisation and treatment I noted that (Lisa) had become very despondent, refused to eat and suffered significant weight loss.

I understand that in the interim Mr. and Mrs. (deleted) have sought medical advice from Dr. Kenyon, a physician in the UK with an integrated approach. I am familiar with the regimen Dr. Kenyon proposes and would be happy to oversee his protocol. I would be equally willing to continue monitoring (Lisa's) treatment and be involved in administering other integrated approaches, should the court so decide. My preference is to brief a specialist oncologist who is versed in both orthodox and integrative approaches. I would be happy to treat or monitor (Lisa) under his supervision.

It is not my intention at this time to argue the merits or shortcomings of either approach to treatment of (Lisa's) condition. And in my opinion it is most unfortunate that the family has been caught in the crossfire between medical opinions, when it is obvious to me that they had widely researched the available treatment options and were trying to provide their daughter with a range of therapeutic options up until the time (Lisa) became a ward of the Court by way of DoCS intervention.

I can state with absolute certainty the fact that (Lisa) is a very intelligent girl. She has heard a great deal of discussion from staff about her care, and about the "likelihood" of her "death" if she does not pursue Dr. M's and Dr. A's treatment. She is aware that Dr. A and Dr. M have recommended to DoCS that her parents have limited access to her. Furthermore (Lisa) is aware of their advice that she be entirely removed from her family and placed in foster care and furthermore that she involuntarily undergoes another 3 to 4 cycles of chemotherapy such as the first course which caused severe side effects. I have closely monitored (Lisa's) progress since before she became a ward of the Court. It is my opinion that removing (Lisa) from her closely-knit family would be tantamount to collapsing this child's life and removing from her all that she knows and holds dear. Placing her into an alien environment and severing bonds between (Lisa), her parents and her sisters and brothers, would cause her such excruciating emotional pain and stress that this cataclysmic event alone can be reasonably expected to shorten her life expectancy even if the forced treatment she undergoes is guaranteed to work, which it is not. Indeed, as I had occasion to observe recently, the mere threat of this possibility, while (Lisa) is forced to languish in the hospital environment, is already deeply distressing to her, and is set to undermine her chances of recovery, no matter what modality is used.

Children undergoing chemotherapy are at considerable risk of developing post-traumatic stress disorder, even when supported by a loving family. It is difficult to imagine how (Lisa) would endure this extremely unpleasant procedure after she has been virtually orphaned by the persistent actions of the department of community services claiming to act in her best interests.

So far (Lisa) has not been consulted about her management. Her only way to register her disapproval has been her periodic refusal to eat in the hospital. She will be 12 years old in [deleted] weeks. With the utmost respect, my recommendation is to allow (Lisa) her voice. I also respectfully recommend she be allowed to return home to a family environment while the merits or shortcomings of her management are argued elsewhere but at her bedside. If you will allow me to make one further suggestion, I would request that the court considers allowing two oncologists with integrative approaches to be briefed on (Lisa's) condition. I would be happy to assist with this.

I would be happy to provide Your Honour with further and better particulars if required.

Sincerely Yours,
Signed
Dr. Eckard Roehrich MBBS PhD

What About the Side Effects?

Patients who underwent chemo were 14 times more likely to develop leukemia and 6 times more likely to develop cancers of the bones, joints, and soft tissues than those patients who did not undergo chemotherapy (NCI Journal 87:10).”— Dr. John Diamond MD

Lisa lurched from crisis to crisis as each court hearing decided the next traumatic event in her life. She seemed to be forever waiting on a ruling from a Judge somewhere in Sydney who had nothing but papers before him and who had never met her. Her fate was in a stranger's hands and Lisa had found it difficult to be in hospital for weeks on end without seeing her brothers and sisters. And she missed her pets. Now the State of New South Wales (DoCS) was her parent and all she knew of them was the women and men who came around in their suits and handed pieces of paper to her and talked about her “rights” and told her she would die if she did not have chemo. She well remembered the last dose she had five weeks previously and it was the first time since her illness began that she had felt close to death. The treatment made her feel worse than she had ever felt in her life. “I don't want that stuff in me, Mum,” she'd said after the first treatment. “Can't I just undo it and let it go on the floor?” Had Lisa decided to carry out her idea, the hospital staff would have been required to carry out the following manufacturer's instructions regarding spills and disposal:

“If spills occur, restrict access to the affected area. Wear two pairs of gloves (latex rubber), a respirator mask, a protective gown and safety glasses....spills to be treated with sulfuric acid with potassium permanganate...cytotoxic waste should be regarded as hazardous or toxic and clearly labelled...and should be incinerated at 1,100 degrees C.” (49)

Far from being able to reassure Lisa and her family with solid evidence of the safety and efficacy of the treatment, the oncology staff had already made the decision that any obstacle to its administration would be removed. The hospital staff was always on the lookout for signs of non-compliance. It was of great importance that Lisa learnt to like her chemotherapy treatments and regard the fatigue, retching, body aches, bloating, nosebleeds and abdominal pain as a sign that it was doing her good. Both oncologists had already petitioned DoCS and the Court to order a full psychological assessment into Lisa's and her family's attitudes. Far from being independent, the nominated psychologist was closely affiliated with Dr. M from the Children's hospital and had done much DoCS work in the past.

Lisa was hastily discharged from Sydney Children's Hospital when Dr. M felt the case was too troublesome. The Eastleigh's questions were now becoming somewhat difficult when asked in front of other parents. He discharged Lisa on the grounds that her case was preventing him from treating those patients who wanted his treatment. He said he would not undertake any more hands-on treatment but he and Dr. A both petitioned the court and DoCS asking for Lisa to be removed from her parents and confined to the Hunter Children's hospital for extensive chemotherapy treatments. The doctors further recommended Lisa be placed in a foster home. They requested that the parent's access to the child be severely restricted.

In a ruling handed down by the Supreme Court in July Lisa was returned to the care of Dr. A at the John Hunter Children's hospital. Her access to her parents was to be limited to two hours only. DoCS did not consult Dr. Roehrich's opinion as Lisa's primary care doctor. And the Judge evidently took no account of Dr. Roehrich's recommendations for the child's health and wellbeing.

The questions about the side effects were never answered.

"Children who are successfully treated [with chemotherapy] for Hodgkin's disease are 18 times more likely later to develop secondary malignant tumours. Girls face a 35 per cent chance of developing breast cancer by the time they are 40---which is 75 times greater than the average. The risk of leukemia increased markedly four years after the ending of successful treatment, and reached a plateau after 14 years, but the risk of developing solid tumours remained high and approached 30 per cent at 30 years (New Eng J Med, March 21, 1996)"

Part Three

Lisa's New "Parents"

Prisoners shall have opportunities for taking physical exercise, including sports and games, and for being out of doors. Sufficient open spaces shall be provided for this purpose in all camps.

Article 38 Geneva Convention

Lisa's shrunken little body seemed further dwarfed by the large empty room she solely occupied at the John Hunter Children's hospital. She would be twelve years old in a few weeks, normally a joyful occasion when her family would put on a celebration for her. Now the thought held only a painful reminder that she had lost her family, possibly indefinitely. The recent events also claimed 20 percent of her body weight since she last weighed herself at home. She now weighed just over 30 kg. Most of the day, she sat on her bed gazing out of the airtight and screened window at the trees on the hospital grounds. She was a little farm girl and it was the only bit of nature she had seen for weeks. Her mother had asked the staff's permission to take Lisa for a walk outside but the request was refused. By then Lisa had not had fresh air or sunshine for weeks. Her head was entirely bald and she only managed a smile when her parents were there. Lisa did not know why the judge had restricted her parents from seeing her. She was allowed to see her parents or sisters for only two hours a day and the hospital staff had included the time she had spent on the phone to them as being counted as visiting time. Lisa was twisted into anxious despair most of the day waiting for her family to come, her limbs folded up into a protective posture. Food trays came and went, laden with milk, ice-cream custard, coloured jelly and bacon. She did not eat those foods. She had been used to fresh fruits and vegetables, rice, whole-grains, chicken and fish at home. Her trays went back untouched and her weight steadily declined. Dr. Roehrich had requested that Dr. A allow Lisa to eat the nutritious foods that she was accustomed to. He mentioned that Lisa appeared nutritionally deficient and in all probability was suffering from the

early effects of mal-nutrition. He also recommended Lisa continue taking the minerals and vitamins he had prescribed for her earlier, to promote her recovery, and to correct the deficiencies. Dr. A explained that he had decided on an ordinary hospital diet for Lisa and nothing else. Evidently the oncologist felt strongly that only chemotherapy was indicated for her condition and that did not include fresh air, sunshine or adequate nutrition. Dr. Roehrich was also deeply concerned about Lisa's emotional welfare. She had been a happy and carefree child when he'd first seen her, despite her diagnosis. She was mischievous and engaging. She adored her parents, sisters and brothers, and they clearly adored her. Her mother was a wholesome woman, a nurturing type and father was clearly the family protector. Now the family was broken and Lisa appeared anxious and despairing at the thought of being placed into a foster home and not seeing her family again. Dr. Roehrich mentioned his concerns to Dr. A.

Meanwhile Dr A had also become concerned about Lisa's mental and emotional wellbeing. Lisa had told him "I hate you," earlier. Now he was determined to find out why. He expected the psychologists report would clear up the mystery as to Lisa's attitude towards him. The report written by Dr. Lucy Blunt stated that neither parent was suffering from any auditory or visual hallucinations, a fact that they were undoubtedly pleased to hear after they had been sleep deprived for several months since DoCS came into their lives, and sent virtually broke with legal bills. Dr. Blunt had given Lisa a complex intelligence test just a few days after Lisa's major surgery and at a time when the child was beside herself with worry about what would become of herself and her family. Lisa's performance was below par for her age, which Dr. Blunt thought would affect "the degree to which her wishes should be taken into account [as to] decisions to be made in her best interests." Evidently Lisa did not pass the test that would entitle her too much of an opinion about what should be done to her. The psychologist felt duty bound to tell Lisa that she would die if she did not have chemo, and she probed the child on what it might be like to die. After this lengthy (and unhappy-sounding) cross-examination, Dr. Blunt noted that "given the right foster parent (preferably a childless woman or a childless couple), foster care may be able to provide a more 'normal' environment" for Lisa. It is difficult to understand why the doctor would match Lisa with a childless single woman when the child came from a large farming family with a number of children. Unfortunately Dr. Blunt did not define what was her understanding of the word 'normal'. Dr. Blunt, a psychologist, then went on to recommend that Lisa should have chemotherapy.

On one July evening, just after the new order restricting the family's access, it was time for Lisa's parents to leave after their two-hour visit. Lisa was due to have another round of enforced chemotherapy soon, and felt so upset at the prospect that she threatened to kill herself. This had hardly crossed the staff's mind, as Dr. Blunt had reported that Lisa did not appear to be suffering from depression. The parents were in turmoil but the terms of the court order compelled them to leave promptly. Worried and uncertain they stopped at the hospital café before embarking on the two-hour trip back home. Dr. Roehrich had also visited and joined them on his way out. The group looked up to see a conundrum. It was Lisa, running towards the hospital exit in search of her family, pursued by two hospital staff. Lisa's older sisters went over to talk with her. James was cautious about

approaching his daughter because of the court orders. Dr. Roehrich also went over to attempt to calm her. The staff had summoned two burley security guards who promptly arrived, intent on manhandling her back to the ward. Dr. Roehrich stopped them and assured the staff that he would convince her return to the ward. He spoke to her reassuringly and the group slowly wound their way back. The scene was played out in the front lobby of the hospital in front of a mural that had been painted by an Iraqi woman refugee artist. It depicted a scene of despairing and emaciated children in a prison camp surrounded by barbed wire.

Article 26

The basic daily food rations shall be sufficient in quantity, quality and variety to keep prisoners of war in good health and to prevent loss of weight or the development of nutritional deficiencies. Account shall also be taken of the habitual diet of the prisoners.

The Geneva Convention

Part 4

"Keep in mind that the 5 year mark is still used as the official guideline for "cure" by mainstream oncologists. Statistically, the 5 year cure makes chemotherapy look good for certain kinds of cancer, but when you follow cancer patients beyond 5 years, the reality often shifts in a dramatic way."—Dr. John Diamond MD

The MD Anderson Comprehensive Cancer Center was sued in August, 1998, for making unsubstantiated claims that it cures "well over 50% of people with cancer." – Professor Emeritus Dr. Samuel Epstein

Dr Roehrich was on his way to the John Hunter Children's Hospital to visit Lisa and to have a conference with her treating oncologist Dr. A. The last court order had stated that Dr. Roehrich had visiting rights to Lisa as her primary care doctor. However, the last time he tried to visit, he was told he would have limited access to her and a hospital staff member would supervise his visits. This was by order of Dr. A, who had also refused to allow Dr. Roehrich access to Lisa's pathology results. Today however, he had finally been successful in getting an appointment with Dr. A to discuss a matter that was becoming of increasing concern to him.

Dr. Roehrich's appearance was that of a kindly 59-year-old doctor, bespectacled and conservative. His mild mannered demeanour, however, belied the fact that he was a board certified specialist general surgeon and trauma surgeon, which he'd practiced in a busy European teaching hospital until 1982 when he opened his practice near the NSW Central Coast. He also held a Ph.D in Medical Physiology and was particularly knowledgeable in biochemistry and the role of nutrients in disease.

In his medical practice he was used to liasing with specialists and found it important for the sake of all concerned, to maintain good relationships with colleagues. That was the

basis for a multidisciplinary approach, where a team worked together for a good patient outcome. But the Lisa's case was unusual for a number of reasons. And now he had a new role as arbitrator between Lisa's treating doctor and the parents. By now, the family was clearly upset about what they considered a heavy handed approach and lack of convincing information about the chemotherapy treatment Lisa was forced to undergo.

World's Best Practice

According to the National Cancer Institute, about one-third of all cancer deaths are related to malnutrition. For cancer patients, optimal nutrition is important. Cancer can deplete your body's nutrients and cause weight loss. Cancer and cancer treatment can also have a negative effect on your appetite and your body's ability to digest foods. These factors may leave you in a vulnerable condition - high nutrient need, and low nutrient intake.

Dr. Roehrich had many patients in his own practice who were undergoing chemotherapy and some of them came to him for additional complementary treatments such as nutritional support and acupuncture. This was called integrative medicine and it combined orthodox medicine with proven complementary and alternative approaches. More recently he had done post-graduate studies in orthomolecular (nutritional) medicine, which he employed successfully in his practice on patients with a variety of conditions. (50) In combining these approaches he was in keeping with best practices in major cancer treatment centres around the world including the Memorial Sloan-Kettering Cancer Centre which states on its website: "The Integrative Medicine service at Memorial Sloan Kettering was established in 1999 to complement mainstream medical care and address the emotional, social and spiritual needs of patients and families...Integrative medicine combines the discipline of modern science with the wisdom of ancient healing."

The world's largest cancer institutions have had to integrate their approaches because too many people were opting for the proven benefits of complementary and alternative medicine. To ignore those approaches would have meant a loss of trust on the part of discriminating patients who want every possible opportunity for recovery. A US study at M.D. Anderson Cancer Centre showed that 83% of cancer patients used alternatives. The Huston Texas based cancer centre is the world's largest with over 13,000 patients and offers a wide variety of orthodox, alternative and complementary treatments.

Like top cancer treatment centres Dr. Roehrich's experience also showed that cancer is a complex disorder that requires a multidisciplinary approach. He believed that a patient's survival was dependent on being able to have faith and trust in their caregivers and in the treatments they were receiving. That meant patients needed to have a choice in their treatment so they could participate in the process of recovery. He doubted a positive outcome could be achieved if a particular treatment was forced on a patient.

So far, Dr. Roehrich was very impressed with the skill of both surgeons, Dr. Cassey and Dr. Dilley, who had operated on Lisa. As a surgeon, he realised how successful skilled cancer surgery could be in producing good survival rates. Following the surgery Lisa reverted back to the control of the oncologists, Dr. A and Dr. M whose treatment modality is chemotherapy. As far as Dr. Roehrich was aware, the parents also felt grateful to the surgeons, but the chemotherapy, mandated by the oncologists was another

matter and it had become the sticking point for them. In his role as peacemaker, he found it ironic that he was now in a position of defending the use of chemotherapy and explaining its use to Lisa's family so they could be reassured. Being their doctor he was keenly aware of the sleepless nights they were having, and he felt they needed help in dealing with Lisa's treatment.

However, in order to help the family understand the basis for Dr. A's prescribed chemotherapy for Lisa, he felt duty bound to first review the medical literature himself. Not long after Lisa's attempt to flee the hospital, Dr. Roehrich took some time one evening to conduct a search of the world's scientific studies on outcomes for treatment of Lisa's type of cancer using the chemicals she had been prescribed. The most prominent study was the same UK study, (UK CCSG (GC2), that both Dr. M and Dr. A cited was the basis for their decision to implement Lisa's present chemotherapy by Court order.

Apart from his medical degree and specialist qualifications Dr. Roehrich had spent several years conducting scientific research. He was versed in strict laboratory protocols and statistical language. He became immersed in the scientific study the oncologists cited and soon was troubled by what he saw. Both oncologists claimed that Lisa would have an 85% chance of a cure from cancer if she had their chemotherapy treatment. Both based this on the UK CCSG (GC2) study (51)

On December 12th 2002, Dr. A had made a note in Lisa's medical records that she had "0% chance" of survival if she did not have his treatment. The abovementioned study he based this on did not have a control group to compare other treatments, which meant there was no evidence in that study to support Dr. A's assertions that she would die without his treatment. As to the claim of an 85% cure rate with this treatment, the figures given in the study pertained to a five-year *survival* rate only. In the science of epidemiology the word "cure" means an event free normal lifespan comparable to a healthy peer group. A five-year survival rate does not by any standard support the oncologists assertions of a cure. Dr. Roehrich came to realise that those unsubstantiated claims had formed the basis for the DoCS intervention and Court order to treat Lisa against her will. This compounding error had had a devastating effect on all concerned. The family was broken up by DoCS. The parents were facing mounting and crippling legal costs to defend themselves against the relentless legal battering from DoCS. Their medical costs were escalating. James had missed months of work, which further worsened their financial situation. Lisa's health was deteriorating. She was beside herself with worry. Since shortly after the last court order Lisa was put on suicide watch.

Dr. Roehrich arrived at the hospital Wednesday August 6th at 4:30 pm. Dr. A had allowed him 20 minutes with Lisa. The hospital had a list of people who could visit or phone her. Lisa could not see her friends, as they were not on the list of people allowed to visit. Only immediate family, and only for two hours. It was done for Lisa's "protection". Dr. Roehrich was not prevented access to Lisa's records by court order but rather by the order of Dr. A.

He sat at Lisa's bedside and a nurse sat on the other side of the bed, watching closely. Conversation was difficult. Lisa seemed reluctant to say anything at all, a far cry from the elfin pranksterism she'd displayed around the doctor before she was made a ward of the Court. She'd had her room searched previously and staff had confiscated from her carry case, the vitamins Dr. Roehrich had prescribed for her two months previously. She seemed keenly aware of her lack of privacy and had made no notations in her journal. The doctor asked if she had gone to play therapy. She said "no" and indicated she doesn't feel like it. She had not participated in music or art therapy. Once an excellent student, she told him she attended hospital school occasionally, but did not seem interested in the subject. She played with her key ring and fingernails and ignored the nurse, making no attempt to interact with her. Dr. Roehrich made a mental note that Lisa seemed anxious at times but appeared primarily shut down emotionally. He did not know how she would tolerate another few months under these conditions of captivity. He had on a previous visit asked the nurse's permission for the three of them to go for a supervised walk around the hospital grounds so Lisa could get some fresh air and sunshine, not only to lift her spirits but also to provide her with adequate vitamin D from the sunshine. However, this was refused. He noted that Lisa looked frail. She had lost 20% of body weight since she had had the first chemotherapy treatment, which placed her significantly underweight for her height and age.

Dr. A and Dr. V, director of Hunter Children's Health Network, came to collect Dr. Roehrich after his 20-minute allotted visit and took him to a private conference room. The hospital doctors both expressed their surprise that Dr. Roehrich, as the family GP had taken such a keen interest in the case of Lisa. Dr. Roehrich agreed that the case is indeed unusual. He usually did not feel the need to get involved with a patient's hospital treatment. And though he was not part of the specialist team, he had never felt so disturbed by a case before. Dr. A explained the reason for the strict supervision was that they were intent on preventing any alternative therapy from being administered. Dr. Roehrich assured him he had no intention of administering complementary or alternative therapy at this time, let alone on the sly, (despite the fact that major cancer centres all over the world integrate these modalities). Dr. Roehrich's concern however was the fact that Lisa suffered from major nutritional deficiencies owing to her illness and two operations, the present stress, a diet that is foreign to her, her refusal to eat due to her unhappiness, and her very significant weight loss. This could diminish her chances of survival due to malnutrition alone. Dr. Roehrich explained that this could be rectified by allowing her to have the essential supplements to correct this, and to allow her to eat the diet to which she is accustomed. This required only a phone call to the dietician. Dr. A declined this suggestion. "You may talk to my dietician," he said. "But she will report to me, and right now we want Lisa on the hospital diet."

Dr. V was mostly silent throughout. Dr. Roehrich decided to broach the subject that made him feel most uneasy about the matter. He said he'd reviewed the scientific literature upon which Dr. A is basing his treatment and prognosis, and upon which DoCS has intervened with such force, and upon which the Court has made its decision to uphold these plans. Dr. Roehrich told him of the lack of evidence for his assertions that Lisa would die without his treatment and with them she would be "cured". Dr. A replied, "Well that's all we've got."

Dr. Roehrich spent the next hour's drive home immersed in his thoughts. He could not imagine what medical reason the doctors had for keeping Lisa confined for months in the hospital when other children are allowed to go home between cycles of chemotherapy. He could not imagine how any doctor could sleep at night knowing there was a child under his "care" who was a captive of his treatment; a treatment whose scientific basis he had misrepresented. Was his colleague not perturbed by a child who wanted to take her own life because she could not imagine living without her family? Dr. Roehrich could not imagine, even in war torn countries, that children would deliberately be denied essential nutrients to prevent the effects of malnutrition. He could not account for a reason why Dr. A would insist on a treatment that is so far outside the best practice of mainstream cancer treatments, as to be at odds with not only good medical practice, but that also denies this child her most basic human rights.

Dr. Roehrich had petitioned the court to allow him to brief an oncologist with an integrated approach, to address Lisa's debilitating health problems. A number of colleagues had already expressed an interest and many doctors have expressed their concern as to the way this matter has been handled.

On Friday the 8th of August the DoCS legal representative met with James and Elizabeth. He told them that they would never have another opportunity of giving their daughter vitamin or mineral supplements again. He told them she could be placed into a foster home. Permanently.

Contact Parents: (e-mail Deleted not because of parents' wishes but DoCS' by Court order)

Contact Author: evehillary@smartchat.net.au

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About Eve Hillary

Eve Hillary is based in Sydney. She a medical analyst and writer on issues pertaining to the health care industry and environmental health.

She is the author of Children of a Toxic Harvest: An Environmental Autobiography, and numerous articles relating to health issues. Her most recent book is Health Betrayal; Staying away from the sickness industry. She is also a public speaker.

Eve has spent 25 years in health care where she has observed the medical industry at first hand from the inside.

End Section Contains:

Source Materials for Further Study
Websites for Further Information
References for Professionals

Chemotherapy quotes

[Cancer](#) [Chemotherapy](#)

"Two to 4% of cancers respond to chemotherapy....The bottom line is for a few kinds of cancer chemo is a life extending procedure---[Hodgkin's disease](#), [Acute Lymphocytic Leukemia](#) (ALL), Testicular cancer, and Choriocarcinoma."----Ralph Moss, Ph.D. 1995
Author of Questioning Chemotherapy.

"NCI now actually anticipates further increases, and not decreases, in cancer mortality rates, from 171/100,000 in 1984 to 175/100,000 by the year 2000!"--Samuel Epstein.

"A study of over 10,000 patients shows clearly that chemo's supposedly strong track record with Hodgkin's disease (lymphoma) is actually a lie. Patients who underwent chemo were 14 times more likely to develop leukemia and 6 times more likely to develop cancers of the bones, joints, and soft tissues than those patients who did not undergo chemotherapy (NCI Journal 87:10)."—John Diamond

Children who are successfully treated for Hodgkin's disease are 18 times more likely later to develop secondary malignant tumours. Girls face a 35 per cent chance of developing breast cancer by the time they are 40----which is 75 times greater than the average. The risk of leukemia increased markedly four years after the ending of successful treatment, and reached a plateau after 14 years, but the risk of developing solid tumours remained high and approached 30 per cent at 30 years (New Eng J Med, March 21, 1996)

"Success of most chemotherapy is appalling...There is no scientific evidence for its ability to extend in any appreciable way the lives of patients suffering from the most common organic cancer...chemotherapy for malignancies too advanced for surgery which accounts for 80% of all cancers is a scientific wasteland."---Dr Ulrich Abel. 1990

The New England Journal of Medicine Reports— War on Cancer Is a Failure: Despite \$30 billion spent on research and treatments since 1970, cancer remains "undefeated," with a death rate not lower but 6% higher in 1997 than 1970, stated John C. Bailar III, M.D., Ph.D., and Heather L. Gornik, M.H.S., both of the Department of Health Studies at the University of Chicago in Illinois. "The war against cancer is far from over," stated Dr. Bailar. "The effect of new treatments for cancer on mortality has been largely disappointing."

"My studies have proved conclusively that untreated cancer victims live up to four times longer than treated individuals. If one has cancer and opts to do nothing at all, he will live longer and feel better than if he undergoes radiation, chemotherapy or surgery, other than when used in immediate life-threatening situations."---Prof Jones. (1956 Transactions of the N.Y. Academy of Medical Sciences, vol 6. In a fifty page article by Hardin Jones of National Cancer Institute of Bethesda, Maryland, he surveyed global cancer of all types and compared the untreated and the treated, to conclude that the untreated **outlives** the treated, both in terms of quality and in terms of quantity.

"With some cancers, notably liver, lung, pancreas, bone and advanced breast, our 5 year survival from traditional therapy alone is virtually the same as it was 30 years ago."---P Quillin, Ph.D.

"1.7% increase in terms of success rate a year, its nothing. By the time we get to the 24 century we might have effective treatments, Star Trek will be long gone by that time." Ralph Moss.

"...chemotherapy's success record is dismal. It can achieve remissions in about 7% of all human cancers; for an additional 15% of cases, survival can be "prolonged" beyond the point at which death would be expected without treatment. This type of survival is not the same as a cure or even restored quality of life."—John Diamond, M.D.

"Keep in mind that the 5 year mark is still used as the official guideline for "cure" by mainstream oncologists. Statistically, the 5 year cure makes chemotherapy look good for certain kinds of cancer, but when you follow cancer patients beyond 5 years, the reality often shifts in a dramatic way."—Dr. John Diamond MD

"Most cancer patients in this country die of chemotherapy...Chemotherapy does not eliminate breast, colon or lung cancers. This fact has been documented for over a decade. Yet doctors still use chemotherapy for these tumours...Women with breast cancer are likely to die faster with chemo than without it."—Alan Levin, M.D.

"The five year cancer survival statistics of the American Cancer Society are very misleading. They now count things that are not cancer, and, because we are able to diagnose at an earlier stage of the disease, patients falsely appear to live longer. Our whole cancer research in the past 20 years has been a failure. More people over 30 are dying from cancer than ever before...More women with mild or benign diseases are being included in statistics and reported as being "cured". When government officials point to survival figures and say they are winning the war against cancer they are using those survival rates improperly."---Dr J. Bailer, New England Journal of Medicine (Dr Bailer's answer to questions put by Neal Barnard MD of the Physicians Committee For Responsible Medicine and published in PCRM Update, sept/oct 1990.

"I look upon cancer in the same way that I look upon heart disease, arthritis, high blood pressure, or even obesity, for that matter, in that by dramatically strengthening the body's immune system through diet, nutritional supplements, and exercise, the body can rid

itself of the cancer, just as it does in other degenerative diseases. Consequently, I wouldn't have chemotherapy and radiation because I'm not interested in therapies that cripple the immune system, and, in my opinion, virtually ensure failure for the majority of cancer patients."---Dr Julian Whitaker, M.D.

"Finding a cure for cancer is absolutely contraindicated by the profits of the cancer industry's chemotherapy, radiation, and surgery cash trough."—Dr Diamond, M.D.

"We have a multi-billion dollar industry that is killing people, right and left, just for financial gain. Their idea of research is to see whether two doses of this poison is better than three doses of that poison."—Glen Warner, M.D. oncologist.

John Robbins:

- "Percentage of cancer patients whose lives are predictably saved by chemotherapy - 3%
- Conclusive evidence (majority of cancers) that chemotherapy has any positive influence on survival or quality of life - none.
- Percentage of oncologists who said if they had cancer they would not participate in chemotherapy trials due to its "ineffectiveness and its unacceptable toxicity" - 75%
- Percentage of people with cancer in the U.S. who receive chemotherapy - 75%.
- Company that accounts for nearly half of the chemotherapy sales in the world - Bristol-Meyers Squibb.
- Chairman of the board of Bristol-Meyers - Richard L. Gelb.
- Mr. Gelb's other job: vice chairman, board of overseers, board of managers, Memorial Sloan-Kettering Cancer Center, World's largest private cancer treatment and research center.
- Chairman, Memorial Sloan-Kettering's board of overseers, board of managers - John S. Reed.
- Reed's other job - director, Philip Morris (tobacco company).
- Director, Ivax, Inc., a prominent chemotherapy company - Samuel Broder.
- Broder's other job (until 1995) - executive director, National Cancer Institute."from Reclaiming Our Health: Exploding the Medical Myth and Embracing the Source of True Healing by John Robbins.

"If you can shrink the tumour 50% or more for 28 days you have got the FDA's definition of an active drug. That is called a response rate, so you have a response...(but) when you look to see if there is any life prolongation from taking this treatment what you find is all kinds of hocus pocus and song and dance about the disease free survival, and this and that. In the end there is no proof that chemotherapy in the vast majority of cases actually extends life, and this is the GREAT LIE about chemotherapy, that somehow there is a correlation between shrinking a tumour and extending the life of the patient."---Ralph Moss

"The majority of publications equate the effect of chemotherapy with (tumour) response, irrespective of survival. Many oncologists take it for granted that response to therapy prolongs survival, an opinion which is based on a fallacy and which is not supported by clinical studies. To date there is no clear evidence that the treated patients, as a whole, benefit from chemotherapy as to their quality of life."---Abel.1990.

"For the majority of the cancers we examined, the actual improvements (in survival) have been small or have been overestimated by the published rates...It is difficult to find that there has been much progress...(For breast cancer), there is a slight improvement...(which) is considerably less than reported."---U.S. Federal Government General Accounting Office

"As a chemist trained to interpret data, it is incomprehensible to me that physicians can ignore the clear evidence that chemotherapy does much, much more harm than good."--- Alan Nixon, Ph.D., Past President, American Chemical Society.

"He said, "I'm giving cancer patients over here at this major cancer clinic drugs that are killing them, and I can't stop it because they say the protocol's what's important." And I say, "But the patient's not doing well." They say, "The protocol's what's important, not the patient." And he said, "You can't believe what goes on in the name of medicine and science in this country." --Gary Null

The Politics of Cancer--- Professor Emeritus Dr. Samuel Epstein
<http://www.preventcancer.com/>

That in spite of over \$20 billion expenditures since the "War against Cancer" was launched by President Nixon in 1971, there has been little if any significant improvement in treatment and survival rates for most common cancers, in spite of contrary misleading hype by the cancer establishment---the National Cancer Institute (NCI) and American Cancer Society (ACS).

That the cancer establishment remains myopically fixated on damage control _diagnosis and treatment _ and basic genetic research, with, not always benign, indifference to cancer prevention. Meanwhile, the incidence of cancer, including nonsmoking cancers, has escalated to epidemic proportions with lifetime cancer risks now approaching 50%.

That the NCI has a long track record of budgetary shell games in efforts to mislead Congress and the public with its claim that it allocates substantial resources to cancer prevention. Over the last year, the NCI has made a series of widely divergent claims, ranging from \$480 million to \$1 billion, for its prevention budget while realistic estimates are well under \$100 million.

That the NCI allocates less than 1% of its budget to research on occupational cancer the most avoidable of all cancers which accounts for well over 10% of all adult cancer deaths, besides being a major cause of childhood cancer.

That cancer establishment policies, particularly those of the ACS, are strongly influenced by pervasive conflicts of interest with the cancer drug and other industries. As admitted by former NCI director Samuel Broder, the NCI has become "what amounts to a governmental pharmaceutical company."

That the MD Anderson Comprehensive Cancer Center was sued in August, 1998 for making unsubstantiated claims that it cures "well over 50% of people with cancer."

That the NCI, with enthusiastic support from the ACS the tail that wags the NCI dog has effectively blocked funding for research and clinical trials on promising non-toxic alternative cancer drugs for decades, in favor of highly toxic and largely ineffective patented drugs developed by the multibillion dollar global cancer drug industry. Additionally, the cancer establishment has systematically harassed the proponents of non-toxic alternative cancer drugs.

That, as reported in The Chronicle of Philanthropy, the ACS is "more interested in accumulating wealth than saving lives." Furthermore, it is the only known "charity" that makes contributions to political parties.

That the NCI and ACS have embarked on unethical trials with two hormonal drugs, tamoxifen and Evista, in ill-conceived attempts to prevent breast cancer in healthy women while suppressing evidence that these drugs are known to cause liver and ovarian cancer, respectively, and in spite of the short-term lethal complications of tamoxifen. The establishment also proposes further chemoprevention trials this fall on tamoxifen, and also Evista, in spite of two published long-term European studies on the ineffectiveness of tamoxifen. This represents medical malpractice verging on the criminal.

That the ACS and NCI have failed to provide Congress and regulatory agencies with available scientific information on a wide range of unwitting exposures to avoidable carcinogens in air, water, the workplace, and consumer products food, cosmetics and toiletries, and household products. As a result, corrective legislative and regulatory action has not been taken.

That the cancer establishment has also failed to provide the public, particularly African American and underprivileged ethnic groups with their disproportionately higher cancer incidence rates, with information on avoidable carcinogenic exposures, thus depriving them of their right-to-know and effectively preventing them from taking action to protect themselves a flagrant denial of environmental justice

www.ciss.org.au Cancer Information and Support Society Sydney, Aust.

www.cancerresourcecenter.com

www.canceranswers.com

www.cancerdecisions.com

www.alternative-cancer-treatments.com

www.ralphmoss.com

www.alternative-cancer.net

www.oasisofhope.com/resources/statistics
<http://www.handpen.com/Cancell/alternatives>
www.cancercenter.com Integrated cancer hospital.
www.cancer-info.com

According to the National Cancer Institute, about one-third of all cancer deaths are related to malnutrition. For cancer patients, optimal nutrition is important. Cancer can deplete your body's nutrients and cause weight loss. Cancer and cancer treatment can also have a negative effect on your appetite, and your body's ability to digest foods. These factors may leave you in a vulnerable condition - high nutrient need, and low nutrient intake.

At Cancer Treatment Centers of America, we believe that nutrition plays an important role in the treatment of cancer. That's why each patient who comes to us for help receives a nutrition assessment and an individualized plan designed to prevent malnutrition, reduce side effects and enhance his or her overall well being. Cancer Treatment Centres of America.

<http://www.naturalstandard.com/> Database on natural cancer therapies for health professionals. Pay site.

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3. *Delayed Administration of Sodium Thiosulfate in Animal Models Reduces Platinum Ototoxicity without Reduction of Antitumor Activity*

Leslie L. Muldoon, Michael A. Pagel, Robert A. Kroll, Robert E. Brummett, Nancy D. Doolittle, Eleanor G. Zuhowski, Merrill J. Egorin and Edward A. Neuwelt

4. In an especially dramatic table, Dr. Abel displays the results of chemotherapy in patients with various types of cancers, as the improvement of survival rates, compared to untreated patients. This table shows:

a In colorectal cancer: no evidence survival is improved.

b. Gastric cancer: no clear evidence.

c. Pancreatic cancer: Study completely negative. *Longer survival in control (untreated) group.* [emphasis mine:rsc]

d. Bladder: no clinical trial done.

e. Breast cancer: No direct evidence that chemotherapy prolongs survival; its use is "ethically questionable." (That is particularly newsworthy, since all breast cancer patients, before or after surgery, are given chemotherapy drugs.)

f. Ovarian cancer: no direct evidence.

g. Cervix and uterus: No improved survival.

h. Head and neck: no survival benefit but occasional shrinkage of tumours

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- 50 The key idea in orthomolecular medicine is that genetic factors are central not only to the physical characteristics of individuals, but also to their biochemical milieu. Biochemical pathways of the body have significant genetic variability in terms of transcriptional potential and individual enzyme concentrations, receptor-ligand affinities and protein transporter efficiency. Diseases such as atherosclerosis, cancer, schizophrenia or depression are associated with specific biochemical abnormalities which are either causal or aggravating factors of the illness. In the orthomolecular view, it is possible that the provision of vitamins, amino acids, trace elements or fatty acids in amounts sufficient to correct biochemical abnormalities will be therapeutic in preventing or treating such diseases.

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