

Submission to AHMAC on National Code of Conduct for Health Care Workers

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April 30, 2014

I am a registered Chinese Medicine practitioner, a consumer of health services and an AHPRA and HCCC complainant against the controversial alternative medicine enterprise, Universal Medicine. UM is a multimillion dollar business headed by an unqualified, self styled healer, Serge Benhayon, which markets hands on healing services, including workshops and practitioner courses, as well as health and healing products. I have had personal experience of the group and have had contact with a number of people who've been adversely affected by them. The organization fits all academic definitions of a cult, and news reports state that Melbourne agency, Cult Consulting Australia have counselled ex followers of the group.

I am also a member of the Cult Information and Family Support organization. My submission will reflect my personal experience as a health practitioner, a patient and my unsatisfactory experience of submitting complaints about Universal Medicine to the NSW HCCC.

In December 2013, I authored a submission to the NSW Parliamentary Inquiry into False and Misleading Health Related Information, which detailed Universal Medicine's misleading health care claims and practices and the responses from the HCCC.

I support the implementation of a national regulatory mechanism for unregistered health practitioners, and enforcement of a National Code of Conduct. I support the Draft National Code, but would like to make some recommendations for additions and modifications to the code and its implementation.

General Recommendations

Cult Education

Many loved ones and members of CIFS have found their way into cults and other harmful groups via alternative medicine practitioners, psychotherapists and healing or personal development courses which will come under the regulation of such an authority. Some recruitment practices and subsequent abuses undertaken within a health service environment will fall under breaches of such a code. Without regulation of unregistered practitioners, such service providers are able to target vulnerable individuals, mislead them with false therapeutic claims, invade their privacy, inappropriately touch, and psychologically, spiritually, sexually and financially exploit them in ways that are damaging to both physical and mental health, with impunity.

Unfortunately, in spite of the implementation of Code of Conduct in NSW, the NSW HCCC has failed to act on complaints about practitioners or services that have harmed CIFS members, UniMed followers and their loved ones. We would like assurance that if a National Code is introduced, it will be effectively enacted to stop such individuals or groups harming members of the public behind a facade of health care.

In addition to personal impacts, patients harmed by unregistered health care workers become a burden to tax payer funded health and medical services which are often called upon to address resulting physical and mental health impacts.

We ask that state regulatory bodies undertake education on identifying cults and harmful groups and understanding how cultic groups or practitioners operate. Cults actively recruit vulnerable people in states of debilitation and cultists place the benefit to the group above benefit to followers or patients. When operating health or therapy services, they are likely to be operating in numbers as part of a big picture or culture of abuse and misconduct. Cult members can be characterized as aggressive in their recruitment activities and in defence of the group. They often erroneously regard abusive practices as healing or therapy, yet they endeavour to conceal such practices from public or regulatory scrutiny. They are willing to intimidate complainants and make false statements in order to protect their or their group's interests, and complainants are less likely to come forward out of fear of retaliation.

In failing to acknowledge the big picture of abuse and misconduct perpetrated by such enterprises, the NSW HCCC has proved unwilling to investigate the full extent of complaints, as well as dishonest statements made in responses.

It appears the HCCC approaches complaints about the abusive practices undertaken by harmful groups in the same way they approach more typical health care complaints, which are usually against individual practitioners working within the public health system or a reasonably sized institution, or as isolated incidences in private practice. A more thorough and aggressive response is required against dishonest and unscrupulous practitioners or organizations who place profit or ideology ahead of the best interests of patients, and may be operating in large numbers with substantial financial or legal resources. Otherwise such groups merely continue to harm members of the public, but become more sophisticated at concealing abusive practices and intimidating complainants.

Additional clauses for addressing psychological abuse

I request the code provide clauses prohibiting psychological abuse by anyone who presents themselves as a healthcare provider, with specific definitions within the minimum standard of practice, including:

- The use of trance induction/induction of dissociative states in order to indoctrinate targets with the group or leader's agenda. Louise

Samways, in her book Dangerous Persuaders (Penguin, 1994) refers to such techniques as 'covert hypnosis without informed consent'.

- The use of other 'thought reform' or 'mind control' techniques and other forms of psychological manipulation and coercion
- 植ing false memories
- Past life regression
- Imposing spiritual or ideological belief systems on clients
- Exorcistic practices or purification or spiritual cleansing rituals or indoctrination with beliefs psychological or physical illnesses are caused by satan, demons or other supernatural entities. Threats or suggestions of supernatural repercussions or karmic repercussions in future lifetimes if the client fails to adhere to the therapists' recommendations or wishes to discontinue treatment.
- Exposing children to inappropriate practices

AHPRA registered psychologists in Australia are required to abide by a strict code of conduct aimed to protect patients from psychological abuse. Any counsellor or psychotherapist should be required to abide by a similar code. We recommend AHMAC consults with mental health professionals versed in methods of psychological abuse.

It is our hope that the Health Ministers will recognize the need to identify psychological harm under the code, not only because of the enduring and sometimes invisible harm done to victims, but in economic rationalist terms, such harm places a burden on tax payers via victims requiring ongoing care through mental health services

Additional clauses for dealing with sexual abuse victims

I request that restrictions are placed on practitioners providing therapy for sexual abuse recovery and that they be required to have a minimum level of training and accreditation through a registered training organization or institution, and a professional association where they are then subject to a specific code of conduct. Physical touch should be prohibited within sexual abuse recovery therapy, or at the very least, physical contact with erogenous areas of the body. We recommend consultation with mental health professionals specializing in sexual abuse recovery to assist in developing a minimum standard.

All other practitioners should be required to recommend abuse victims seek specially qualified practitioners for sexual abuse recovery.

Improved definitions of inappropriate touching and sexual misconduct

We request that all health care workers are banned from touching breasts, genitals or the anal region except for workers who are legitimately required to touch such areas as part of hygiene procedures or for genuine medical conditions.

Genital and erogenous areas should not be touched under the auspices of any form of psychotherapy.

Restrictions should be placed on practitioners enquiring about sexual or reproductive histories unless they have legitimate formal qualifications to treat such disorders.

Improved protections for complainants

Due to the type of mind control exerted by such groups, cult operatives can discard normal moral and ethical behaviour to further the group's ends. Cults will resort to threatening or attempting to intimidate those who attempt to bring them to account. They may be willing to provide false statements in defence of their practices.

I would like to see penalties introduced for harassing or intimidating complainants and attempting to deter them from making complaints. Similarly we'd like to see penalties introduced for making false statements or trying to mislead complaints bodies.

Increased investigative powers.

Currently, the NSW HCCC processes are weighted against complainants. Errant practitioners need only deny wrongdoing for complaints to be dismissed. If the HCCC has powers to investigate the veracity of statements, it appears to be averse to exercising them.

The NSW HCC Act includes penalties for making false or misleading statements to the Commission, but the threshold for issuing penalties appears to be too high.

Improved definitions of risk to public health

The NSW HCCC has the powers to deal with complaints against unregistered practitioners who are in breach of the code of conduct and pose a risk to the health or safety of members of the public. The HCCC's aversion to exercising its powers may be related to a very poor definition of what constitutes a public health risk.

A National Code of Conduct needs to have better definitions of harm, and we would ask that such definitions include not only physical harm, but sexual and financial exploitation and psychological harm.

Stronger penalties, including criminalization of certain abuses

It's a criminal offence in France to brainwash a person, and we believe the covert use of hypnotic techniques without informed consent should constitute a code breach (if not a criminal offence).

Inappropriate touching, i.e., touching of erogenous areas without a legitimate medical reason should be criminalized as indecent assault across the board, for all health care practitioners, registered or not.

Code enforcement – a case study: Universal Medicine

Within the consultation paper the discussion notes for each clause ask this question: *If so, is this clause expressed in a way that will best capture the conduct of concern?*

For the most part, the code is well designed and captures conduct of concern. However it's meaningless if it's not enacted and enforced.

I have written a detailed submission to the NSW Parliamentary Inquiry into False and Misleading Health Related Information on Universal Medicine's marketing of abusive and bogus practices, and the HCCC responses to complaints. I can make the full submission available to AHMAC if it can't be accessed via NSW Parliament.

My activism against UM was triggered by a 2005 incident in the treatment room of UM leader, Serge Benhayon, when he endeavoured to perform a psychic reading of my ovaries, in which he tried to deceive me into disclosing my personal history with men, beginning at age five. I did not seek such a reading, I told him I did not want it, and when I asked what it would involve, I was not given a clear answer. I believe the practice was a grooming for abuse. Benhayon's followers are mostly women and his teachings make frequent references to sexual violence.

Benhayon has since devised the abusive practice of Esoteric Breast Massage, as well as ovary and uterus massage. Clients of these practices are expected to give a detailed reproductive and sexual history to unqualified practitioners. They are then told that breast and gynaecological disease are caused by being in 'male energy', meaning participating in sport, career or intellectual pursuits, or caused by the 'energy' of sexual abuse or being imposed upon by men. They are told that these disease causing energies can only be cleared by Esoteric practitioners, because only those trained by Benhayon and family have 'energetic integrity'.

Benhayon's sexist teachings correlate with a high rate of relationship and family breakdown among UM followers.

I also attended a healing workshop in 2005 where dissociative or trance states were induced among 60 or more participants, many of whom experienced high levels of catharsis and emotional distress. Participants were crying, screaming, physically collapsing and in one case, vomiting. Benhayon told the group their reactions were the result of the clearing of supernatural entities and the energy of past sexual abuse or violence, including from past lives. Benhayon teaches that each of us has had at least 2000 past incarnations. The amount of disease causing energy that needs to be cleared is therefore limitless, ensuring customers will need copious repeat healings.

Ex followers and loved ones of UM followers have talked to me about followers developing a dependency on Esoteric healings and workshops, constantly needing to clear the evil energy. They believe that associating with people who are not adhering to Benhayon's prescribed Esoteric austerities, including his bizarre directives on diet and sleep, makes them and their children susceptible to rape in the night by supernatural entities.

Children of all ages are taken to these events, and have been subjected to exorcistic practices.

I was very concerned about the practices at the time, but there was no complaints mechanisms for unregistered practitioners. Living in Queensland, I was unaware a Code of Conduct was introduced in NSW in 2008. I was also not aware UM had gathered thousands of followers internationally until some news reports in 2012. The same workshops have attracted up to 600 participants at a time.

I've made around a dozen complaints to the NSW HCCC with evidence of Serge Benhayon's breaches of the Code of Conduct for Unregistered Health practitioners. The complaints included evidence of inappropriate touching of sexual abuse victims, Benhayon's harmful, non nutritionally based diet that promotes disordered eating and is causing malnutrition related illness among followers, teachings denigrating the human body and glorifying death and reincarnation, claims to prevent and cure cancer, Benhayon's bastardized form of acupuncture, privacy invasions and an array of therapeutic claims that cannot be substantiated. For each complaint I've provided textual evidence, or photographic evidence.

Last year I submitted images from an Esoteric healing workshop manual of Benhayon with his hand on a woman's vulva with accompanying text describing the technique (called Deeper Femaleness) as a healing for 'rape recovery'. Other images from the manuals include Benhayon with his hands on chests, very close and at times touching breasts, and pressed to the anus of a very young woman or girl. The HCCC responded that the images were not evidence of sexual misconduct, and that provided the recipients consented and were led to believe it had therapeutic benefit, there was no grounds for investigation. Benhayon has taught the technique to hundreds of Esoteric healers. According to the HCCC's reasoning, any sexual predator could set themselves up as a sexual abuse therapist and molest patients with impunity provided they do a good job of convincing the victim it's 'therapy'. Not only that, they could run courses and train others to do the same.

Late last year a participant made a HCCC complaint about the inappropriate touching that took place at workshops and was told there's no evidence Benhayon engages in inappropriate touching or teaches it. When the complainant forwarded the images, which the HCCC already has on file, he was given the same response I was, and told it was not misconduct unless the women in the photographs came forward and made a complaint of molestation.

The HCCC only investigated one of the complaints I've made, where I was able to name a patient Benhayon encouraged to discontinue cancer treatment. However, the intransparency of the investigation meant I was not allowed to see Benhayon's response or to find out who the patient's doctor was. Benhayon is promoted and endorsed by more than a dozen health professionals including seven medical doctors.

Observers are astounded that nothing has been done by the regulators to curtail the harm.

In its response to complaints, the HCCC has shown no will to protect the public, and I believe this has merely emboldened Benhayon. Victims and others are justifiably reluctant to make complaints, seeing my complaints have not been acted upon and the process has exposed me to harassment and attempts at intimidation. It's asking too much for people who are already aggrieved and traumatized to put themselves forward.

Benhayon and Universal Medicine appear to be precisely the kind of problem practitioners the Code ought to be protecting the public from, yet the HCCC's responses consist of nothing but excuses for not investigating. Code breaches and risks to patients are ignored. It makes me wonder why the Code was introduced.

I'd be interested to know how many complaints the NSW HCCC has received about unregistered practitioners, how many have been investigated, and how many achieved a satisfactory outcome in protecting members of the public. How many practitioners who were the subject of complaints have merely gone on to continue harming in the name of healthcare?

Regulation of these practitioners is definitely necessary, but at this point, if NSW abolished the Code for Unregistered practitioners, no one would notice the difference in terms of outcomes.

I hope that a national code of conduct is able to be implemented effectively so that it might more successfully protect the public.

Section 2.2 Proposed terms of the National Code

Application: Registered health practitioners already have a Code of Conduct in place. The basics of the code should be applicable to all practitioners, but it makes sense that the more qualified practitioners are subjected to stricter codes relative to their higher social status, a greater power imbalance in the patient practitioner relationship and their greater potential to do harm due to the higher risks inherent in medical practice.

However, I would like to see more detailed definitions of sexual misconduct applied to all practitioners and health care workers.

I would also like to see stricter guidelines and a lower threshold for disciplinary action for registered practitioners who exploit patients' lack of knowledge via misleading information, abusing the power imbalance in the patient practitioner relationship and conflicts of interest.

Universal Medicine's associated registered health professionals place devotion to Benhayon and his teachings, and loyalty to the group ahead of patient care, and are active in publicly promoting Benhayon's abusive practices and propagating Benhayon's pseudoscientific teachings and supernatural beliefs on the internet and at public events. Benhayon would have substantially less recruitment capability and influence over followers if he didn't have seven medical doctors, four psychologists and a handful of physiotherapists supporting therapeutic claims that cannot be substantiated and enabling inappropriate touching and other misconduct.

The Medical Board's code of conduct has a clause on not exploiting patients' lack of medical knowledge but no restrictions on promoting untested modalities or pseudoscience. When doctors promote pseudoscience it misleads members of the public in ways that are potentially harmful to their health.

The HCCC response to my complaint about the doctors promoting UM was that I didn't provide enough material evidence of financial conflicts of interest, that they are entitled to their beliefs, and their conduct would not draw criticism of their peers. Observers were appalled by that decision, and I've been asked time and again why authorities don't do something about those doctors and the psychologists.

Clause 4. Health care workers to report concerns about treatment or care provided by other health care workers

As a complainant and a health practitioner I welcome a move to have all health care workers take more responsibility for public health. A mandatory reporting obligation would take some pressure off vulnerable patients to report misconduct. Health workers are also better informed than patients of what constitutes misconduct.

In the case of Serge Benhayon, practitioners in the local area have been told by patients that Benhayon has encouraged clients to discontinue medications, and that he has engaged in inappropriate touching. Doctors in the area are aware of malnutrition caused by the Esoteric diet, and of incidences of psychotic episodes and other adverse mental health effects of UM. Neither practitioners nor patients have reported the conduct.

I was able to provide the name of a client for the one complaint the HCCC did investigate. The woman had a terminal illness, and Benhayon was quoted in student notes from an Esoteric medicine presentation telling her that 'it's time to go' and promising her an improved reincarnation as his future grandchild. The incident was investigated by the HCCC, however, Benhayon requested that I wasn't allowed to see his response. I was told the HCCC checked with the deceased client's doctor and they were unable to find any evidence Benhayon had advised the client to discontinue cancer treatment. Due to the intransparency of the HCCC process I was not able to find out if the client's doctor was affiliated with UM, and if that doctor had a conflict of interest.

The UM doctors, like all other followers, regard Benhayon as a messiah figure.

Subclause on prohibiting vexatious complaints

As a complainant, I believe complaints bodies are able to distinguish genuine from non genuine complaints, and I support penalties or prohibitions against false, vexatious or frivolous complaints that trivialize and abuse the process.

Recently, I have been the subject of two frivolous complaints from health professionals associated with UM. They did not cite any code breaches or include any evidence of professional misconduct, but merely made unsubstantiated accusations of 'slander' and claims I suffer from a variety of mental pathologies. They were attempts to intimidate me and deter me from making complaints. Both were dismissed.

Colleagues who have observed various attempts to intimidate me have told me they would be averse to making complaints because they don't want to invite that kind of stress. However, my concern is that practitioners who are willing to harass other practitioners are more likely to attempt to intimidate patients.

Clause 6. Health care workers to adopt standard precautions for infection control

Universal Medicine presents an unusual case because they are unnecessarily putting the public at risk with Esoteric Chakra-Puncture, a bastardized form of acupuncture invented by Benhayon. It was originally called Esoteric acupuncture, but the name was changed to circumvent regulation when AHPRA registration of Chinese Medicine commenced. As a bogus therapy that makes unsubstantiated claims to clinical efficacy, it's an unnecessary infection control risk.

Practicing complementary medicine on individual patients is nowhere near as lucrative as running educational courses. Hundreds of UM followers have undertaken training workshops having been told they could become 'accredited' Chakra-puncturists through Benhayon's accrediting business, the Esoteric Practitioners Association. UM and its EPA are not registered training organizations.

Family members of students told me they saw no evidence Benhayon and associates taught infection control, and beginners were encouraged to go home and practice on their loved ones, including children, after a single weekend of training.

A number of Benhayon trained Chakra-Puncturists are currently in practice around Australia unregulated. Some are former acupuncturists, who are now able to avoid the trouble and expense of registration.

Among the therapeutic claims that cannot be substantiated is that Chakra-puncture helps detoxify the body; assisting in drug and alcohol rehabilitation as well as cancer patients undergoing chemotherapy. Practitioners are financially exploiting seriously ill patients with what is essentially a sham treatment.

The Benhayons were asked to respond to my HCCC complaint on the practice, but they requested I not be allowed to see their response. The HCCC's assessment was selective, evasive and non transparent. It did not acknowledge the breaches of the Code of Conduct in terms of false and misleading claims, or the health risks to members of the public in allowing Benhayon, who has a history of dishonesty, to self regulate, and train hundreds of otherwise unqualified people in the practice, or that beginner students are needling children with minimal training and no supervision. The HCCC decided not to investigate.

The Commission's decision recommended that if I had an issue with Benhayon's practice of infection control, I should take it up with the Lismore city council, with whom Benhayon is registered for skin penetration services.

The HCCC response is reactive rather than proactive. Waiting for a client to contract Hepatitis B, or C or HIV before taking action is leaving it too late.

AHPRA would not act on the practice because the practitioners are not calling themselves acupuncturists. AHPRA only regulates registered practitioners, and protects professional titles.

Clause 8. Health care workers not to make claims to cure certain serious illnesses

Clause 8 should be modified to include claiming to *prevent* serious illnesses. It should also be modified to encompass claims that could reasonably be construed to claim to prevent or cure serious illnesses.

Serge Benhayon deliberately uses double speak in order to avoid prosecution, but anyone exposed to his publicity construes he is claiming to prevent and cure cancer. He has claimed the Esoteric lifestyle eliminates the 'energetic cause' of cancer. For example:

So if I pick it up through behaviour, I will get it or chances are will have a great chance of getting it. But if I change the energy, I minimize it to almost nothing - the chances of me getting breast cancer. And I'm the generation that puts a stop to it. I'm not the lucky one in four gene...as they say in biology. That's not right, I have the choice energetically to put a stop to that and you know what? If I have kids and I have my daughters, I'm going to teach them to nurture from day one, so they will also walk as who they are, and you know what? In our family tree breast cancer is history. It's never going to be repeated. Serge Benhayon, Audio Recording of Esoteric Development Group lecture, 2010.

When UM followers do contract cancer, they blame themselves for not adhering closely enough to his commandments.

He has also heavily insinuated in UM publicity that Esoteric Breast Massage could cure cancer. For example:

Although the EBM does not set-out to cure nor claim it, there have been many who have reported a curing of long held ill conditions, if not, at least an improvement thereafter following a series of treatments.

The HCCC decided those claims were not overt enough to warrant action. They overlooked the fact that Benhayon has no qualifications to lecture on cancer or cancer prevention – or any medical or health related subject matter.

Clause 9. Health care workers not to misinform their clients

Cults inculcate dependency by misleading clients with promises of health benefits, or improved self esteem and success.

Likewise, deception and misinformation are the foundation of Universal Medicine's marketing. The original advertising for Esoteric Breast Massage claimed it could assist gynaecological disorders, and led a large number of women into a behavioural dependency on UM healing services. Otherwise, UM publicity promotes 'everyday self-loving choices', Gentle Breath meditation and love of humanity. Nowhere on UM's seven websites is there any mention of the teachings that keep followers in a state of dread, and fearful of leaving the group. As evidenced by his writings and audio recordings of his lectures, Benhayon has taught followers to fear supernatural enemies (the Four Lords of Form on horseback, the Astral Cult), evil 'pranic' energy, and possession or rape by supernatural entities.

Cult fronts often operate as alternative medicine services, drug and alcohol rehabilitation services (eg. Scientology's Narconon), psychotherapy and personal development courses. Cult services usually seek to conceal their backing, or their underlying belief system or philosophy. Clients who seek

services run by cults or harmful groups invariably end up with more than they bargained for via insidious thought reform methods – finding themselves adopting an entire belief system or lifestyle, and being pressured into deeper financial and ideological commitment.

Perhaps the code could include some advertising guidelines or restrictions, where such groups are required to advertise any backing by organizations, churches or religions.

In addition, I'd like to see AHPRA go further in protecting titles with a reminder that protecting professional titles is aimed at protecting patients. Some Esoteric Chakra-puncturists are Chinese Medicine practitioners who've merely changed their titles in order to avoid registration. Some advertise their Chinese Medicine training but that they've switched to Chakra-puncture because they say it achieves superior results in addressing the 'energetic cause of disease'. Like all Esoteric practitioners, part of their work includes proselytizing for UM and recruiting new followers.

Courtesy titles and overseas titles, such as 'naturopathic doctor' should be prohibited.

Clause 12. Health care workers not to financially exploit clients

The Code should address financial exploitation of clients, and recognize this as part of a definition for public health risk, because financial hardship can cause stress related physical and mental illness and limit a person's resources to access legitimate health care.

Universal Medicine is a good case study in financial exploitation via deceptive advertising, gross overservicing and requests for donations and bequests. It is a prime example of a large scale healing scam.

Its services are marketed to improve health and wellbeing, and Esoteric modalities are advertised to assist in the relief of symptoms and serious illnesses. However, once patients are lured by misleading therapeutic claims, they are then told their bodies need to be cleared of a seemingly infinite supply of negative, disease causing energy. The client's desire for symptom relief is therefore superseded by a desire to clear their body of negative energy, and from there they are sold the Esoteric lifestyle, which entails indefinite consumption of a range of UM products and services. Benhayon persuades followers that they need repeated healings and workshop attendances in order to ascend his initiation scale – which determines the quality of reincarnation they will experience. He also regularly upbraids them for their failure to progress.

While UM marketing makes claims to assist symptoms and illnesses and promote a healthy lifestyle, as clients become more involved with the group, Benhayon teaches that symptom relief is redundant, because Esoteric healing is aimed to clear 'pranic' (life) energy in order to bring adherents an improved

reincarnation, and ultimately closer to God (via death). UM's practices have no evident health benefits and Benhayon has described healthcare as a 'waste of time on a body we will no longer need'. Clients therefore spend large amounts of money on the promise of an improved reincarnation, but are programmed to believe they are making 'healthy self-loving choices'.

Benhayon has funded the purchase and renovation of his business premises in the Lismore area, Brisbane and the UK through monetary donations from his clients (students). Prior to the establishment of UM's charities in 2011, students were asked to donate anonymously, presumably so the donations could not be traced by the ATO. Donors were told the 'student body' would own the buildings, however titles are in Benhayon's name.

Benhayon has advised followers that leaving money to UM improves their health, as well as their future incarnations, and those of their families. He secures more money by telling followers not to bequeath their assets to family members who are not living according to his Esoteric commandments. He argues that giving them money will harm their energetic integrity and impede their ascendance on his initiation scale. We have heard reports of followers signing over the bulk of their estates to UM via bequests, as well as large portions of property settlements. Many marriages have broken up due to one partner not wanting to join the cult. We also believe donations form a substantial portion of followers' expenditure on UM.

The tax exemption afforded by charity status has lowered UM's business overheads, allowing it to expand its holdings and spend more on marketing, while charitable activities consist of recruitment events promoting UM products and services.

UM's charities in Australia and the UK are under investigation by the charity commissions in both countries. The UK charity has been issued with a compliance deadline over trustee conflicts of interest and issues of public benefit.

Clause 13. Health care workers not to engage in sexual misconduct

Having spoken to many people who've been molested or subjected to sexual impropriety in treatment rooms in general, with both registered and unregistered health practitioners, I believe the incidence is vastly under reported. In a situation where it is one person's word against another, and there is a power imbalance inherent in the patient practitioner relationship, patients are reluctant to come forward for fear they won't be believed.

While sexual or indecent assault perpetrated by individual practitioners is enough of a problem, sexual misconduct is also common within cults as part of a culture of exploitation. It is used to break down personal barriers, making targets more vulnerable to manipulation.

I ask AHMAC to consider some additions to the minimum enforceable standard of Clause 13, and that the minimum standard be applied across the board to all health care workers, including those who are AHPRA registered:

- * The touching of genitals is prohibited, outside legitimate medical or hygiene reasons. Genital contact is only medically warranted for a limited number of conditions, by a limited range of health care workers for the diagnosis and treatment of disorders, or for when patients need nursing assistance with personal hygiene. The conditions are limited to genitourinary, reproductive, orthopaedic, gastroenterology and dermatological etc.
- * In most cases, the medical necessity is obvious. However, when a practitioner, such as a chiropractor, doesn't have an obvious reason to touch intimate areas, and cites some obscure research study or other reasoning, they must be required to explain to their national board, or the regulator, why they can't achieve the purported therapeutic outcome via non invasive methods. (I was told by a HCCC staff member a chiropractor had been taken to court by the Commission and was able to produce some obscure research paper to justify a 'manipulation' performed on a patient via digitally penetrating her vagina.)
- * Touching of genitals or erogenous body areas should be prohibited in any form of psychological or psychiatric therapy contexts. Mainstream psychology and counselling professional bodies already stipulate this within their codes of conduct, and it should apply across the board.
- * Inappropriate touching is criminalized as indecent assault, regardless of whether the patient consented to it under some guise of therapeutic benefit. Prohibiting or criminalizing inappropriate touching and sexual contact in a treatment environment puts the onus on the practitioner to do the right thing, rather than requiring a patient seeking a health service to prove they were not seeking sex, or wanting to have their genitals handled.
- * Practitioners are prohibited from seeking details of a patient's sexual or reproductive history unless they are qualified and accredited through a registered training organization to treat physical or mental health conditions related to sexual or reproductive function. Taking sexual or reproductive histories without the qualifications to justify it should be regarded as an invasion of privacy and noted as predatory grooming behaviour.
- * If a patient discloses they have been sexually abused, practitioners should be required to recommend the patient seeks counselling from a specialist sexual abuse treatment service. If a practitioner not qualified in that area is speaking with a patient about sexual abuse, they should be required to inform them they are not qualified to counsel or treat them for those issues.

Sexual exploitation in Universal Medicine

Part of psychiatrist and expert, Robert Jay Lifton's definition of cults is exploitation of followers, usually sexual and financial. (Lifton's definition also

includes worship of an individual over any coherent spiritual principles, and the use of thought reform techniques.)

Benhayon and many Esoteric healers, including some of those practicing Esoteric Breast Massage, have no formal therapy qualifications. However they seek information on clients' sexual and reproductive history. Workshops also include group confession sessions, where participants are expected to disclose personal information, often while undergoing hands on bodywork. The combination of personal confession with physical contact facilitates the breakdown of personal boundaries, and increases the recruits susceptibility to trance induction, thought reform or indoctrination processes.

Workshop participants are told while in trance states they have been abused in past lives. UM clients who disclose a history of sexual abuse are told they were assaulted because they were sex offenders in a past life, and it's a rebalancing of karma. They are told Esoteric healing is the only modality that is able to clear the energy of sexual abuse. Many clients and students have developed a behavioural dependency on Esoteric healing and have been undergoing individual sessions and repeatedly attending workshops for up to twelve years. None have been successfully cleared. Partners report Esoteric students with histories of sexual abuse have been rendered sexually dysfunctional.

A number of Esoteric students have posted testimonials online on UM's promotional websites, using their full names, disclosing histories of sexual abuse in defence of UM leader, Benhayon, and his practices.

Student notes and audio recordings of Benhayon's lectures feature bizarre rants about sex and sexual violence. Ex followers have told me children of all ages are present at the lectures.

Benhayon also indoctrinates followers with his sexist philosophy on the disease causing properties of 'male energy' – which comes from male objectification or even fairly innocuous expectations from men, or arises when women behave in ways that are not passive. Male energy is said to be the cause of breast and gynaecological disorders. He also says that emotions are the cause of all disease and 'true' love has no emotion. Followers are manipulated to become uncommunicative and withhold affection from their non cult partners. Divorce and property settlements are commonly spent on UM services and donations to the charities. Benhayon is also known to match-make among followers.

Clause 14. Health Care workers to comply with relevant privacy laws

Current privacy laws state that a patient/client must consent to a health service collecting health information.

* I ask for that to be taken a step further, and that health services are prohibited from collecting certain health and personal information if they have no clinical justification for doing so.

Benhayon and associates have no formal qualifications, yet they routinely ask patients about their personal histories, and for detailed medical information.

I submitted a 'Workshop Consent Form' to the HCCC and the Australian Privacy Commission. Participants of workshops conducted by the unqualified Benhayon family, in completing the 'consent form', are misled into providing detailed sensitive information, including medical history, HIV and Hepatitis B & C status, diagnoses of mental illness, 'any major physical/emotional/mental incidents', and to list all medications they are taking or have been prescribed. All of this is utterly unnecessary for participation in a weekend 'healing' workshop. The consent form is available at this link: <http://sdrv.ms/ZLmu8l>

The Privacy Commission responded that they could investigate if anyone came forward to complain that their private information had been stored, shared or used unlawfully.

The Benhayons have no qualifications to justify collecting this information, and they don't state why they are collecting it or how it will be used or stored.

The consent form was removed from the UM website after I drew attention to it. UM websites now feature lengthy and highly detailed privacy disclaimers.

Because the Benhayons use past life regression techniques and covert hypnosis in their workshops, the consent form appeared to be an attempt to indemnify themselves, or mislead participants into believing the Benhayons are indemnified when participants experience adverse mental health events, such as psychosis, as a result of the practices. The consent form was therefore used to deter such participants from making official complaints.

Universal Medicine uses the private medical and personal information they've gathered to directly market services to participants. For example, offering sexual abuse healing to those with a history of abuse, or the Chakra-puncture technique, chemo-wash, to those undergoing chemotherapy. Clients are told Esoteric healing can clear the energetic cause of serious illness, and that even if its too late to save them in this life, it will benefit the recipient in their next incarnation. Benhayon also solicits bequests from elderly patients and those with terminal illness.

Clause 16. Health care workers to be covered by appropriate insurance

I don't believe a requirement for insurance places an unreasonable compliance cost on health care workers. A standard professional indemnity insurance policy for complementary medicine practitioners is around \$250 per annum.

I would like to point out though, that Universal Medicine advertises their modalities are 'fully insured' in order to mislead clients as to their safety. UM marketing doesn't state that professional indemnity insurance doesn't indemnify molestation, mental abuse, stage hypnotherapy (exorcisms) or past life regression.

Clause 17. Health care workers to display code and other information

I support health services displaying information on the code and complaints processes. Most patients are unaware of what they complain about and to whom. I would like to see a more user friendly complaints system that achieves better outcomes for the public.

2.3.2 Items not included in the draft Code: Health care workers required to have a clinical basis for treatments

If a patient is receiving treatment that has no clinical basis, but feels satisfied they are benefiting and receiving reasonable value for money, there is no cause for complaint.

Similarly, a patient receiving an evidence based conventional treatment may not feel benefit or their condition may deteriorate. Provided it was not due to negligence or malpractice, there is also no grounds for complaint.

However, 'adequate clinical basis' may be a necessary criteria within Clause 9 on misleading patients by making therapeutic claims that cannot be substantiated if the practitioner or service physically or psychologically harms patients/clients, or sexually abuses, or financially exploits them. Patients misled into undertaking a service that harmed them are less likely to have undertaken the service if they'd been made aware it had little or no clinical basis. Therefore, a lack of clinical basis is relevant if the patient has been harmed.

In assessing whether a practitioner or service misleads patients by making claims that cannot be substantiated, an assessment should take into account clinical basis factors, including the practitioner's training and educational background, the type of therapeutic claims being made, and whether they are claiming to be able to assist serious illness, and whether the practice or product is based on an established therapeutic modality or body of knowledge.

I support the inclusion of the additional clause: 'A health care worker must take special care when a treatment they are offering to a client is experimental or unproven, to inform the client of any risks associated with the treatment'. It comes under informed consent. I also believe this should be mandatory for registered health practitioners who are well aware of which practices are evidence based and those that are not, and have a responsibility to inform patients.

Examples from Universal Medicine

Esoteric healing's lack of clinical basis is a relevant factor in assessing UM's harm to the public. UM's misleading therapeutic claims have been crucial to recruiting followers into an enterprise that profits from abuse. Esoteric modalities are entirely the invention of Benhayon, and consist of laying hands on the body. Benhayon is not tertiary educated and has no training or qualifications. He makes bold therapeutic claims extending beyond symptom relief into preventing or relieving severe symptoms or illnesses.

The situation is complicated by UM associated medical professionals promoting and endorsing the practices. Benhayon is also marketing practitioner courses in Esoteric modalities and has therefore trained a large number of Esoteric practitioners to similarly mislead and exploit patients via practices that have no clinical basis.

In terms of examples of misleading patients to financially exploit them, the Chakra-puncture technique of 'Chemo-wash' is marketed to patients undergoing cancer treatment to assist with the side effects of chemotherapy. Chakra-puncture is a crude technique that has no relationship to acupuncture. Acupuncture involves specific needling techniques at precisely located points, and is most effective when practiced by highly trained practitioners. Chakra-puncture involves randomly jabbing imprecise locations, and Benhayon claims in advertising the practice pre-dates acupuncture, but told the HCCC he'd developed it in the last 12 years. It's a blatant scam designed to take money from cancer patients, and a case where inadequate or zero clinical basis is a factor in misleading the patient into a situation of financial exploitation. There is also an added risk of infection due to unmonitored training in infection control.

As another example, the original marketing for Esoteric Breast Massage claimed it could assist gynaecological disorders such as endometriosis, polycystic ovarian syndrome and uterine fibroids. The claim that massaging the breasts can assist those conditions cannot be substantiated, and has been heavily criticized by health professionals. It is another healing scam. Because gynaecology patients often experience severe difficulty finding effective treatment, they are susceptible to misleading therapeutic claims. Benhayon lured a large number of women to his services via those claims, and from there they were sold the whole range of worthless Esoteric services – from overservicing via repeated 'healings', to repeat attendances at workshops and practitioner courses. Through those health services, they were gradually indoctrinated with Benhayon's occult teachings, and financially exploited and sexually and psychologically abused.

A lack of clinical basis should be a factor of consideration in assessing complaints against practitioners harming patients, or disseminating misleading information and bogus, exploitative practices for their own profit or gain.

3.2 Scope of application of the National Code

Definition of a health care worker

I don't see a problem with the term 'unregistered health practitioner', and I believe the term 'unregistered' merely distinguishes a health practitioner from those registered with AHPRA.

While many unregistered professions have rigorous self regulatory regimes, I'd like to point out that Universal Medicine established the Esoteric Practitioners Association to get more money out of students, and is a public relations exercise in giving students and the public a false sense of legitimacy and integrity. It has a detailed code of conduct, but Benhayon and many UM associates have proven they are in breach of many sections of their own code.

One of the reasons I support the national code is because harmful groups cannot be trusted to self regulate, regardless of their public relations facades.

Definition of a health service

I don't think beauty or fitness services should be included in a national code of conduct, and the code should be applied to workers who are involved in health and hygiene maintenance, and anyone who claims to be offering therapy services or health care information or advice on relieving symptoms, preventative health, and improving or maintaining health.

I request that health services covered by the code should include any organization providing information or educational services in healing, health and wellbeing, or practitioner training. Also residential therapy facilities for any kind of psychological or emotional therapy or for recovery from sexual abuse, and drug and alcohol rehabilitation organizations, therapists or facilities. Because of the potential for psychological abuse and inducing psychosis, I request that personal development courses also come under the regulation – such as Kenja, Scientology and Landmark.

The code should be as consistent as possible across the states in order to protect the public from practitioners who are prohibited in one state from merely moving to another to continue harmful behaviour.

I would also like to see regulatory powers able to prohibit an entire health care service if the service as a whole is found to be a serious risk to public health.

3.3 Application of a 'fit and proper person' test

Regulators should be able to exercise their powers, including own motion powers, in the absence of a code breach if there is reason to suspect the person is not a fit and proper person to provide health services and there is a serious risk to the public.

At the outset of making complaints about UM to the HCCC, I compiled a document detailing the background of the group and Benhayon's teachings and practices. The picture was one of numerous breaches of the Code of Conduct and a clear risk to public health. I informed the HCCC that victims are too frightened to come forward due to retaliation from Benhayon's faithful.

It gives me no comfort to think Benhayon could have been prohibited a year ago, but instead he's been emboldened by regulatory paralysis, and has continued to abuse vulnerable people. My fear is that he's already harmed too many people, and that he won't be stopped until there is a catastrophe.

3.4 Who can make a complaint

There should be no restriction on who can make complaints. I've done so on behalf of victims because they were not aware of their rights, or the avenues for making complaints, find the system difficult to navigate and fear retaliation.

Ideally patients should be more aware of what constitutes misconduct and how they might go about making a complaint. They should also not need to fear negative consequences if they speak out. However, until that changes, I'd like to see more protection for whistleblowers/complainants and a better recognition from regulators of what constitutes a public health risk.

3.14 Penalties for breach of a prohibition order

I would like to see the penalties indexed in relation to a provider's income. For example, Benhayon is a multi millionaire, and a \$22,000 fine is peanuts to him. If regulators see fit to prohibit an entire service or organization, the penalties should serve as a real deterrent. I'm in favour of custodial sentences for serious breaches.