Ms Ruth Morgan
Investigator
Health Complaints Commissioner

By email: ruth.morgan@hcc.vic.gov.au

Dear Ms Morgan

Re: Investigation under section 47 of the *Health Complaints Act 2016*
Your reference: I2020/009

Thank you for your letter dated 19 June 2020 requesting a response to your investigation and for the opportunity to provide further information.

1. Definitions

1.1. I first note definitions and terminology for accuracy in respect of my below statements. Where possible, I have applied Australian government health department definitions, but in some cases where I considered that these definitions were not the simplest and clearest available, I have referred to definitions from USA health department and other USA conventional medical sources. However, please note, that there is international agreement, and that there is not general or particular debate, about any of these definitions.

Cancer:
Cancer, as the word is used generally and normally, by the public and by the medical profession, is a disease, and a disease process.

What Is Cancer? Cancer is the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues.
https://www.cancer.gov/about-cancer/understanding/what-is-cancer

Neoplasia:
When some of the body's cells divide without stopping and spread into surrounding tissues, the process of conversion from normal to pathological cells and tissues is termed neoplasia.
https://webpath.med.utah.edu/NEOHTML/NEOPL102.html
Any new or abnormal growth of tissues, in which the growth is uncontrolled and progressive.
https://canceraustralia.gov.au/publications-and-resources/glossary#N

Neoplasm:
An abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Neoplasms may be benign (not cancer), or malignant (cancer). Another term for a neoplasm is a tumor.
https://www.cancer.gov/publications/dictionaries/cancer-terms/def/neoplasm

Solid tumor:
An abnormal mass of tissue that usually does not contain cysts or liquid areas. Solid tumors may be benign (not cancer), or malignant (cancer). Different types of solid tumors are named for the type of cells that form them. Examples of solid tumors are sarcomas, carcinomas, and lymphomas. Leukemias (cancers of the blood) generally do not form solid tumors.
https://www.cancer.gov/publications/dictionaries/cancer-terms/def/neoplasm

1.2. Please note that the definition of neoplasm and solid tumor are synonymous, and refer to a physical object, a tumour, and not to the disease process, neoplasia, also known as the disease, cancer. That is, a solid cancerous tumor is termed a neoplasm; but a neoplasm does not refer to the disease process that is termed neoplasia and cancer.

1.2. Not all cancer disease, that is, neoplasia involving disease, produce neoplasms:

For example, leukemia is a blood cancer, which is a disease of neoplasia, caused by a rise in the number of white blood cells, but which is not normally associated with solid tumors, that is, not associated with neoplasms. Leukemias (cancers of the blood) generally do not form solid tumors. https://www.cancer.gov/publications/dictionaries/cancer-terms/def/solid-tumor

In summary of this section, general, standard, medical understanding and usage of these definitions and terminology is that the term neoplasm means a solid tumor and that the term neoplasia means the disease of cancer that does not necessarily involve a neoplasm. The words have different meaning and are not synonymous.

In our published representations and here in my further comments below, we have used, use, and adhere to this terminology and to these standard definitions.

2. Curing cancer not claimed

I now comment on:

Whether Mr Malter and EPA Life Pty Ltd breached Code clause 8(1), in that they claim or represent that they are qualified, able or willing to cure cancer or other terminal illnesses, by:
a. stating that 'we do have a successful track record of reversing what are medically called 'neoplasms' (ie cancers).' on the electromedicine.org.au website; and
b. offering 'Alternative cancer treatment' on the electromedicine.org.au website.

I note that Code clause 8(1) states that a general health service provider must not claim or represent that the provider is qualified, able or willing to cure cancer or other terminal illnesses.

It can be understood from the definitions above, that to cure cancer, must mean, stopping or normalizing the (whole) disease of cancer (so that it does not recur).

We have reversed and normalized neoplasms across a number of medical cases, as described and documented below, which is what and only what we have stated and represented. However, this medical outcome is not synonymous with and does not mean that we have provided a *cure* for cancer (disease), according to the standard, generally accepted meaning of these words as given above in the definitions. We have made no claims or representations that we have, have been willing to or are capable of providing cure of cancer (disease).

Furthermore, I submit that this understanding of what it means to cure cancer equally reflects the general and common understanding of the (Australian) public; and is not a technical distinction that I am relying on. For demonstration of this point, members of the public (with a diagnosis of cancer) would not understand that to cure cancer means that one aspect of the disease is successfully treated while another part or aspect of the disease had not been successfully treated; a patient with multiple identified neoplasms, where one neoplasm was remedied by treatment, while the remaining neoplasms persisted, is an obvious example of such a case. The second demonstration of this point, is that members of the public (with a diagnosis of cancer) would not understand that to cure cancer means they would recover from the effects and symptoms of their disease as a result of successful

treatment for a limited period of time only in circumstances where the disease would possibly or likely recur in the future. These two general cases describe the straightforward, immediate and commonly understood meaning of the idea and words of cure of cancer (disease) as generally known and accepted by both the public and by the medical and scientific communities.

Please further note that the adoption and usage of this terminology by our clinic is not new. At least as early as 2010, we have clearly understood and used these definitions and terminology, as shown:

Complete Reversal of Stage IV Squamous Cell Carcinoma Richard Malter, James Woessner, Helen Tyrrell, Alan Loader. Presentation, 26th International Symposium on Acupuncture & Electro-Therapeutics, NY, USA, 2010. Super peer-reviewed paper, Journal of the Science of Healing Outcomes. Vol. 3, No.10, Jan. 2011

and continuing onwards since then:

Extended UltraLow DC Via Acupuncture Point Normalizes Hepatic Neoplasms. Malter R, Woessner J, Loader A. Super peer-reviewed paper, Journal of the Science of Healing Outcomes. Vol. 4, No.16, July 2012.

https://electromedicine.org.au/research-papers-books/

2.1. As previously stated in correspondence to the HCC, I have provided this information in order to demonstrate that we have never claimed or represented that we are qualified, able or willing to *cure* cancer. We have not, cannot and do not make any of these claims and representations.

Our advertising and published statements were not intended by us, and nor did they represent, in my submission, that we could or have cured cancer diseases, but instead that we could potentially contribute to conventional or otherwise overall cancer disease treatment by assisting with the treatment of neoplasms.

This position is consistent with the Information and Consent Form that we provide to patients prior to offering any potential treatment, which states in bold type that some of the diagnostics that we may rely on to devise a treatment strategy that we can then offer to that patient, **is not a substitute for standard orthodox medical care.**
https://electromedicine.org.au/wp-content/uploads/2019/05/Inform-Consent-Form-3-pages-Feb-19.pdf

2.2. In this context, I wish to comment on a particular aspect of the HCC's letter dated 25 May 2020, which contains a statement of reasons in relation to the Commissioner's decision to issue Interim Prohibition Orders. In that letter, it is stated that:

However, an examination of the website https://electromedicine.org.au/alternative-cancer-treatment/ as it was published at the time contradicted this statement in the following ways:
10.1 Subheadings on the page stated 'Topic: Cure for Cancer, Alternative Cancer Treatment, Natural Cancer Treatment.' 'The information on this page comes under the headings of: cure for cancer, alternative cancer treatment, natural cancer treatment.'

The topic of cancer and a cure for cancer diseases is discussed and contextualized on our website pages for the benefit of the public, using the terms cure for cancer, alternative cancer treatment and natural cancer treatment. However, the use of these terms was not intended to claim or represent that we were willing, qualified or able to provide curative treatments. Instead, these were and are

simply essay/article titles and headings that intended to frame these discussions, many of which are clearly given for informational purposes only, such as this one that I have kept on our website throughout these investigations:
https://electromedicine.org.au/cancer-emergent-plasticity/

Additionally, the website actively disclaims that we are not offering to provide a cure or cancer diseases. For example, the sentence that you have quoted from our website,

'we do have a successful track record of reversing what are medically called 'neoplasms' (ie cancers)'

Begins with the words,

Though we cannot promise cure,

Additionally, elsewhere, in the same article, we wrote:

If you have decided against CPB [meaning, conventional oncological treatments], and beyond cancer cure [meaning, not trying to achieve cure], are committed to participating in your own care, healing and possibility of recovery [meaning, to better health], you may want to consider participating in our treatment programs.

Here again, I submit that we actively endeavor to disassociate, for the prospective patient, the services that we might be able to offer from cancer (disease) cure.

If the HCC considers that we have nevertheless not made these points and clarifications clear and obvious enough to visitors from the public to our website, I would be willing to make any necessary amendments to the website that the HCC considers appropriate.

Our clinic staff have always gone to great lengths and into great detail to clearly and repeatedly explain to a prospective and to an already attending patient at our clinic, the limits to what we can offer, and to make sure that that patient fully understands our explanations before proceeding to consider our offer of any (further) care.

2.3. I acknowledge and accept that by using the phrase, 'alternative cancer treatment' on our website, it might be mistakenly interpreted or understood by the public to mean that we were representing that we were qualified, able or willing to provide cure for a cancer disease. In the circumstances,
we have ceased using this phraseology in all digital (and printed advertising materials if we ever have such) and in any other verbal or written communication to prospective or already attending patients at our clinic.

3. Neoplasm reversal & normalization confirmed

I now comment on:

Whether Mr Malter and EPA Life Pty Ltd breached Code clause 8(2), being the obligation to substantiate claims to be able to treat or alleviate the symptoms of cancer or other terminal illnesses, by:
a. stating that 'We have reported successful clinical case studies... complete disappearance of both primary and secondary (metastases) neoplasms (cancers)...that occurred during our care, without any conventional oncology treatment given during that time..'; and

b. not providing access to the full clinical case studies that Mr Malter and EPA Life Pty Ltd appear to rely upon to substantiate the claims, or any other information that could be used to substantiate the claims; and
c. offering 'Alternative cancer treatment' on the electromedicine.org.au website.

Code clause 8(2) states that a general health service provider who makes claims to be able to treat or alleviate the symptoms of cancer or other terminal illnesses must be able to substantiate such claims.

Code clause 9(2)(c) states that a general health service provider must not make claims either directly to clients or in advertising or promotional material about the efficacy of treatment or services if those claims cannot be substantiated.

3.1. Until mention of them in your letter of 25 May 2020, I was not made aware that the full clinical case studies referred to had been required or requested in my responses; I had previously mentioned and cited our journal publications.

3.2. We have demonstrated several confirmed reversals of neoplasms, as a result of the treatments that we have given. We have reported some of these clinical case studies in a peer-review published international medical-scientific journal*, having an editorial board that includes previously two and now one Nobel Prize winning scientist, and other professors of medicine and science. Some of these case studies have (also) been presented at international medical-scientific conferences held in the USA. These case studies document radiographic, sonographic, endoscope and physical examination confirmed** partial reduction in size and complete disappearance of both primary and secondary (diagnosed as metastatic) neoplasms, which were initially identified and diagnosed by standard radiology and histopathology** studies performed and reported on in Victoria, which occurred during the period of our monitoring and care, without any conventional oncological treatment given during that same time period, and including some of these outcomes that followed on from previously reported** extended cancer disease progression.
* JSHO: http://thejsho.com/jsho.aspx http://thejsho.com/editboard.aspx
**Confirmed by the corresponding hospital or independent pathology laboratory studies and reports.

These clinical case studies are shown here in summary:
https://electromedicine.org.au/neoplasm-reversal/
and the corresponding case report conference given presentations are listed here:
https://electromedicine.org.au/research-papers-books/
and specifically, including the full clinical case study report, with all possible patient identifying details redacted for patient privacy, uploaded to here:
https://electromedicine.org.au/wp-content/uploads/2020/06/26thICAETweb2.pdf
and another full clinical case study report, with all possible patient identifying details redacted for patient privacy, uploaded to here:
https://electromedicine.org.au/wp-content/uploads/2020/06/Liver%20Mets%20Case%20Study.pdf

Other such clinical case studies that we have presented have less documentation, usually due to the patient's other medical reports not having been made available to us and/or them by the treating hospital, though still show conclusive neoplasm reversal and normalization results:

One such clinical case study, with all possible patient identifying details redacted for patient privacy, is here:
https://electromedicine.org.au/wp-content/uploads/2020/06/MelanomaReversal2.pdf
which includes the corresponding case histopathology report on page 2.

Please note in respect of this case study that spontaneous regression of metastatic melanoma is an extremely rare event, with only 76 well-documented cases in the literature since 1866.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3671034/
Therefore please note that the visually obvious and confirmed shrinkage and neoplastic tissue normalization/reversal/conversion of this neoplasm, and which, occurred in stages, directly corresponding to and immediately following on from sets of visit dates and treatments from our clinic, would have a probability astronomically against chance of being a spontaneous regression.

Please similarly note that all these clinical case studies correspond temporally with visit dates and treatments from our clinic, and so are likewise very extremely unlikely to (all) be spontaneous regressions.

Another such clinical case study of the reversal and normalization of a vocal cord neoplasm, with all possible patient identifying details redacted for patient privacy, is here:
https://electromedicine.org.au/wp-content/uploads/2020/06/Vocal-Cord-Neoplasm-Study.pdf

3.3. Please note the following additional points in relation to these clinical case studies:

- They have been reported in a peer-review published international medical-scientific journal with a well established and eminent medical and scientific Editorial Board; and that this is the standard way for clinicians and researchers to publish clinical case studies for peer review and scrutiny;
- They have been presented at international medical-scientific meetings in the USA, organized by the International College of Acupuncture & Electro-Therapeutics that is permanently chartered by the University of the State of New York, State Education Department: http://www.icaet.org/symposium.html;
- Many of the attendees of these conferences were active in the field of oncology research and are clinical practitioners in the field of oncology;
- As presenters of these clinical case studies at these conferences, our presentations were only accepted for presentation on the condition that they included the confirming, comparison chronological CT scan and other conventional identifying and diagnostic medical studies and data, before and after the treatments received by these patients at our clinic;
- Some of the Abstracts of these presentations have also been reported in the official journal of the International College of Acupuncture & Electro-Therapeutics, having a distinguished medical and scientific staffed Editorial Board, and that is listed by 15 major international indexing periodicals:
  http://www.icaet.org/
  https://cognizantcommunication.com/publication/acupuncture-electro-therapeutics-research/#tab-id-2

In summary, these clinical case studies and reports and their contents documenting these medical outcomes of neoplasm reversal and normalization have been published and accepted as factual by numerous medical experts and scientists in several, conventional international medical-scientific forums.

3.4. If notwithstanding the above published evidence, the HCC wishes to engage other medical specialists to review these clinical case studies and outcomes, I would not object to this occurring. However, in that instance, I respectfully request the HCC ensure transparency from the reviewer in the same manner as required of a publishing author in peer-reviewed literature regarding their qualifications, professional positions, clinical experience, and conflicting interests. I make this request for the following reasons:

- It is well known and accepted that in medicine and science there are many strong biases, and problems with maintaining expertise, which generate inaccurate information:
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3726025/
- https://www.rcpe.ac.uk/sites/default/files/jrcpe_48_3_osullivan.pdf
- https://pubmed.ncbi.nlm.nih.gov/20388211/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5093937/
- https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0020124
- https://www.bmj.com/content/341/bmj.c6815
- Our collection of clinical case studies may also be fitted to Occam's razor and Sagan standard considerations:
- https://www.psychologytoday.com/au/blog/the-scientific-fundamentalist/201103/do-extraordinary-claims-require-extraordinary-evidence

3.5. I comment further on:

(2) A general health service provider who claims to be able to treat or alleviate the symptoms of cancer or other terminal illnesses must be able to substantiate such claims.

(The ability) to reverse, normalize and cause shrinkage of a neoplasm is a treatment of the symptoms of cancer (disease). Neoplasms create chemical, physical and even emotional symptoms that can be alleviated with the effective treatment of those neoplasms. Common examples of such symptoms are localized and referred pain, neurological dysregulation, and numerous other pathological and inhibitory effects on the directly involved and/or adjacent tissues and anatomical structures and their physiological functions.

3.6. As discussed above, our clinic's published neoplasm reversal and tissue normalization clinical case studies show that we are able to treat and/or alleviate some of the symptoms of cancer.

3.7. As mentioned above, pain is one of the symptoms of cancer (disease). Dr James Woessner MD PhD, serves as our Senior Medical Advisor. Dr Woessner is a Physiatrist, a Physical Medicine and Rehabilitation specialist physician, who is qualified to give advice on a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles and tendons, in which many of these anatomical structures, neoplasms, and resultant pain and physical disability, can occur.
https://electromedicine.org.au/wp-content/uploads/2020/06/2020040-JWoessner-Vita.pdf
https://www.practicalpainmanagement.com/author/2449/articles
https://www.aapmr.org/about-physiatry/about-physical-medicine-rehabilitation/what-is-physiatry

Dr Woessner is resident in the USA from where video and online communications easily allow him to directly input into the care of the clinic's patients, often via live video calls. This professional association and relationship has been continuous for approximately ten years and continues to date.

4. I now comment on:

Whether Mr Malter and EPA Life Pty Ltd breached Code clause 9(2)(c), being the obligation to not make claims either directly to clients or in advertising or promotional materials about the efficacy of treatment or services the provider provides if those claims cannot be substantiated, by:
a. promoting 'New electrotherapy treatments for acute and chronic infections and wounds, antibiotic resistant superbugs, injury and pain conditions' through the website electromedicine.org.au; and
b. listing infection treatment specifically for 'Hep B & C, H Pylori, Herpes family, HPV,

Bronchitis, Pneumonia, UTI'; and
c. not providing information that could be used to substantiate the efficacy of treatment for the infections and other conditions.

4.1. Please note that your medical advisors will be able to confirm to you the standard medical etiological knowledge that many cancer diseases and neoplasms thereof are caused by or involve many different types of bacterial and viral infections. Common examples are helicobacter pylori, papillomaviruses and hepatotropic viruses.
https://www.cancer.org/cancer/cancer-causes/infectious-agents/infections-that-can-lead-to-cancer/intro.html
https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents

4.2. As noted above, neoplasms are involved in many cancer diseases. I confirm that our clinic has effectively treated neoplasms, as documented in our peer-reviewed published clinical case study reports. Additionally, I confirm that the neoplasms treated at our clinic as reported in these clinical case study reports, occurred in various anatomical locations and emerged from many different types of tissues and cells. Our reported neoplasm treatment outcome results thus provide the clinical evidences that we have concurrently been able to effectively treat the involved infections in these neoplasms; else, these neoplasms would not have shrunk nor completely disappeared. We reported many of the identified infections in our clinical case study reports.

5. I now comment on:

Code clause 1 A general health service provider must provide general health services in a safe and ethical manner.

I submit that the explanations, demonstrations and clinical evidences that we have given, indicate that we have provided healthcare services to the highest ethical, moral, medical, scientific and humanitarian standards. If the HCC has any evidence to the contrary, I request, as a matter of procedural fairness, that it let me know what it is, and provide me with an opportunity to respond.

6. However, notwithstanding the above information, I acknowledge that our effective neoplasm reversal and normalization and other treatments have been small in number, and thus that our treatment methodologies cannot be considered under the anticipated, prevailing evidence based medicine (EBM) criteria.

In light of absence of these EBM data, while noting that absence of evidence is not evidence of absence, I acknowledge that the following risks to the Australian public potentially exist especially in medical circumstances where they are likely to be highly vulnerable:

- Our interventions, or even the knowledge of them, might potentially dissuade a patient from seeking (cancer disease) conventional treatment;
- As no treatment is ever always efficacious, we could potentially be providing false hope to patients.

6.1. I, therefore, and on behalf of Epa Life Pty Ltd, have voluntarily undertaken the following actions to immediately reduce these identified risks to zero:

- We no longer offer or provide treatment for neoplasms;
- We will continue to clearly disassociate on our clinic website any mention of cancer (disease) cure from any of our offered or provided clinical services; any mention of cancer cure will continue to only be made under the Research sections of our website and in informational articles only that are clearly disassociated from all clinical and non clinical services actually offered and provided by our clinic;

6.2. Humanitarian, human rights and compassionate grounds exception requests

In respect of our voluntary undertakings, I propose the following limited exceptions, which, I submit, effectively mitigate the identified risks to prospective patients so that they are negligible.

There is a commonly occurring, patient scenario involving cancer disease. A patient becomes aware of having a medical health issue, suspects a diagnosis of cancer, consults with an oncologist and has the standard diagnostic investigations, receives advice, recommendations and prognosis for conventional oncological treatment by their oncologist. The patient is given a diagnosis of cancer disease. At that point, after considering the information that is available to them, the patient decides, based on various possible reasons, which may include their wish not to suffer the possible side effects and impact on their quality of life to not pursue conventional oncological treatment, even if their decision leads to their death. This decision is typically made by the patient well before any consultation is made with our clinic. That is to say, our clinic and professional presence have had no influence whatsoever on that patient's decision-making. At this point, the patient decides to search for alternative treatments for their cancer disease, finds our clinic website, attends an initial appointment, and on the basis of open discussion, decides to pursue treatment at our clinic. I submit that, in these circumstances, the patient’s right to self determination, and to make informed decisions concerning their health needs, needs to be respected by the Commissioner.

There is a second, commonly occurring, patient scenario involving cancer disease. A patient becomes aware of having a medical health issue, suspects a diagnosis of cancer, consults with an oncologist has the standard diagnostic investigations, and receives the advice, recommendations and prognosis for conventional oncological treatment by that oncologist. The patient is given a diagnosis of cancer disease. At that point, the patient decides to proceed and does have conventional oncological treatment. At some point thereafter, their oncologist informs that patient that the treatments have been unsuccessful and that no further treatment is to be given to them. At this point, the patient decides to search for alternative treatments for their cancer disease, finds our clinic website, attends an initial appointment, and on the basis of open discussion, decides to pursue treatment at our clinic. I submit that in these second set of circumstances, it would again be an infringement on that patient's right to self determination to deny them the opportunity to receive medical care at our clinic that may alleviate the symptoms of their cancer disease.

There is a third, commonly occurring, patient scenario involving cancer disease. A patient becomes aware of having a medical health issue, suspects a diagnosis of cancer, consults with an oncologist and has the standard diagnostic investigations, and receives the advice, recommendations and prognosis for conventional oncological treatment by that oncologist. The patient is given a diagnosis of cancer disease. At that point, the patient decides to proceed and does have conventional oncological treatment. At some point thereafter, the patient decides that even if their decision results in their death that they will not continue with conventional treatment of their cancer (disease) because the impact on their quality of life has been too high to tolerate. At this point, the patient decides to search for alternative treatments for their cancer disease, finds our clinic website, attends an initial appointment, and on the basis of open discussion, decides to pursue treatment at our clinic. I submit that, in these third set of circumstances, it would similarly be an infringement on that patient's right to self determination to deny them the opportunity to receive medical care via our

clinic that may alleviate the symptoms of their cancer disease; and also thereby have the effect of pressuring them into undertaking medical treatment that they do not wish to receive.

There is a fourth, commonly occurring, patient scenario involving cancer disease. A patient becomes aware of having a medical health issue, suspects a diagnosis of cancer, consults with an oncologist and has the standard diagnostic investigations, and receives the advice, recommendations and prognosis for conventional oncological treatment by that oncologist. The patient is given a diagnosis of cancer disease. At that point, the patient decides to proceed and does have conventional oncological treatment. The patient, concurrently, seeks additional, concurrent treatments for their diagnosis of cancer disease without stopping conventional oncological treatment, finds our clinic website, attends an initial appointment, and on the basis of open discussion, decides to pursue treatment at our clinic in addition and concurrent to receiving conventional oncological treatment. I submit that, in these fourth set of circumstances, it would similarly be an infringement on that patient's right to self determination to deny them the opportunity to receive medical care at our clinic that may alleviate the symptoms of their cancer disease.

I can provide real (prospective) patient examples of these scenarios if requested to do so.

Thank you very much for your consideration in these investigations in relation to these codes of the Act.

Please do not hesitate to contact me should you wish to discuss any aspect of this response.

Richard Malter

Richard Malter