

# National Human Rights Consultation Submission

AGWW-7SLFKR

**Organisation:** Whole Health Australia

**Submission Text:**

Cultural Health and Healthcare Practices  
Body & Mind & Spirit  
Physical & Mental & Social Wellbeing

Human Rights can be encapsulated by physical mental and spiritual well being in most areas of social concerns. This submission therefore concerns those areas of social interaction and professional healthcare. It therefore also concerns most cultures and certainly most health conditions throughout life and for advanced and developing nations.

Every living being has a right to a quality of life and well being. This HUMAN RIGHT can be assisted or negated by individual and cultural applications of local, national, and international modes of governance and application. Traditional Medicine (TM), as promoted by World Health Organisation (WHO) guidelines via the United Nations (UN) has considerable significance and validation by individual, local, and national applications. These applications are well proven to improve wellbeing via professional implementation and monitoring for proof and sustainable cost effective validations.

The public have a legal right to whatever healthcare system that is in legal practice. Traditional Medicine (TM) sometimes proceeds under the various titles of Complementary or Integrative and Natural Medicines. Medical Science via the WHO guidelines has had a continuing evaluation process in place for over thirty years. The author maintains this evidence for further submissions as well as NON INTERVENTIONIST approaches for Community Collaborations for most cultures and most disorders as a Health Promotion Strategy.

Australia pays little or no regard to such applications to enhance wellbeing via such methods. This is especially relevant to indigenous and other immigrant cultures as well as dominant Anglo Saxon Cultures. There has been constant denial by Health Authorities of such applications which continues at local and national levels of non integration, sheer denial and therefore non compliance. This has lead to the current interventionist applications and current epidemiological near crisis pandemics as opposed to individual and community improved health status. This also leads to totally confused public and health professionals as to the appropriate cost effective applications to most human health and social conditions. Likewise, most health authorities and research academics are currently obliged to maintain this status quo to meet national criteria which maintains a two faced negative approach to promoting wellbeing. This negates the UN Human Rights as well as being very negative to First Australians and immigrants in terms of encouraging Community Collaborations.

Australia could well lead the world on such sustainable healthcare implementation issues for both advanced and developing nations via current and future best evidence based practice. This paper will be further submitted to various Health Authorities at academic, Local, State, and World levels to assist future applications as a Health Promotion Strategy and as a natural and sustainable Human Right  
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