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HealthWatch

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MINUTES OF THE 21st ANNUAL GENERAL MEETING

28th OCTOBER 2009

THE MEDICAL SOCIETY OF LONDON, CHANDOS ST, LONDON W1

PRESENT

Enid Allen, James Armstrong, David Bender, Kenneth Bodman, Walli Bounds, Thomas Bewley, Susan Bewley, Gaynor Bussell, Malcolm Brahams, Diana Brahams, Christopher Cates, Sir Iain Chalmers, Jason Christopher, Jim Edgar, David Evans, Annabel Ferriman, Fred Kavalier, John Garrow, Evelyn Harvey, John Hanford, Rita Hanford, Ann Jones, Richard Lansdown, Vincent Marks, James May, Karyn May, Peter May, Heather May, John McCormack, Madeline McCormack, Alison Myers, Mandy Payne, Philippa Pigache, Anne Raikes, Caroline Richmond, Bethan Riley, Gillian Robinson, Les Rose, Nick Ross, Ippokratis Sarris, Gillian Tindall, Hazel Thornton, Robert Wilcox, Helen Wilcox, Edgar Wallner

Student Prize winners: Lauren Ewington, Simon Rowland, Suzanna Jefferson, Rohit Narayan, Ross Mirvis

APOLOGIES FOR ABSENCE

Sally Boyd, Sarah Chorley, Frank Hytten, Keith Isaacson, Lord Walton.

The meeting was opened by the President Nick Ross who welcomed all members of Healthwatch. He extended a special welcome to Mandy Payne and Peter Wilmshurst.

MINUTES OF THE 20th AGM AND MATTERS ARISING

The minutes were accepted as a true record of the meeting.

There were no matters arising.

CHAIRMAN'S REPORT

James May

I will spend the next few minutes describing the activities that we do, the challenges we face, the successes we've had, and finally something completely different.

Activities:

Committee: I am personally very grateful for all the hard work of the committee this past year. Keith Isaacson is our vice chairman, Gillian Robinson our secretary, Anne Raikes looks after our finances, and other members are David Bender, Susan Bewley, Walli Bounds, Diana Brahams, Malcolm Brahams, John Garrow, John Illman, Caroline Richmond, and Les Rose. Two student members Alison Myers and Ashley Simpson have also attended regularly throughout the year. In addition we are very grateful to Ken Bodman our membership secretary.

Newsletter: The standard of the Newsletter has been very high in the past year. We are profoundly grateful to our editor Mandy Payne and to Caroline Addy, a lawyer who proof reads the text for libel. The newsletter is circulated to journalists and members of HealthWatch.

The Student Prize: The student prize is for the ranking of clinical protocols to promote skills in evidence based medicine amongst medical and nursing students. We are very indebted to Walli Bounds and Gillian Robinson for producing the protocols and for deciding on the winning entries. Thanks are also due to David Bender who publicised the competition and sorted the entries.

Website: The website is currently well used averaging 1200 hits per day. It contains an archive of previous newsletters as well as position papers on various subjects.

Googlegroup: The Google group is increasingly one of the main ways of developing ideas and strategies and keeping each other up to date. Members are able to join the googlegroup discussions by contacting David bender on his email address. david.bender@btinternet.com

Challenges:

There are many challenges that have arisen over the past year.

The Pittilo Report on the regulation of traditional medicine: The Department of Health is currently consulting the public regarding the Pittilo recommendations for the regulation of Acupuncture, herbal medicine, Traditional Chinese medicine, and other traditional medicines. HealthWatch is concerned that the recommendations are focused on regulating the side-effects rather than the supposed effects of these therapies. We are encouraging members to complete consultation questionnaires. Consultation closes on November 2nd. There is helpful guidance available on David Colquhoun's website – see links:

<http://www.dcscience.net/?p=2310>

RCP 'Integrated Health Committee': The Royal College of Physicians has an 'Integrated Health Committee' which seems to be under heavy influence of CAM and the Prince's Foundation for Integrated Health. There is a conference planned on 9th December which appears to promote CAM. We have expressed our concerns in writing and personally to chair of the committee Mike Cheshire. This is against the declared purpose of the college to protect the public from misleading health claims. We feel that the association of the College with this conference will be interpreted as support of the College for CAM. We are planning further responses but are encouraged that the College seems to recognise our concerns.

NICE Guidelines on Back Pain: NICE have produced guidelines for the management of chronic lower back pain recommending that acupuncture, osteopathy and chiropractic be used as an adjunct to conventional therapies. We are concerned that the evidence base for this is very thin for acupuncture and non-existent for the manipulative therapies. Three members of HealthWatch along with Tracey Brown from Sense about Science have met with Sir Michael Rawlins, chairman of NICE, to express our concerns, and are pleased that he seemed receptive to them.

Whistle-blowing: We have a Whistle-blowers support fund set up to help Peter Wilmshurst in his libel case against NMT medical. John Garrow wrote a summary of his case in the October newsletter. Peter is a previous winner of the HealthWatch award for his whistle-blowing activities and may yet win it again if he carries on like this. We have so far raised almost £9,000. Details of how to contribute are available on the HealthWatch website. Peter will give us a further update on his situation later this evening.

Simon Singh: The science writer Simon Singh has won his right to appeal the ruling against his use of the word 'bogus' in reference to the British Chiropractors association.

In recent weeks and months Edzard Ernst has been prolific in writing articles in several journals and magazines regarding the lack of evidence for claims previously made by the British Chiropractors Association.

'Integrative Medicine' Editorial in BMJ: HealthWatch was concerned that the editorial (1st September 2009) was really promoting CAM and avoiding questions of efficacy by muddling the physical effects of a treatment with the interpersonal skills of the clinician. HealthWatch members contributed the majority of over 50 rapid responses to this article online.

New BMJ group journal Acupuncture in Medicine: HealthWatch will be keeping a close eye on developments with this new journal which on the one hand should encourage good research to be done, but on the other hand seems to give undue recognition to a field which so far can only claim limited evidential support.

Successes:

WHO has responded to homeopathy concerns: The Voice of Young Scientists wrote an open letter to the World Health Organisation concerning the use of homeopathy in the developing world which we reported in the July 09 newsletter. WHO has responded saying that it DOES NOT recommend the use of homeopathy for treating HIV, TB, malaria, influenza and infant diarrhoea.

Homeopaths under pressure: In a German journal a Director of the Society of Homeopaths Lionel Milgrom published a long article entitled 'Homeopathy in the UK and its detractors'. This is explicitly about the pressure homeopaths are feeling in the UK.

Chiropractic under pressure: Chiropractors are also under considerable pressure principally as a result of their ill-advised action against Simon Singh. Ben Goldacre has reported in the Guardian about the substantial media attention, international petitions, and the work of bloggers. 1000 chiropractors have been reported to trading standards. There has also been a leaked statement from the McTimoney Chiropractic Organisation to all their members warning them to take down their websites in case they were caught advertising services that had no evidence to support them.

This is a summary of the highlights of the last year.

MEMBERSHIP SECRETARY'S REPORT

Kenneth Bodman

The current HealthWatch membership stands at 134

We lost 5 members who did not renew their subscription and one member who had died.

But having lost six we had six new members which included last years HealthWatch award winner Dr Margaret McCartney

Members of the committee have had extra copies of the newsletters to circulate within the medical profession but so far no success with recruiting new members

We do send to 34 journalists from the main newspapers and medical organisations by post a copy of our newsletter and a couple of hundred by email so there is a good circulation

We are sending newsletters to three people for a year as recommended by Mandy Payne with hopes of them finding the aims of HealthWatch of interest and hopefully joining by next June.

The October newsletter was posted as usual but because of the postal dispute and not knowing when they might be received everyone on the mailing list had an email version as well.

For those currently not on my email list which currently stands at 92 email addresses and 48 members receive their newsletter this way, they will get with their next newsletter, a note asking for an email address if possible in case of further disruption

The current free membership for students presently stands at 27

And although seven students graduated this year they did not reply to David's emails or my letters inviting them to join HealthWatch full time, which was most disappointing.

TREASURER'S REPORT: TWELVE MONTHS ENDED 31st MAY 2009

Anne Raikes

The Balance Sheet and Statement of Financial Activities for the period 1st June 2008 to 31st May 2009 are available at the AGM and/or a complete copy of the Financial Statements if required.

As in previous years, the major part of our total expenditure of £5,158 (£5,709), is incurred in producing and distributing the Newsletter (four each year).

Members of the Committee continue to give their time and effort at no cost to HealthWatch. The increase in the subscription rate ratified, now two years ago, fed through to subscription income of £4,141, well up from the previous year's £2,426. Subscriptions do now more than cover the cost and distribution of the Newsletter and other membership costs.

During the year £1,140 (£1,823) was expended on the HealthWatch Student Prize. The accounts show the Ajahma funds separately from general HealthWatch funds. There remained £1,740 in this account at end May 2009 which is supporting the Prize this year and any balance will support next year's.

The Healthwatch Committee is very pleased to announce that the Medico-Legal Society has generously agreed to support the continuation of the Healthwatch annual awards to promote the teaching of healthcare undergraduates in critical evaluation of clinical research protocols.

Whistle blower Support Fund.

Peter Wilmshurst is a consultant cardiologist who has been involved in a research study and who believes the results of the study suggest that patient's might be at risk from malfunctioning of a device intended to close a hole in the heart. The manufacturers of the device have taken him to court for speaking publicly about this to a journalist. He is therefore faced with very large legal fees to defend himself when he believes he is acting in the best interest of patients. HealthWatch feels that whistle blowers like Peter Wilmshurst should be supported in being allowed to speak freely when in the best interests of patients without fear of litigation and the expense incurred. HealthWatch therefore has a fund set up in support of such cases. At 31st May 2009, this Support Fund had raised £7,250, which together with related Gift Aid Tax Refund amounted to £8,895.

Neilson and Co were re appointed to carry out an independent examination of the accounts.

ELECTION OF OFFICERS AND COMMITTEE MEMBERS

The present officers and committee were elected unopposed

Nick Ross encouraged the members present to consider standing for committee.

ANY OTHER BUSINESS

The president invited Peter Wilmshurst to speak;

Dr Peter Wilmshurst expressed his thanks to Professor John Garrow and HealthWatch who have supported him in his legal case.

Dr Wilmshurst briefly explained the background to his case and informed the meeting that the journal Circulation has now published a four page correction to the original paper; however some of the new data published is still not correct. Despite this he felt that his legal position was improving.

HEALTHWATCH STUDENT PRIZE

REPORT

Walli Bounds

On behalf of HealthWatch, I should like to thank the AJAHMA Trust for having provided the funding for this competition, which has enabled us to run it for a sixth consecutive year.

Aim:

The aim of this competition is to see whether medical and nursing students have acquired the skills needed to critically appraise clinical trial protocols, and hence to assess the validity or research findings. As we all know only too well, there are numerous claims for efficacy or safety of healthcare treatments published in the medical and lay press and on the internet which, on closer examination, are based on poorly designed clinical trials that could not possibly support the stated claims, and it is vitally important for our future doctors and nurses, who will base their judgements and clinical decisions on research findings, to be able to distinguish the 'wheat from the chaff'.

Method:

Students are invited to appraise four 1-page long hypothetical research protocols, and to rank them on a scale of 1 – 4 (1 = best, 4 = worst) according to which one is most likely to provide a reliable answer to the stated aim of the trial. The protocols contain varying degrees of scientific, methodological and ethical flaws, (eg no control group, or no informed consent), which the students are expected to identify and comment upon.

Protocols:

	Pre-agreed rating
Evening Primrose oil for menorrhagia (EP oil)	2
Ginger for nausea and vomiting (Ginger)	3
Orthotics for flat feet (Orthotics)	1
Desensitisation for food allergies (Desens.)	4

Administration:

This year, the competition was coordinated by Professor David Bender, who notified all medical and nursing colleges in the UK early in the year, collected the entries, sent the anonymised entries to the judges, and notified all participants of the results. In addition, he personally contacted staff at selected medical schools, encouraging them to bring the competition to the attention of their students. His and Professor John Garrow's contributions were crucial to the success of the competition, and the judges thank them for their much valued support.

Results:

Information flyers were distributed electronically to all medical and nursing colleges and also to the Council of Deans of Nursing, rather than by traditional mail, in the expectation that this mode of contact would lead to a more favourable response, compared to earlier years, which in fact it did in 2007 and 2008, but sadly this improvement was not sustained. We received only 50 entries (compared to 68 in 2008 and 95 in 2007), of which 48 were from medical students and 2 from nurses.

Only about a third (17) had rated the protocols in the correct order, and these 17 then underwent detailed scrutiny by the judges, who paid particular attention to see whether students identified design weaknesses, such as absence of, or unsatisfactory, control group; no patient and/or assessor blinding; and ethical issues. The judges assessed the entries independently with the aid of an 11-point check-list and then compared their results and tried to reach agreement.

They were impressed with the well-reasoned entries from a minority of the students, which showed that they had a fairly good understanding of what a good-quality clinical trial entails. This, of course, made the judging more difficult, and much time went into assessing the quality of students' comments and in teasing out aspects that would rate one entry better than the next.

Medical schools are now paying more attention to the teaching of how to evaluate new drugs and treatments, but the fact that only about a third of entries rated the protocols in the correct order, and of these, only five were of sufficient quality to merit a prize, indicates that we still have a long way to go. As in previous years, the judges were disappointed and concerned that the vast majority of students **failed to comment on the absence of ethics committee clearance and of informed patient consent in some of the protocols**, despite specific instructions this year to identify important omissions. This is most disturbing and raises the question of whether medical and nursing training pays much attention to ethical issues in clinical trials; no doubt, many of you will share our concerns in this respect.

The poor response from nursing students is most disappointing, as is the fact that none of their entries were of sufficient quality to merit a prize, or at least a 'Commendation'.

Funding

The Ajahma Trust funding is now almost exhausted, but I am pleased to report that, thanks to much encouragement from HW Committee Members Diana and Malcolm Brahams, for which we are most grateful, the Medico-Legal Society has kindly agreed to support the competition for the next three years.

Prize presentation:

I should now like to invite our President to hand out the prizes to the winners and runners-up, who are:

Medical Students

Winner:

Suzanna Jefferson

Queen Mary's University London

Runners-Up:

Ross Mirvis

Imperial College London

Rohit Narayan

Birmingham University

Simon Rowland

Imperial College London

Lauren Ewington

Imperial College London

HEALTHWATCH AWARD 2009

The Health Watch award for 2009 was presented to Sir Iain Chalmers for his extensive contribution to evidence based medicine

Sir Iain gave a most interesting presentation on the history of EBM and the development of The James Lind Library

AOB

There was none,