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NEWS FEATURE

Saatchi debate energises

The second HealthWatch public debate asked the question: “This house supports the Medical Innovation Bill”. Four distinguished and passionate speakers were masterfully chaired (and, occasionally, refereed) by Peter Bazalgette, and an educated and engaged audience packed the Kings College lecture theatre. An hour of passionate argument included many moving and thought-provoking contributions before the motion was put to the vote.

The Medical Innovation Bill (known as the Saatchi Bill) was a private members’ bill sponsored by Lord Maurice Saatchi, introduced in 2013 in a bid to address what he sees as doctors’ aversion to trying new treatments because of fear of litigation, by enabling them to innovate in cases of terminal cancer and other diseases safely and responsibly. But many believe such a law is unnecessary, and could permit irresponsible experimentation. Shortly before the HealthWatch Debate we learned that the Bill’s Second Reading, due for 27th February, had been put back to 6th March. The timing was perfect for HealthWatch to argue the Bill without knowing its destiny.

The stage was set then, for the debate at Kings College London’s Waterloo Campus, on 4th March. Sir Peter Bazalgette, chairman of Arts Council England, gave each speaker eight minutes to put their case. First up was Sir Mike Rawlins, chair of the MHRA and patron of HealthWatch. His speech in support of the motion described Dravet Syndrome, a rare and catastrophic form of childhood epilepsy, for which some sufferers have been helped by the compound cannabidiol. Doctors in this country, he said, cannot prescribe it because it is not licensed for the condition. Rawlins acknowledged having had initial reservations about the Saatchi Bill but, he said, it had been revised to address them. “Don’t throw the baby out with the bathwater” he concluded.

Opposing the motion was HealthWatch’s president, journalist and broadcaster Nick Ross, who said that not one penny of the £1.6bn claimed annually against the NHS is because of innovation. Innovation already happens within the current legal framework, but he warned against “confusing innovation with improvisation”—as an example of the latter, the untested practice by which thousands of premature babies, among them the musician Stevie Wonder, were blinded by oxygen treatment intended to help their lungs develop.

Seconding Rawlins was parliamentary lawyer Daniel Greenberg who claimed Ross’s concerns did not apply

in the Bill's latest version. Weighing into the battle of the lawyers, Nigel Poole QC argued that the Bill could create even more problems for doctors through new, untested principles of law.

Speeches over, views were invited from the audience, who included students, medics and lawyers, as well as HealthWatch members. Cancer surgeon Michael Baum described how he had innovated extensively within the current system without legal impediments. An A&E consultant fresh from theatre told of a life he saved recently by a spur-of-the-moment intervention, again without fear of litigation. Barrister and physician Pete Feldschreiber warned that the Bill would bypass the protection of existing benefit-risk assessment frameworks, and could prove extremely dangerous. Others called for sensitivity in helping the families of the dying to deal with their situation, rather than seek more and more medical treatments. A lawyer, observing that the Bill resulted from Saatchi's passionate and well-intentioned desire to find a way to spare others the suffering his wife Josephine had endured, suggested that, had his wife died as a result of, say, medical negligence, we might be looking at a very different Bill. There was concern at the pain that was inflicted on the bereaved Maurice Saatchi when he saw that his own wife's oncologist had signed a letter in *The Lancet* opposing his Bill—should that doctor have refrained out of compassion?

The motion was defeated by 90 votes to 3, with 13 abstaining. This judgment was echoed in Parliament a few days later—no MP moved the Bill at its Second Reading, so it will progress no further.

Mandy Payne

The debate can be viewed in full online at <http://www.healthwatch-uk.org/debate-on-the-saatchi-bill-march-4th/>

NEWS

Headache doctor trial verdict criticised

Headache expert Andrew Dowson, of King's College Hospital London, has received a temporary suspension from the UK medical register for a "serious breach of professional standards" in clinical trial conduct.

Two charges of dishonesty were found proven against Dowson, the headache specialist who co-led the MIST (Migraine Intervention with STARFlex Technology) trial, but the decision to allow him to return to research post-suspension has come under criticism. Dowson was joint principal investigator with the cardiologist Peter Wilmschurst, who was later sued for defamation by STARFlex' manufacturers after he publicly aired his concerns about inaccuracies in the trial results.

The Medical Practitioners Tribunal Service panel ruled in February that Dowson had been dishonest in signing a "materially false" statement in a clinical trial agreement and in not telling a research ethics committee that he had breached the research protocol of a previous trial. After reaching its conclusions on the facts, a fitness to practice hearing later that month suspended Dowson from the Medical Register for four months.

On hearing the verdict, Peter Wilmschurst told HealthWatch: "I am surprised that despite this being the second time that a Fitness to Practise Panel has found him guilty of misconduct in a clinical research trial (the first time was in 2006 and concerned unrelated research), they have made no ruling prevent him undertaking research when he gets back onto the Medical Register."

Mandy Payne

Reference

1. Dyer C. Migraine doctor is suspended for serious breach of professional standards *BMJ* 2015;350:h982 <http://www.bmj.com/content/350/bmj.h982>

NEWS IN BRIEF

HOMEOPATHY HAS been written off as a treatment for medical conditions by Australia's government working group. The National Health and Medical Research Council announced on 11th March that "there is no good quality evidence to support the claim that homeopathy is effective in treating health conditions." After assessing more than 1800 papers, NHMRC could find no good quality, well-designed studies with enough participants to support the idea that homeopathy works better than a placebo, or causes health improvements equal to those of another treatment. The Australian advocacy group Friends of Science in Medicine (FSM) are calling on the Australian government to stop subsidising unproven alternative therapies such as homeopathy through student loans for homeopathy and similar courses.
<http://www.scienceinmedicine.org.au/>

IT'S TIME to nominate an individual who has promoted sound science and evidence in the public interest for the 2015 John Maddox Prize for Standing up for Science. Emphasis is on those who have faced difficulty or hostility, especially if they have yet to receive recognition. The winner receives £2000, the presentation is at a reception in November.
<http://www.senseaboutscience.org/pages/maddox-prize-2015.html>

BAD MEDICINE was published back in 2007 but, now available on Kindle, it's still worth a read. By David Wooton, and subtitled "Doctors doing harm since Hippocrates" it asks, just how much good has medicine done over the years? And how much damage does it continue to do? Published by Oxford University Press.

There are lots of organisations that fact-check online, scrutinising everything from politicians' speeches to adverts to newspaper headlines—and health is a ripe source of misconceptions. Fact Check Central is Sense About Science's new myth-busting website which collates info from fact-checking blogs such as Full Fact, the Health and Safety Executive Myth Busters Challenge Panel, NHS Choices 'Behind the Headlines', and SAS's own 'For the Record' series. Just browse down the list of headlines, then find the evidence in the links at <http://factcheckcentral.org/>

MEET your fellow travellers on the journey of questioning, at the 16th European Skeptics Congress this September 11-13, at Goldsmiths College, London. HealthWatch committee members James May and Susan Bewley will be on the 'Skepticism and Medicine' panel at the congress. Edzard Ernst, formerly Professor of Complementary Medicine at the University of Exeter, past HealthWatch Award recipient, and current blogger at <http://edzardernst.com/>, will present a critique of integrative medicine. There will be talks on science, complementary medicine, parapsychology, magic and 'satanic panics'; and a Skeptics in the Pub event in which psychologist Gustav Kuhn will give a presentation (with demonstrations) on the Science of Magic. Register at <http://eurosepticscon.org/>

Doctors in England are writing fewer prescriptions for homeopathy. In 2014, the number of NHS prescriptions for homeopathy fell for the eighteenth consecutive year, this time by over 21%, according to an analysis by the Nightingale Collaboration, using data publicly available from the Health and Social Care Information Centre. The number of prescriptions written for homeopathic remedies is just 6% of its 1996 peak, says the report.
<http://www.zenosblog.com/2014/10/an-idiots-guide-to-understanding-nhs-homeopathy-prescription-data/>

A SURVEY from Aberdeen found almost two-thirds of Scottish women reported using complementary and alternative medicine in the third trimester, despite uncertainty about their safety and effectiveness. Oral herbal drugs were the most commonly taken, with 40 different products identified. Having a university education was one factor that made the practice more likely, reported Pallivalapila and colleagues.
Obstet Gynecol 2015;125:204-11

EVIDENCE

HRT and expert conflicts of interest

Since the Women's Health Initiative trials^{1,2} confirmed that combined estrogen and progestogen hormone replacement therapy (HRT) increases the risk of breast cancer, heart disease and stroke, and that estrogen-only HRT increases the risk of stroke, most independent experts, including the UK Medicines and Healthcare Products Regulatory Agency (MHRA), and the US Federal Drug Administration, have advised that it should be limited to treating symptoms only, and used in the lowest dose, for the shortest time possible, and never for health promotion. Most doctors accept this advice, pass it on to their patients, and follow it.

But a small number of menopause “experts” with documented ties to HRT manufacturers, regularly write editorials and reviews casting doubt on the WHI trial results, playing down their implications, and claiming that HRT might even reduce heart disease when started soon after the menopause. This “timing hypothesis” is not born out by independent analysis of all the trials of long term HRT use, e.g., the latest Cochrane review.³ It also ignores the well documented cardiovascular harms seen in trials of short term HRT in younger women, which for many years were concealed by the manufacturers.^{4,5} ...

Jim Thornton

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University of Nottingham**

Further details and links available on Dr Thornton's blog at www.ripe-tomato.org

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NUTRITION: MEDIA

Advice on fats: evidence flawed?

A widely publicised paper in the journal *Open Heart*¹ in February said that the current dietary guidelines to reduce total fat intake to no more than about 30% of energy intake, and with no more than 10% of energy from saturated fats, were not supported by randomised controlled trials, and should not have been introduced.

There is a problem here. Any randomised controlled trial (RCT) of interventions to prevent death from atherosclerosis and coronary heart disease will, of necessity, involve people already at risk: middle-aged men who already have significant atherosclerosis. This is unavoidable if there is to be a result within, say, 5–10 years. However in such a population the best that can be expected of a successful intervention is a slowing in the worsening of their condition, something that is unlikely to have a statistically significant effect in such a short-term study. Middle-aged men with atherosclerosis are probably too late to benefit from dietary changes...

David A Bender

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2. Uusitalo, U. et al. Fall in total cholesterol concentration over five years in association with changes in fatty acid composition of cooking oil in Mauritius: cross sectional survey *BMJ* 1996;313:1044
3. Expert reaction to study looking at historic UK and US dietary advice on fats. Science Media Centre website, 9 February 2015. At: <http://www.sciencemediacentre.org/expert-reaction-to-study-looking-at-historic-uk-and-us-dietary-advice-on-fats/> (accessed 31 March 2015)

NUTRITION: WEIGHT SCIENCE

Are the NICE guidelines on adult overweight and obesity scientific?

Will the NICE guidelines for weight control¹ in adults prove any more effective than predecessor documents? Or will they, like the recommendations they replace, do more harm than good? There is some new awareness—of stigma as a hazard, of the need to monitor adverse effect and recognition of a role for multi-dimensional health measures.

But these are not enough to redeem them, and notwithstanding the sincere intent of the Professional Development Group, it is neither scientifically valid nor clinically meaningful and a far cry from the “fully engaged scenario” envisioned by Wanless in 2002.² The fact is, that telling people to eat less and move more hasn’t made us any thinner, healthier or happier as a population. I suggest we need a new map spanning health inequalities, metabolic syndrome and public health nutrition that promotes equity, self-care and body respect for all...

Lucy Aphramor

Dietitian and visiting research fellow, University of Chester

Lucy Aphramor was a member of the NICE Policy Development Group for the guidelines referred to. She is co-author (with Linda Bacon) of “Body Respect”, published by BenBella Books, September 2014. HAES and Health at Every Size are registered trademarks of the Association for Size Diversity and Health and are used with permission. HAES UK is an independent non-profit group based in the UK, which supports networking and advocacy for ethical, weight-equitable healthcare.

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1. Managing overweight and obesity in adults – lifestyle weight management services. NICE guidelines [PH53], May 2014.
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ALTERNATIVE MEDICINE

The US NCCIH: What is it?

America’s National Centre for Complementary and Alternative Medicine (NCCAM) recently changed its name.¹ It replaced the words ‘Alternative Medicine’ with ‘Integrative Health’, to reflect both the ‘growth of integrative health care within communities across the US’ and its research focus. Originally the Office of Alternative Medicine (OAM), set up in 1991, it went on to be re-established as NCCAM, making NCCIH its third name. Is this just another attempt to give ‘alternative medicine (AltMed)’ the appearance of legitimacy?

Established by the US Congress in 1998,² as part of the National Institutes of Health (NIH), it has been shaped by politics, not by science. NCCAM was “set up to study alternative therapies and how they could be integrated into conventional treatment”. NCCIH and its predecessor agencies have spent nearly \$2bn,³ much of it on research into implausible interventions such as acupuncture, prayer, homeopathy, therapeutic touch and energy medicine...

Loretta Marron

Chief Executive Officer, Friends of Science in Medicine

<http://www.scienceinmedicine.org.au/>

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3. NCCIH Funding: Appropriations History. <https://nccih.nih.gov/about/budget/appropriations.htm>

BOOK REVIEW

Memoirs of a rebel with a cause

A Scientist in Wonderland by Edzard Ernst. Published by Imprint Academic, Exeter, 2015. £14.95. ISBN 9781845407773

In this eminently readable little book (just under 200 pages), subtitled “A Memoir of Searching for Truth and Finding Trouble”, Edzard Ernst tells his story from being a child in post-war Germany through a psychology course in Munich (which may well have caused his abhorrence of pseudoscience), to medical school, and on through various clinical appointments in Munich, London, Hannover and Vienna, and finally to two decades as Professor of Complementary Medicine in Exeter.

Reading the first chapter I wondered whether, had I been a member of the interview panel for Munich Medical School, I would have offered him a place. His school grades were not outstanding, and his school reports referred to his disruptive behaviour (he managed to get himself expelled from a boarding school, apparently deliberately, because of his behaviour). He was more interested in playing jazz than in studying...

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1. The assessment and testing of treatments, whether “orthodox” or “alternative”;
2. Consumer protection of all forms of health care, both by thorough testing of all products and procedures, and better regulation of all practitioners;
3. Better understanding by the public and the media that valid clinical trials are the best way of ensuring protection.

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