

# HealthWatch

for treatment that works



Registered charity no 1003392

Minutes of the 20<sup>th</sup> Annual General Meeting  
14<sup>th</sup> October 2008  
at The Medical Society of London

## **PRESENT**

Michael Baum, David Bender, Kenneth Bodman, Walli Bounds, Thomas Bewley, Susan Bewley, Gaynor Bussell, Malcolm Brahams, Diana Brahams, Sarah Chorley, John Garrow, Neville Goodman, John Illman, Keith Isaacson, Jenny Isaacson, Vincent Marks, Anne Raikes, Sally Raikes, Bethan Riley, Les Rose, Hazel Thornton, Robert Wilcox, Margaret McCartney, Joanna Smeeton, Charity Santeng, Ashley Simpson, Khalil Hassanally

In the absence of the President, Nick Ross, the meeting was chaired by Professor John Garrow.

## **APOLOGIES FOR ABSENCE**

Enid Allen, James May, Caroline Richmond, Gillian Robinson, Nick Ross

## **MINUTES OF THE 19<sup>th</sup> AGM AND MATTERS ARISING**

The minutes were accepted as a true record of the last meeting.  
There were no matters arising.

## **CHAIRMAN'S REPORT by David Bender**

HealthWatch Chairman's report 2008

### **What do we do and how do we do it?**

What we do is (I hope) well known to members, but perhaps not so well known to others. One of the student prize winners at the AGM commented that he had little idea of what HealthWatch does until he heard my speech. Our website is full of information, but until his comment did not open with a clear statement of our activities. I hope I have done something to rectify that now.

### **What do we do?**

We publish this quarterly Newsletter, which goes to all members, plus a considerable number of journalists. Our heartfelt thanks go to Mandy Payne, the editor, who always manages to produce an interesting newsletter, and Caroline Addy, a lawyer who reads the proofs to check for possible libel – a valuable help to us, especially as she does so free of charge.

We produce position papers on matters of interest. All of these are on the website as a resource for members, visitors and journalists. It is perhaps pleasing that our position paper on trans-fatty acids came to the same conclusions as the Foods Standards Agency, in a much shorter paper and produced earlier (and, no, I was not a member of the FSA expert group).

From time to time we write open letters, e.g. to the MHRA, Medical Royal Colleges, Royal Pharmaceutical Society, etc., concerning promotion of unproven complementary and alternative therapies, with the aim of publishing their responses.

We run the student prize for critical appraisal of clinical research protocols, to help medical

and nursing students to develop their skills. Hitherto this has been generously supported by a grant from the Ajahma Trust. They have indicated that they can no longer support the student prize, and we are seeking alternative sponsorship. Our thanks are due to Walli Bounds and Gillian Robinson for their work in drafting the protocols for the students to appraise, and to Joan Gandy who undertakes all of the work of publicising the competition to students, collecting and collating the entries, and selecting those that have ranked the protocols appropriately to send them to Walli and Gillian.

We make the annual HealthWatch Award to an outstanding medical scientist, practitioner or journalist who has made a significant contribution to public understanding of evidence-based medicine. This year's awardee, Dr Margaret McCartney is both a practising GP and also a columnist for the Financial Times.

### **How do we do it?**

There are various ways that things get started:

Sometimes a member of the committee will bring a press cutting, advertising leaflet, magazine or transcript of a radio or TV programme to a committee meeting to start discussion of what we should do about it, and who will do it.

Sometimes (increasingly commonly) there is a flurry of emails between committee members, which may result in an article for the Newsletter, a new position paper, or, occasionally, a radio or TV appearance.

We heard about the homeopathic AIDS conference last December in advance, and with help from the Terrence Higgins Trust and Sense About Science we mounted a media blitz. In one radio interview a spokesperson for the homeopaths referred to a document containing a summary of the evidence for the efficacy of homeopathy. We obtained a copy. It contained summaries of a series of published meta-analyses of trials of homeopathy that apparently demonstrated efficacy. I read the papers they cited, and my re-analysis was published in the April 2008 Newsletter – I did not reach the same conclusions as the homeopaths, because the papers they cited did not provide evidence of efficacy.

James May, our new Chairman, is a GP, and one of his patients came to his surgery with a report from an electro-interstitial scan, for which she had paid £60 at a local pharmacy. This purported to show that she was seriously ill, when there was nothing wrong with her. James wrote an interesting account in the October 2008 Newsletter of how he followed this up, and there will be more to come, since he has been in correspondence with the manufacturers of the device (which is not sold or licensed to do what the pharmacist apparently claimed it was doing) and the Royal Pharmaceutical Society. There will also be an analysis of what is implied in the manufacturers' information about the device and whether it can do what it seems to claim.

The Chairman is only as good as his committee, and I have to thank all those committee members who have done so much more than I have to further the aims of HealthWatch: Gillian Robinson who acts as committee secretary, and Walli Bounds, who also takes notes at meetings, Anne Raikes, who manages our (meagre) finances admirably, John Garrow, who has been Vice-Chairman for the last three years and is a constant source of information and inspiration, Susan Bewley, Diana and Malcolm Brahams, Neville Goodman, who retires from the committee at the AGM, John Illman, Keith Isaacson, James May, Caroline Richmond and Les Rose, and our student representative, one of last year's prize winners, Alison Myers. I also have to extend out heartfelt thanks to Kenneth Bodman, who took on the job of membership secretary two years ago, little knowing that no sooner had he sorted out the membership list, and cajoled more members into gift-aiding their subscriptions, than he would have the task of getting members to update their standing orders for the new subscription rates that were agreed at last year's AGM.

I am confident that HealthWatch is in good hands as I hand over to James May as the new Chairman, and Keith Isaacson as the new Vice-Chairman.

### **MEMBERSHIP SECRETARY'S REPORT by Kenneth Bodman**

It was agreed at last year's AGM to increase the subscription to reflect our current costs and this unfortunately had an effect on the membership and so the current membership stands at 131 as against 197 as I stated at this time last year.

But I have to add that I was still chasing late renewals at that time and so by the end of December 2007 the total was 187 members.

Of the 56 non renewals since raising the subscription 16 did write or email me to say they would not be renewing for financial reasons or due to ill health And we regrettably lost three members who passed away.

The rest unfortunately did not respond to the three reminders that were sent to them.

But we have also welcomed three new members to HealthWatch

The student membership stood at eleven having gained one this year when I wrote this report but I have now started to get more applications thanks to Dr Benders efforts Also I am pleased to say that one of the students who graduated this year Emma Court and a former prize winner is now a full member of HealthWatch

The big change since increasing the subscription is 44 members prefer now to have the newsletter by email compared to last year of about six and on the subject of emails I am glad to say that I now have 84 email addresses which makes contact with members so much easier.

The breakdown of the HealthWatch membership is as follows 93 members pay by standing order 28 pay by request 3 pay by caf one by the swet scheme courtesy membership to the Research council for complementary medicine and HealthWatch has 5 life members

And finally HealthWatch is very grateful to the 118 members who gift aid their subscription.

There then followed a brief discussion, with suggestions from the floor that those present should try to enlist new members, especially from among the younger generation, while one speaker considered it more important for existing members to become more actively involved in the work we do, rather than increasing the size of membership. Both suggestions would be pursued.

## **TREASURER`S REPORT - TWELVE MONTHS ENDED 31<sup>st</sup> MAY 2008 by Anne Raikes**

The Balance Sheet and Statement of Financial Activities for the period 1<sup>st</sup> June 2007 to 31<sup>st</sup> May 2008 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 £5,709 (£5,123), 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 level of subscription income of £2,426 was down again from the previous year (£2,744) and did not cover the cost and distribution of the Newsletter. An increase in annual subscription rate was ratified at last year's AGM and is now helping to address the imbalance between income and expenditure.

During the year £1,823 (£1,076) was expended on the HealthWatch Student Prize. The accounts show the Ajahma funds separately from general HealthWatch funds. There remained £2,785 in this account at end May 2008 which we believe may support the continuation of the Prize this year and one more year only.

We were very sad to report the death in April of Katharine Garrow, wife of John Garrow, sometime chairman and now vice-chairman of Healthwatch. Donations in her memory of almost £1,300 have been received very gratefully. Donations, on which Healthwatch increasingly relies, totalled £1,592 in the year.

The Accounts show a profit this year of £1 (excluding the restricted Ajhama related activity) which is down from last year (£215). This drop is the result of lower subscription income and higher administrative costs.

Healthwatch need to maintain its level of reserves, not only for the Newsletter but also in case of libel defence (insurance being impractical) and for future projects that the Committee would like to implement given sufficient funds.

Healthwatch reserves, excluding the Ajama Fund, totalled £15,064 at end May 2008, the bulk of which is held in a COIF Charities Deposit Fund. An interest rate averaging 5.6% has been paid on this balance throughout the year.

## **ELECTION OF OFFICERS AND COMMITTEE MEMBERS**

The following were nominated and elected unopposed:

Chairman: James May Vice-  
Chairman: Keith Isaacson  
Treasurer: Anne Raikes  
Secretary: Gillian Robinson

Committee members: David Bender, Susan Bewley, Walli Bounds, Diana Brahams, Malcolm Brahams, John Garrow, John Illman, Caroline Richmond, Les Rose

### **AJAHMA STUDENT PRIZE – report by 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 fifth consecutive year.

#### **Aim:**

As most of you will know, 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 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 and ethical flaws, (eg no control group, or no informed consent), which the students are expected to identify and comment upon.

#### **Administration:**

The competition is coordinated by Dr Joan Gandy, a Prize Administrator, who notifies all medical and nursing colleges in the UK early in the year, collects all the entries, sends the anonymised entries to the judges, and notifies all participants of the results. She has provided this service in her own time and entirely free of charge. As was the case last year, this year's publicity about the competition was further enhanced by Dr David Bender having personally contacted staff at selected medical schools to encourage them to bring the information to the attention of their students. I should like, at this stage, to propose a vote of thanks to Drs Gandy and Bender for their valuable and much appreciated contributions.

#### **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.

A total of 68 entries were received, of which 64 were from medical students and 4 from nursing students. This compares with 95 entries in 2007, 9 in 2006, 32 in 2005 and 38 in 2004. Though this year's competition attracted fewer participants than last year, the response rate has certainly improved following the introduction of electronic mailings.

Of the 64 entries from medical students, 39 had rated the protocols in the correct order, and these 39 then underwent detailed scrutiny by the judges, who paid particular attention to see whether students spotted design weaknesses, such as absence of, or unsatisfactory, control group; no patient and/or assessor blinding; and ethical issues.

The judges were impressed with the high quality of comments presented by some of the students, which showed that they had carefully appraised the protocols, and that they had a fairly good

understanding of what a good-quality clinical trial entails. This, of course, made the judging more difficult, but it suggests that Medical Schools are now taking the teaching of how to evaluate new drugstreatments more seriously. However, as before, the judges were disappointed and concerned to note that the vast majority of students failed to comment on the absence of ethics committee clearance and absence of informed patient consent in some of the protocols. Failure to spot such critical omissions is most disturbing and raises the question of whether medical and nursing training pays much attention to ethical issues in clinical trials, and I am sure many of you will share our concerns in this respect. It is possible that some respondents assumed that they were expected to assess the protocols only for their scientific merit, rather than also for ethical aspects (or lack thereof). For this reason, in future competitions students will be instructed to **comment on what is missing in the protocols**, and we hope this will prompt them also to consider ethical aspects.

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

#### **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:**

Joanna Smeeton (Kings College Medical School)

#### **Runners-Up:**

Antonia Bull (Brighton & Sussex Medical School)  
Charity Santeng (Queen Mary's University, London)  
Yasser Madani (Queen Mary's University, London)  
Ashley Simpson (Queen Mary's University, London)  
Khalil Hassanally (Queen Mary's University,  
London)

It was reported that the remaining sum of the original Ajahma grant will only cover the cost of one more competition, and other sources of funding are now being explored.

#### **HEALTHWATCH AWARD 2008**

The HealthWatch Award 2008 was presented to Dr Margaret McCartney for her promotion of evidence-based medicine in General Practice, which was followed by a thought-provoking and stimulating presentation on this subject by Dr McCartney.

#### **AOB**

The question of whether HealthWatch should accept funding from the Pharmaceutical Industry was revisited. It was considered important that HealthWatch maintains its independence and be seen as a reliable source of information for the media and the general public, free from possible constraints associated with industry funding.