HEALTHWATCH NEWSLETTER
Issue 100, Winter 2015-16

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NEWS FEATURE

Why evidence matters to Dr Mark Porter

The 23rd HealthWatch Award was presented to Dr Mark Porter MBE; GP, journalist, media doctor and presenter of BBC Radio 4's 'Inside Health'. Receiving his award at the Medical Society of London, Dr Porter gave an insight into his unique career, and explained that his listeners, readers, and patients are why evidence matters.

"For me, it's not about the data, but how it influences clinical practice—what difference is made to the man or woman sitting in front of me in my consulting room.

Like most, I was a naïve young doctor who did what his boss told him, whose boss did what his boss told him because it was what his boss did, and that's how we based a lot of our practice. It's been a gradual transition to the importance of evidence, and now, I'm a complete convert. My job is not to be an expert. It is to put experts into the public domain. It is to ask questions, and to give them the chance to explain the rationale behind evidence-based medicine; what it is and why it matters to the public, so that everybody out there can make an informed decision about their future.

I don't need to sell evidence to my listeners—they absolutely get it. Less straightforward is the way that research is reported. It's hard to see through the veneer of gloss that's put upon it by the journalists, or the journal, or by the researchers themselves. Press releases from journals 'big things up'—it's not surprising that the story gets slightly confused.

Significance is not well understood. I'm not talking about statistical significance here; I'm talking about what difference this finding might make to their lives. If something doubles the chance of you getting some condition, but your chance of getting it is pretty near zero in the first place, it's irrelevant.

Terminology is a struggle. I'm hopeful that there will be a third series of 'Inside Language', a series with Professor Carl Heneghan and Dr Margaret McCartney looking at terminology, from surrogate markers to t-tests, which has proved popular.

My job is to teach the public to be a little bit sceptical, a little bit cynical about what they read, look for vested interests, understand why something might be, and understand how to ascertain if it's relevant to them. But, I do have concerns, and I just want to share a couple of those with you.

The first is the relevance of the data.

As we bow to the altar of evidence-based medicine, sometimes we're blinded by the light. We need to be critical about the relevance of the data that we're looking at, in terms of clinicians like me, working at the coalface of the NHS. A lot of that data ends up informing and producing guidelines, and we need to look at how rigidly we adhere to those guidelines when faced with very different individuals.

The vast majority of patients that I see, perhaps 90%, wouldn't get into a clinical trial because they don't meet the criteria—yet they're the patients that we're treating. Still a large proportion of the data that we're looking at is coming from on high. We don't know how relevant it is to the people we're actually seeing on a day-to-day basis.

An example I use is that of the contraceptive pill. The early explanatory trials show a failure rate of 1 in 300, so if you had 300 women on the pill for a year, one would expect to get pregnant. But in the real world, where trial conditions don't apply and all sorts of things arise, that failure rate approaches 1 in 10. That's a huge, huge difference. But it's the sort of difference that patients can grasp straight away, and suddenly they see the rationale behind long acting contraceptives. I'd like to see more pragmatic trials—but they're not the be all and end all, either. I just want to emphasise that the evidence that we're looking at is not always pertinent to the people that we're treating.

My second concern is that the selective data is then used to produce the guidelines. I'm all for guidelines. I'm all for best evidence based practice. But I worry about how rigidly we apply it, because of external pressures. We have QOF, prescribing initiatives, pressure to follow published guidance. Even if the guidelines were perfect—how do we know that we're applying them correctly to the person that's sitting in front of us?

External pressures mean that guidelines get rigidly applied. They become tramlines. And I think that's a problem. I recently met an elderly gentleman with a humeral fracture in a falls clinic. He had diabetes, atrial fibrillation and other conditions, and had felt lightheaded for months. A number of doctors, consultants, had seen him and treated him according to the guidelines. He was taking sixteen different medicines, including six that lowered his blood pressure. I have no doubt that getting blood pressure to target improves outcomes for 1,000, 10,000, even 100,000 diabetic patients. But that doesn't tell me what's going to happen to the patient sitting in front of me. He could have fallen and hit his head, or broken his hip. We could have killed him. That's something that we need to consider in general practice.

Scepticism doesn't stop once you have some evidence, or have guidelines. I don't have answers. If pushed, I'd like to revert to that basic tenet of clinical practice: Primum non nocere or, as I say to my patients—if in doubt, do nowt."

Mark Porter spoke on accepting the HealthWatch Award at the Annual General Meeting, 20 October 2015 at the Medical Society of London. His speech was captured here by Sofia Hart, Journalist and HealthWatch Committee Student Representative

NEWS

Prizes and a new committee member

Two of this year's student prize winners joined us at the AGM to receive their prizes, and one has now joined us on the Committee. Andrew Fulton (right) a student of dentistry at Barts and the London School of Medicine and Dentistry, took first prize in the 2015 HealthWatch Student Awards and we were pleased that he has agreed to be one of our student representatives.

This year, all of our winners are studying in London. Runner up was Wong Li Chin (left, with Nick Ross, who presented the prizes). Li Chin is a medical student at University College London. Our second runner up, Vivek Vijay, also a UCL student of medicine, was sadly unable to attend to receive his prize. We extend our admiration and warmest congratulations to them all.

The HealthWatch Student Prize Competition started in 2002 as a way to promote and reward high quality of training in evidence for UK healthcare professionals. The competition is open to all medical, dental, nursing and midwifery students, and students of professions allied to medicine in the UK. Entrants are invited to rank and critically evaluate a series of clinical trial protocols. Winners receive £500, and up to 5 runners-up may receive a cheque for £100. In this, the fourteenth year of the competition, the number of entries continues to grow, but are still overwhelmingly from students of medicine. The lack of participation by nursing and midwifery students is of concern, especially as they are often the first point of call from members of the public seeking advice about the advisability of trusting media reports on the latest 'wonder-drug', particularly in the field of women's health.

We thank Cambridge University Press for their generous sponsorship of the 2015 competition; and David Bender, Sally Gordon Boyd, Walli Bounds, Roger Fisken and John Kirwan for their administrative and scientific contributions.

Ban on homeopathic prescriptions in sight?

A ban on GPs prescribing homeopathic remedies could be on the horizon, as the Department of Health is to consider blacklisting the treatments, thanks to pressure from the Good Thinking Society. The consultation will consider having the remedies added to Schedule 1 of the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004—otherwise known as 'the Blacklist'.

The Blacklist, maintained by the Department of Health, lists products that cannot be reimbursed at a pharmacy using NHS funds, effectively making it impossible for GPs to prescribe them. The Good Thinking Society, founded by Simon Singh, has been in correspondence with the department for the last year, arguing that homeopathic remedies meet many of the criteria for inclusion on the list, including a lack of evidence of clinical efficacy, a lack of cost-effectiveness, the availability of the product over the counter at low cost, and the availability of cheaper alternatives.

In June, the Good Thinking Society threatened the Department of Health with judicial review after they continued to reject the arguments. However in November the Department of Health responded by announcing plans for a consultation in 2016 on the subject of blacklisting homeopathy. The Good Thinking Society have been told they will be invited to be part of that consultation.

Media coverage on the case can be found at http://goodthinkingsociety.org/about/good-thinking-media-coverage/

The Guardian, 13 November 2015

http://www.theguardian.com/lifeandstyle/2015/nov/13/homeopathy-prescription-banned-from-nhs

NEWS IN BRIEF

In Australia popular but unproven 'natural' therapies could be stripped of the partial subsidy currently received through private health insurance, following the publication of a long-awaited review. The Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance, released in November, examines the evidence for 17 therapies, including aromatherapy, ayurveda, homeopathy, kinesiology, naturopathy, reflexology, and yoga. It concludes that the rebate should be paid for insurance covering such services "only where the Chief Medical Officer finds there is clear evidence they are clinically effective. Such clear evidence has not been found." More than half of Australians—about 13 million people—have general treatment policies, many of which currently provide cover for alternative medicines.

http://health.gov.au/internet/main/publishing.nsf/content/phi-natural-therapies

AllTrials: The Economist has built an interactive publication bias simulator to show how hiding clinical trial data impacts medical evidence. Run a few clinical trials yourself, decide which trials to publish, and see how easy it is to distort the evidence by withholding results.

http://www.alltrials.net/news/the-economist-publication-bias/

The James Randi Educational Foundation has shared a free 10-part video lecture series which compares science-based medicine with complementary and alternative methods. Topics include: acupuncture; chiropractic; energy medicine, homeopathy, and science-based medicine in the media and politics. The lectures range from 32 to 45 minutes.

https://www.youtube.com/playlist?list=PL8MfjLNsf_miVcNu6eJMNigAMNwQkk_B9

HEALTHWATCH AGM 2015

CHAIRMAN'S REPORT by Dr James May

The last year has been characterised by increasing joint working between HealthWatch and organisations which share our goals such as Sense about Science and The Nightingale Collaboration. The number of issues which HealthWatch is contributing to seems to increase year on year. We have always had a broad focus on promoting evidence based medicine across healthcare. However our focus shifts as time passes and new challenges appear.

Alternative medicine, the behaviour of drug companies, political support for screening programmes, corruption within orthodox medicine, support for whistleblowers and the regulation of medicines through trading standards and medical regulation bodies have all been and continue to be areas of action for HealthWatch. With such diverse activities it is very helpful to have other organisations working alongside us contributing their resources. Our expertise in health is often a resource for them too—and we have contributed to publications and projects by Sense about Science in particular.

Alan Henness from the Nightingale Collaboration has joined the HealthWatch committee, and has been reconstructing the HealthWatch website to make it more user friendly, for which we are very grateful. We recommend revisiting the website if you haven't done so recently to see the progress that has been made.

The Medical Innovation Bill, proposed by Lord Saatchi, almost became law under the last parliament. In March we held a debate at King's College London with Nick Ross and Nigel Poole QC opposing the Bill and our patron Mike Rawlins and parliamentary lawyer Daniel Greenberg supporting the bill. The Bill's premise

is that current law restricts medical innovation, although the opposition argued strongly that liberalising the law risks a quacks charter where the only restriction on innovation after a few administrative hurdles is the whim of an individual clinician. Only three people voted in favour of the Bill, whilst 130 people voted against with 13 abstentions. The video of the lively debate is on the KCL website (see http://www.kcl.ac.uk/nursing/newsevents/news/2015/The-Healthwatch-Debate-The-Saatchi-Bill.aspx) and is recommended viewing. Afterwards there was some hopeful talk that the debate may have taken the wind out of the sails of those drafting the Bill. Sadly however, the Bill has been resurrected with some changes and had its second reading in the House of Commons on the 16th of October. Concerns remain, over weakening of negligence provisions which provide immunity to irresponsible doctors, despite protests from those proposing the Bill.

Les Rose has after some considerable challenges managed to recruit a full team of investigators to the CPR2 study which is designed to see how effective consumer legislation is at regulating claims made for marketed health products, and the extent to which Trading Standards legislation is actually enforced.

HealthWatch has continued to raise concerns about national screening programmes, ably supported by our previous award winners Michael Baum and Margaret McCartney among others. There is far wider acceptance now that breast screening has significant risks, and that the benefits have been overstated. However, breast screening and the national cardiovascular risk screening programmes remain in place and clinicians are encouraged to promote them despite the evidence.

Homeopathy has long been a test case target for HealthWatch, symbolising as it does the core problems of alternative medicine—the lack of a rationale and the lack of supporting evidence. In 2010 the parliamentary Science and Technology Committee concluded that the NHS should cease funding homeopathy because of lack of evidence of efficacy. Since then NHS information has been clear on the lack of evidence for any homeopathic claim, and yet funding continues. In the current financial climate we need to keep up the pressure for common sense to prevail in cutting services we know have no benefit as a first priority.

In September HealthWatch ran a stall at the European Skeptics Congress at Goldsmith's college, and Susan Bewley and I contributed to a panel discussion on the question of whether there are orthodox medical practices we should be sceptical of. We raised issues of bias in clinical trials and the medicalisation of society. There were also lectures by HealthWatch award winners Simon Singh and Edzard Ernst as well as a lecture by Sense about Science promoting their 'Ask for Evidence' campaign and chaired by Alan Henness. Medicine was therefore a central point of discussion at the Congress.

We have yet to make use of £50,000 which was given to HealthWatch to fund research. Our medical student representatives are compiling suggestions of projects which could be undertaken by students which might make worthwhile use of this generous fund. We are open to suggestions and ideas from anyone else too.

The Newsletter continues to provide penetrating and relevant articles of very high quality, and Mandy Payne our Newsletter editor also contributes the majority of our twitter account activity which is well worth following. If you have articles up your sleeves or as a student would like to have something published then please contact Mandy. As always, we are indebted to our barrister, Caroline Addy, who helps us steer clear of potential libel. I am very grateful to the support of the committee, to the vice chair Debra Bick, to our secretary David Bender who keeps the show on the road, to our treasurer Anne Raikes, to other Committee members Susan Bewley, Les Rose, Diana and Malcolm Brahams, Keith Isaacson, John Illman and Alan Henness. We have also had very helpful contributions from our Medical Journalist representatives James Illman and Tom Moberly as well as considerable involvement from our student and trainee doctor representatives Kenneth Chan, Sofia Hart, Ruth Lamb and Jolene Galbraith.

James May, GP, London, and chairman of HealthWatch

JOHN MADDOX PRIZE

Edzard Ernst must have been a shoo-in for the John Maddox Prize!

The 2015 John Maddox Prize for Standing up for Science, awarded every November to "scientists under fire", went to Edzard Ernst, Emeritus Professor at Peninsula Medical School, and Susan Jebb, Professor of Diet and Population Health at the University of Oxford. Professor Ernst was nominated by HealthWatch Committee member Les Rose, and seconded by our president Nick Ross who here shares his nomination letter.

Sir John himself must have seen in Edzard a kindred spirit: an indefatigable champion of scientific methodologies, a deeply humane thinker and writer, and a researcher with such intellectual strength and personal humility that he abandoned his own ingrained attitudes in the light of scientific findings. Above all, he is a courageous advocate of science who faced ridicule and denigration from the highest levels—a personal campaign of vilification that significantly damaged his career—and yet who refused to retreat in the face of this hostility…

Nick Ross, author, journalist and broadcaster, president of HealthWatch

PHARMACEUTICALS

The hunt for the pink Viagra

I've been challenging the hunt for the pink Viagra since the hunt began—which was as soon as it was clear that the blue Viagra would be a financial blockbuster in 1998. The field has been crowded and the hunt has seemed interminable as first one drug and then another and another failed to show safety and efficacy during clinical trials and was discontinued.

In 2015, however, the industry finally achieved victory in the US with the Food and Drug Administration's (FDA) approval of flibanserin (brand name Addyi™) as a treatment for 'female hypoactive sexual desire disorder'. It's useful to dig into the history of this whole 'pink Viagra' story for what it shows us about changes in the drugs industry, in the relation between scientific experts and commercialization, and in the cultural meaning of sexuality. The full explanation for why flibanserin was finally approved in 2015 involves many unexpected participants and unexpected events and deserves a book-length description, but here's a brief narrative.

In 1998 Viagra was approved by the FDA to treat male sexual arousal disorder (erectile dysfunction) following cooperation between urologists and a drug industry newly interested in sexuality as a medical subject. Urologists had lost surgical opportunities to treat kidney stones and benign prostate hypertrophy as a result of the innovation of lithotripsy (a procedure that uses shock waves to break up stones) and new medications in the 1980s, and they became interested in the new area of sexual medicine which was becoming legitimized in the 1990s. The extraordinary financial and cultural acceptance and success of Viagra stimulated established companies and new investors and even more urologists to look into developing a comparable female market …

Leonore Tiefer, Associate Clinical Professor of Psychiatry, New York University School of Medicine

LETTERS TO THE EDITOR

Consider the harms

From Margaret McCartney, GP, author, and HealthWatch patron, Glasgow

To the editor,

It's difficult to know where to start to respond to Nick Ross' essay on his piles and medical confidentiality. The accusations of "groupthink"? Or the assertion that "in socialised medicine, epitomised by the NHS, we have exchanged the privilege of being a private customer with the benefit of sharing our risks and burdens equitably ... individual rights, and even autonomy, must be balanced explicitly against the needs of others".

Ross argues against medical privacy, or as he puts it, "secrecy" even when applied to medical records. He argues that medical records should be published publicly.

Ah, if only it was all about haemorrhoids. In the NHS front line life is somewhat different. Here in general practice we hear about everything. Domestic abuse and violence, abortions, HIV, sexual infections, genetic screening, child abuse. None of this should be embarrassing, but any of it could lead to further abuse, violence, unemployment, the loss of a family home, rented accommodation; this is not just about the feelings that one has about one's own medical history but what others could do with knowledge of it. Employers can be good but also can be discriminatory; as can landlords, workmates, friends, potential marital partners …

Yours,

Margaret McCartney

Religious discussions in the mix

From Frank C Odds, Emeritus Professor of Medical Mycology, University of Aberdeen Fungal Group

To the editor,

I am not sure that HealthWatch is the appropriate forum for discussions of religious belief. But the die has been cast, and I cannot let James May's article (Scepticism and Religion, HealthWatch Newsletter issue 99, Autumn 2015) pass without comment.

The article rehearses the tediously familiar tropes of those who wish to justify their superstitious beliefs held in the absence of evidence, right down to listing great scientists of the past who were Christians. Great: so now argument from (long dead) authorities is the sort of thing we can look forward to in future issues of Healthwatch?

Like most defenders of a Christian faith, May does not deign to enlighten us why he believes in the Jesus trinity, and not Allah, Yahweh, Vishnu, Shiva, Lakshmi and the rest. Nor does he advise us exactly what his faith consists of. If, like most Christians of my acquaintance, he believes in a personal god who responds to prayer with miraculous interventions then he needs to explain why he associates with an organization dedicated to evidence in medicine. There can be no scientific medicine if a god can intervene supernaturally to influence the outcome of disease ...

Yours,

Frank Odds

MEETING REPORT

"Kwakzalverij en valkuilen voor wetenschappelijk onderzoek" ... sounds Dutch to me!

In December 1989, 26 years ago, I sent a letter to a Dr Cees Renckens in the Netherlands in response to an enquiry regarding a partnership between "The Campaign against Health Fraud" (later to be known as HealthWatch) and the "Vereniging tegen des Kwakzalverij en de Nederlandse" (see below). As I wasn't quite sure whose side they were on I was naturally a little suspicious. With the wisdom of hindsight I think I was a bit offhand with the good Dr Renckens and I heard no more from him until the 26th June last year. In this letter he honoured me with an invitation to address the annual general meeting of his organisation in Amsterdam at a symposium entitled "Alternatieve Behandeling van Kanker: Is er nog een probleem?" Now without understanding a word of Dutch even I could translate those words. "Is er nog een probleem?" You betcha, er nog umpteen probleemer!
In his letter of invitation Cees Renkens added the following:
"You are well known amongst Dutch quackbusters and/or oncologists by your long standing dislike of alternative healers and their fellow travellers like HRH Charles. We hope you can give us a report on the state of affairs regarding 'CAM' and cancer in the UK. This could hopefully give us some insight in prevalence, trends and risks of CAM in this field. We are also interested in the popularity of CAM in the UK in general and would like to know the position of CAM in regulations and in the debate around the Saatchi Law."
I could hardly refuse such a flattering invitation from an organisation that, translated into English, appeared to be "The Dutch Society Against Quackery." After a couple of e-mail exchanges we decided to narrow the focus of my talk and settled on "Quackery and the Pitfalls of Research: The Saatchi Case", and the date, Saturday October 3rd…

Michael Baum, Professor Emeritus of Surgery and visiting Professor of Medical Humanities, University College London

Published by HealthWatch
http://www.healthwatch-uk.org

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newsletter@healthwatch-uk.org or by post to her at:
HealthWatch Newsletter, 8 Eagle Close, Amersham, Bucks HP6 6TD
Unless otherwise indicated, all web addresses referenced in this issue were accessed on or after 16 December 2015

HealthWatch promotes:

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.

HealthWatch welcomes membership enquiries from those who share its aims. Membership costs £30.00 per year, including hard copy newsletter sent by post (£40.00 for members outside Europe); or £25.00 for members anywhere in the world who agree to receive the newsletter only in pdf form by e-mail. Student membership, which includes the newsletter by e-mail only, is free. Questions about membership should be sent to membership secretary Kenneth Bodman, at kenneth.bodman@btinternet.com
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