



Registered Charity No 1003392

Healthwatch *newsletter*

Issue 101, Spring 2016

Contents

PUBLIC HEALTH Stillbirth: the facts that politicians and the media fail to understand, by Catherine Williams 1

NEWS Farewell to Andrew Herxheimer; 2016 debate news; the end of the line for Saatchi Bill; News in Brief..... 2, 3

MEDIA Barbara Rowlands explains how CAM became the “thing” of the 1990s..... 4

PUBLICATION ETHICS Brian Earp on an insidious tactic promoting misinformation in the scientific literature 4

CIBeT? How Popeye was right about spinach, and everyone else got it wrong: mythbusting by Mike Sutton 4, 5

LETTER TO THE EDITOR James May responds on science and religion 5

NEWS FEATURE

Stillbirth: what politicians and the media fail to understand

Jeremy Hunt @Jeremy_Hunt . 10 Jun 2015

Shocking that 1300 babies killed or harmed during childbirth last year: we must go further&faster to make the NHS the safest system globally

Looking at some news items about maternity care in recent months, I have wondered whether government policy initiatives in maternity are intended to be evidence-based, and whether the press can be persuaded to be more evidence-aware. Unfortunately, ‘Babies harmed!’ makes a more dramatic headline than ‘Giving birth in this country is safer than ever,’ and ‘There are some evidence-based things, mostly not needing technology, that we can now do to ensure high quality, respectful care for all women, which is arguably the overarching message of the Better Births report published by the National Maternity Review.

On 10 June 2015 Jeremy Hunt tweeted: “Shocking that 1300 babies killed or harmed during childbirth last year: we must go further&faster to make the NHS the safest system globally”.

To be clear, stillbirth or the birth of an injured baby is a tragic event, and no-one would seek to suggest otherwise. It is, of course, important to try to find out what causes such events and to work to reduce avoidable harm to the absolute minimum. It is also important that public health information is clear and accurate...

Catherine Williams, lay advocate for maternity services

NEWS

A pharmacologist who spoke up for patients

Andrew Herxheimer died on 21st February 2016, just a few days after celebrating his 90th birthday party. He had been an extremely valuable member of the HealthWatch Committee during our charity's early years, and later kept frequently in touch to pass on ideas for the newsletter, or just to share something that had tickled his impish sense of humour. Andrew's career began as a clinical pharmacology and therapeutics lecturer. In 1962 he found the influential Drug and Therapeutics Bulletin as a way to give doctors impartial information on medicines, and edited it for 30 years. He helped establish the Cochrane Collaboration. He worked towards plain English leaflets in medicine packs. He was passionate about the need for drugmakers to take into account adverse effects of medication on patients. In his 70's Andrew co-founded the database of individual patient experience now called healthtalk.org, where patients can listen to other patients talking about their illness. Five million visited last year.

Praise for his achievements, and many fond memories, are shared in his many obituaries, including those in [The BMJ \(16 Mar\)](#), [The Guardian \(25 Mar\)](#), [The Times \(7 Apr\)](#), [The Pharmaceutical Journal \(15 Mar\)](#), healthtalk.org, [Edzard Ernst's blog](#), and [Cochrane UK](#).

Saatchi's Bill passed, but stripped almost bare

The Access to Medical Treatments (Innovation) Bill passed through its final stages in March and received Royal Assent. The Private Members Bill, introduced to the House of Commons last year by Conservative MP Chris Heaton-Harris, initially borrowed large sections of text directly from Lord Maurice Saatchi's Medical Innovation Bill. As it progressed, it was stripped of the negligence provisions in the Saatchi Bill, and what remains merely gives the Secretary of State provision to establish a database at some future date: a power that already existed without new legislation.

Facing strong opposition to the plans, Heaton-Harris tabled an amendment to remove clauses 3 and 4 from the Bill, which would have created a 'quack's charter' and changed the law, removing accountability for true negligence.

With these particularly controversial clauses removed, the Bill passed to the House of Lords. Organisations including the Association of Medical Research Charities (AMRC) remained opposed to the flawed proposals that remained. No information was provided in relation to the proposed operation of any database, the recording of outcomes, its function alongside and conflict with existing regimes, what would qualify for inclusion, who could access the data, how patient confidentiality, or safety, would be protected, or any other detail. Wales did not provide legislative consent. Nevertheless, no amendments were proposed in the House of Lords, and the comparatively empty Bill passed into law.

The Access to Medical Treatments (Innovation) Act exists to confer a power on the Secretary of State to establish a database with the Health and Social Care Information Centre (HSCIC). It bears no resemblance to the Medical Innovation Bill, which did not include a database, and contains no true provisions of its own. The power conferred to the Secretary of State already exists under section 254 of the Health and Social Care Act 2012.

It is fortunate that all likeness to the Saatchi Bill was finally removed, and the resulting Act as no practical effect. Yet it is perhaps unfortunate that the opportunity to examine through consultation, evidence, and input from medical and research communities was not used more wisely to ask what resources, infrastructure, or assistance would benefit professionals and their patients.

Sofia Hart, HealthWatch Student Representative

HealthWatch debate 23rd May will be a bun fight

The sweetest news around is that this year's HealthWatch debate has seized another hot topic and some brilliant speakers.

This year we're delighted to welcome back our patron the evidence-based comedian Robin Ince as chairman, while our experts debate the motion "This house believes sugar is harmful so all sugary foods should be taxed, not just soft drinks".

Our distinguished speakers will be the cardiologist and writer Dr Aseem Malhotra, Prof Richard Tiffin (Reading University), Dr Carwyn Rhys Hooper (St Georges, University of London) and our own Dr David Bender. Attendance is free. To guarantee your place register at: <https://www.eventbrite.co.uk/e/the-healthwatch-debate-2016-sugar-and-tax-tickets-25031524965?aff=es2>

Starts 6.30pm on Monday 23 May at King's College London, Franklin-Wilkins Building, Waterloo Campus, London SE1 9EH.

NEWS IN BRIEF

PRESSURE is mounting on the Charity Commission to review the status of charities accused of promoting unproven theories or treatments, for example, those that oppose vaccination for childhood diseases. Tax breaks come with charitable status, but to qualify, a group must be able to provide evidence of public benefit. In an interview with the Sunday Times, HealthWatch committee member Les Rose said he had identified several charities that cannot meet the public benefit test.

Sunday Times, 20 Mar 2016 http://www.thesundaytimes.co.uk/sto/news/uk_news/Health/article1680068.ece#

INTEGRATIVE medicine is an ill-conceived concept and largely about the promotion and use of unproven or disproven therapies, argues Edzard Ernst in the Medical Journal of Australia. It conflicts, he writes, with the principles of both evidence-based medicine and medical ethics. Our Australian allies, Friends of Science in Medicine (www.scienceinmedicine.org.au), endorse his comments.

Ernst E. *Med J Aust* 2016;204 (5):174

ACUPUNCTURE should not be offered for treating low back pain and sciatica as it is no better than placebo, says the latest draft guidance report from NICE. It goes on to say that enough studies have been done to conclude that further research is unlikely to alter their recommendations.

Low back pain and sciatica, NICE draft consultation, Feb 2016 <https://www.nice.org.uk/guidance/GID-CGWAVE0681/documents/draft-guideline>

MEDIA

Clothes for the emperor: how CAM seduced the 90s consumer

They are expensive, unproven and occasionally dangerous—and yet consumers happily spend billions on complementary and alternative medicine and therapies (CAM), few of which have undergone rigorous scientific testing. The total UK annual spend on these treatments is £4.5 billion and between 2011-2016 the number of people using CAM treatments was predicted to have grown by 60 per cent, and the number of CAM practitioners—currently 40,000—by 30 per cent.

The fact that these therapies can cause numerous adverse events from mild skin reactions and gastrointestinal disturbances to stroke (chiropractic), severe bleeding (acupuncture) and liver failure (herbal medicine)³ seems not to matter a jot. Like hardened smokers, many people ignore the message, down sugar pills, boil up Chinese herbs and submit themselves to the couch to have their soles of their feet massaged, their muscles needled, hands pressed on (or hovered over) them and their guts ‘cleansed’.

I, dear reader, am partly to blame. I wrote the Which? Guide to Complementary Medicine,³ Alternative Answers to Asthma & Allergies⁴ and wrote liberally in the nationals about herbal supplements and every therapy from the popular (acupuncture) to the bizarre (the Metamorphic Technique). Why? ...

Barbara Rowlands PhD, Associate Professor in Journalism, City University London

PUBLICATION ETHICS

The unbearable asymmetry of bullshit

In this piece, Brian Earp discusses the problem of plausible-sounding bullshit in science, and describes one particularly insidious method for producing it. Because, he says, it takes so much more energy to refute bullshit than it does to create it, and because the result can be so damaging to the integrity of empirical research as well as to the policies that are based upon such research, Earp suggests that addressing this issue should be a high priority for publication ethics ... **The full version of this article is available open access at: https://www.healthwatch-uk.org/images/Newsletters/Number_101_BE.pdf**

Brian D Earp, Visiting Scholar, The Hastings Center Bioethics Research Institute (Garrison, NY), and Research Associate, University of Oxford

CIBeT?

How the spinach, Popeye and iron decimal point error myth was finally bust

CIBeT? (Can It Be True?) was the name coined by past HealthWatch chairman Professor John Garrow for an occasional series in this newsletter, in which an expert scrutinised popular myths. Who better to revive it, than supermythbuster Mike Sutton, who reveals the history of the legend of why spinach made Popeye so strong—and why Popeye was right all along, but not in the way we thought.

One of the most complex and convoluted myths in the world of nutrition is the one called, for want of a less complex name, the ‘Spinach, Popeye and Iron Decimal Point Error Myth’. I discovered that the myth

was started by the nutrition expert, Professor Arnold Bender (the late father of HealthWatch Secretary David Bender) in his inaugural lecture at the University of London in 1972.

The myth, once begun, was long popularised and eventually came to be attributed to Professor Terence Hamblin, after he wrote in the British Medical Journal² in 1981:

“A statue of Popeye in Crystal City, Texas, commemorates the fact that singlehandedly he raised the consumption of Spinach by 33%. America was ‘strong to the finish ‘cos they ate their spinach’ and duly defeated the Hun. Unfortunately the propaganda was fraudulent; German chemists reinvestigating the iron content of Spinach had shown in the 1930s that the original workers had put the decimal point in the wrong place and made a tenfold overestimate of its value. Spinach is no better for you than cabbage, Brussels sprouts, or broccoli. For a better source of iron Popeye would have been better off chewing the cans.” Hamblin was wrong ...

Dr Mike Sutton (Criminologist), Department of Social Sciences, Nottingham Trent University, Personal website: <http://supermyths.com/>

LETTER TO THE EDITOR

Science, religion, and fields of knowledge

Frank Odds justifiably questioned the relevance of my article on Religion and Scepticism in the Autumn issue of the HealthWatch Newsletter. “Most concerning of all is May’s assertion that ‘science is not the only field of knowledge’. One is used to hearing that religious belief is somehow a different form of knowledge... but history, law, politics and economics!?” He suggests that only in as much as they draw from science can they justify this claim ...

James May, Chairman, HealthWatch

Published by HealthWatch

www.healthwatch-uk.org

President: Nick Ross

Chairman: James May

Vice-Chairman: Debra Bick

Secretary: David Bender

Treasurer: Anne Raikes

Newsletter Editor: Mandy Payne

Committee: Susan Bewley, Diana Brahams, Malcolm Brahams, Alan Hennes, Keith Isaacson, John Illman, John Kirwan, Les Rose; Kenneth Chan is Trainee Doctor Representative; Andrew Fulton, Sofia Hart, Ruth Lamb and Jolene Galbraith are Student Representatives; James Illman and Tom Moberly are Medical Journalist Representatives.

Press enquiries please use contact form at <https://www.healthwatch-uk.org/about/contact/1-media.html> or e-mail enquiries@healthwatch-uk.org

Opinions expressed in letters and articles published in the HealthWatch Newsletter belong to the authors and do not necessarily reflect the views of HealthWatch. Authors are responsible for the factual accuracy of their own articles; the editor reserves the right to amend text if necessary but will, where possible, consult the author to ensure accuracy is maintained.

Highlights of HealthWatch Newsletter number 101, Spring 2016

Unless otherwise indicated, all web addresses referenced in this issue were accessed on or after 21st April 2016.

Letters and articles for publication are welcomed and should be sent to the Editor at: newsletter@healthwatch-uk.org For our requirements please see <https://www.healthwatch-uk.org/newsletter/information-for-authors.html>

HealthWatch is the charity that has been standing up for science and integrity in medicine since 1991

HealthWatch promotes:

1. The assessment and testing of all medical and nutritional treatments, products and procedures
2. Consumer protection in regard to all forms of health care
3. The highest standards of education and evidence-based health care by practitioners
4. Better understanding by the public and the media of the importance of application of evidence from robust clinical trials

We challenge and expose misleading advertising of health products, the sale of unproven remedies to the vulnerable and desperate, unethical marketing by pharmaceutical companies, misconduct in clinical trials, media misinformation on health and nutrition, and government promotion of health and screening programmes unsupported by evidence.

HealthWatch welcomes membership enquiries from those who share its aims. Join at <https://www.healthwatch-uk.org/about/join-healthwatch.html>

Patrons:

Robin Ince

Professor Steve Jones FRS

Dr Margaret McCartney

Sir Michael Rawlins

Lord Dick Taverne QC