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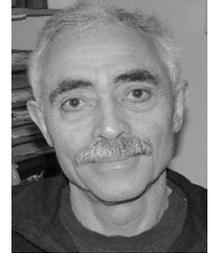
HealthWatch Newsletter

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IS A CHARITY ALWAYS A GOOD THING?



THE CHARITIES ACT 2011 defines a charity as an organisation established for a charitable purpose. Section 2 of the Act establishes that such a purpose must be for the benefit of the public. It is important to remember the distinction between these two principles, the purpose and the benefit. In section 3 the Act presents a list of purposes that are accepted as charitable, including “the advancement of health or the saving of lives”.

However it is not sufficient for a charity simply to say that this is its purpose; in addition it must be shown that the purpose is beneficial. Public benefit is defined in section 4, where the Act says “it is not to be presumed that a purpose of a particular description is for the public benefit”. Do you detect a bit of healthy scepticism here? What this means is that the claimed benefit must be supported with evidence. For example, although “the furtherance of religion” is a listed purpose, that is not enough on its own. The purpose must be able to demonstrate benefit.

Back in April 2012 I came across some rather odd charities. One was The Maun Homeopathy Project, which operates among AIDS patients in Botswana. As homeopathy has been shown to be devoid of effectiveness, there can be no possibility of benefit to these people. I complained to the Charity Commission, and here is an extract from their response:

“I am sorry to learn of your concerns about the charity.

“However I have examined your comments and would conclude that this is not an issue we can become involved in. We are unable to intercede in a difference of opinion relating to the validity or otherwise of medical ethics.

“I would add that The House of Lords Select Committee determined that Homeopathy is a ‘Group 1’ therapy. Charitable organisations that provide therapies that fall within the Group 1 category of ‘well known’ therapies do not generally need to provide further evidence of efficacy before we accept that these therapies are efficacious [*sic*] in the relief of illness.”

I was staggered by the poverty of the thought process here. The writer clearly had missed the point that this was

not about opinion but about evidence. I had not even used the term ‘medical ethics’. To rely for support on the House of Lords Report on Complementary and Alternative Medicine [1] fails on at least two counts. It is way out of date, having been published in 2000 and now superseded by far better reports, such as those from the House of Commons Science and Technology Select Committee [2] and the Australian National Health and Medical Research Council.[3] The House of Lords report specifically excluded any assessment of efficacy from its terms of reference. Of course, I pointed out these errors of fact, but all arguments were rejected.

Some of you might remember that about two and a half years ago a young boy called Neon Roberts had cancer, but his mother resisted conventional treatment. A court decided that treatment must be given, but his mother took him away to a ‘safe house’ and a police search ensued. The place turned out to be a charity called Advance: The Institute For The Scotson Technique (number 1026049). I do not know what treatment was given to Neon, but I did notice that the charity’s website made some remarkable claims for The Scotson Technique. I asked them for evidence, and had some interesting conversations with Linda Scotson who runs it (she is not a trustee). The claims were based on her PhD thesis, which some eight years after completing the work had still not been written up let alone published.

Informally, I notified the Charity Commission, who this time, after prompting, did what I would have expected them to do, which was to have a word with Ms Scotson and ask her to remove the claims. She did so quite quickly. But then I thought, how many other charities are also making misleading claims? Quite a lot it seems. There are several promoting homeopathy, in addition to the

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aforementioned Maun Homeopathy Project. Even more worryingly, there is The Vaccine Awareness Network which campaigns against vaccines, and there are charities promoting other unproven therapies such as iridology and reiki.

Most CAM charities are subtly different from Linda Scotson's, which provides a range of treatments, some of which might be beneficial, and I had specifically challenged just one of them. But a charity dedicated to a thoroughly discredited practice such as homeopathy can't possibly provide a public benefit. So while I was satisfied with the Scotson charity retaining its status, as long as it didn't make unsupported claims, I would question whether a homeopathy charity should even exist.

The Commission says on its website that if anyone has serious concerns about a charity, they should take them up with the charity itself. So I asked a few charities for evidence. Nobody of course came up with anything. Some ignored the request, and one – which promotes spiritual healing – said there was no evidence and there never would be, as healing could not be tested.

The next step was to complain again to the Commission, with a small sample of complaints about four charities. But the positive result achieved with the Scotson charity was not to be repeated, and time and again I was sent the same boilerplate statements based on the irrelevant and outdated House of Lords report.[1]

I wondered what was driving this, and eventually got my hands on the Commission's operational guidance (OG) 304, which soon appeared on their website as well.[4] I recommend reading it. It starts with a very good definition of what evidence is and what is expected from charities, and then basically ignores it.

Interestingly, right at the end is a statement about homeopathy, excluding it from any requirement for evidence. I spent a couple of days critiquing OG304 and sent my findings to the Commission, which they accepted. By this time I had – after a struggle – established contact with their Head of Policy Strategy & Projects, with whom I had a more constructive debate. My contention that CAM was not an acceptable charitable purpose was not actually rejected, but the Commission considered it a low priority. I wrote to the Commission's chief executive setting out my arguments, and where theirs failed, but received no reply. I complained to the Parliamentary and Health Services Ombudsman, via my MP John Glen, about the Commission's persistent delaying tactics, but sadly the Ombudsman was even less effective and no outcome of any value resulted. They didn't even respond to my complaint about their own service level!

Other people were starting to challenge the Commission. Danny Chambers, a veterinary surgeon, wrote to them with similar arguments to mine, as did a group of prominent and authoritative people including Sarah Wollaston MP (and GP), and HealthWatch member

Professor Michael Baum. Still the Commission was unmoved.

So was this the end? No, and the issue is now well in the public domain. An article in The Sunday Times [5] was quite hard-hitting, and our friends at the Good Thinking Society were interested. Legal advice they commissioned focused on whether the Charity Commission was acting lawfully in refusing to deregister charities that were misleading donors and beneficiaries with false claims about health. Section 34 of The Charities Act 2011 states that "The Commission must remove from the register ... any institution which it no longer considers is a charity". This wording does not allow for discretion in acting to remove invalid charities, as the Commission has repeatedly claimed. If the charity does not qualify, it *must* be removed. After legal challenge, the Commission tried to defend its position with recourse to section 16, which allows prioritization of resources. But the lawyers were having none of that, and went ahead with a letter before action. The proposed action was judicial review as to whether the Commission was acting lawfully.

At last, there was a more constructive response. The Commission agreed to conduct an internal review of their interpretation of the law, and of their internal guidance. They suggested a deadline of 1st July 2017. It is important to remember that we do not now sit back and wait for next July. They must show good faith by putting into place a process for the review they have promised. If in, say, three months they have done nothing, they know that the proposed legal action, which has been postponed for the time being, could be reinstated.

Why do I think this is important?

After all, there are 165,000 registered charities and there can't be many that are based on CAM. So far I have identified 28 such charities, but that was only by searching with obvious key words. There could be more, and the impact of misleading information may be disproportionate to the actual number of charities. An example is Homeopathy Medicine for the 21st Century (charity 1124711) which was registered in 2014 and says on its website that "we provide information about the unscientific nature of the attacks on homeopathy ...". In other words, it has been specifically set up to mislead the public.

My concern is primarily for the beneficiaries, who will mostly be vulnerable people. The Maun Homeopathy Project operates in Botswana, a poor country. Africa has quite enough problems with superstition and pseudo-science, without importing it from Europe. Despite protestations to the contrary, this charity instils in its victims the belief that homeopathy works, when the country's government should be doing all it can to make real medicines available. Here in the UK, homeopathy in the NHS is in terminal decline, but the private sector CAM industry is still substantial. I have just read a news item about a four-year-old autistic boy who needed emergency treatment as a result of receiving various 'naturopathic

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treatments’[6]. Unproven medicine can be harmful if given instead of real medicine, but not all the harms are by omission. This is what can happen by misleading people about how their body works.

There is now no real debate by knowledgeable people about homeopathy – there is no robust evidence that it works. Homeopaths are currently dealing with a letter from the Advertising Standards Authority which requires them to remove all efficacy claims from their marketing. To persist in offering ‘treatment’ to patients based on a false interpretation of the causes of illness, and on false claims of efficacy, is surely dishonest.

It is also dishonest to solicit donations from the public, based on the same false claims. The charity sector quite rightly is supported by government in the form of tax breaks for these donations, and we all know about Gift Aid. Is it not improper to obtain tax relief on the basis of made-up stories that support an invalid charitable purpose?

Les Rose is a retired clinical research consultant, and HealthWatch committee member

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News

One woman’s screening victory brings hope in Uruguay

ANA ROSENGURTT has won a 4-year legal battle for the right *not* to be subjected to mandatory breast screening. Ana, a 54-year-old computer engineer, lives in Uruguay where working women aged 50-69 are compelled by law to undergo mammography screening for breast cancer every 2 years. Without it they can’t get a health card that gives them many of their basic human rights – to work, hold a driver’s licence, study at university, and even to join a gym. Screening for breast cancer has questionable benefits and considerable harms.



“The solution is just for me only,” Ana explained. For other women, screening continues to be compulsory. But now Ana will be able to qualify for her health card without having mammograms, though she’ll still have to submit to compulsory PAP smear, blood and urine tests every two years. Uruguay has the highest cancer mortality in Latin America, and the 10th highest worldwide according to the WHO. Screening has been compulsory since 2006. As far as we know, it’s the only country in the world with such a policy, and Rosengurtt is the first woman to have refused. “Because it’s mandatory, people believe that it can’t be bad and, besides, it’s free,” she says.

Brecha, 23 September 2016, <http://brecha.com.uy/la-teta-valiente/>

NHS Wirral CCG ends funding for homeopathy

NHS WIRRAL Clinical Commissioning Group have decided to cease funding for homeopathy after a public consultation concluded that 95% of respondents wanted to

stop homeopathy funding immediately, with just 3.7% of respondents favouring a continuation of the service. Now Bristol and London are the only English areas where the therapy is available on the NHS. Michael Marshall, Project Director of the Good Thinking Society and a resident of Merseyside, wholeheartedly supports the decision. Good Thinking has just received an Ockham’s Award at the sceptical conference QED 2016. They received Best Sceptical Campaign/Event, for their work challenging the provision of homeopathy on the NHS.

The Good Thinking Society, 4 October 2016.

<http://goodthinkingsociety.org/nhs-wirral-ccg-ends-funding-for-homeopathy/>

Peter Gøtzsche receives 2016 HealthWatch Award

PETER GØTZSCHE accepted his award from HealthWatch president Nick Ross with a compelling presentation on “Is it ‘controversial’ to tell the truth about health care?” The Danish physician, medical researcher and leader of the Nordic Cochrane Centre received the 2016 HealthWatch Award at the 28th HealthWatch Annual General Meeting. Gøtzsche is a fearlessly outspoken defender of integrity in medicine. A report of his talk will appear in the Winter issue of the HealthWatch Newsletter.

Amazon under fire for selling “dubious” health treatments

THE SUN newspaper has attacked online retailer Amazon for selling products claimed to cure autism, HIV and cancer. One ‘Tumour Drops’ product highlighted by the newspaper investigation reportedly claimed to treat “all tumours, malignant or benign” including breast and stomach cancer. It was removed from Amazon’s site after

the Sun article was published. However Hulda Clark books such as “The Cure for All Advanced Cancers”, which claim that cancer is caused by a parasitical organism, were still available at the time of writing.

The Sun, 6 September 2016,

<https://www.thesun.co.uk/news/1732110/how-web-giant-amazon-endangers-the-sick-and-vulnerable-by-peddalling-bogus-miracle-cancer-cures/>

Adaptive pathways: EMA’s plan “dangerous”?

THE “ADAPTIVE pathways” proposed by the European Medicines Agency (EMA) aim to shorten the process for bringing drugs onto the market. But independent drug information service Prescrire fears this could lead to a situation in which marketing authorisations are granted on the basis of very limited evaluation. HealthWatch member Alain Braillon, writing in BMJ Rapid Responses, points to the example of the EMA’s marketing approval in 2012 of nalmefene for reducing alcohol consumption in patients with alcohol dependence, on the strength of evidence that it reduced alcohol consumption. But two recent systematic reviews, he says, show that evidence that the drug reduces harms in these patients is lacking.

Prescrire Int 2016; 25(174):223,

<http://english.prescrire.org/en/81/168/52124/0/NewsDetails.aspx> and <http://www.bmj.com/content/354/bmj.i4437/rr-0>

UN joins call for clinical trial transparency

THE UNITED Nations has called on governments worldwide to pass legislation requiring clinical trials to be registered, and their methods and results to be fully reported. The Report of the United Nations Secretary-General’s High-level Panel on Access to Medicines, released 14 September, explicitly calls for clinical trial study designs, protocols, data sets, and test results to be made publicly available.

AllTrials, 14 September 2016,

<http://www.alltrials.net/news/un-calls-for-global-action-on-clinical-trial-transparency/>

New tool to help people understand health research

A NEW online tool helps you sort the wheat from the chaff of published clinical research. Understanding Health Research is a website that takes you through the process of reading a scientific paper, prompting you helpfully with the questions you should ask yourself along the way, to decide how reliable the information might be. The tool was developed by researchers at the



MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, and Sense About Science worked with the team to make it as user-friendly as possible as part of their Ask for Evidence campaign. The tool is at <http://www.understandinghealthresearch.org/>

Clearing non-science from Oz unis

A CAMPAIGN against unproven therapies in Australian universities is bearing fruit following complaints by Friends of Science in Medicine, our sceptical friends down under. Victoria University website has removed claims that their Osteopathy clinics for babies and children may be helpful in the management of constipation, reflux, and colic in children”. The University of New England will no longer offer two courses which had been claimed to provide “qualified health practitioners with clinically orientated education in modern western Herbal Medicine”. Friends of Science in Medicine newsletter, 7 October 2016,

<http://www.scienceinmedicine.org.au/images/pdf/newsletter14.pdf>

Sense About Science in the media

SÍLE LANE of Sense About Science gave an inspiring talk to a TEDx meeting in Madrid about the AllTrials campaign. “The hidden side of clinical trials” is available on YouTube at <https://www.youtube.com/watch?v=-RXrGLolGc>. SAS director Tracey Brown wrote in the *Guardian* on 19 September calling out the myth of a ‘post-truth society’ and talking about the public’s interest in evidence. Read at:

<https://www.theguardian.com/science/blog/2016/sep/19/the-idea-post-truth-society-elitist-obnoxious>. On the same theme, the non-profit research organization RAND Europe has published a review: ‘Social change and public engagement with policy and evidence’, commissioned by Sense about Science and the Nuffield Foundation, which presents research into how changing conditions influence political engagement, trust, and policymaking. The 60-page report is free to download from http://www.rand.org/pubs/research_reports/RR1750.html

The unicorn in the room

STUDENTS 4 Best Evidence, a blogging network by and for students interested in evidence-based healthcare, continues to pump out stimulating material. In “An invisible unicorn has been grazing in my office for a month... Prove me wrong” Martin Burton, Director of the UK Cochrane Centre, uses an example of an imaginary clinical trial to unpick the difference between absence of evidence and evidence of absence of effect.

<http://www.students4bestevidence.net/invisible-unicorn-grazing-office-month-prove-wrong/>

Alternative therapies

EVIDENCE OF EFFECTIVE THERAPIES FOR DISABLED CHILDREN IS VITAL – AND LACKING



WE BECAME AWARE of HealthWatch from a newspaper article about how some charities may be promoting (or selling) unproven theories or treatments[1]. Another newspaper article from last year highlighted how families with children with neurodevelopmental conditions are a particularly vulnerable group that are susceptible to being exploited and exposed to risks of unproven therapies[2].

PenCRU (the Peninsula Cerebra Research Unit) is a childhood disability research group at the University of Exeter Medical School (www.pencru.org). Core funding from the charity Cerebra enables us to work in close partnership with families with disabled children and clinicians in all aspects of our work. We work in this way to produce, find and share research findings that are accessible, useful and relevant for those who want to use evidence to inform decisions about treatments, therapies and health services.

One of our activities is to produce summaries of the evidence for specific treatments and therapies. These are written in response to queries from families and health professionals sent through our website or by email. Our 'What's the Evidence?' reports summarise what is known about the effectiveness of a particular treatment or therapy.

The reports are a synthesis of existing published research and are not new studies that we have carried out. The reports focus on both NHS and complementary or alternative treatments

(www.pencru.org/evidence). A clinical expert in the subject area reviews each summary to ensure veracity, and interested parents review the report to ensure the language is accessible. The reports are the most highly accessed resource on our website (some getting around a hundred views per month) and we have received considerable feedback that they are useful.

Over the last seven years we have examined the evidence for a range of interventions, and more often than not our conclusions are either that there is no evidence, or that the evidence is equivocal. Evaluating the effectiveness of treatments and therapies for neurodevelopmental conditions is not easy. First, the conditions are typically heterogeneous, encompassing a range of functional abilities. Second, all children are developing, albeit at different rates; so it is necessary to determine whether a particular therapy is in fact effective, or whether any improvement in functioning is not simply occurring as part of the child's natural growth process.

Families may be driven to seek alternatives to NHS care because they feel services and therapies are not provided adequately. The 'dosage' of alternative therapeutic interventions is often decided following tradition, and

modified locally by economic considerations. In a process that engaged UK families and clinicians in identifying and ranking research priorities for children with neurodisability it was, in some ways, unsurprising that the top priority issue for all stakeholders related to the timing and intensity of physical, occupational, and speech and language therapies[3].

Early intensive behavioural intervention based on applied behaviour analysis for children with autism is a topic we have examined, and for which there is emerging evidence that it can have positive effects on adaptive behaviour, language skills and IQ for many children. There are many blogs and articles describing personal experiences of this therapy and efforts to get funding for it.[4] The topic is the focus of a current call for research by the National Institute for Health Research.[5]

However we have also provided summaries for other therapies that have little or no evidence for their effectiveness, and some with no plausible explanatory theory for having any effect. We also know of private services provided by teams of staff without any regulated health professional training that offer assessments and individualized therapy programmes. Most appear to charge for this service, and operate as charities. Presumably this enables them to offset running costs?

One topic we were asked to evaluate was the effectiveness of therapy with horses, or equine-assisted therapy. The evidence for reducing symptoms and improving

functioning with this therapy is weak. Nevertheless, even if riding is not necessarily an effective 'therapy', riding can be a fun activity that many children enjoy and may improve their fitness. Pursuing therapies can become all-consuming for some families; therefore it is worth remembering that children's lives are about more than 'treatment and therapy' and we advocate that sufficient time should be given to all kinds of recreational activities.

PenCRU *What's the Evidence* summaries appear to be useful and helpful accessible resources. Until we resolve the uncertainty and resource limitations, families with children with neurodevelopmental conditions will continue to look to supplement NHS provision and consider alternative providers. Evidence is only one consideration in deciding whether to pursue treatments and therapies;

Pursuing therapies can become all-consuming for some families. But children's lives are about more than 'treatment and therapy'

other factors include financial issues and personal preferences.

We don't recommend that families do or don't pursue treatment and therapies, we simply seek to provide an unbiased scientific summary of the evidence in an accessible format. We always recommend that families consult their health care professionals before pursuing private therapies. You can read our summaries and suggest a question about the effectiveness of a treatment or therapy by visiting our website (www.pencru.org), finding us on Facebook (Pencru) or following us on Twitter (@Pen_CRU)

Christopher Morris MSc DPhil, Senior Research Fellow in Child Health, University of Exeter Medical School

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Media

WHEN TRUTH IS LOST TO 'BALANCE'

'BALANCE' IS BILLED as the hallmark of good journalism, a fair way of telling both sides of a story, a means of being objective and preventing bias. The BBC Charter and editorial guidelines, for example, emphasise the importance of 'due impartiality'. Balance can work well in straightforward stories: a government minister and their shadow can be given equal time or space to state opposing views; a residents' association can speak out against a radical council plan. But balanced medical and science stories can distort research, generate bogus controversy and result in groundless fear and false hope. They can even contribute to deaths.

Remarkably, 'balance' is rarely discussed in public forums – and when it is, it is not because of scientific considerations. For example, in July last year Cabinet ministers were widely reported as insisting that the BBC "can't be impartial" about terrorists. Chris Grayling, then leader of the Commons, insisted that broadcasters should not be any more balanced towards Isis than it was towards the Nazis.[1]

This raises an intriguing question. Which stories/topics merit balance and which do not? In his memoir Edzard Ernst, formerly Britain's first professor of complementary medicine, says: "Imagine that *National Geographic* were to publish an article 'balancing' existing scientific knowledge by presenting the opinions of the Flat Earth Society. Who would take it seriously? Yet we regularly accept the equivalent when discussing homeopathy." [2]

His point is that the scientific evidence against homeopathy is as robust as that stating the world is flat. There is no scientific rationale for assuming that homeopathic remedies – devoid of pharmacologically active molecules – can produce clinical effects. Any benefits must be restricted to placebo. Yet if I were writing a piece about the science of homeopathy, journalistic convention would demand that I balance it by quoting a homeopath. Such a practitioner would probably insist that science didn't know everything and that he/she had many satisfied patients.



Thus a lone maverick may receive as much time or space as a heavily peer reviewed researcher representing scientific consensus, creating an impression that there is an ongoing scientific debate between two equally weighted hypotheses.

The MMR (measles, mumps, rubella) vaccine story is perhaps the most infamous example of journalistic imbalance. It began in 1998 with the publication in *The Lancet* of a report – later discredited – linking the vaccine to bowel disease and autism. Investigations by Brian Deer of the *Sunday Times* subsequently revealed that Dr Andrew Wakefield, the first author, had undeclared conflicts of interest.[3] In May 2010 the General Medical Council struck him off the Medical Register for serious professional misconduct.

In 1998 Wakefield was genuine news. The Royal Free Hospital, London, even called a press conference to announce the results of his research. But the story continued to make news after it had been discredited. In *Health, Risk and News: The MMR Vaccine and The Media*, Tammy Boyce says that by 2002 the established practice in articles was for journalists to include both the idea that MMR was safe and that "it might not be safe".[4]

Some scientists have maintained that the MMR story should not have been published at all. There is much to commend this idea because *The Lancet* finally retracted the original paper in 2010. But if I had been a national

newspaper medical correspondent in 1998, I would have covered the original report for three reasons:

- It was published in one of the world's leading medical journals
- It originated in one of the world's leading teaching hospitals
- The hospital elevated it by calling a press conference

I have often reported stories that I didn't believe in and I have relied, as far as possible, on balance to create a rounded picture. For example, I plead guilty to reporting unmitigated rubbish about Prince Charles and his belief in alternative medicine.

Alas, balance, as I hope I have shown, is a double-edged sword. I first questioned traditional notions about balance while working for *The Sunday Times*. The story was about a man who had set himself up as a Harley Street 'psychotherapist' after running a marriage bureau and social club. He was completely untrained, but within the law. Anyone in Britain could call themselves a psychotherapist (and still can). He 'treated' stress, tension, depression and even sexual problems.

Yet the 'story' had to be balanced. I quoted him as saying that the mistake many psychiatrists made was that they "treated the field as 100 per cent science" when you needed "an intuitive feeling". He added: "No exams, no degrees can show if you've got that or not." The story was further 'balanced' by legal advice – we had to describe him as 'a reputable therapist'. The following week he called to thank me. He had been inundated by calls from new clients who had read about him in *The Sunday Times*. Balance had demolished my hatchet job.

Of course the right kind of journalistic balance is essential. The late American astronomer Carl Sagan called upon science journalists to balance their genuine sense of wonder about scientific 'advances' with old-fashioned scepticism. This need remains as strong as ever. In 2005,

Professor John Ioannidis, one of the most highly cited researchers in the world, claimed that most published research findings are false.[5] Alas, gee-whiz science reporting eclipses scepticism. Headlines such as "Cancer therapy offers hope" and "New drug breakthrough for MS" sometimes make it hard to distinguish journalism from advertising.

John Illman, author and journalist, London

John Illman is a former *GP* editor who spent five years as the *Daily Mail* medical correspondent, eight years as *The Guardian's* health editor and three years as *The Observer's* medical correspondent. This article is based on an extract from his new book, *Handling the media: communication skills for healthcare* £14.99. Available from <http://www.jicmedia.org/shop/>

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Meeting report

STUDENT MEETING TAKES US FORWARD

A STUDENT OUTREACH SCOPING MEETING was held on 4th May 2016 at Kings College London, run by HealthWatch Committee members John Kirwan and Debra Bick, to learn about experiences of current healthcare courses and explore different ways in which HealthWatch might be able to reach out to health students who are interested in evidence. The full afternoon programme was designed to facilitate discussion and exploration of possibilities.

The 10 participants included students and senior academics from centres in England and Wales who teach evidence based practice and HealthWatch Committee members. An introductory discussion revealed that evidence is very much on students' minds. One reported experiencing contradictory statements from teachers in areas where there seemed to be a lack of evidence (or a lack of knowledge of the evidence), another found in a student project that guidelines for thrombolytic therapy did not seem to reflect the available evidence. It is clear that students need support to be resilient about questioning current practices. Another participant was frustrated by not knowing how best to counter public misconceptions, e.g.,

when encountering someone who refuses to use fluoride toothpaste because "it causes brain damage".

We heard how different health schools include teaching of evidence-based evidence in their course structure and how students had experienced it in practice.

Academics' experiences in shaping courses varied. One health school's new curriculum was "a blank canvas" so that lecturers were able to introduce evidence and its use as an integral part of a module. But on moving to a different school in another university, the academic found an entrenched health training programme which has been harder to update.

At another university, the medical course is being completely redesigned with a new curriculum, and use of evidence is being much more closely linked to clinical work. Web-based resources are being developed to support applying evidence in practice.

Several students reported that evidence based health care was often presented in such a way that it was seen to be divorced from routine clinical practice, and seen as more of an 'add on' for those who were interested. Nursing and midwifery lecturers may have a bias towards qualitative research and evidence, and have tended to shy away from discussing quantitative methods, with 'fear of statistics' frequently cited, although this is changing with more masters and PhD students using mixed methods, which include quantitative approaches.

The focus then turned to the HealthWatch annual student competition, in which students are invited to evaluate clinical study protocols for the quality of evidence they are likely to generate. Awareness of the competition is low. There were suggestions for changes to its current format. For example, to issue a certificate for entrants who rank the protocols correctly; publish the winning entries (more for the CV!) and make entries from previous competitions available as a ready-made exercise for lecturers to use with

their students. These could be posted on the HealthWatch website, with answers and explanations included as a resource for both students and teachers.

In general discussion around the table, there were valuable suggestions included: a web page to point students to useful evidence resources; having HealthWatch Student Representatives in schools and universities, even a HealthWatch student conference. Another idea was the possibility of having HealthWatch student activities at particular Schools or in geographical areas, perhaps supported by HealthWatch members who live nearby.

HealthWatch is well placed to engage with, and support, students from medicine, nursing, midwifery and allied health professionals who want to know more about evidence based healthcare. This could range from sharing and sign-posting of resources on the HealthWatch website and ensuring that the annual student competition is advertised more widely, to considering if the charity could support a student conference. It was an extremely positive meeting and the HealthWatch Committee will consider if future similar meetings should be planned.

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HealthWatch is the charity that has been promoting science and integrity in medicine since 1991

We stand for:

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

We are against:

- 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
- Government promotion of health and screening programmes unsupported by evidence

Our activities include public debates, awards, a student competition, and this quarterly newsletter. HealthWatch welcomes membership enquiries from those who share its aims. Join at <https://www.healthwatch-uk.org/about/join-healthwatch.html>



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