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Newsletter 87 October 2012

MDU: WHY WOULDN'T YOU SUPPORT WILMSHURST?

THE MEDICAL DEFENCE UNION continues to resist calls for them to disclose the reasons why they refused to support whistleblower Peter Wilmshurst in his defence against the libel and slander suits brought against him by device manufacturer NMT Medical. MDU member Wilmshurst, the Shrewsbury cardiologist who was sued over his criticisms of an American trial of NMT's heart implant (see *HealthWatch Newsletter issues 72, 73, 75 and 80*) had to risk bankruptcy to defend himself in six-figure sum court cases because his own professional organisation, which claims on its website to be "dedicated to supporting the medico-legal needs and reputations of all our members throughout their professional lives"¹ would not support him.

Paying members of the MDU—doctors, dentists and other health professionals—benefit from a professional indemnity policy covering clinical negligence claims, as well as discretionary indemnity for claims falling outside the policy. Wilmshurst argues that the MDU has a moral obligation to use these discretionary resources to support doctors who speak out against misconduct. The issues at stake, he has explained, were efficacy and safety of a medical device implanted into patients, and scientific integrity. In such a case, the Union's refusal to support him sits uncomfortably with the knowledge that the MDU extend support to doctors in libel cases which are *not* related to ethics, and indeed have done so in cases where the doctor's conduct has been far from ethical.

The MDU have made it clear that their decision not to support any member with such "discretionary benefits" is at the absolute discretion of the Board of Management, and that it is the policy of the Board not to provide reasons, nor to comment on the decisions, citing grounds of confidentiality.

Their silence, however, will almost certainly make other doctors think twice before reporting misconduct. As a direct result, patient safety is at stake.

Dr Wilmshurst's pursuit of answers is not for his own benefit. "I believe that the lack of transparency on the criteria used by the MDU (and similar agencies) in deciding whether or not to support a whistleblower who exposes misconduct or a researcher standing up for accurate reporting of research may make some decide not to speak even though they have an ethical duty to do so. The result of that must be harm to patients. I believe that MDU members have a right to know whether the grand statements of the MDU about ethical conduct play second fiddle to the finances of the MDU."

John Garrow, emeritus professor of Human Nutrition at the University of London, has also written to the MDU to demand that they justify their decision. Any readers of this article who are MDU members and who share Dr Wilmshurst's outrage at their refusal to concede to his request for an explanation, are free to do likewise.

The address to write to is: Dr Christine Tomkins, Chief Executive, Medical Defence Union, 230 Blackfriars Road, London SE1 8PJ.

Meanwhile, Wilmshurst's co-investigator on the controversial trial is to face a fitness-to-practice hearing by the General Medical Council.² Dr Andrew Dowson, of King's College Hospital, London, was listed as lead author of the paper published in the journal *Circulation* in 2008. Wilmshurst had refused to sign off the paper because he was not given full access to the trial data, and because a second review which revealed a less favourable outcome for the device, was omitted from the paper.

The GMC panel is to review questions of authorship and financial conflicts, alleged misrepresentation of the trial's outcomes in presentations, abstracts, and publications, and Dowson's alleged failure to adequately explain to Shrewsbury site investigators—including Wilmshurst—why they were suspended from the trial.²

Mandy Payne

References

1. The Medical Defence Union website is at: www.the-mdu.com
2. Wood S. MIST investigator to face UK fitness-to-practice hearing over trial misconduct. *Heartwire* Sep 21, 2012. See: <http://www.theheart.org/article/1449807.do> (registration required)

No comment

Peter Wilmshurst recently gave a lecture at the Royal Statistical Society on, "The English libel laws and other obstacles to honesty in medical research." In the audience, we hear, was the ex-editor of a leading UK medical journal, who blogged about Peter's talk for the journal's website. Sadly, his words never saw the light of day. To comply with the English libel laws, the journal was obliged to make changes to the article that the writer thought made it inaccurate, and he withdrew the piece. On hearing the story, Peter Wilmshurst commented wryly, "QED".

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news

AWARD TO HARFORD'S "MORE OR LESS"

AT THE 2012 HEALTHWATCH Annual General Meeting this year's HealthWatch Award will go to Tim Harford and the team behind BBC Radio 4's "More or Less" programme, who are commended for their clear, honest and entertaining way of educating the public about the meaning of numbers and statistics, so often misunderstood and resulting in health scares.

In the popular half-hour programme, broadcast on Fridays at 4pm, Tim Harford explains and debunks the numbers and statistics used in political debate, the news and everyday life. Recent programmes have looked at publication bias, performance-enhancing drugs, and whether early retirement affects longevity. Tim Harford, who as well as his extensive radio work is an author and award-winning senior columnist on the *Financial Times*, will be at the AGM to accept the award on behalf of the team and to give a presentation.

The open meeting and AGM will be held on Tuesday 23rd October at The Medical Society of London, 11 Chandos Street, Cavendish Square, London W1M 0EB (nearest Underground is Bond Street) starting with reception at 6.30pm. The meeting is free and open to all and will be followed by a buffet dinner with wine at 8.45pm, also open to all, at a cost of £40. Any late applicants for the dinner should contact membership secretary Kenneth Bodman on Kenneth.bodman@btinternet.com

PHARMACOVIGILANCE IN THE NEWS

DOCTORS SHOULD encourage and help patients to report suspected adverse effects of drug treatments, writes Andrew Herxheimer of the UK Cochrane Centre, in an editorial in the *British Journal of General Practice*.¹ Under-reporting of drug side effects is a known problem and spontaneous reports from drug users are still the main method of identifying adverse reactions. Patients' own reports add value to pharmacovigilance, and joint reporting by doctors working with their patients—an activity in which Dr Herxheimer has direct experience—additionally helps build trust and improves public understanding of medicines.

The appearance of Herxheimer's article coincides with the warning of a possible threat to the quality of pharmacovigilance programmes. This summer the European Commission published draft proposals for the European Medicines Agency (EMA) to charge fees to industry in exchange for postmarketing surveillance activities. Their report, "Introduction of fees to be charged by the

European Medicines Agency (EMA) for pharmacovigilance" was submitted for public consultation (ended 15 September 2012). A group of NGOs led by Health Action International responded by publishing their fears that the proposals could turn the EMA into a mere provider of services to the pharmaceutical industry. In their response to the consultation they offer a range of alternative funding strategies that would safeguard the Agency's independence.

Mandy Payne

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1. Herxheimer A. Pharmacovigilance on the turn? *British Journal of General Practice*. 2012;August:400-1.
2. See: http://ec.europa.eu/health/files/pharmacovigilance/2012-06_concept_paper_en.pdf
3. See: http://haieurope.org/wp-content/uploads/2012/09/2012_09_AnswerConsult_Fees_Pharmacovig_MiEF_ISDB_HAI.pdf

NEWS IN BRIEF

THE HEALTHWATCH WEBSITE has had a make-over. By the time this issue of the *HealthWatch Newsletter* reaches you, or very shortly afterwards, anyone logging on to www.healthwatch-uk.org will be greeted with a stylish new homepage. All the features of the old website remain, but in a much more attractive, modern and user-friendly layout. For the work that went into this our thanks go to Nick Ross and to the designer Mark at CoolCreation (<http://www.mjrwesitmanagement.co.uk>).

IT SEEMS that private health insurer BUPA is having second thoughts about funding homeopathy. Employee rights website Lorica announces that BUPA have informed them of significant changes to their policies, some of which, "will have wider implications for the UK healthcare market". Among changes to BUPA's standard rules and benefits for Select (a corporate scheme for employee cover) is the statement, "Cover for Homeopathy is being withdrawn. This decision has been reached following the publication of a White paper which concluded that there was no clinical evidence of the effectiveness of homeopathy." The change is for policies which renewed after 1st February 2012.

See: <http://www.lorica.com/health-risk-a-well-being/299-bupa-changes-announced-for-2012.html>

BEN GOLDACRE'S new book, "Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients" puts the \$600bn

global pharmaceutical industry under the microscope. It was published 27 September in paperback at RRP £13.99.

ANDREW WAKEFIELD has lost the libel case he launched in Texas last year. Wakefield, who was struck off the UK medical register by the General Medical Council in 2010 after allegations of serious professional misconduct related to his research attempting to link autism to the MMR vaccine, had attempted to sue the *British Medical Journal*, its editor Fiona Godlee, and investigative reporter Brian Deer. The case was dismissed at the Travis County Court, Texas, on 3 August 2012 on jurisdictional grounds.

See: http://www.casewatch.org/foreign/wakefield/libel_suit/dismissal.pdf

UNIVERSITY College London has re-vamped its research governance framework in response to issues highlighted by the case of Andrew Wakefield and the MMR-autism study. The ill-fated research was conducted when Wakefield worked at the Royal Free Medical School, which merged with UCL later that year. A UCL paper published on 13 September 2012 identifies lessons from the whole episode that may be of value to the wider scientific community.

See: <http://www.ucl.ac.uk/news/news-articles/1209/13092012-Governance>

END OF THE PEER SHOW?

HUSH, SPEAK it softly or the Corinthian columns of classical science may fall about your ears; but should we do more to challenge one of the pillars of the scientific temple? Is peer review the tower of strength it is assumed to be? Take the case of Peter Higgs. He must surely be in line for a Nobel Prize given the vindication of his ideas by the huge particle accelerator experiments at CERN. But go back to the 1960s. Again and again his theory of a “God particle” was disparaged. The mighty Heisenberg dismissed the idea as “junk”.



Higgs' colleagues like Guralnik and Hagan were so disheartened by the sneering that they thought of giving up. Higgs' first paper, though printed, was ignored and his second was initially rejected. Five other physicists working in rival teams found it equally hard to be taken seriously. Higgs himself was rejected for promotion at Edinburgh on the advice of an external reviewer. The weight of the Universe seemed to be bearing down on him as much as on his now-famous boson.

The standard model of science says this is fine. The Higgs idea was poked, prodded and challenged before it was accepted. With a million scientific papers published every year it is essential that experts check for validity, significance, bias, originality and downright howlers. Reviewers are often meticulous with authors having to modify manuscripts several times to check their facts or give the reader a clearer understanding. And so long as there is restricted access to funds or to authoritative journals someone has to set the standard. Better peer review than patronage, bribery, investing in PR or having a clubby contact book (though being famous, popular or well-connected certainly helps!). Arguably someone has to sift the sea of stuff. Otherwise anyone could write anything. Without peer review science would be no different from claims you read in newspapers and magazines. And who would be given the precious space in prestigious publications or offered time in scientific lecture or debate? Who would be given research grants? It could hardly be done by lottery. Certainly before you spend £2.6bn and devote nearly 50 years of effort on checking the boson theory you have to have a consensus that there might be something in it.

All true. And yet, and yet

Consensus is not always our smartest and most noble guide to truth. There was a consensus the Earth was flat; that lightning was the wrath of God; that *Homo sapiens* was entirely different from the beasts of the fields; that disease was caused by imbalance of the humours (unless you were Chinese). In fact there was and always will be agreement for lots of nonsense from which the scientific community is not immune. There may be wisdom in crowds but there is tyranny too.

How many big ideas, even as fundamental as those of Peter Higgs, never made it into print? How many were stifled by the collective wisdom of the age?

SCIENTISTS are only human. They cleave to precious beliefs like anybody else. They perceive the world through a lens which purports to show reality but is always partial and heavily interpreted. They are social creatures, prone to group pressure and self-preservation of outlook and ideas. It would be splendid if scepticism never descended into cynicism; if peer reviewers really were always as wise and dispassionate as they should be; and, above all, if they were as open to new ideas as they profess to be.

Some say the problem is not consensus but quite the opposite. The flip-side to qualms about favouring the status quo is the already lively controversy about an incontestable problem, the publication bias to novelty. Prestigious journals, like any other forms of publishing, rely on sales, and in turn sales tend to be driven by appear-

ing to say something new. They are also driven by the market in a wider and more insidious sense. Richard Smith, the former *British Medical Journal* editor, embarrassed the science publishing world by pointing out that journals could earn millions of pounds in reprints if they feature articles that suit big commercial interests. These papers are all peer reviewed, and the journals usually have distinguished editorial boards. But Smith is emphatic they are not in the public interest, or as he put it in a ringing phrase: “The way medical journals publish the results of clinical trials has become a serious threat to public health.”² The bias can sometimes be exaggerated by forceful PR or strident abstracts which overplay the underlying data.

On the other hand important findings often fail to make it into print because they turn out to be negative or inconclusive.

But just because there is a predisposition to the dramatic and commercially useful does not mean there is an absence of bias against uncomfortable or unfashionable ideas. On the contrary, just as news values often lead to a herd mentality in newspapers, the academic versions may do likewise.

One way of getting more diversity may be open access publishing. It works for news and contemporary debate where the Internet is a whirling sandstorm of opinions and ideas. Perhaps in science too there is a case to put everything in public view. That way scientists can decide what's important for themselves. It would be science by natural selection rather than intelligent design.

“Some say the problem is not consensus but quite the opposite. The flip-side to qualms about favouring the status quo is the already lively controversy about an incontestable problem, the publication bias to novelty.”

There is a problem, of course. With no restraint on quality how would anyone know whether what you read or saw online was really true; whether the numbers added up; whether the research had ever really been done. Unintermediated science journals would have world class discoveries jostling for attention with hare-brained nonsense, inventions, hoaxes, poorly framed questions and second-rate methodology, some of it financially or ideologically biased, and richly sprinkled with the jottings of self-appointed experts and nutters.

There are two arguments against this. The first is the success of Wikipedia. Yes it has weaknesses, gaps, duplications and quite a bit of downright bias, and it is true that the early and purest idea of anarchic access has had to be restrained by volunteer editors and even some professional staff. Yet it has proved reliable enough to put most encyclopaedias out of business and is now the first port of call for most people's factual inquiries. Even, sometimes, scientists.

The second is that a lot of rubbish and second-rate stuff gets published anyway because, frankly, there is a lot of rubbishy and second-rate peer review. After all, if peer review is so good how come so much pseudo-science flourishes under its guardianship? As Sense About Science pointed out long ago, “Nothing can prevent

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interview

STILL CAMPAIGNING FOR THE TRUTH ABOUT CAM



AS HEALTH EDITOR on *The Guardian*, I was the first British journalist to interview Edzard Ernst when he became Britain's first professor of complementary medicine at the University of Exeter in 1993. He baffled colleagues by moving to remote Exeter after building up Europe's biggest department of physical medicine and rehabilitation at Europe's biggest hospital, the Vienna General.

Clinical commitments had prevented him from doing the research that most interested him. His first job as a doctor had been in complementary medicine. This interview marks his retirement after 19 years as Professor of Complementary Medicine at the Peninsula Medical School, University of Exeter—and as a highly controversial figure.

Jl: Here we are again, 19 years later. Would you do it all again?

EE: Yes. I'd do a few things slightly differently, but the basic mission would still be to do good critical science.

Jl: Was the job what you expected?

EE: I didn't anticipate the many controversies I created, sometimes inadvertently, sometimes wilfully. I'd no idea about how complementary medicine generates such strong emotions.

Jl: Why is this?

EE: For many people it's like a religion. For me it's about facts, not emotions. Facts will never convince evangelic believers—fanatics. There is an unbridgeable gap.

Jl: A friend of mine said that she "hates" you. She says that complementary medicine scores really well in patient satisfaction surveys within the department of integrated medicine at University College Hospital London. She's not alone—as you know. What's your response?

EE: This is a fundamental question. Is medicine about what patients want or need? I think the latter, although this sounds old fashioned and paternalistic. The idea that the doctor should decide what's good for you runs counter to everything we hear nowadays in the NHS. Medicine is not a popularity contest nor a supermarket where the patient can pick out a bit of this and a bit of that. It needs to be measured with rigorous science. Nice packaging and touchy-feely shouldn't come into it.

"... he wrote insulting and misleading articles about me. I then learned that he was sponsored by the homeopathic industry."

Jl: But we all die and we may benefit from a dose of touchy-feely on our way to the grave.

EE: You're right in implying that mainstream medicine can learn something from complementary practitioners who know intuitively or otherwise how to deal with patients. GPs often forget about what used to be called the art of medicine.

Jl: Why?

EE: Because there's probably not enough emphasis on it at the beginning, in medical schools. We're so proud of our technical achievements that we may forget the human being we're trying to help.

Jl: Where is complementary medicine now compared with in 1993?

EE: In 1993 the idea that you could apply good science to complementary medicine was controversial. Many people maintained it was beyond science. My work and that of many others has shown

otherwise. But there's a long way to go.

Complementary medicine has always been subjected to external criticism by bodies like HealthWatch. What I've provided is *internal* criticism. Now I'm retiring—and this may sound arrogant—my fear is that the field will be depleted of internal criticism, without which it will go nowhere.

Jl: Internal criticism is one of orthodox medicine's great strengths.

EE: Exactly. Orthodox medicine exposes itself to rigorous criticism, a self-cleansing process that eliminates rubbish. It can be a very slow process but it works. This doesn't happen in complementary medicine.

Jl: I see you as someone who sees the value of controversy in generating media coverage, whereas most doctors and scientists shy away from public controversy, often to their opponents' benefit.

EE: When I started in Exeter, I was, like most doctors, cautious about talking to the press. For about ten years I published widely in peer reviewed journals. I reached professionals, but not the people I really needed to talk to—men and women in the street.

The media is the most efficient way to communicate with them. I began speaking more and more freely, often deliberately provocatively, to stimulate public debate.

Jl: The media can be double-edged. For example, what about the German journalist Claus Fritzsche who is reported to have been paid €43,000 a year by five German companies to run websites that among other things denigrate you?

EE: About two years ago he interviewed me for a blog for an association of homeopathic doctors in Germany. As my relationship with this group had been tense (because I had stated clearly what the evidence shows) I thought that this would be a good opportunity for an interview, but he made it look as if I was trying to mislead people about my qualifications in homeopathy. I have no such formal qualifications and have never claimed anything to this effect, but I worked for about six months in my first job in a homeopathic hospital. So, depending upon where you are coming from, I have no qualifications in homeopathy, or I learned about homeopathy, hands-on, from prominent practitioners.

I no longer answered his emails and he claimed that I must be hiding something, which made me even less inclined to have any contact with him. Subsequently he wrote insulting and misleading articles about me. I then learned that he was sponsored by the homeopathic industry. I looked again at his website on which he declared this sponsorship, showing logos of five homeopathic companies. I had a good contact with someone in one of these firms. He was amazed and investigated the situation, only to come back to me and say that Fritzsche had editorial freedom. I protested and we set up a meeting. Meanwhile, the German newspaper *Süddeutsche Zeitung* published an article, *Schmutzige Methoden der Sanften Medizin* (The Dirty Tricks of Alternative Medicine).¹ This included details of all the funding and then all hell broke loose in Germany. One of the firms sponsoring Fritzsche then withdrew their financial support; and finally, on July 26 2012, I had a call from my contact to say that they had also decided not to sponsor Fritzsche any longer.

I twittered the news as a celebration of the power of geeks—which I think it is.

interview

JJ: Taking of the geeks, how do you rate Mark Henderson's The Geek Manifesto—a real rallying call for geeks around the world?

EE: A timely book. A good book. I also like him. A good man.

JJ: The geeks have been empowered by the new technology, but this hasn't shielded you from the kind of personal attack that many scientists would fight shy of. You must be courageous or thick-skinned.

EE: I was thin-skinned. I've become much tougher. It's very comforting to have support from people such as David Colquhoun (author of DC's Improbable Science website <http://www.dscience.net/>); Ben Goldacre (of Bad Science <http://www.badscience.net/>) and Simon Singh (co-author with Ernst of "Trick or Treatment: Alternative medicine on trial" published by Corgi, 2009) and groups like HealthWatch. Ben and Simon have a huge Twitter following. This is real power. But foremost I know I'm on strong evidential ground. I don't need to shy away.

JJ: Isn't this one thing that has changed because you told me that when you first arrived in Exeter, you felt "lonely"?

EE: Yes. I had a lot of "friends" doing similar work worldwide. For 14 years we met at an annual conference in Exeter, but they were mostly promoters of alternative medicine. I wasn't and never have been. I see myself as a tester. These so called "friends" were slightly suspicious about me and became ever more so as I became more and more certain about my findings. So as I lost support on the one hand, I needed it on the other. HealthWatch was the first body to support me. Sceptics worldwide now know about me following the book I wrote with Simon Singh.

"so called 'friends' were slightly suspicious about me and became ever more so as I became more and more certain about my findings ... HealthWatch was the first body to support me"

JJ: What about the flip side of this coin? Do you receive hate mail?

EE: Yes. If I'd been a child molester some of it couldn't have been more vicious.

JJ: Do you keep this hate mail?

EE: Yes. I have many files. My next book may include some spectacular examples!

JJ: To journalists hate mail is often a badge of pride. Is this how you see it?

EE: Yes, it would be very destructive and demoralising if you took it to heart. Collecting it neutralises it.

JJ: So long as you are sure of your facts.

EE: Absolutely. For my first five years in Exeter I had hardly any mention in the British press. This changed markedly as I became surer of my facts and less reluctant to speak out.

JJ: Journalism likes extremes—blacks and whites. Scientists don't see things in these terms.

EE: This used to be my own position, but although it gives you academic brownie points, it doesn't reach the man in the street. In my first five years in Exeter I was a pure researcher. In the last five years I became more of a campaigner.

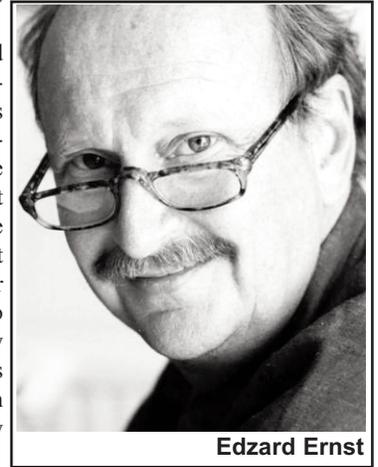
JJ: What was the turning point?

EE: By this time I'd done enough research to be sure about my position in certain areas in primary and secondary research. I was very sure about homeopathy—sure enough to campaign about it. There was also another critical development, without which things might have been very different. Simon Singh asking me to write a book with him opened up an entirely new world.

JJ: Did you get caught up in the slipstream of the Singh chiropractic libel controversy in The Guardian?

EE: Yes. I was sure the chiropractors would try to sue me—they'd already moved against me, accusing me of all sorts of things, most recently of data falsification and gross scientific misconduct in two complaints to the university. These allegations are totally bonkers.

In promoting the book we decided Simon should write the Guardian article. He passed it by me. I said it was factually correct, but the chiropractors sued him personally over one sentence. I'm convinced they hadn't even heard of Simon even though he was better known than me—he hadn't appeared on the chiropractic radar screen. I believe that they were out to get me through Simon. When they finally gave up I was as delighted as he was because I felt this was as much my case as his and I had worked very hard for this victory.



Edzard Ernst

JJ: What about government support? Or lack of it?

EE: The Science Select Committee recently examined homeopathy. They listened to the chief pharmacist from Boots who said that he didn't have any evidence that homeopathic remedies Boots sell are effective. The committee advised that homeopathy should no longer be available on the NHS. The government said that they knew that the evidence wasn't strong, but that people liked homeopathy, and should have it, in the name of freedom of choice. This is ridiculous. It takes us back to the question about whether medicine should give people what they want or need.

JJ: How would you advise your Exeter successor?

EE: Remind yourself constantly that you're not working for any lobby group—for example, the acupuncturists or the homeopaths - even if you are the professor of complementary medicine. I've been accused of being the professor against complementary medicine instead of the professor for complementary medicine. My answer has always been that I was the professor of complementary medicine. Virtually all the lobby groups invited me to their conferences. More than once it has been implied that I could be Sir Edzard one day—not in those blunt words, of course. But as professor of complementary medicine, you're working in the patient's interest, not anyone else's, and certainly not Prince Charles'.

JJ: Charles is perhaps the most famous advocate of complementary medicine...

EE: I used to think that it was a pity I didn't get some time with him alone, to talk some sense into him, but I now believe he could be beyond talking sense to. He appears fanatical about alternative medicine.

JJ: My guess is that in retirement you won't be looking towards carpet slippers and long afternoon naps?

EE: Currently, I'm writing three blogs—for the *BMJ*, *Pulse* and the *Guardian*. I'll continue to write and lecture. If anything I'll become more outspoken, so long as patients, consumers, GPs and many other people are being bombarded with misleading information.

John Illman

Medical Journalist and Author

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letter to the editor

NO SHORTAGE OF SOLUTIONS

Donna Dickenson replies to John Illman's review (HealthWatch Newsletter issue 86, April 2012) of her new book, *Bioethics: All That Matters*

Thanks very much, John, for inviting me to reply to your review. I'm glad you thought my book is an ideal introductory guide. The purpose of an introductory guide, however, is to get people thinking about what the big questions are, not necessarily to provide answers. If readers know little or nothing about a new subject, nothing is calculated to put them off more quickly than preaching. You may already know about the problems, and so you understandably want solutions—but you're an expert, which is not the audience at which my book is aimed.

Presumably you also know that in my previous book, *Body Shopping*, I did offer answers to the problem of over-commercialisation in biotechnology: stricter application of patent laws, ruling out payment for gametes and surrogacy, or instituting new models like the charitable trust in biobanking. That was a much longer book, with a different, campaigning agenda. Like *Body Shopping*, my forthcoming 'big' book, *Me Medicine v. We Medicine*, suggests still other answers—including new approaches to developing the commons in biotechnology and legislation restricting the excesses of retail genetics. There's a big groundswell among medical lawyers, researchers and bioethicists in favour of such proposals,

which I aim to evaluate and bring to a wider public.

I've also gone on record in favour of a reform which I know is dear to the hearts of HealthWatch readers: restricting the rights of big corporations to use libel laws against their critics. Australia has such a provision in its libel laws, but the current proposals to reform the British libel system don't, despite the weight of expert testimony given to the Parliamentary committee evaluating proposals for changing the law. When a corporation silences a medical researcher who's given an unfavourable evaluation to a device it produces by slapping a libel suit on him—as happened to Dr Peter Wilmshurst—that certainly doesn't benefit progress in medical care.

Condemning capitalism outright is not actually my approach, as you seem to imply: that's far too simplistic. Indeed, all my books show how unrestricted commodification actually harms healthcare and business alike—for example, when rival pharmaceutical firms can't produce a cheaper version of a drug because of a monopoly patent restricting access to a gene on which the drug is based. Although you say that 'like it or not, capitalism is the lubricant of the world economy,' the gears of the global economy seem to be seizing up pretty badly at the moment because of overly 'light touch' regulation.

Yours,
DONNA DICKENSON

END OF THE PEER SHOW? by Nick Ross

...continued from page 3

any group from writing a study or forming its own journal and calling its vetting policy 'peer review'.³ A paper on homeopathy will almost certainly be reviewed by a believer in homeopathy and will, of course, show how effective homeopathy can be. Publishers conspire in this, churning out an ever-growing stable of journals and sub-journals which are bundled with prestigious journals in package deals. As Les Rose has pointed out, there are, "8,500 journals in the world scientific literature, so yes you will find somewhere to publish your false positive results."⁴

Similarly, the UCL Jill Dando Institute of Crime Science was once criticised by the ESRC for having too much quantitative science and not enough "qualitative" research. That is to say, peers who have lower standards than those they are reviewing, and in this case may even be statistically innumerate, could have a potent and degrading influence on those who go beyond their academic traditions and intellectual boundaries.

Yes, that example is from social science which is sometimes something of an oxymoron (how many FRSS do you know whose speciality is criminology?) but surely the same danger lurks to a lesser extent and in more sophisticated guises in the traditional sciences too.

Peer review is useful. No one can deny that. But it is not perfect. And we can never know what ingenuity it has suppressed.

As three US medical researchers put it: "The current system abdicates to a small number of intermediaries an authoritative prescience to anticipate a highly unpredictable future. In considering society's expectations and our own goals as scientists, we believe that there is a moral imperative to reconsider how scientific data are judged and disseminated."⁵

Would Peter Higgs' theory have done better under a different system of review? Maybe. Maybe not. It would certainly have needed to garner popular scientific support to have persuaded governments to back the excruciating cost of CERN's experiments. Ultimately the only way to find out if peer review is peerless is to run a small

experiment. Perhaps in one field of science a journal would be brave enough to launch a wikiscience and try random allocation. Half all submitted papers would be presented to a traditional coterie of assessors; the rest would be entrusted to the web so that anyone could check a paper online, comment on it, and mark it for accuracy, methodological effectiveness, quality and importance. A sort of peer review by self-selection.

It might swiftly prove disastrous. Because science sometimes plays out slowly—over decades in the case of the Higgs boson—it might take many years before the impact of each arm of the experiment can be properly compared. But science is all about challenging presumptions. Surely it is healthy that one of its own presumptions should be challenged too.

Nick Ross
Journalist and broadcaster, London

References and footnotes

1. The MMR scandal is a case in point—it is said that one reviewer did not properly review Andrew Wakefield's incompetent paper but approved it because he knew and respected one of the co-authors. It took Brian Deer, an investigative journalist, to blow the whistle.
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WE RESPOND TO NHS CONSULTATION

The new NHS Commissioning Board will oversee the way that over £80 billion of taxpayers' money is spent to secure NHS services for the people of England. By law, the Government must set objectives for the Board in a "mandate", to be updated every year, following consultation. A draft of the first of these mandates, published on 4th July 2012, aims "to drive gains in health" but makes scant reference to evidence-based approaches to doing so. HealthWatch submitted a detailed response to the public consultation, which closed on 26 September, in the hope that the final version due to come into force in April 2013 will recognise the need for evidence in driving improvements to healthcare. The first part of our response, prepared by Susan Bewley, appears here. The full response is available on our website www.healthwatch-uk.org

WE HAVE READ the mandate, separate annexes, consultation, and Future Forum Report. We were unable to fit all responses into the structure of the Q&A format, so first make some general comments, then answer the questions and lastly add some specific comments. N.B. This version adapted for the HealthWatch Newsletter includes only the general comments

What is the purpose of the mandate and who is it for?

We believe the purpose of the mandate is to drive gains in health. The consultation appears well meaning but not driven by the knowledge of how this happens. We live longer and more healthily primarily because of public health improvements, safer and more efficacious interventions or through cheaper and more efficient treatment pathways. People are rarely made better through political ideas or administrative structures rather than through testing and evidence. Sometimes science leads us to abandon policies or therapies which have proven less safe or effective than previously supposed.

It was also unclear about who the mandate and consultation are supposed to help as the tension between an individual patient and the wider good is avoided. The NHS has swung from highly centralised to decentralised, from consultant-led to management-led and now to GP commissioning with, supposedly, patients in control. It is more accurately described as a cooperative in which everyone has to be prioritised.

The primacy of evidence (or not?)

Healthcare should be governed first and foremost by scientific evidence of what works, what doesn't and what looks promising. Yet "science" is barely mentioned. Without this central core of systematic discovery and learning from best practice the rest is distraction.

The word "evidence" appears six times in the consultation document, but exclusively in the context of audit. Evidence-based clinical practice is not mentioned anywhere, despite having delivered massive benefits to human health. We are disappointed that it appears that evidence-based clinical practice has no place in the proposed reforms.

It is indefensible that primacy is not given to evidence-based approaches to care. A simple commitment by the government to treatments based on scientific evidence would do much more to advance patient care than any of the reforms presented at such length in these documents.

Nor is there any mention of evidence-based research. Sadly, this is yet another example of ignorance of science, its importance or its methodology. For example, in the main text and the annexes personal budgets are mentioned enthusiastically. But where is the evidence that they work? There is nothing in the Future Forum report either. The pilot programme is due to be reported in October 2012 but the study design was flawed. Yet there seems to be already a commitment to personal budgets, in the absence of evidence hitherto. The scheme can only work if patients are properly informed about treatments.

A concern about management of the NHS

The drive to put clinicians in control might be dangerous. Already, in some trusts, clinicians have been given management

responsibilities without proper management training. In the figures they are commonly reported to be clinicians rather than managers, even though they might see one patient a week or none at all, which is deceptive. The reality is that the NHS is not burdened with an army of administrative non-clinical managers. Judged by the standards of industry, it is under-managed, especially when the quality of managers is considered.

We suggest that it would make sense to insert some objectives to improve the quality of management. For example, a benchmark could be the proportion of managers at a certain band who have had basic training. Of course, this isn't an outcome measure as such, but as stated waiting for outcome data may allow lots of problems to fester. Better to dig deeper and get things right earlier.

Bias in the consultation

We found some of the document difficult to understand. It appears that consultation questions were designed to steer the responses in a certain direction. If the consultation responses are analysed as a box-ticking exercise, then the government will get the answers it wants. They will not necessarily be the right answers to make the NHS more effective.

"Healthcare should be governed first and foremost by scientific evidence of what works, what doesn't and what looks promising. Yet "science" is barely mentioned."

The consultation appears to rely on a view that problems are well addressed by changed administrative structures. Many of us have lived through many DH consultations, initiatives, revamps and reformulations and thus speak with experience and authority. Better care comes from creating and maintaining a culture of care (which can happen even without decent resources), routine training about how to identify situations that can encourage cruelty and neglect evidence what works, what doesn't and what seems promising, and only then—at the end of this—a structure for allocating resources on an evidence-based and equitable basis.

All care workers and their managers should understand both the implications of the Zimbardo experiments and other mundane but real associations with cruelty and neglect (e.g., over-stretched nurses demoralised by the long term care of difficult-to-manage and disabled patients who will never improve).

Will the mandate drive a culture which puts patients at the heart of everything the NHS does?

We do not think it will.

Susan Bewley

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To read HealthWatch's full response to the consultation please see our website www.healthwatch-uk.org
For further information about the NHS Commissioning Board and to read the draft mandate go to: <http://mandate.dh.gov.uk/>
The public consultation ended on 26 September 2012.

last word

A CURIOUSLY ECLECTIC BOOKSHELF

I HAVE SPECULATED before on the problem of how to tell sound information on the web from quackery. I had thought that the problem was easier with books and journals. If they are in my University Library then they are probably sound. I have to admit that UCL Library holds the journal *Medical Hypotheses*, which has some speculative but reasonable papers and a great many that are wildly speculative and propose improbable hypotheses. These may stimulate further thinking and research, but are likely to mislead non-specialist and lay readers, who may assume that because they have been published they are fact rather than hypothesis.



My own area is nutrition, and when I go into the large Waterstones near UCL, there is a clear distinction between nutrition textbooks (in the basement) and what is labelled “popular nutrition” on the ground floor. When I log in to Amazon things are rather different, since I am offered a computer-generated list of recommendations based on my previous purchases. (Since I buy reference books, novels and occasional gifts for other people this is a very curious selection of recommendations). The Amazon lists do not differentiate between nutrition textbooks and reference works and anything else that might be considered to be nutrition in the broadest sense—supplements, weird diets, nutritional therapy (which is quite distinct from nutrition science!), etc.

For some reason a booklist from the Nutricentre bookshop has landed on my desk. The accompanying “Nutrinews” leaflet says, “As a leading supplier of natural products, our aim is to provide simple and useful information to help boost your health and well-being, while introducing you to new and cutting edge products”. The products featured in the leaflet include “Egyptian magic” skin cream (“The secret formula is blended together and dates back more than 2500 years ... is one of the most versatile and effective skin creams that you can buy”). They don’t actually mention Cleopatra, but if it was good enough for her ...) and “Purple Balance superfoods” (to add to fruit or fruit and spinach smoothies).

What caught my eye, however, was the list of books offered for

sale. Some of the titles were predictable: “Biochemical imbalances in disease—a practitioner’s handbook”, “The Nutrient Bible”, “Prescription for Nutritional Healing”, “Principles of Naturopathic Clinical Nutrition”, “Encyclopedia of Healing Foods”, “Complete Book of Enzyme Therapy”, “Getting Pregnant Faster”, “Feed Your Genes Right”, “Sugars that Heal”, “Optimum Nutrition Bible”, etc. Then I was surprised to see the third edition of Coombs’ “The Vitamins” (the second edition is on my bookshelf and is a very good reference work). Later on I came across “Introduction to Human Nutrition”, the first of the Nutrition Society textbook series; “Human Nutrition” by Geissler and Powers, a standard textbook of nutrition science now in its 12th edition (a previous edition was edited by John Garrow) and three serious publications from the British Nutrition Foundation.

I am not sure whether I am offended or relieved that my “Introduction to Nutrition and Metabolism”, “Nutritional Biochemistry of the Vitamins” and “Nutrition: a Reference Handbook” are not included in this curiously eclectic selection.

My concern is how the lay reader (or indeed a student interested enough to buy textbooks) is to know what is reliable and what is not.

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