



HEALTHWATCH NEWSLETTER

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NEWS FEATURE

ON THE PANEL WITH THE SKEPTICS

The 16th European Skeptics Congress was held in September at Goldsmiths College, University of London and featured HealthWatch representatives on the panel. Topics as diverse as the role of the media, terminology, anomalistic psychology, sleep paralysis, and the maths of chocolate fountains made an appearance, before events drew to a close with panel discussion and a fantastic talk from Sense About Science.

James May, HealthWatch’s chairman, and committee member Susan Bewley were joined by Edzard Ernst, Catherine de Jong and Maciej Zatonski in a panel discussion that asked what drives people to seek alternatives to conventional medicine, where the boundaries of medical responsibility lie, and whether more skepticism is needed.

Medicine is rendered a victim of its own success by the medicalisation of society, asserted James May. Limitless wants, expectations of pills for all ills, and the overriding dependence on healthcare cannot be sustained. Instead, he argued, we need ‘alternatives’ that manage illness and underlying causes of ill health. By addressing social issues in policy, investment in prevention could have a much greater impact than today’s reluctance to spend until the later stages of disease necessitate a disproportionately higher level. “There is too much medicine and some of it does us more harm than good.”

Rather than too much medicine, Maciej Zatonski mounted a robust defence. With a skilled academic community, good research practices, and “probably the best, the most regulated and robust scientific procedures in the scientific world today” medicine is the best it has ever been, with everyone benefiting.

Susan Bewley noted that, while problems do exist, excellent work is taking place and answers are being found through transparency, getting to the data and uncovering the science. However, in what conventional medicine is lacking; be it in kindness or compassion, in avoiding talking about real problems

and abuses, or challenges and the realities of pain, disability and death; a space is created for alternative medicine to offer something else.

Catherine de Jong reiterated an important distinction between medicine, and wellness treatments or lifestyle choices. Massage should not be termed ‘therapy’, and ‘feeling better’ should not be confused with an actual improvement to health. To address the gap between expectation and delivery, doctors “should give patients the attention they need”, with de Jong preferring to spend an hour educating a patient than leave them to go to an alternative practitioner. “I think it is our task to educate the patient and explain and if it takes time, it takes time”. Zatonski agreed that an initial investment of an hour would not be time wasted.

May emphasised that doctors need to appraise complex factors to understand what has brought a person in to see them. If a doctor treats the symptoms without understanding and addressing a patient’s real concerns, they fail; and if a patient’s expectations remain unmet, some may be driven to seek alternatives.

To consult effectively it is essential to make optimal use of the limited time available. With time in short supply, techniques of consulting, communication, motivational interviewing—even donning a stethoscope with particular flourish—could help to achieve this. If not, Tudor-Hart’s inverse care law—where the most wealthy and least unhealthy get the most time—would apply; and May’s morning clinic of 80 walk-in patients would take three days to complete.

As to whether more skepticism is required in medicine, for Bewley the answer is “undoubtedly yes”. Edzard Ernst emphasised that skepticism must pursue an aim, and for him the aim is to improve healthcare. “For me, it is like breathing” he explained. “I cannot imagine a good doctor who is not skeptical ... you cannot be a good doctor or good scientist if you are not skeptical.”

The thought-provoking chat went on to include industry, placebo ethics, the role of the community, future care models and more. While agreeing the importance of skepticism, and a need for focus and education, a division remained as to where a medical responsibility becomes a social, political, or personal one.

Sense About Science closed on a high note with a call for action, with Dr Chris Peters telling the story behind, and stories of, the ‘Ask for Evidence’ campaign.

Evidence behind research, claims and policies is continually overlooked, downplayed or distorted—be it for marketing and product revenue, ‘good’ reasons such as the simplification of a public health message, or through a tendency to trust and accept an existing norm. ‘Ask for Evidence’ encourages people to ask for the facts behind the claims they encounter, and to celebrate where evidence is used well.

Truth is ever evolving in science and research and, while uncomfortable, uncertainty is inevitable. In asking for evidence, people can make the best use of what is available. If claims are not supported by evidence, asking searching questions and drilling to the facts can drive policy change, allay health fears imbued by sensationalised press coverage, and raise accountability. Helping the public, patients and professionals understand and make optimally informed decisions in all sectors, it may even help those so inclined to save money otherwise spent on the latest nano miracle gold weight loss booster sauce, ‘armoured underpants’ or ‘detox’ hair appliance. Asking for evidence is something that everyone can do, and everyone can benefit from. Go to: <http://askforevidence.org>

Sofia Hart, Journalist and HealthWatch Committee Student Representative

For more information on the conference see: <http://euroscepticscon.org/> The video recording of the debate on skepticism and medicine is at: <https://www.youtube.com/watch?v=A4erJFq1Dso> and <https://youtu.be/xyiuzE5fueo>

NEWS

The return of the Medical Innovation Bill

Lord Saatchi's Medical Innovation Bill, defeated soon after it was the subject of the HealthWatch debate in March, was brought back in the 2015/16 parliament and remains pending in the House of Lords. A new version, endorsed by Lord Saatchi as the handing over of his Bill, is also being taken forward in the House of Commons by Chris Heaton-Harris, MP for Daventry.

The Access to Medical Treatments (Innovation) Bill 2015 replicates large sections of its ill-defined and widely opposed predecessor. The same serious risks for good clinical practice, meaningful research and patient safety remain. The new Bill's second reading in the Commons took place on 16th October, and it was voted through to Committee stage.

Despite handing over the Bill, the original Medical Innovation Bill has yet to be formally withdrawn from the House of Lords and a motion remains to suspend Standing Order 46; which could allow the Bill to be passed in one day.

You can make your views on the Access to Medical Treatments (Innovation) Bill known to your MP by contacting them via: <https://www.writetothem.com>

Sofia Hart, Journalist and HealthWatch Committee Student Representative

The ugly truth: Sense About Science lecture 2015

"What is truth? Truth is not one and whole, it's complicated, varied and contradictory." So began the 10th annual Sense About Science lecture, on 28th September 2015. The British Library auditorium was filled to capacity with a guest list that read like the Who's Who of science and journalism. The 40-minute lecture was presented by Tracey Brown, director of Sense About Science, after which the audience participated in a lively discussion chaired by the geneticist and BBC Radio 4 "Inside Science" presenter Adam Rutherford...

Watch the full lecture on the Sense About Science website at:

<http://www.senseaboutscience.org/pages/annual-lecture-2015.html> and read Tracey Brown's accompanying article in the Guardian, 28 September 2015: <http://www.theguardian.com/science/political-science/2015/sep/28/can-you-handle-the-truth-some-ugly-facts-in-science-and-sensibility>

NEWS IN BRIEF

GPs IN HERTFORDSHIRE have been told that their local council may stop funding their NHS Health Checks programme mid-contract. Pulse reports that Hertfordshire County Council wants practices to stop providing Health Checks as of 20 October. Under the NHS scheme, practices are paid to carry out a vascular risk assessment on patients aged between 40 and 74 years, who have not already been diagnosed with vascular disease, diabetes or renal disease. The scheme has been widely criticised for its lack of an evidence base. It is not clear from the report whether it is cost or lack of evidence that has driven the council's decision.

Pulse, 17 September 2015: <http://www.pulsetoday.co.uk/your-practice/practice-topics/pay/gps-face-funding-shortfall-as-council-tears-up-health-checks-contract-mid-year/20020102.article>

THE ADVERTISING Standards Authority has upheld complaints against a UK firm who claimed their digital infra-red scans could detect breast cancer. Crosby-based Medical Thermal Imaging Ltd has been asked to stop making unsupported claims that thermography has been approved by the FDA for breast cancer screening, and that there is medical evidence that it can successfully be used for body screening, pain visualization and early stage disease detection, including as a tool for the diagnosis of breast cancer. Thermographic devices portray heat emission from body surfaces as images with each color or shade representing a specific temperature level, but it has not been proven effective as a screening tool for breast cancer and is not a substitute for mammography.

ASA ruling, 9 September 2015: https://www.asa.org.uk/Rulings/Adjudications/2015/9/Medical-Thermal-Imaging-Ltd/SHP_ADJ_301979.aspx#.VippCkJWllk

STILL ON the subject of breast screening, Peter Gøtzsche of the Nordic Cochrane Centre has published a blistering verdict on the practice. In an essay, “Mammography screening is harmful and should be abandoned”, he begins by explaining the pro-screening bias in trials that has made it difficult to know the true effects. The essay concludes that all of the promises on which mammography screening has been promoted to the public appear to be wrong. “Screening does not seem to make the women live longer; it increases mastectomies ... There is so much overdiagnosis that the best thing a woman can do to lower her risk of becoming a breast cancer patient is to avoid going to screening, which will lower her risk by one-third.” If screening had been a drug, Gøtzsche believes, it would have been withdrawn long ago. His essay, in the Journal of the Royal Society of Medicine, is accompanied by an editorial by Michael Baum: “Catch it early, save a life and save a breast: this misleading mantra of mammography”.

Gøtzsche P. J Royal Soc Med 2015;108(9):341-345

Baum M. J Royal Soc Med 2015; 109(9):338-339

FOR THOSE short on attention span, two 75-second videos teach how to read medical news articles with a critical eye. US website Health News Review is featuring the videos Four Red Flag Phrases In Medical News Articles and How to Read a Medical News Article. They've been made by healthcare economist Gary Fradin who aims to use education to reduce overtreatment.

Health News Review: <http://www.healthnewsreview.org/2015/10/75-second-videos-capture-some-of-our-concepts/>

THE LATEST newsletter from Friends of Science in Medicine reports on productive discussions on chiropractic. It is hoped that collaboration with groups including the Chiropractic Board of Australia will help to discourage unsubstantiated health claims for the practice.

<http://www.scienceinmedicine.org.au/images/pdf/newsletter11.pdf> or go to <http://www.scienceinmedicine.org.au/>

OPINION

If only we knew what we know

I have just discovered I have haemorrhoids. You probably didn't want to know that any more than I wanted rectal bleeding. Even so I mention it because I want to pose a question about privacy, embarrassment, medicine and progress.

First, let me make the point that this is not a debate I think HealthWatch should engage in. HealthWatch was founded on the principle that medical treatment should do what it says on the tin. In other words it should be based on properly tested evidence rather than assertion or belief. Our members are natural sceptics. We direct our efforts at promoting decent science and opposing quackery. And that's probably where we should leave it, keeping HealthWatch focused.

But it doesn't stop some of us, as individuals, from applying those sceptical principles much more broadly. For example, you might have been intrigued about why surgeons wear masks or the evidence that underpinned the NHS ban on doctors in white coats. On my part I've been increasingly unconvinced about some of the central policy and even ethical concepts on which contemporary medicine is based. One of these is the old Hippocratic ideal of patient confidentiality. Of course medical ethics has come quite a way in 2,500 years with a well-established principle that public good can override a patient's right to privacy. There is no NHS rule to prohibit sharing patient records and the GMC now has extensive guidance on what can be divulged and when.¹ In fact the NHS has several schemes which pay clinicians to collect data so it can track treatment outcomes.

But what about the fundamental premise that patient confidentiality is a Good Thing in the first place? It is a principle so deeply entrenched that most people seem to think it is self-evident...

Nick Ross, Broadcaster, author and journalist

NUTRITION

The fountains of youth: not one but two new supplements to keep you young

Two new supplements on the market claim to extend life and make you more youthful: NiagenTM and MidogenTM. Both are marketed by Live Cell Research of California, but oddly only Niagen is listed on their website.¹ According to an email sent out by the company, Midogen was launched on July 24th, and was an instant sell-out. Both supplements claim to increase the formation of mitochondria, and to reverse the effects of ageing.

As we age, we lose muscle, and replace lean tissue with fat—even if our weight remains constant. This loss of muscle tissue is associated with loss of mitochondria—the organelles in the cell that are responsible for energy-yielding metabolism and the formation of ATP to allow us to perform chemical and physical work. What is not clear is whether the loss of mitochondria is a cause or an effect of the loss of muscle tissue. In other words, would increasing the formation of mitochondria, as Niagen and Midogen claim to do, prevent or reverse the age-related loss of muscle?

David A Bender, Emeritus Professor of Nutritional Biochemistry, University College London

LETTER TO THE EDITOR: Ethical drug promotion: an oxymoron?

On the subject of the promotion of drugs to healthcare professionals: claims that “ethical codes for drug promotion are too weak” and calling for “larger fines” for breaches in policies are simply backing further into a cul-de-sac.¹

First, there is no need for drug promotion as it only serves the industry’s natural interest: profit. Solution? Just ban promotion. Regulation cannot be effective as the flow is out of control (\$24 billion on marketing to physicians and \$3 billion on advertising to consumers in 2013) and, spending on marketing is superior to those for research for nine out of 10 big pharmaceutical companies.² Much has already been published on the problems of regulating information from research funded by the industry.³ ...

Alain Brailion, Consultant in Public Health, Amiens, France

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1. Kmietowicz Z. BMJ . 2015;350:h917.
2. Washington Post, 11 February 2015: <http://www.washingtonpost.com/news/wonkblog/wp/2015/02/11/big-pharmaceutical-companies-are-spending-far-more-on-marketing-than-research/>
3. Smith R, Gøtzsche PC, Groves T. BMJ. 2014;348:g171.

PUBLIC HEALTH

Nick clegg’s ‘zero suicide’ ambition. Another utopian idea?

When I wrote a piece for last February’s newsletter about the difficulty of preventing suicide, I included a brief reference to a claim the previous month by Nick Clegg (remember him?) that suicide could be completely prevented in the NHS. “Nick Clegg is calling for all NHS trusts to commit to a new ambition for zero suicides in the health service” reported the LibDems website on January 15th.

“We know this kind of approach can work in dramatically reducing suicides.’ said the coalition government’s own website.¹ “A mental health programme in Detroit, USA, which signed up to a ‘zero suicide’ commitment has reported that nobody in the care of their depression services has taken their own life in over 2 years.” It continued: “In the UK, pioneering health workers in Liverpool, the south-west and in the east of England are already re-thinking how they care for people with mental health conditions to achieve this ambition for ‘zero suicides’ in our own health service.” I wrote to Mr Clegg requesting more information. Nobody answered before the newsletter went to press but in March, I had a reply from Norman Lamb, the LibDem Minister of State for Care and Support. Among other things, he wrote that “This is not just about more support for people who have presented with suicidal thoughts. We want more to be done in all areas of society so that people do not get to the point where they consider suicide.”

By that time, I had read everything I could find about the Detroit study. For such impressive claims, the amount of information available seemed rather small. It comes mostly from a single team and while their enthusiasm is commendable, their claims need to be independently confirmed. Presumably, that is what the pioneering NHS teams will be doing and I await their findings with interest. ...

Colin Brewer, Research director, Stapleford Centre, London

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1. Department of Health press release, 19 January 2015: www.gov.uk/government/news/nick-clegg-calls-for-zero-suicides-across-the-nhs

LAST WORD

Scepticism and religion

James May gave this address at the European Sceptics Congress, September 2015 (see Sofia Hart's report, pages 1 and 2)

Thank you for the very kind invitation for me to contribute to this interesting discussion. I am a committed Christian and, since secular humanism says there is no need for beliefs about the divine, there will be disagreement, which is good because this is a debate.

I have five points to make.

1. *Scepticism is science*

Science is characterised by clarity and reproducibility, which leads to consensus within the field. It is clear to the expert, but not simple.

This clarity means that there is no established scientific knowledge that I disagree with. There are scientific revolutions, and scientific knowledge is provisional and therefore held tentatively, so I am fully committed to the consensus of knowledge as our current best explanation.

Clarity often makes it easy for trained sceptics to detect pseudo-scientific claims. However it is not simple and sceptical organisations need to promote the public understanding of science...

James May, GP Principal and Chairman of HealthWatch, London

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1. The assessment and testing of treatments, whether “orthodox” or “alternative”;
2. Consumer protection of all forms of health care, both by thorough testing of all products and procedures, and better regulation of all practitioners;
3. Better understanding by the public and the media that valid clinical trials are the best way of ensuring protection.

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