ALTERNATIVES TO DEBATE

“Treating evidence with contempt”

For 15 years I have studied the effectiveness and safety of treatments such as acupuncture and homoeopathy. Often, the results were not what the proponents of these treatments had hoped for. One would have thought that this might lead to debate, further research, or even health policy changes. Sometimes it has, but recently we have witnessed a new phenomenon. People or organisations promoting highly questionable treatments are treating the evidence with contempt and flex their legal muscle to have it their way.

The New Zealand Journal of Medicine recently published an article showing that most chiropractors use the title “doctor.” The argument was that this might mislead patients and cause harm. As a consequence, the chiropractors sought to silence the journal by threatening legal action. Fortunately the attempt failed.

The Guardian was sued for libel by Matthias Rath. The paper had exposed Rath’s strategy of convincing South Africa’s government that his vitamin pills were more effective than antiretroviral drugs for treating AIDS. The Guardian put up a fight, and eventually Rath dropped the libel action and was ordered to pay costs. An editorial in the Guardian (www.guardian.co.uk/commentisfree/2008/sep/13/matthiasrath.aids) noted that Rath’s activity in South Africa “provides a terrible illustration of the potential consequences of treating the evidence with contempt.”

Science journalist Simon Singh recently condemned the British Chiropractic Association for advocating chiropractic care as a treatment for childhood asthma and a range of other paediatric conditions. Instead of arguing their corner publicly, the association filed a libel action against Singh (www.telegraph.co.uk/news/newstopics/mandrake/2570744/Doctors-take-Simon-Singh-to-court.html). The case is likely to come before the courts soon.

When I critically commented on a report that Prince Charles had commissioned on the cost effectiveness of alternative medicine, my university received a letter from the prince’s first private secretary, Sir Michael Peat, to “draw attention” to what he perceived as a “breach of confidence” on my behalf. It took a gruelling 13 months of an internal inquiry at Exeter University to clear my name.

Since I published a book with Simon Singh that evaluated the evidence for or against homoeopathy and other alternative treatments, UK homoeopaths have been engaging in an elaborate campaign of multiple letter writing, repeatedly invoking the Freedom of Information Act to harass and silence me. This letter shows that they have failed.

All of this “is not just unpleasant, it is also unhealthy.” I would add that the frequency of these events in recent months is downright scary. People who use legal muscle and power, rather than reason and debate, are a danger to reason and progress. What is at stake here is our right, I would argue our duty, to speak out against misleading claims and dangerous concepts. We should find ways of protecting ourselves against such enemies of reason.

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Competing interests: None declared.

SOUTHALL VERDICT

Clarification

PACA members wish to make it clear that the apology Professor Southall made at his recent hearing was not about the child protection importance of the episode of nose bleeding and difficulty in breathing described by Mr Clark in his own words on a television programme—an incident that had occurred in his 10 week old infant just 10 days before his sudden death. Southall apologised about the language in his report, which was an agenda item for a meeting of professionals involved in the family court case, including Southall, Professor David, who was acting as the instructed expert, and the child’s solicitor.

The phrasing he used was regarded as injudicious by one of five child protection experts at the recent General Medical Council fitness to practise hearing, and as a result he apologised (only to Mrs Clark) because it damaged the message he was giving and because it was originally used by the GMC in 2004 to find him guilty of serious professional misconduct, thereby causing damage to child protection in this country.

Panel members indicated that they understood only too well the importance of the nose bleeding incident (see transcripts on www.paca.org.uk). The latest GMC panel was thus very clear and supportive regarding Southall’s evidence on the incident of nose bleeding and difficulty breathing; they accepted his opinion as a result of what they heard from the five experts. The panel also dismissed the issue of Southall’s failure to interview the parents, given that he was acting as an informant to the proceedings and not as an instructed expert.

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On behalf of the members of PACA

Competing interests: None declared.

1 Dyer C. Southall is allowed to return to child protection work. BMJ 2008;337:a1811. (24 September.)

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GMC has no clothes

The General Medical Council has obviously realised the damage it has done to the child protection system, and that is why it has lifted the restrictions on Professor Southall. Andrew Reid from the GMC isn’t fooling anyone with his comments about Southall having “learnt” from the GMC proceedings.

We have all “learnt” that the GMC is a spineless poodle that was prepared to make a scapegoat of honest doctors in order to curry favour with the media and the government. Child protection has been damaged for decades, along with professional self regulation, but that’s the price the GMC has paid to avoid abolition.

But the GMC has completely lost the respect of ordinary doctors. If it wants to regain that respect it would help if it either said sorry—or at least kept silent.}

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