

Debunker debunked: can a comparison be made with what is happening with ME?

On 9th January 2003 The Guardian carried a report by its Environmental correspondent Paul Brown which was entitled “Debunker of global warming found guilty of scientific dishonesty”.

http://www.guardian.co.uk/uk_news/story/0,3604,871320,00.html

Below are quotes from the article.

“Bjorn Lomborg, the Director of Denmark’s Environmental Assessment Institute and a leading would-be debunker of mainstream scientific opinion (on environmental issues) has been found guilty by a Danish government committee of ‘scientific dishonesty’.

Professor Lomborg, whose work has been championed in the international press, was subject to a year long investigation by the Danish committee on scientific dishonesty.

The committee concluded: **‘Based on customary scientific standards and in the light of his systematic one-sidedness in the choice of data and line of argument, [he] has clearly acted at variance with good scientific practice’**.

(The committee) said **‘there has been such perversion of the scientific message in the form of systematically biased representation that the objective criteria for upholding scientific dishonesty have been met’**.

The committee sums up the complaints: **‘Lomborg is accused of selectively discarding unwanted results, of the deliberately misleading use of statistical methods, (of) consciously distorted interpretation of the conclusions and (of) the deliberate misrepresentation of others’ results’**.

Jeff Harvey, former editor of the scientific journal *Nature*, was among those who took the case to the committee. He said: **‘Lomborg has veered well across the line that divided controversial – if competent—science from unrepentant incompetence’** ”.

For those who wish to read for themselves illustrations of how such practices have occurred in the case of ME / ICD-CFS, see **Consideration of some issues relating to the published views of psychiatrists of the ‘Wessely School’ in relation to their belief about the nature, cause and treatment of myalgic encephalomyelitis (ME)**,

March 2000, by Margaret Williams, with appendices by Val Broke-Smith and Ann Crocker. Copies may be obtained at cost price from DM Jones, 176 Perth Road, Ilford, Essex IG2 6DZ (telephone 0208-554-3832; it is also online at www.meactionuk.org.uk/Further_Articles.htm/consideration.htm)

Illustrations are plentiful, but just two are provided here.

In the much-criticised 1996 Report on CFS from the UK Joint Royal Colleges (*ref: Chronic Fatigue Syndrome. Report of a Joint Working Group of the Royal Colleges of Physicians, Psychiatrists and General Practitioners (CR54):pub RCP, London 1996*), which is now casting its long shadow over the present MRC RAG document on the direction of future research into "CFS/ME", Wessely et al mention a paper by Bombadier and Buchwald (*reference 17 in the Joint Report*), conveying unmistakably that this paper supports their own stance, whereas the paper itself actually states:

"The fact that the same prognostic indicators were not valid for the group with CFS challenges the assumption that previous outcome research on chronic FATIGUE is generalizable to patients with chronic fatigue SYNDROME"

Wessely et al also mention a paper by CA Sandman, JL Barron et al (*reference 153 in the Joint Report*) in apparent support of their own view about the results of neuropsychological testing, whereas the paper itself states unambiguously:

"the performance of the CFIDS patients was sevenfold worse than either the control or the depressed group. These results indicated that the memory deficit in CFIDS was more severe than assumed by CDC criteria. A pattern emerged ...supporting neurological compromise in CFIDS".

As Hedrick so crisply points out about another of Wessely's paper in *The Quarterly Journal of Medicine* (*ref: The prognosis of chronic fatigue and chronic fatigue syndrome: a systematic review. Joyce J, Hotopf M, Wessely S. QJMed 1997;90:223-233*), Wessely's work is an example of the mischaracterization of the facts: he summarised a wide variety of studies, drawing conclusions across seven studies which were based on different patient populations ---from simple fatigue of 30 days to chronic severe fatigue of decades--- and he used different diagnostic instruments and different definitions of improvement. He also used different timing measures (eg. how patients were prior to illness; how they were at intake of the study; how they were years after onset of illness, and how they were at final follow-up). Wessely et al did not assess the adequacy of the analyses performed. **In some cases, he even left out findings from cited studies which were inconsistent with his own conclusions.** Further, the studies cited by Wessely et al do not (as claimed by them) yield a consistent pattern between psychiatric disorder and poor prognosis.

To quote Hedrick: “ **Studies and review articles on psychiatric factors and CFS need to be subject to the same standards of scientific inquiry as studies investigating organic factors, lest the theoretical stance of the researchers / authors turns out to be the most powerful predictor of results. Not only did (Wessely et al) fail to summarize the psychiatric literature accurately, (they) omitted discussion of the many avenues now being explored on the organic underpinning of CFS**”.

(ref: Chronic Fatigue Syndrome. TE Hedrick QJMed 1997:90:723-727)

The UK ME community may be well advised to follow the example of Denmark and insist that a non-biased committee investigate the scientific dishonesty surrounding ME.

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