

Another Meadow?

Eileen Marshall Margaret Williams 15th July 2005

So paediatrician Professor Sir Roy Meadow has been struck off the medical register by the UK General Medical Council and his claims to be a world expert are in ruins, proving that even an acclaimed “expert” is sometimes not to be relied upon and that all medical “experts” need to be rigorously questioned about the source of their “evidence”.

According to Channel 4 News at 7pm on 15th July 2005, Mary Clark-Glass, Chairman of the GMC panel, told Meadow: “Your misguided belief in the truth of your arguments maintained throughout the period in question and indeed throughout this inquiry is both disturbing and serious”, and told Meadow that he was an eminent and internationally renowned paediatrician and because of that authority, he carried a unique responsibility to take meticulous care: “You should not have strayed into areas that were not within your remit of expertise”.

However, commenting on the GMC’s decision to strike off Meadow, Professor Sir Alan Craft, President of The Royal College of Paediatrics and Child Health, said it was “saddening” and that Meadow had a long and distinguished career in which he had undoubtedly saved the lives of many children: “We must be clear that this hearing focused solely on the evidence (Sir Roy) gave in one particular case and does not reflect upon the rest of his career”.

Mindful of the wrong that Meadow is known to have done to other families, in the opinion of many rational people the assertions of Sir Alan must surely remain a matter of conjecture.

As one of Meadow’s wrongly imprisoned victims (Donna Anthony) pointed out, because Meadow was so eminent in his field, people in authority accepted that he must know what he was talking about, but this was not so.

The GMC Hearing heard testimonies from leading paediatricians in support of Sir Roy who, it is claimed, retains a great deal of respect within the medical profession. If so, that must surely be a matter for rightful concern and scrutiny, because there is apparently no evidence for Meadow’s views, not least because Meadow himself said he had shredded all his own evidence upon which his “expertise” relied. Is this the behaviour of an innocent man who is a bona fide “expert” and does it not speak for itself?

The whole issue of medical experts who are certain they are right will not go away: the Chair of the GMC panel considering Sir Roy’s case said it was vital that the public had confidence in experts, and it is now known that the Government will publish a review of expert witnesses later this year.

What are the parallels in other disputed areas of medicine?

Two years ago when the GMC began investigating Meadow, it was pointed out that the ME community may wish to cite the case of Meadow as a so-called medical “expert” to demonstrate that what seems to be incontrovertible medical judgment can indeed be disputed (see “The rise and fall of a medical ‘expert’ ” available on line at http://www.meactionuk.org.uk/Professor_Sir_Roy_Meadows.htm).

In that article, a comparison was made with the situation that still prevails in ME/ICD-CFS, where certain “experts” believe and insist that “CFS/ME” is a psychiatric disorder that is amenable to “behavioural modification” in defiance of the substantial amount of evidence (not “belief”) that does not support such belief.

In 2003, Lord Howe, Shadow spokesman for Health in the House of Lords, delivered a scathing attack on Meadow, calling his theory about Munchausen Syndrome By Proxy (MSBP) “one of the most pernicious and ill-founded theories to have gained currency in the past 10-15 years. It is a theory without science (that) rests upon the assertions of its inventor”.

If that were undoubtedly true, how could it be that even after people had begun to question his “expertise”, Meadow continued to be regarded by the authorities as a world expert, given that his “expertise” was based on nothing more substantial than the compounding of his views by the endless repetition of those views?

Is history repeating itself in the case of Professor Simon Wessely and those who subscribe to his beliefs in the matter of ME/ICD-CFS? Wessely believes that ME does not exist except as a false belief. He, like Meadow, is certain that he is right, and he, even more than Meadow, compounds his views by repetition *ad infinitum*.

In the case of ME/ICD-CFS, psychiatrist Wessely promotes himself (and indeed is regarded by some of his peers as) a world expert on the disorder, so --- given the significant amount of evidence that he is wrong --- is it not time for his status as “world expert” to be challenged in the same way that Meadow’s status was eventually challenged, because the harm that has flowed from Wessely’s unsubstantiated theories seems to be incalculable, not least because of his undisputed influence on Government bodies and on his infiltration of virtually the entire medical profession?

One example of what Wessely achieved as an “expert” witness in a High Court case is that of Ronald Page (Page - v - Smith 1994: 4AllER 736), which went on through no less than ten judgments to be finally considered by the Master of the Rolls, then Sir Thomas Bingham, whose own daughter-in-law suffers from severe ME (QBENF 93:0098C / 10th July 1996: 3AllER 272-280): the first Judge had awarded Ron Page £162,000 for a worsening of his pre-existing ME following a road traffic accident, but the damages were withdrawn on Wessely’s “expert” evidence, only to be upheld and reinstated by the Master of the Rolls. So much for “expert” evidence?

Wessely’s domination and influence in this field are well-documented, as is his (published) guidance to Government that it is neither necessary nor appropriate to perform advanced laboratory or neuro-imaging investigations on such patients (the very tests that show evidence of significant organic abnormalities), as a result of which it seems that numerous extremely sick people have been hounded, wrongly locked up in psychiatric wards, been coerced into inappropriate and damaging psychiatric interventions, had benefits wrongly withdrawn, and an alarming number have been driven to suicide out of sheer desperation and inability to survive without support. Not many within the ME community can forget that it was Wessely who signed his approval for the obtaining of a Court Order for Social Services to remove --- under police presence --- an extremely sick 12 year old boy suffering from severe ME, Ean Proctor, from his loving and distraught parents and place him the “care” of the State, during which the sick child was forcibly thrown into a hospital swimming pool with no floating aids

because psychiatrists wanted to prove that the boy could use his limbs and that he would be forced to do so to save himself from drowning. He could not save himself and sank to the bottom of the pool. (For more information see http://www.meactionuk.org.uk/SELECT_CTTEE_FINAL_VERSION.htm).

For over a decade, questions about possible scientific misconduct and flawed methodology by Wessely in relation to ME/ICD-CFS have been raised and published in international medical journals.

Wessely is a psychiatrist, so it follows that areas of complex medical science such as immunology, vascular medicine and muscle pathology are, to quote what the GMC said to Meadow, “not within your remit of expertise”; this being so, why is it acceptable for Wessely to function outside his remit of expertise, but not Meadow?

Quite certainly, a senior Queen’s Counsel has advised that there is an “overwhelming case” for the setting up of an immediate independent investigation as to whether Wessely’s views and theories about ME/ICD-CFS are acceptable or consistent with good and safe medical practice, stating that in his opinion there is “substantial doubt” as to whether such could be the case.

Can Wessely not be challenged? The standard of medical care in law has for decades been determined according to the Bolam test. This is based on the ruling of a Trial Judge in the Bolam case in 1957 which in essence says that in the light of what was known at the time, a doctor does not breach the legal standard of care if the practice is supported by a responsible body of similar professionals, even though a body of adverse opinion also exists amongst medical men. It would not be difficult for Wessely to call on other members of the “Wessely School” to support his own views, and indeed the Bolam principle has been perceived as being excessively reliant upon medical testimony supporting a defendant (see: Legal standards of care: a shift from the traditional Bolam test. Samanta A; Samanta J. Clinical Medicine 2003;3:5:443-446). However, there are signs of change: the judgment given in a House of Lords ruling in the Bolitho case imposes a requirement that the standard of medical care must be justified on a logical basis and must have considered the risks and benefits of competing options. The effect of the Bolitho case means that, in order to reach its own conclusions, the Court will take a more enquiring stance to test the medical evidence offered by both parties. In the Bolitho case, the House of Lords held that a doctor could be liable for negligence in respect of diagnosis and treatment despite a body of professional opinion sanctioning his conduct where it had not been demonstrated to the judge’s satisfaction that the body of opinion relied upon was reasonable or responsible (see Bolitho v City & Hackney HA (1997) W.L.R H.L p 1151). It follows that the shift from the traditional Bolam case will have wide implications for all medical practitioners, so is it surprising that the Medical Protection Society is on record as having considerable reservations about the recommendation to abandon the Bolam test (see MPS Check Up Parliamentary Bulletin November 2003) even though the Bolam test is deemed to demand too little in the way of encouraging higher standards of medical care? (see How does evidence based guidance influence determinations of medical negligence. Brian Hurwitz. BMJ 2004;329:1024-1028).

When one compares the amount of evidence that apparently existed against Meadow with the sheer volume of peer-reviewed published, international evidence that ME/ICD-CFS is a multi-system organic disorder that “Wessely School” psychiatrists have dismissed and / or ignored for so many years (and not a somatoform disorder as believed and claimed by

Wessely), there would seem to be far more incriminating evidence against “Wessely School” psychiatrists than exists against Meadow.

So the same question surely ought to arise with Wessely as with Meadow: how much of “Wessely School” theories are based on science? Why, for instance, has Wessely never addressed the massive amount of credible research evidence that shows him to be wrong about the nature, cause and management of ME/ICD-CFS?

If the GMC regarded Meadow’s unevidenced certainty that he was right as (quote) “fundamentally unacceptable” conduct, what might the GMC have to say about Wessely’s equal certainty that *he* is right about ME?

Because of the difficulty in proving any psychiatric diagnosis, surely it is common sense that much greater care should be taken before psychiatrists are permitted to dismiss and ignore the evidence of organic dysfunction in ME/ICD-CFS that shows them to be so wrong, especially when their unshakable but unfounded beliefs have resulted in so many wrecked lives? It is profoundly unacceptable that, having established their own dogma, “Wessely School” psychiatrists continue to defend it despite overwhelming evidence that it is just that – dogma ie. doctrine asserted on authority without supporting evidence.

To paraphrase a well-known maxim: those who ignore the mistakes of history are doomed to repeat them, but medical practitioners in particular seem oblivious of this maxim, most particularly those psychiatrists, including Wessely, who appear to wield such power and influence at the Medical Research Council.

As is well known, there is currently great disquiet and dismay within and without the ME community, notably including Members of Parliament, about the intransigence of the MRC in its insistence on funding expensive trials (run by Wessely School psychiatrists) of cognitive behavioural therapy, including graded exercise therapy, in “CFS/ME”, when such regimes have already been shown to be at best of no lasting value and at worst positively harmful to those with authentic ME.

Does the MRC have the prerogative to ignore history or are those who control it simply ignorant of the fact that exercise therapy has been tried almost 80 years ago and found wanting?

The MRC decision-makers might wish to read a book called “The long weekend: a social history of Great Britain between 1918 and 1939” by Robert Graves and Alan Hodge, published by WW Norton & Co, New York and London (revised 1994), an analysis of health in the UK from before the inception of the National Health Service in 1948 and from which the following extracts are taken.

“The pioneer health centre at Peckham (south London) which was founded in 1928 to prevent sickness by regularly overhauling people, reported that 86% of those examined were found to be suffering from some disorder, only 20% were aware of it and only 7% receiving treatment. It was to remedy this state of affairs that the National Fitness Campaign was begun, but Low, in a cartoon, pointed out the absurdity of recommending physical jerks to citizens suffering from malnutrition and the effects of living in dilapidated houses.

“In December 1937, a group called Political and Economic Planning published a fully documented report on Britain’s health. They summed up the position thus: perhaps the most fundamental defect in the existing system is that it is more interested in enabling the sufferers to go on functioning in society somehow than in studying the nature of health and the means of producing and maintaining it.

“From this it naturally follows that millions of pounds (sterling) are spent in looking after and trying to cure victims of illnesses which never need have occurred if a fraction of this amount of intelligence and money had been devoted to tracing the social and economic causes of the trouble”.

How is it possible that in 2005, it is still the Government’s view that complex medical problems can be best dealt with by “physical jerks” (albeit now called graded exercise therapy)? Have we not progressed from 1928? It seems obvious that, if something does not suit Government, in effect there will be no change or progress and that a modern-day “National Fitness Campaign” is the present Government’s preferred option of dealing with the devastating neuro-immuno-vascular disorder that is ME.

The only way forward in ME/ICD-CFS is high-quality biomedical research that is based on the existing knowledge-base, not on the fallacious beliefs of a few powerful psychiatrists whose vested financial interests are well-documented.

That is why there is such dismay that money that could be more gainfully used to unravel the complexity of ME/ICD-CFS is being poured into projects such as the MRC PACE trials as well as the PRiME project (Patients and Researchers in ME/CFS funded by Great Universal Stores): how, in reality, can the PRiME project effectively move things forward by (quote) “developing collaborative partnerships between people living with, or who have recovered from (*sic*) CFS/ME, their carers, researchers and health professionals and to create a respectful (*sic*) environment in which those partnerships can flourish (by achieving) a pool of stories from people living with CFS/ME that can be drawn on by key decision makers to inform future research into causes and treatments” or by providing “the opportunity to work with members of the new ‘specialist centres’ for CFS/ME that are being set up around the country”?

How, exactly, is obtaining a pool of “stories” from 50 people and providing the opportunity for sufferers to “work” within the psychiatric paradigm that is the basis of the new Centres going to advance biomedical understanding of such a complex multi-system disorder?

Is it cynical to believe that such projects are nothing other than an attempt to keep sufferers “functioning in society somehow”?