To set the record straight about Ean Proctor from the Isle of Man

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Professor Simon Wessely’s post on Co-Cure MED (Libelling Paediatricians, 19th July 2005) is noted with interest: as he so accurately says, “things being what they are, there will be a flurry of posts alleging dark deeds and conspiracies. May I suggest that those who prefer facts to fiction obtain the report from the Manx government”.

There were two reports, so to which of the two reports is Wessely referring? The first report is entitled “Report of the Select Committee of Tynwald on the Petition for Redress of Grievance of Robin and Barbara Proctor” and is dated 19th April 1991; the second is the McManus report dated May 1994.

We possess copies, as well as the official correspondence from the time (including the Child Care Department Case Conference Minutes), and so can quote accurately from these documents.

First, though, we note that in his post Wessely rushes to defend the paediatricians on the Isle of Man, which is perhaps why he does not mention the McManus report that looked into the whole issue of child care on the Isle of Man and found that child care procedures did not address important areas: specifically, the report expressed concern about the inadequacies of child care on the island.

As noted elsewhere (http://www.meactionuk.org.uk/consideration.htm) Wessely seems to have become confused about what happened in the case of Ean Proctor; for example, when on 26th August 1998 Wessely appeared on Channel 4 News and was asked by the presenter Sheena McDonald if there could ever be a case for the forcible removal of a child with ME from home and parents, his verbatim response was: “You know very well I know nothing about these cases. I think it’s so rare. I mean, it’s never happened to me”. Despite this denial on national television, there is unequivocal documentary proof (which we possess) that it was Wessely himself, in conjunction with paediatric psychiatrist Dr Bryan Lask of Great Ormond Street (to whom Wessely had referred Ean Proctor), who had advised the local authorities to take the action they did in Ean’s case.

In a letter dated 10th May 1988 Lask wrote the Ean’s GP (Dr Milne): “We would recommend that the appropriate authorities give serious consideration to whether legal action should be taken to enforce the correct treatment for Ean”.

To remind him, we include here extracts of what Wessely wrote in support of that legal action.

In a letter dated 3rd June 1988 to the Principal Social Worker on the Isle of Man (Mrs Jean Manson), Wessely wrote: “Ean presented with a history of an ability (sic) to use any muscle group which amounted to a paraplegia, together with elective mutatism (sic). I did not perform a physical examination but was told that there was no evidence of any physical pathology...I was in no doubt that the primary problem
was psychiatric (and) that his apparent illness was out of all proportion to the original cause. I feel that Ean’s parents are very over involved in his care. I have considerable experience in the subject of myalgic encephalomyelitis and am absolutely certain that it did not apply to Ean. I feel that Ean needs a long period of rehabilitation (which) will involve separation from his parent. For this reason, I support the application made by your department for wardship”.

On 10 June 1988 Wessely provided another report on Ean Proctor for Messrs Simcocks & Co, Solicitors for the Child Care Department on the Isle of Man. Although Wessely had never once interviewed or examined the child, he wrote “I did not order any investigations....Ean cannot be suffering from any primary organic illness, be it myalgic encephalomyelitis or any other. Ean has a primary psychological illness causing him to become mute and immobile. Ean requires skilled rehabilitation to regain lost function. I therefore support the efforts being made to ensure Ean receives appropriate treatment”. Under his signature, Wessely wrote “Approved under Section 12, Mental Health Act 1983”.

In a further medical report dated 5th August 1988 for Messrs Simcocks, Wessely expressed a diametric opinion from that of consultant neurologist Dr Morgan-Hughes (who had confirmed the diagnosis of ME and who had advised Ean’s parents that ME patients usually respond poorly to exercise until their muscle strength begins to improve), writing: “A label does not matter so long as the correct treatment is instituted. It may assist the Court to point out that I am the co-author of several scientific papers concerning the topic of “ME”....I have considerable experience of both (it) and child and adult psychiatry (and) submit that mutism cannot occur (in ME). I disagree that active rehabilitation should wait until recovery has taken place, and submit that recovery will not occur until such rehabilitation has commenced........it may help the Court to emphasise that...active management, which takes both a physical and psychological approach, is the most successful treatment available”.

Ean Proctor was kept in “care” for over five months.

Taking Wessely’s points in his Co-Cure post in chronological order, we think the record should be set straight.

1. In his post, Wessely states: “(Ean) had been mute for at least two years as I recall”. Wessely’s recall is imperfect, because at the time, Ean Proctor had been unable to speak for only six months. Contrary to what Wessely had asserted in his letter of 3rd June 1988, investigations performed by an ENT specialist in Manchester confirmed that Ean’s vocal cords were not closing properly and that he was not exhibiting “elective mutism”.

2. Wessely states: “(Ean) had been an in-patient (at Great Ormond Street Hospital) for some months I think”; the reality is that Ean was there for only 3-4 weeks: the parents were informed that there was no longer a bed available and that they might as well return home to the Isle of Man.

3. Wessely states: “(Ean) was looked after by paediatricians on the Isle of Man, not by psychiatrists”; the facts are that Ean was admitted to Nobles Hospital under a Care
Order under the care of consultant psychiatrist Dr Chinn (from Ballamona Hospital). The parents were not even told how they could get in touch with Dr Chinn but it was this consultant psychiatrist who was in overall charge and who determined how the boy was to be treated, for example it was Dr Chinn who decreed when and how often Ean’s parents could have access to their son. The McManus report is unequivocal: “It had been agreed at the Case Conference that clinical management would be the responsibility of Dr Chinn” (Part 1; page 89; paragraph 8.36). The consultant paediatrician working closely with Dr Chinn was Dr Birkin.

4. Wessely states: “After he was discharged from hospital, the parents of the boy made a number of serious complaints about his treatment”. Again, the facts are not as presented by Wessely, because Ean was not discharged from hospital: the hospital did not want to let the boy go, but they had to comply because his parents had obtained a Court Order allowing them to take their son home.

5. Perhaps the most important issue to be addressed is Wessely’s assertion that “the report refuted the allegations made about the boy’s care”, but the evidence does not support such a statement. Specifically, the 1991 report did not refute the allegations made about Ean’s care: it found against the medical profession and in favour of the parents and it recommended that the parents should receive compensation. It also recommended that a further committee be set up to consider child care on the island (this was the McManus report).

At paragraph 2.2, the report states: “At this time Ean could not keep his balance, his legs were getting weak, his speech was much slower, he found it difficult to read and he could not keep his concentration”; paragraph 2.3 states: “By this stage Ean could not walk at all and was in a wheelchair. He could not feed himself because he could not move his arms and his speech had become slower and quieter. He could not stand and was suffering terrible headaches”.

Paragraph 3.6 of the first report records the evidence of the Principal Social Worker (Mrs Jean Manson): “We should not have been influenced as much as we were by the medical profession…the medical model is a very great influence, it always has been, and I think this was a mistake…we should have been stronger in opposing that”.

Paragraph 3.15 states that on Ean’s being taken into care at Nobles Hospital on the Isle of Man (a supposed “place of safety”): “It was agreed that he had been when …in fact, paralysed, put into the swimming pool with no floating aids whatsoever. Mrs Proctor said that at this time, Ean could not move a finger and could not speak. Ean sank under the water”.

At paragraph 4.7, the report states: “This Committee cannot find that the Case Conference was acting appropriately or in the best interests of Ean in making the decisions it did”.

At paragraph 4.8 the report states: “It seems to be generally agreed amongst those who have made a study of ME that patients should never exceed their physical or mental limitations. Attempting more active exercise or active physiotherapy (which is recommended by some doctors) will only exacerbate the condition”.
At paragraph 8.6 the report states: “We have come to the conclusion that a great deal of distress and worry could have been avoided had the Case Conference members not misdirected themselves in coming to the conclusion that the only course of action open to them was to seek an immediate Care Order and have it executed without any prior investigation or conferring with the Proctors. In our opinion, in this they did not correctly interpret their duty under Section 1 of the Children and Young Persons Act 1969. The evidence indicated to us in the Proctor case that the social workers were rather overwhelmed by the medical opinions expressed”.

To quote from the conclusion of the 1991 report: “The Humble Petition of Robin and Barbara Proctor sheweth that your petitioners have suffered both financial loss and mental anguish and stress, as a result of firstly, the failure by the medical consultants in the employment of the Department of Health and Social Security to accept a diagnosis of Myalgic Encephalomyelitis (ME), a condition recognised by the medical profession elsewhere, secondly the decision by the Department of Education to take their son Ean from their care without notice and without due consideration for his condition, and thereafter to seek by legal actions to restrict their access to him, and thirdly, when finally he was returned to their care, the decision of the Department of Health and Social Security not to pay for the treatment ordered by the High Court”. 

That Wessely was implicated in this judgment can be seen from paragraph 2.8 of the 1991 report, which states: “A psychiatrist called Dr Wessely informed the Proctors that ‘children do not get ME’ and at paragraph 4.4 the report states: “Dr Simon Wessely said ‘The question of the existence of a disease called ‘ME’ is irrelevant to the case of Ean, as he does not have it….Ean has a primary psychological illness causing him to become mute and immobile”.

6. The next point to be addressed is Wessely’s statement in his Co-Cure post about the swimming pool allegation and his statement that “For security and safety reasons there was a CCTV system installed in the pool….nothing remotely like the incident described by Ms Bagnall took place”. This was not the conclusion of either report. The first report made no mention of any CCTV videotapes. If video evidence relating to the swimming pool incident had provided clarification, why was it not mentioned in the first report? The second report (the McManus report) stated: “We saw a video film of (Ean) in the water and it appeared to us to be a pleasant and helpful activity”. However, the report continues: “We think that it is probable that there was an episode which caused him to be fearful”. This indicates that, contrary to Wessely’s implication, there was no CCTV of the actual incident in question. Given that Ean was in fact deliberately placed in the water face down with no floating aids whatsoever, it is doubtful if such “treatment” would have been recorded on videotape.

7. In his post, Wessely states about these allegations: “the allegations were repeated once more in a book on ME produced by a UK writer. The hospital took legal action, as I recall, to protect the reputation of their paediatricians, and the book was withdrawn and reissued without that section”. Mr and Mrs Proctor have confirmed that, contrary to what Wessely here states, it was not the hospital that took legal action against the author (who was in fact Dr Anne Macintyre) but it was the two psychiatrists themselves (Drs Lask and Wessely) who approached Dr Macintyre, threatening to obtain an injunction against the book unless that particular section was
removed from all subsequent issues, so in response to such a direct threat, it was duly
removed.

8. In his Co-Cure post, Wessely refers to what he calls the “libel of the two
paediatricians”, claiming that it still surfaces from time to time on the internet, about
which Wessely states categorically: “It is false”.

Such an assertion does not accord with the evidence.