FOR THE ATTENTION OF THE FORFEITURE COMMITTEE

Information underlying the request for forfeiture of the honours bestowed on Professor Sir Simon Wessely

Please note: I have not provided individual references in this document, but all are available online. Many of the references are to be found in the 49-page document entitled "MYALGIC ENCEPHALOMYELITIS: ARE WESSELY'S WORDS OF WISDOM SUPERIOR TO SCIENCE? The On-going Effects of the Role of Regius Professor Sir Simon Wessely in the Perception of ME", which has already been sent to you and which should be read in conjunction with this document.

Please accept that this document is not intended to be an *ad hominem* attack on Professor Sir Simon Wessely but a factual record of relevant information that I trust will be of interest and concern to the Forfeiture Committee.

Introduction

Professor Sir Simon Wessely retains an ideological dogma that reframes complex chronic disorders, specifically ME, as a product of abnormal illness beliefs and behaviour rather than a physical disease. This ideology has led to his denial, dismissal and suppression of the proven organic pathology that has been demonstrated in ME, not only by decades of international biomedical research but also on autopsies, including those in the UK.

Such over-riding of the scientific evidence leads to iatrogenic harm and doing so without robust counter-evidence constitutes professional misconduct and a lack of professional accountability.

It has led to welfare policies which are rooted in coercion, where very sick people are forced to work or to undergo ineffective and harmful psychiatric interventions or lose their state benefits (often their only income).

Summary of Concerns

Sir Simon has:

- knowingly misrepresented a WHO-confirmed organic illness as psychiatric, to the financial benefit of the permanent health insurance industry, to whom he was a consultant (psychiatric disorders being excluded from cover)
- intentionally acted counter to the WHO's taxonomic principles by changing the classification of ME in the UK from neurological to behavioural without the WHO's knowledge
- misinformed medical policy and public health by intentionally promoting his psychosomatic model of ME to UK Departments of State and to the permanent health insurance industry without any supportive evidence, leading to medical harm, denial of care, wrongful sectioning under the Mental Health Act and death
- benefitted professionally from doing so
- caused immeasurable distress to parents of severely affected children – some of whom died -- by publicly stating about bed-bound patients: *"psychological factors are important and I don't care how unpopular that statement makes me"*
- breached the GMC's Good Medical Practice Code (see below)

- refused to treat patients with ME with respect (*"We're not going to go doing more and more tests… even if we found it, there's nothing we're going to do about it. We're in the business of rehabilitation".*
  BMJ podcast: http://podcasts.bmj.com/2010/03/05/chronic-fatigue-syndrome 5th March 2010)
- violated UK legal statutes, including equality law, disability discrimination law and Montgomery v Lanarkshire (see below)
- transgressed the ECHR and the UN Convention on the Rights of Persons with Disabilities
- received institutional protection, accolades and honours despite repeated scientific refutation of his beliefs and assertions about the status of ME and the extensive biomedical evidence that disproves them
- brought the Honours system into disrepute.

This may represent:

- misfeasance in public office (inappropriate influence over public policy to deprive deserving patients of benefits and care)
- gross medical negligence (promoting and implementing interventions known not to be effective and knowing of evidence that the interventions are harmful (see below)
- breach of duty of care
- failure to declare conflicts of interest
- systemic discrimination against disabled people under the Equality Act 2010
- possible violation of Article 2 (Right to Life) and Article 3 (Inhumane or Degrading Treatment) of the ECHR
- systemic abuse of sick people (patients left to starve and die because their physical illness was intentionally misclassified as psychiatric).

Violations of the GMC Good Medical Practice Code

Domain 1: Knowledge, skills and performance: *"You must recognise and work within the limits of your competence"*

Sir Simon has failed to acknowledge or incorporate biomedical advances beyond his domain of psychiatry. He promotes his own interventions even after studies revealed that patients experienced physical harm from them. He disregarded decades of biomedical research identifying immune, metabolic and neurological abnormalities in patients with ME.

Domain 2: Safety and quality:

Sir Simon consistently dismissed reports of severe harm associated with GET. Despite widespread patient testimony, published evidence of harm, and evidence of clinical deterioration, he persisted in defending these interventions which he formulated.

In 2019 Forward-ME's survey of 2,274 participants' experience of directive (as opposed to supportive) cognitive behavioural therapy (CBT) and GET (analysed by Professor Helen Dawes and her team of Oxford Brookes University) found that 80.1% reported a deterioration in physical health as a result of GET. These results were submitted to NICE.

During its consultation period for the revision of its Guideline on ME (issued in October 2021), NICE requested evidence from stakeholders, as a consequence of which a 200-page file about GET was created for and submitted to NICE. It documents 170 sample cases of the serious harms caused by

GET to patients with ME. Some of those individuals, including children, continued their downwards trajectory and have died of ME. As it was prepared at the request of NICE, it could be argued that it is an official document which records some of the harm resulting from Sir Simon's belief that ME is a mental, not physical, disorder.

Domain 3: Communication, partnership and teamwork:

During public talks and media events, Sir Simon routinely dismissed testimonies from patients and researchers, asserting that patients with ME simply rejected a psychiatric label due to *"stigma"*.

Domain 4: Maintaining trust:

Sir Simon severely damaged ME patients' trust in most NHS doctors by often mocking them publicly. He is on record as saying that he would feel safer in Afghanistan than in the UK because of the danger posed to him by ME activists.

Violation of UK Law:

All medical practitioners registered with the GMC are required by law to inform all patients of all known risks before they consent to any medical intervention (the Bolam principle was replaced by the Montgomery case law in March 2015). Although this post-dated the PACE Trial and the Bolam principle was extant, PACE Trial participants were not informed of the known risks of GET, nor were they informed of the proven immune, neurological and metabolic abnormalities found in ME which explain why patients are adversely affected by exercise (though it does not explain the cause of the abnormalities).

Systemic Harms Caused:

(i) Suppression of Biomedical Research: Sir Simon's influence and position on three Boards of the Medical Research Council and with NHS funding bodies effectively blocked biomedical research into ME for over two decades. This delayed treatment approaches and stunted scientific advancement.

(ii) Economic Damage: By his promoting and implementing of ineffective and harmful interventions, UK workforce productivity was reduced and resulted in an increased disability burden on the state (the statistics show that claims for benefits increased, not decreased, among participants after the PACE Trial finished).

Rebuttal of Wessely's beliefs

Wessely's beliefs have been rebutted not only by the substantive evidence-base that disproves them and by irrefutable evidence from post-mortems, but also by world scientific authorities including:

- The UK National Institute for Health and Care Excellence (NICE 2021 and NICE 2024)
- The US National Academy of Medicine (2015)
- The International Consensus Criteria (2011)

Further information

Sir Simon's known ambition is to make psychiatry the centre of medical practice.

It is indisputable that since 1988 Sir Simon has been instrumental in promoting a demonstrably false and harmful psychosomatic model of ME. He denies the existence of ME as a neurological disorder and insists that it is a functional (ie. psychiatric) disorder better referred to as CFS. His actions have been shown to be in close co-operation with powerful economic stakeholders including the DWP and permanent health insurance companies, in particular, with UNUM, to which he has acted as a consultant.

Sir Simon has built a career on denying the organic basis of complex physical disorders. Re-categorising ME as a psychiatric disorder was integral to his published intention to *"eradicate"* an incurable – and hence costly – organic disease. His authoritative advice provides a justifiable rationale for cash-strapped Departments of State not to fund care or biomedical research for ME; from the insurance perspective, it authenticates rejection of financial liability towards patients diagnosed with ME.

Sir Simon's re-categorising of ME as psychosomatic facilitated his aspiration to become a "*world-renowned expert"* who could resolve politically sensitive health issues, leading to his unchallenged influence over military, legal and NHS policy. He is now widely respected specifically for his leadership role in *"*behavioural science" and he exerts a dominant influence in most areas of UK government, all while patients with ME continue to be harmed, neglected, misdiagnosed or left to die as a result of the policies and cultural attitudes he promoted.

As advisor to the Home Office and the Cabinet Office, he focuses on "mass hysteria" and its use in policy-making.
His advice includes the withholding of biomedical care and the implementation of his own *"behavioural compliance model".* He believes that ME and Gulf War Syndrome are "*socially constructed illnesses*" which could be defused through his own psychological management rather than by medical intervention. He categorises ME sufferers as examples of "*mass sociogenic illness*".

Sir Simon advises the Home Office about what he deems to be "*non-conforming*" behaviour by people with ME, asserting that they should be regarded as displaying forms of deviance, thus promoting policy bias against them. He favours the use of the Mental Health Act to neutralise dissent or non-compliance with his psychiatric interpretation of such illnesses.

His dual role in psychiatry and national security led to his involvement in Home Office biodefence discussions and to his role as advisor to the military, where "*The Ministry of Defence accepted Professor Wessely's advice…that Gulf War Syndrome does not exist"* (Gulf War Illness: Misinformation and Disinformation, House of Commons EDM 880, 2004). He was subsequently proved to be 100% wrong but in the intervening years, affected Gulf War veterans paid the price for his ignorance and arrogance (it is understood that he did not examine a single Gulf War veteran before declaring that GWS does not exist and imputing it to "*perceived risk"* of a chemical attack and the "*psychological"* effect of that fear).

Sir Simon does not hesitate to deride, silence or threaten patient advocates who speak out against his authority. He has made a false allegation that he is being *"stalked*" and claims that he receives death threats from ME "*activists"*, which he ascribes to "*social contagion*", thereby enabling the dismissal of patient-led evidence which challenges the beliefs upon which his entire career and reputation depend.

Despite overwhelming biomedical evidence contradicting his claims, Sir Simon has accrued considerable personal and professional benefit: although his work has been widely discredited in scientific circles, he continues to receive accolades and honours. Without doubt, he is one of the most influential and respected people in the UK and most people dare not oppose him, not least because if they do, he brooks no opposition and threatens to obtain injunctions and to take legal action against them via the Medical Defence Union (who took no action).

The unquestioning reverence with which Sir Simon is regarded by his electively uninformed professional superiors reflects a profound failure of medical and political accountability in the UK – a situation that patients with ME and their advocates continue to challenge, but one over which Sir Simon maintains a strong media presence, positioning himself as a rational scientist combatting "*militant*" or "*delusional*" patients and portraying them as "*anti-science*" even though he has not produced any evidence to support his own beliefs about ME and even though his beliefs have been comprehensively rejected by NICE.

It is a matter of increasing concern that there is a rising number of Long Covid (LC) patients who fulfil the strict criteria for ME and that LC sufferers are facing the same dismissal and disbelief as ME sufferers, with LC being framed as a psychosocial disorder; as previously mentioned, it was known that Long Covid was listed as a top priority for research funding, but very soon after Wessely was appointed to NHS England Board of Directors (who control funding) in January 2023, Long Covid no longer appeared on that list.

Summary of Key Allegations

- **Scientific Misrepresentation:** Deliberate and intentional mischaracterisation of ME as a behavioural condition, despite long-standing biomedical laboratory evidence to the contrary
- **Suppression of Biomedical Research:** Unceasing opposition to the biomedical model of ME; directing resources away from biomedical research; marginalisation and dismissal of biomedical research findings that disagree with his personal beliefs, and manipulation of his own (Oxford) case definition of "CFS" to exclude severe cases
- **Ethical Violation in Research:** The PACE Trial, in the planning of which he was closely involved and for which he was Director of the Clinical Trials Unit, was beset with methodological flaws including coercion of participants to enter the trial (including the threat of withdrawal of state benefits if they did not do so); the deliberate inclusion of participants known to be diagnosed with disorders other than the disorder allegedly being studied; financial incentives to GPs to refer any patient with a diagnosis of fibromyalgia or "fatigue"; alteration of outcome domains once the trial had begun, and falsification of outcome scores so that the trial appeared successful (he published his view that it was "*a thing of beauty"*), all of which violated international standards for clinical trials, as well as being misuse of public funds
- **Advocacy of Harmful Management Interventions:** Promotion of his own version of graded exercise therapy (GET) and cognitive behavioural therapy (CBT) as curative (whilst previously having published his assertion that these interventions are "*not remotely curative"* and conceding that many patients do not benefit from them), leading to worsening of patients' health and, in some cases, to a fatal outcome
- **Conflict of Interest:** Advisory roles to and financial gain from insurance companies and Government Departments with vested financial interests in denying claims by patients with ME, given that psychiatric diagnoses result in lower state benefits and are entirely excluded from health insurance payments.

Summary of Consequences

- Suffering, deterioration and death of ME patients denied appropriate medical care
- No NHS provision for people with severe ME, leading to the serving of a Coroner's Regulation 28 PFD Notice (Prevention of Future Deaths Notice)
- Children with ME forcibly removed from their parents under false accusations of FII (Fabricated or Induced illness, a form of child abuse)
- Adults with severe ME being wrongfully sectioned
- Doctors punished (suspended or even struck off the Medical Register) for offering medical care to patients with ME
- Control of the media (especially the Science Media Centre, for which Wessely was a founding member and to which he is listed as advisor) for the purpose of preserving his hypothesis and his reputation
- Prevention of academic discourse through intimidation
- False information being provided to the Palace of Westminster, to formal legal Inquiries (such as the Lord Lloyd of Berwick Inquiry) and to UK Departments of State.

Sir Simon's proximity to powerful institutions including the top rank decision-makers in the NHS, the judiciary, the military and in the Cabinet Office insulates him from accountability.

Thousands of sick and disabled people with ME continue to be adversely affected by Sir Simon's disproven policies that are rooted in flawed and discredited non-science whilst Sir Simon is increasingly lauded with paeans of praise and endless eulogies and honoured by His Majesty the King.

Sir Simon's pervasive influence and control ensure the continued suffering of people with ME, people whose lives are wrecked and who live in pain, stigma, isolation and poverty, without recognition or support, wrongly diagnosed with a psychiatric disorder and – in order to maintain their minimal state benefits – forced to undergo interventions that NICE has decreed to be of no value and in fact, to be harmful.

For such people, for Sir Simon to receive the highest level of civil honour in the King's Birthday Honours sends a clear message of contempt towards sick and disabled people and not only compounds but condones their suffering. A newly grieving mother regards it as an insult to her dead child who died from ME.

In the public interest and in the interest of its own reputation, should the Forfeiture Committee not re-consider the appropriateness of this latest honour to Professor Sir Simon Wessely?

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17th June 2025

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