



The Nordic Cochrane Centre

Preparing, maintaining and disseminating
systematic reviews of the effects of health care

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18 May 2015

To: David Tovey, editor-in-chief and deputy CEO of Cochrane

Cc: Mark Wilson, CEO of Cochrane, and Julie Wood, Head of External Affairs and Communications, Cochrane Central Executive

Dear David,

Based on the feedback I have received, I think it has backfired on Cochrane that you stepped in as first author on the rapid response to my BMJ paper "Does long term use of psychiatric drugs cause more harm than good?" which you published together with the three editors of Cochrane mental health groups.

Although you say in your rapid response that you and the three editors are writing in your personal capacity, this is not how it is perceived, which I think you all knew perfectly well. I sent you and the Cochrane mental health editors the press release and my BMJ paper as soon as I got them, on 9 May, as a courtesy, and I had not expected an attack like yours on my work.

Some people who know that you don't have special knowledge about psychiatry and that you are the deputy CEO of Cochrane feel that you have protected the system, in a political, or should I say, managerial fashion, instead of protecting the patients (and me, whose detailed research based knowledge about psychiatric drugs is widely respected, also among psychiatrists who are not on industry payroll, which is why psychiatrists invite me to give talks all over the world to help them reform their specialty).

I wonder why it was so important for you to publish your response the same day (12 May) my BMJ paper was published, which was the day before the important Maudsley debate in London? You must have known that your response was likely to become abused during the debate, which is exactly what happened.

At the Maudsley debate, Professor and psychiatrist Allan H Young abused your response to denigrate me by referring to some sort of non-existing "Cochrane authority" in his concluding remarks, which I was not allowed to respond to (see the debate here: <https://youtu.be/9oH9ovmmAXk>). He said that my BMJ paper had been "rebutted" by you, which is not the case, as your criticism consisted of general remarks with no scientific evidence in support of your opinions, which I have explained in my reply on the BMJ's website.

The audience was surprised by Young's behaviour, which included that he [fill in the missing word(s) of your own choosing here; I have deleted what I wrote to my three Cochrane colleagues to avoid libel] when he said that he had declared his conflicts of interest in the BMJ paper. They were not declared in the final version of the paper that journalists could download from the press release from 9 May, which was the one you responded to. They only became declared after I informed the BMJ editors that Young had omitted to declare them and I had told the editors what these conflicts were! This was a very serious omission, as Young is in favour of long term drug use and have numerous conflicts of interest, e.g. "AHY has done paid lectures or been on advisory boards for all major companies producing drugs used in affective and related disorders."

When people see my upcoming book "Deadly Psychiatry and Organised Denial," which will appear in September, and the documentation I provide in it, it will become abundantly clear why it is that current psychiatry, with its focus on pretty harmful drugs, does more harm than good, and why we should use

psychiatric drugs very, very little, and mostly in acute situations. Actually, several Cochrane reviews point in the same direction, and I quote these reviews in my book of course, and many other Cochrane reviews.

More and more people and organisations realise this and the patients have known it for a long time, but the psychiatrists don't listen to them. The discrepancy between what the psychiatrists think of their drugs and what the patients think of them is vast, which I document in my book and also in my rapid response. I know of no other area in medicine where this is the case. And isn't Cochrane about putting patients' interests and priorities first, above the guild interests of the health professionals? I always thought so but that was not the impression you and the three other editors conveyed in your rapid response. Several people have told me that your rapid response looked like a protection of guild interests.

By the way, the votings after the Maudsley debate showed that double as many in the audience were in favour of the motion, "This house believes that the long term use of psychiatric medications is causing more harm than good", as those who were against: 136 yes, 66 no, 34 abstentions.

It is long overdue that we reform psychiatry quite substantially. This is what the patients want and they are right.

I find it sad that I have now been exposed once again by the Cochrane leadership to a "managerial" non-evidence based denigration of my research and my contribution to reforming psychiatry, which is so badly needed. Your previous denigration of me, in the letter by Mark Wilson, co-signed by you and the two co-chairs of the Cochrane Collaboration Steering Group, sent to the Danish Psychiatric Association a year ago, led to a witch hunt on me that threatened my centre's very existence and my professional career. I explained briefly about this in a lecture I gave in Melbourne in February, which was released on 13 May, incidentally on the same day as the Maudsley debate

(<https://www.youtube.com/watch?v=ZMhsPnoldy4&feature=youtu.be>).

I hope you will see the whole Melbourne lecture, including the discussion (1 hour and 32 minutes), as this will tell you a lot about what is wrong with contemporary psychiatry. It might even make you decide not to support the psychiatric leadership and its guild interests in future, but rather support people like me. I think it could benefit all of us if you saw this lecture and listened to the public's reactions.

I sincerely hope that you will not denigrate me a third time when my book comes out. I genuinely think this would harm Cochrane's reputation, as I know what I am talking about, and as people know that I know what I am talking about. Furthermore, in this I am supported by the patients and their relatives who have suffered the terrible consequences of psychiatry's organised denial that I document in so much detail in my upcoming book.

I would have preferred that we could have sat down and discussed this but there are no occasions in the near future where we will meet. I shall likely lecture in London on 18 September again, so perhaps we can meet late in the day on the 17th?

For the record, I attach my BMJ paper and the two rapid responses, including your own.

Kind regards,



Peter