

25 June 2018

## **Interpretation of the Cochrane's Spokesperson Policy**

I would be most grateful if you would help me by giving your views in relation to how the Cochrane's Spokesperson Policy should be interpreted in relation to three recent cases. They all involve me but the matter is important for many Cochrane contributors, particularly those in senior positions, as it is about rather fundamental principles. There is an ongoing debate about this at the Cochrane Governing Board, of which I am an elected member.

It should not take you longer than 15 minutes to provide feedback. I will handle your comments in such a way that they cannot be traced back to particular people; in other words, you may regard your reply as anonymous. Please give me your honest opinion.

Please read the Spokesperson Policy first and pay particular attention to Notes 3 and 4 on page 6.

Case 1. My letter to a US funder asking for details about deaths and causes of death. Did I violate the Spokesperson Policy? Put an X before one of the three options and please explain your reasoning:

- Yes
- No
- Not sure

Your reasoning:

Case 2. Our invitation to a seminar on withdrawal of psychiatric drugs. It was in Danish, so I have provided a translation. Did I violate the Spokesperson Policy?

- Yes
- No
- Not sure

Your reasoning:

Case 3. My report as an expert witness in a double homicide case in Holland that I wrote for the lawyer for the defence. I used our letterhead for the centre. Did I violate the Spokesperson Policy?

- Yes
- No
- Not sure

Your reasoning:

What is your view on the Spokesperson Policy? Is it unambiguous and therefore easy to interpret in relation to concrete cases?

- Yes
- No
- Not sure

Your reasoning:

Do you find that the policy ought to be improved?

- Yes
- No
- Not sure

Your reasoning:

Thanking you in advance

best wishes,

Peter

Professor, Director, MD, DrMedSci, MSc  
Nordic Cochrane Centre  
Rigshospitalet, Dept 7811

# Spokesperson policy

<http://community.cochrane.org/organizational-info/resources/policies/spokesperson-policy>

Downloaded 19 June 2018

**An official Cochrane policy. Last updated September 2016.**

*For more information on individual and organizational presentation of Cochrane's work, please see our [Logo and endorsement policy](#).*

*If you're wondering how to implement this policy, please feel free to use the [resources](#) that the [Knowledge Translation Department](#) (KT) has prepared, or contact us with questions.*

## **Rationale - what is the purpose of this policy?**

Cochrane is an international collaboration involving more than 38,000 individuals from many different institutions and organizations. These individuals are our most valuable asset and play an important role in helping Cochrane achieve its *Strategy to 2020*. Because individuals who contribute to Cochrane often have multiple affiliations (both inside and outside of Cochrane), it is important we establish clear guidance about who can speak officially on behalf of Cochrane and the circumstances in which it is appropriate to do so.

This policy clarifies who can represent, write and speak officially on behalf of Cochrane and how they should do it.<sup>1</sup> For the purposes of this policy we define an official spokesperson as an individual who has the authority to speak formally on behalf of Cochrane.

As Cochrane grows and our profile increases, failure to differentiate between official Cochrane policy and individual collaborator's views could cause misunderstandings about our positions, potentially damage our reputation and credibility, and in extreme cases, lead to financial losses and legal action. While there will always be some people who deliberately misconstrue whether someone is speaking officially on behalf of Cochrane, we can protect against this by clarifying when we are speaking on Cochrane's behalf or in a personal capacity. This is particularly relevant if there is reason to believe that what is being said could be misinterpreted as official Cochrane policy.

## **Cochrane policies and positions**

As a registered UK charity, we are governed by laws on what we can and cannot speak about, as it must be based on advancing our mission.<sup>2</sup> To that end, Cochrane must develop policies to guide who speaks officially for it. In terms of how we develop policies, please refer to our official *Policy Development Framework* as this guides how we formulate policy positions. (To see information on all Cochrane policies, please go to our [Policies page](#).)

The bulk of the responsibilities to be the ‘official’ spokesperson will fall to the Co-Chairs of the Cochrane Steering Group (CSG), Editor in Chief, CEO, Directors of Centres, Associated Centres and Networks, and Coordinating Editors.

### **Balancing official responsibilities and academic freedom**

Many Cochrane contributors are experts in their field and have every right to discuss their work and express their personal views – this may include expressing opinions on Cochrane policies and Cochrane Reviews. This policy is not intended to infringe Cochrane’s long-standing tradition of rigorous academic and scientific debate, but to provide guidance in line with our standing as a charity, on when and how an individual can represent Cochrane as an official spokesperson, and when and how she/he makes clear that the views expressed are their own.

In short, Cochrane contributors have the liberty to say whatever they like within the bounds of the principles the collaboration; you just can’t say whatever you like *on behalf of Cochrane*. Members of the collaboration need to respect Cochrane’s official policies and positions, even when they might individually disagree.

In balancing our obligations to Cochrane with our academic freedom as individuals, the more senior an individual is within Cochrane, the greater their obligation to clarify in what capacity they are speaking – in their Cochrane capacity, in another professional capacity, or in a personal capacity. The best practice is for everyone in Cochrane to clarify which “hat” they are wearing when they speak.

In some instances, due to an individual’s position, whatever that person says could be construed as official policy. Such individuals must be even more diligent in clarifying when they are speaking on behalf of Cochrane.

### **How to make clear you are speaking in a personal capacity about Cochrane**

If you are expressing a view about Cochrane-related issues you should state clearly that you are speaking in a personal (or other professional) capacity unless you have been expressly authorized to represent Cochrane (as outlined below).<sup>3</sup>

If you have multiple affiliations or positions, you may choose not to use your Cochrane affiliation if this may cause confusion.<sup>4</sup> If you do use your Cochrane affiliation along with another title, or if Cochrane is the only title or affiliation you have, then it is incumbent upon you to state unequivocally and clearly that the views are your own and not those of Cochrane. This cannot be implied, but must be stated explicitly. This is to avoid any misunderstandings or inaccurate assumptions on the part of the audience.

Examples of how to clarify that you are expressing your personal views and are not representing Cochrane might include (but not limited to the following):

1. When conducting a media interview, tell the journalist you are speaking in your personal capacity and not speaking on behalf of Cochrane. During the interview use phrases such as, “in my opinion...”
2. In instances where you are presenting a paper, when using your Cochrane title, you should include statements in your slides such as “The views expressed are my opinions and not the expressed views of any organization to which I am affiliated.”

If you did not make it clear at the time of speaking that the views expressed were your personal ones, please do so at the earliest possible opportunity. If the Central Executive is approached for clarification or comes across occasions where the position is unclear, a member of the Knowledge Translation Department (KT) will contact the individual involved and may ask them to clarify.

If you would like assistance on drafting written or spoken communication to clarify your position when speaking publicly, please contact [Jo Anthony](#), Head of the Knowledge Translation Department.

## **Who “authorizes” an official spokesperson**

### *For Cochrane Reviews at a global level*

Authors and members of Cochrane Review Group editorial teams are already free to discuss the findings of their reviews and don't need to seek permission. However, there are times when other people will also speak about a review's findings. As a general rule, when officially speaking about the findings of a Cochrane Review at a global level, official spokespersons (in order of preference) will be: the review authors, the respective group's Coordinating Editors (or nominee), and the Editor in Chief (or nominee). The same principle applies to members of Methods Groups, who also speak on behalf of Cochrane. Authors of any methodology-related papers that have been written for or commissioned by Cochrane are the first official spokesperson, followed by the relevant Methods Group's convenors (or nominee), and then the Editor in Chief or Methods Co-ordinator (or nominee).

Cochrane contributors may sometimes be asked or wish to comment on published reviews. In doing so they can speak freely, including expressing views that are critical. This is in line with Cochrane's established tradition of academic and scientific debate, as outlined previously. However, the contributors should make clear that they are expressing personal opinions, and statements should be consistent with Cochrane policies on respect. They should not be libellous or offensive.

### *Global*

The decision about who can speak on behalf of Cochrane globally (on matters other than specific Cochrane Reviews) will be taken by the KT Department, in consultation with relevant individuals, such as the Co-Chairs of the CSG and the Central Executive Team (CET). In many cases, this is likely to be the Co-Chairs or a senior member of the CET, such as the Editor in Chief or CEO. However, depending on the issue, it may also be appropriate to nominate other individuals within Cochrane who have specialist expertise.

### *Country or regional level*

In a specific country or region, the spokesperson will be the Director of the Cochrane Centre, Associate Centre or Network who is the designated leader or co-ordinator of Cochrane activities there, or a designated member of his or her team. The KT Department and other members of CET will provide support as needed.

Please note that it is common courtesy and best practice, if you are speaking in a country or have been interviewed by media within a country<sup>5</sup> with a Cochrane presence - and are referring to Cochrane - to inform the Director responsible for Cochrane activities in that country at the earliest convenience (<http://www.cochrane.org/contact/centres>).

If you are meeting with funders to support your Cochrane or Cochrane-related work outside of the ones that already fund your Cochrane activities, it is your responsibility to inform the Director responsible for Cochrane activities in that country of your discussions, as well as other Groups that receive funds from that funder. You should make clear to those funders that you are not speaking on behalf of Cochrane, unless you are given express authorization from that Group. The KT Department can provide support on ensuring that all relevant people are notified in these situations.

### *Timing*

In a 24/7 news environment, there will be times when Cochrane needs to respond quickly to breaking news or allegations in the media. If you find instances where Cochrane's reputation is called into question, please inform a member of the [KT team](#), who will work with other members of the CET, Cochrane groups and CSG Co-Chairs as needed to develop a response. When appropriate, we will publish, sign and date our response on [cochrane.org](http://www.cochrane.org) so that Cochrane members can share this information as well.

### *Channels*

All of this guidance applies across communications channels. Specific guidance is listed for social media in Appendix A.

## **Compliance**

The intent of this policy is to establish guidelines for members of Cochrane. Given the complexity, scale, scope, and culture of our work, this is challenging. However, the organization also needs to protect its reputation and ensure clarity and coherence in conveying its official policies, positions, and key messages to the world. Therefore, the Cochrane Steering Group supports compliance with the policy and will, if required, reinforce this with further action.

## **Where to go for further guidance—**

If you are unsure of anything in this policy or have questions about how to apply it, please email the KT team at [janthony@cochrane.org](mailto:janthony@cochrane.org), and we will be happy to help.

## Appendix A

### Social media guidance

Social media is a rapidly growing channel for Cochrane where we can share and react to the latest information quickly. Its constantly changing nature requires broad but clear guidance.

Our working social media policy is adopted from the Mayo Clinic's 12-Word Social Media Policy:

'Don't Lie, Don't Pry,  
Don't Cheat, Can't Delete,  
Don't Steal, Don't Reveal.'<sup>6</sup>

Our policies will be applicable to anyone working in social media on behalf of Cochrane.

### 'Official' Cochrane accounts

If you manage an 'official' Cochrane account, on behalf of a specific Cochrane Group, your content should focus on information pertaining to Cochrane's mission. It is the nature of social media to be more informal, so as long as there is at least a tangential link to our mission and evidence-based discussion, this is acceptable. Similarly, personal touches and a relaxed style are good practice in social media communication, but please refrain from posting personal information (e.g., what you cooked for dinner).

### Personal accounts

If you are using a personal account to distribute Cochrane information, please make your association with Cochrane clear in your profile section (i.e., if you are an employee or Cochrane author), and state explicitly that your opinions are personal and don't necessarily represent Cochrane's views or policies.

(Sample text: "Cochrane author [employee]. All views expressed are my own unless RTs<sup>7</sup> [shares].")

If you have questions about using social media for any aspect of Cochrane work, please contact the [KT Department team](#) and we will be happy to provide advice and support.

### Notes

<sup>1</sup> While individual conduct is outside of this policy, it is still expected that Cochrane collaborators will follow the principles of the organization and will respect the laws and customs of the country in which they are speaking.

<sup>2</sup> Speaking out: guidance on campaigning and political activity by charities

<https://www.gov.uk/government/publications/speaking-out-guidance-on-campaigning-and-political-activity-by-charities-cc9/speaking-out-guidance-on-campaigning-and-political-activity-by-charities>

General guidance of meeting our charitable obligations in this area is that as long as our policy positions are grounded in evidence and we can link this back to our mission, we can say it.

<sup>3</sup> This policy does not dictate the exact phrasing to make this distinction clear, it asks that you make an honest attempt to do so to avoid any confusion or misunderstandings.

<sup>4</sup> That doesn't mean you need to "hide" your position or affiliation with Cochrane. On the contrary, we should be transparent about associations with Cochrane and other organisations, but if you do mention your official title, it is even more important that you are clear whether you are speaking on behalf of Cochrane.

<sup>5</sup> This may not be practical in all cases, so please do your best.

<sup>6</sup> <http://network.socialmedia.mayoclinic.org/discussion/a-12-word-social-media-policy/>

<sup>7</sup> RTs mean retweets in Twitter.

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16 February 2018

To Stanley Medical Research Institute (SMRI), formerly Theodore and Vada Stanley Foundation

**Re: the TIPS study, which was supported by your organisation**

I write to you to ask for your help in getting very important data out in the open about why so many young people with schizophrenia died in this study. We believe that the research community and the patients have a right to know how many people died in this study and why. Published accounts are not consistent: 49 deaths, 28 deaths and 31 deaths have been reported (see the two attached papers).

I have asked the primary author of the TIPS study, MSc Wenche ten Velden Hegelstad from Norway, about the deaths but have not received any documentation. I, and a colleague, Robert Whitaker from Boston, therefore submitted a letter to the editor of the journal (World Psychiatry) where Hegelstad et al. reported on the deaths in June 2017, asking for details about these deaths. The editor declined to publish our letter and to ask Hegelstad for details.

I have published an article (enclosed) on Whitaker's website, Mad in America, which has around 2 million visitors every year, explaining these various events and their disappointing outcome.

We believe funders have an ethical obligation to ensure that information, which is of great importance for public health, and which has been collected in the funded study, gets published. That would be a great service to psychiatry, the patients, and everyone else with an interest in this vitally important issue. When young people who are receiving antipsychotics die, we need to know why they died in order to reduce the risk of death in future.

You may consider this a Freedom of Information request, which means that if your organisation does not have detailed information on the deaths in the TIPS study, we expect your organisation to obtain this information from Hegelstad and to send it to us. Anything short of this would be unethical in our view, and we are convinced that patients with psychotic disorders agree with us (I am Protector for the Hearing Voices Network in Denmark).

Yours sincerely,



Peter C Gøtzsche  
Professor, Director, MD, DrMedSci, MSc  
Nordic Cochrane Centre  
Rigshospitalet, Dept 7811

# Seminar on withdrawal of psychiatric drugs

*Hotel Nyborg Strand, Friday 16 March*

Several psychiatrists have encouraged us to hold a course on withdrawal of psychiatric drugs during the Danish Psychiatric Society's annual meeting. Psychiatrist Jan Vestergaard submitted a proposal for a two-hour symposium for the annual meeting on withdrawal of benzodiazepines, where Peter C. Gøtzsche from the Cochrane center was to report on the withdrawal of psychotropic drugs. As there was no room in this year's program, we will hold a seminar ourselves that will be repeated in the afternoon to allow more people to participate.

One of the greatest challenges in psychiatry is that hundreds of thousands of Danes are in treatment with psychotropic drugs. Many of these patients would get a better life if they were tapered off and many want this, but cannot get professional help.

The seminars take place in rooms 20 and 21 on the first floor (the staircase on the left as you enter the main entrance).

## Morning seminar

- 9.00 - 10.00 **Peter C. Gøtzsche, Professor, DrMedSci**  
Why should most people on psychiatric drugs be tapered off?
- 10.00 - 11.00 **Anders Sørensen, Psychologist and PhD student**  
How should it be done in practice?
- 11.00 - 12.00 Discussion and coffee

## Afternoon seminar

- 13.30 - 14.30 **Peter C. Gøtzsche, Professor, DrMedSci**  
Why should most people on psychiatric drugs be tapered off?
- 14.30 - 15.30 **Anders Sørensen, Psychologist and PhD student**  
How should it be done in practice?
- 15.30 - 16.00 Discussion and coffee

Participation is free, but registration is required. Send an email to [general@cochrane.dk](mailto:general@cochrane.dk) and indicate if you wish to attend in the morning or afternoon.

Peter C. Gøtzsche held a similar course in Copenhagen in 2017 and taught psychiatrists at such a course in Göteborg in 2017. Co-founder of the International Institute for Psychiatric Drug Withdrawal in 2017.

Anders Sørensen is currently researching withdrawal in the Cochrane centre and works on a Cochrane review on this. He has helped many patients with tapering off, including many who have tried several times without success due to abstinence symptoms.

The material from our first course, incl. practical tips and tricks and an abstinence chart can be obtained from [IIPDW.com](http://IIPDW.com) where our upcoming 1-2 day courses will be announced under 'courses.'

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2 February 2016

To lawyer Alrik de Haas, The Netherlands  
From Professor Peter C Gøtzsche, Denmark

**Expert assessment: My evaluation of Professor Loonen's two reports to the Examining Magistrate**

I have been asked to assess two reports by Professor Anton J.M. Loonen dated 3 February and 11 August 2015 in relation to the trial of Ms. Aurélie Sandrine Versluis who killed her two children on 2 October 2013 while being under influence of the antidepressant drug paroxetine.

My most relevant qualifications for cases like this

I have sent my qualifications earlier and shall summarise them here. I am Master of Science in biology and chemistry, a physician, a specialist in internal medicine, professor of Clinical Research Design and Analysis, and director of the Nordic Cochrane Centre. I have worked with clinical trials and regulatory affairs in the drug industry 1975-1983 and I cofounded The Cochrane Collaboration in 1993.

*(the report is of 14 pages, the rest is about the relevant facts in the case and the science and is not relevant for the Cochrane Spokesperson Policy. It is very clear that I speak on behalf of myself in the report. After additional descriptions of my qualifications, comes this headline:*

My comments on Professor Loonen's first report from 3 February 2015

*and my letter ends thus):*

Kind regards,



Peter C Gøtzsche, Professor, DrMedSci, MSc  
Director of the Nordic Cochrane Centre, Rigshospitalet)

## Reasons given by respondents (with a few comments by Peter Gøtzsche in brackets)

### Case 1. My letter to a US funder asking for details about deaths and causes of death

I read the Spokesperson Policy and could not see where you violate those principles. What you write about ethical obligations is so fundamental that it does not need consultation which is requested in the policy under certain circumstances. If such questions cannot be communicated directly by Cochrane Centres then it is time to discuss to close Cochrane as a global organisation.

This should have contained the disclaimer that all the views in the letter are not necessarily those of Cochrane. I say this especially because you use the word “We” in places, implying that you are writing on behalf of an organisation, or other people, and not just on behalf of yourself (PG: I did write on behalf of an organization, namely the Nordic Cochrane Centre, which was also the letterhead I used, so there is really no problem).

PG is straightforward about who he is (at Cochrane) and how he came to the conclusion that the funder should be concerned about the validity of the study he/she has funded. Suggestion of doing a FOI request is appropriate. He states his title and role within Cochrane. I don't see any violation of spokesperson policy—i.e., he makes no claim to speak on behalf of the CC.

Cochrane letterhead is used, and there is no statement as to whether this was on behalf of Cochrane. Also, the pronoun “we” is used more than “I”, though even “I” could be interpreted as speaking on behalf of the organization. In that context, for example, the wording “...we expect your organization to...” could easily be interpreted as “Cochrane expects...”. It is less clear whether the section “Country or regional level” applies beyond giving talks or media interviews. If it does, then is there an obligation to “inform the Director responsible for Cochrane activities in that country”, probably Kay Dickersin in this case? (PG comment: I did write on behalf of an organization, namely the Nordic Cochrane Centre, which was also the letterhead I used, so there is really no problem).

It is not clearly stated that views are expressed in a personal capacity. (PG: I wrote on behalf of my centre, which shares the views I expressed in the letter).

See statement on p2. You do not state the views are your own, not those of Cochrane. Moreover: The request is not identified as being an attempt to produce a specific Cochrane review or methodological improvement in making Cochrane reviews. The request for information is targeted to a funding organisation outside the area of the Nordic Cochrane Centre, so your general spokesperson mandate in Denmark does not apply. The comment on having published an article “on Whitaker’s website, Mad in America, which has around 2 million visitors every year” is a non-scientific claim. Being Protector for the Hearing Voices Network in Denmark does not have relevance to this matter. The formulations “we believe” and “we expect” are used before mentioning a colleague and outside this mention, so the reader would assume “we” means the Nordic Cochrane Centre. (PG: I wrote on behalf of my centre, which shares the views I expressed in the letter).

You used Cochrane letterhead, but you do not mention Cochrane work/review regarding this topic, just the article on Whitaker's website I assume not related to Cochrane work. You did not indicate explicitly that you do not ask on behalf of Cochrane. (PG: I wrote on behalf of my centre, which shares the views I expressed in the letter).

Your plea has been given as a researcher with a special (legitimate) interest, but due to the way you sign and the paper you sign on it may look as if it is official Cochrane (or Nordic Cochrane Centre) policy or assessment. According to the spokesperson policy, you should maybe have stated that you spoke in a personal or other professional capacity. (PG: I wrote on behalf of my centre, which shares the views I expressed in the letter).

This is a "simple" research-based request and is not written on behalf of the Cochrane Collaboration but merely as a Cochrane author.

In the last para you say "Anything short of this would be unethical in our view, and we are convinced that patients with psychotic disorders agree with us (I am Protector for the Hearing Voices Network in Denmark)." Nowhere in the text you give the impression of writing on behalf of Cochrane, on the contrary, as per underlined text.

As I understand the Spokesperson Policy, it focuses on representation of Cochrane in the public domain. Both examples provided in the Policy about how to make clear when you are speaking in a personal capacity relate to statements made in the public domain (media contact and presenting a paper, respectively). As this is a personal letter not intended for the public domain, I do not believe that the Cochrane Spokesperson Policy applies.

I am not sure after re-reading the Spokesperson Policy because it is unclear to me what the difference is between stating the person's affiliation to Cochrane and speaking on behalf. I think the reason I am unsure is because – as I read it – speaking on behalf would be e.g. commenting on some specific review (page 3) or official policy (page 2), but this is something I have deduced from re-reading the policy a couple of times. The part about "we believe funders have an ethical obligation to..." could be interpreted as an official Cochrane policy (also because of the header) and therefore this phrase might be touching on the topics described in the Spokesperson Policy. On the other hand, I interpret the letter as a letter from a person with Cochrane affiliation and not from Cochrane. In such a letter, I think it makes sense to declare who is asking – which I think would be including e.g. position as director of Cochrane. The reason why I write "I think" is because, again, I am unsure because the policy states "That doesn't mean you need to "hide" your position or affiliation with Cochrane. On the contrary, we should be transparent about associations with Cochrane and other organisations, but if you do mention your official title, it is even more important that you are clear whether you are speaking on behalf of Cochrane". Perhaps the sentence could have been phrased even more clearly as not an official Cochrane policy/statement (if it isn't?). Yet, returning to the fact that it is not very clear to me what the difference is between stating the person's affiliation to Cochrane and speaking on behalf/being an official spokesperson, the policy could be more explicit about what types of content would fall under "speaking on behalf".

In particular, Cochrane is working as an independent actor to obtain such important unpublished data. Therefore, it should also be correct that you sign as Director of the Nordic Cochrane Centre.

I fail to see how this is even relevant in the context of the spokesperson policy. You are doing a Freedom of Information Request which is important for the work we do at the centre; clearly such a request would have to be sent using the Cochrane affiliation, since the obtained data will be used for work conducted at the centre.

I can't see any reason as to why the document should represent any official Cochrane policy or that the request could be misinterpreted as anything else than what it is. The fact that the letter contains the Nordic Cochrane Centre letterhead makes it clear that it is a request from our centre and that it is part of the scientific work being done here.

There is a use of both "I" and "we", which could perhaps cause confusion as to whether the letter represents strictly personal views or any official views of Cochrane. For example, the statements "We believe funders have an ethical obligation ..." and "we expect your organisation to obtain this ..." could maybe be interpreted as expressions of official Cochrane policy, since it was not clearly stated that these sentiments were entirely personal. However, in my reading I would not interpret the letter as expressing any official Cochrane policy and would not expect the recipient of the letter to do so either. What is also not clear is whether the letter pertains to a particular research activity (Cochrane work) and therefore whether the spokesperson policy is relevant.

You are asking for relevant information, which does not violate the policy. Cochrane may view your books and website that include similar information as conflicts of interest.

It seems like the policy only applies when speaking on specific Cochrane related topics (e.g. Cochrane reviews). The only thing in this letter that would be a potential breach to the policy is the last paragraph saying that it would be unethical. In this sentence, you have clearly written 'in our view', which seems to be in accordance with the policy.

#### Case 2. Our invitation to a seminar on withdrawal of psychiatric drugs.

I would see this as an event in the context of a meeting of the Danish Psychiatric Society. Such controversial issues need permanent discussion on a high level, for example at events like this one. From the translated invitation text I can't see any statement that expresses Cochrane views, except that this is implicit and can be interpreted from your position as "PCG from the Cochrane centre" in the introduction. In the program Cochrane does not appear.

This seems to be an event organised by a Cochrane Centre Director and a relevant Cochrane author to discuss findings from a Cochrane Review. I don't think the advert needs the disclaimer but, at the seminar, I would expect the disclaimer to be used to state that the views are your own and not those of Cochrane.

The proposed seminar takes no position on withdrawal - it just raises 4 important questions that should be explored. PG states his role within Cochrane. I see no violation of the Spokesperson Policy. Here too, he makes no claim to speak on behalf of the Cochrane Collaboration.

Cochrane letterhead was not used in this document. Although the Cochrane affiliation is mentioned, the more "official" place it could have been mentioned but wasn't was alongside the name, where "Professor, DrMedSci" was used instead.

Even though it's written "Peter C. Gøtzsche from the Cochrane centre", no views about Cochrane-related issues are expressed in the invitation to the seminar. The title itself of Peter's seminar (Why should most people on psychiatric drugs be tapered off?) poses a question without expressing a defined position.

You should have mentioned that the views are your own, not those of Cochrane. The invitation mentions the Cochrane Centre several times and registrations are sent to the NCC. Cochrane reviews are done on specific PICO questions. The title of your talk claims that most people on psychiatric drugs should be tapered off. This major health policy suggestion involves dozens of diseases and a variety of drugs, and is not backed up by what Cochrane reviews report on the effects of many psychiatric drugs.

It is clearly indicated that a Cochrane review on this topic is currently done in Nordic Cochrane Centre, but it is not clear from the information provided if the seminar is based on Cochrane work or not and if you speak on behalf of Cochrane or not.

On the one hand no, as you do not flag Cochrane but just mention it. On the other hand yes, as you write Cochrane center without stating the place you work: the Nordic Cochrane Centre.

You did not violate the policy. The only minor point of interest could be the use of the official Cochrane email account for registration. This could imply that Cochrane was the official host and thereby that the opinions expressed at the symposium are official opinions of Cochrane. It would therefore probably be better to use a non-Cochrane email for registration to such events in the future.

Is this controversial? "...where Peter C. Gøtzsche from the Cochrane Centre was to report on the withdrawal of psychotropic drugs." I cannot see what the problem with the seminar announcement is. Are you speaking for Cochrane? There is no mention of it. Absolute nonsense (and people on benzos should come off. If Mark Wilson would like I can get a score of patients telling him how difficult it is to do so).

Whether the Spokesperson Policy was violated will depend on what was said at the meeting announced in the advertisement. There would be plenty of opportunity to clarify on which behalf statements were made during the meeting. As parts of the agenda was about a specific Cochrane review, the Spokesperson policy would seem more relevant to some agenda items than others.

Again, I am unsure of what type of content has to be coordinated at an organisational level. I assume that all the cases are chosen because there are people that are of the opinion that there has been a violation. Perhaps the paragraph stating that many people's lives would be better without psychotropic drugs fall under other review group's area? The policy states: As a general rule, when officially speaking about the findings of a Cochrane Review at a global level, official spokespersons (in order of preference) will be: the review authors.... However, the seminar is not at a global level (since it is in Danish) and no specific review is mentioned. To me, therefore, it is difficult to interpret the Spokesperson Policy with regard to this area.

There is no Cochrane logo, and we only mention that we work at the Cochrane Centre; what we do; that we make a Cochrane review on withdrawal; and that our statement on the withdrawal arguments has been retrieved through our literature reviews (also Cochrane). You might have used a different email address than Cochrane's, as that is probably what they criticize. But it's a small issue. Perhaps we should also have mentioned that our practical work on withdrawal is not a Cochrane issue (PG: abbreviated, with no loss of meaning, to preserve anonymity).

Again, I feel like this falls outside of the scope of the spokesperson policy. The seminar is dissemination of research conducted and funded by the Nordic Cochrane Centre. Not mentioning the Cochrane Centre in any way would be very strange indeed. It could, perhaps, be argued that a "the views expressed are not those of the Cochrane Collaboration etc." However, I think such a statement would be redundant in this case.

The document contains a Cochrane email address, but the document does not contain any information that could mislead to think that this is an "official" Cochrane event.

There is reference to Cochrane reviews and that the presenters are affiliated with the Cochrane Centre, but other than that it is not clear that the presentation concerns Cochrane related issues. Therefore, it is not clear to me from the Policy whether the obligation to explicitly state that the views were strictly personal, applies. While I am not entirely sure, I would not expect it to. I do not see how this could violate the policy. You are doing a Cochrane review on this that you have not published yet. Maybe Cochrane consider this inappropriate.

I am not sure whether the sentence saying that many patients would get a better life if they were tapered off psychiatric drugs is in agreement with Cochrane's position on this debate (if they have any). I think the document should state that this is not the official opinion of Cochrane.

### Case 3. My report as an expert witness in a double homicide case in Holland that I wrote for the lawyer for the defence

Perhaps. Formally, you could have used your professorship only as your affiliation. That's possible in our position but will look rather artificial for the public with people like us whose public visibility is intrinsically linked to Cochrane even if we don't emphasize it.

It is not possible to decide on this because some of the letter, which is between your mention of your links to the Nordic Cochrane Centre and The Cochrane Collaboration and your signature with

the Nordic Cochrane affiliation has not been provided. Without seeing that text (which I realise should probably not be shared for reasons of confidentiality), it is not possible to decide if your use of the Nordic Cochrane Centre and The Cochrane Collaboration as part of the description of yourself might be interpreted as indicating that the views you express elsewhere in the letter are those of Cochrane. If the missing parts of the letter do not suggest that the views you express are those of Cochrane, I don't think you would need to include the disclaimer because the statements in the text you have provided are simply factual statements of who you are (equivalent to providing your CV).

Don't think it is a good idea to use Cochrane letterhead to represent yourself when doing something that is not clearly within Cochrane bounds.

Could not find anything in the Spokesperson Policy that shows a violation for similar circumstances (i.e., expert witness).

This one is trickier. On the one hand, the other hand, the pronoun "I" is used consistently on this page, and you state that you made it very clear that you were speaking on behalf of yourself. On the other hand, according to the bottom of page 2 of the policy, it should have been explicitly stated that you were not testifying on behalf of Cochrane. Perhaps this was done – those pages were not (and probably could not be) shared. Further, as with Case #1, the use of Cochrane letterhead can suggest that Cochrane is speaking, esp. when the letter writer signs as Centre Director.

It is not clearly stated that views are expressed in a personal capacity.

You should have mentioned that the views are your own, not those of Cochrane. Cochrane is the only affiliation you provide, so "it is incumbent upon you to state unequivocally and clearly that the views are your own and not those of Cochrane. This cannot be implied but must be stated explicitly." (PG: It is very clear that these views are my own. This is what expert testimony is all about).

It is clearly indicated that this is your evaluation, not on behalf of Cochrane.

Yes, if they invited you as a private person and researcher with expert knowledge to give witness. No, if they invited you as a director of the Nordic Cochrane Centre with expert knowledge on the topic to give witness.

You explicitly state that you speak on behalf of yourself and not on behalf of Cochrane.

It is clear that it is your (critical) evaluation, and being a long standing Cochrane reviewer you are well qualified to do that. I have done scores of legal work and my main qualification for it is the same. So this too is absolute nonsense.

It is not clear from the Spokesperson Policy whether reports produced for court cases by Cochrane affiliates to make use of their qualifications as assessors of scientific rigour is considered a public

statement. This particular letter is personal and so is not a public statement on behalf of Cochrane. It includes the sentence “It is very clear that I speak on behalf of myself in the report.”. As I do not have access to the report, I cannot know whether I agree that this was the case.

As far as I could read the letterhead is not mentioned in the policy, but I suppose the letterhead could signal some kind of implicit “official policy”.

The whole case directly suggests that you need to account for your qualifications to complete the assignment, so of course you sign as director of NCC. You also mention, which is what they ask for, that your statements are yours and not Cochrane’s.

Based on the information provided (especially that it is clear you speak on behalf of yourself) I don’t find this problematic.

You write “My evaluation of Prof Loonen...” and “My comments on...” which makes it pretty clear that you are talking on behalf of yourself and not on behalf of the Cochrane Collaboration. I would need to see the remainder of the document to comment on that.

I think it is clear from the letter, that it does not concern Cochrane related issues, and that the views expressed in the letter are therefore strictly personal.

I do not see any violation, but I understand that Cochrane does not want to be associated with cases of litigation.

This is a statement of your qualifications. I do not think there is any need to state that this is not on behalf of Cochrane, if that is already done in the 14-page report.

What is your view on the Spokesperson Policy? Is it unambiguous and therefore easy to interpret in relation to concrete cases?

Quite clear for the first 2 cases, formally case 3 may avoid confusion as I wrote above.

Like some other Cochrane policies, this policy is not easy to interpret in relation to concrete cases because it requires some careful consideration and interpretation. I think that the answers you receive to this request will reveal this, unless all the replies are the same.

Not sure - would have to see more cases.

There really needs to be some policy regarding the use of Cochrane letterhead. See comment under #1 above regarding the “Country or regional level”.

In the section “How to make clear you are speaking in a personal capacity about Cochrane”, it is reported: “If you are expressing a view about Cochrane-related issues you should state clearly that you are speaking in a personal (or other professional) capacity unless you have been expressly authorized to represent Cochrane (as outlined below)”. I think that “Cochrane-related issues”

might be interpreted in different ways. So it is fine if we want to leave freedom and independence in the interpretation whereas it might be ambiguous if a strict policy is desired.

I had no problem in interpreting these cases through the policy. I have also over the ... years I've been the ... (PG: text deleted to preserve anonymity) been very clear of when and what I sign in that role and when I use other titles or affiliations.

It clearly indicates that Cochrane authors, editorial teams can speak on behalf of Cochrane on the reviews, however it is not clearly indicated if a Director of Cochrane Centre can speak about the results of Cochrane reviews done by other teams on behalf of Cochrane. (PG: This is not correct, as the Policy states: "Many Cochrane contributors are experts in their field and have every right to discuss their work and express their personal views – this may include expressing opinions on Cochrane policies and Cochrane Reviews. This policy is not intended to infringe Cochrane's long-standing tradition of rigorous academic and scientific debate.")

I think that the policy is quite clear and easy to understand.

I am not sure why such a document is needed. I have never heard or read about anyone "speaking/writing for Cochrane". The document ignores the reality of who we are and what our history is.

I was not sure in 2 of 3 cases.

With my type and amount of experience with reading such texts, it was difficult to interpret how the cases relate to the Spokesperson Policy, though I find it a very relevant discussion. As I have mentioned, the difference between speaking on behalf of and stating one's affiliation is not clear to me, which I think, is a central question.

Based on the information provided (especially that it is clear you speak on behalf of yourself) I don't find this problematic.

It is as unclear as it can be.

The Spokesperson Policy is quite ambiguous and seems difficult to interpret. Especially, it appears that there will be many cases where statements are to some extent related to Cochrane work or Cochrane issues, but where at the same time it is obvious that the views expressed are not official Cochrane Policy.

The policy applies more to directors, since "The bulk of the responsibilities to be the 'official' spokesperson will fall to the Co-Chairs of the Cochrane Steering Group (CSG), Editor in Chief, CEO, Directors of Centres." Cochrane may see that you have "multiple affiliations" as both a Cochrane director and a book author: "If you have multiple affiliations or positions, you may choose not to use your Cochrane affiliation if this may cause confusion." Notes 3 and 4 are contradictory to: "If you do use your Cochrane affiliation along with another title, or if Cochrane is the only title or affiliation you have, then it is incumbent upon you to state unequivocally and clearly that the

views are your own and not those of Cochrane. This cannot be implied, but must be stated explicitly.”

I think it is unclear in which cases you have to emphasise that this is not the official opinion of Cochrane. At some point it can become ridiculous to state that it is personal opinions (e.g. if it has to be done when stating qualifications).

#### Do you find that the policy ought to be improved?

The policy needs substantial improvement. I have not looked at it for quite a while. I in principle agree with the comments in the notes. Several points are absolutely unacceptable: “As a registered UK charity, we are governed by laws on what we can and cannot speak ...”. This may be true for statements in the UK but totally ignores that we operate in different countries, under different laws and in different cultures. The lack of respect for the thousands of contributors under those local conditions who earn the money for the existence of the Collaboration is striking. The request to start “every” public statement with a declaration that this is “Cochrane” or “personal view” would generate a rather ridiculous picture for the public. It may appear that Cochrane is a centralised organisation where there is no general trust from the “leadership” that local directors behave well. The effect would be devastating, moving for example my reputation from the current perception of a respected authority in relation to methodological issues on a national level and beyond, to an employee of an office in London with no visible competence on the academic scale. What I find increasingly annoying is the recommendation to request authorization from the “KT department”. This name looks like an embarrassing exaggeration and it is a misnomer for a process which should be built around the communication in the local culture and not through a top down process from the English part of the world. I have been criticizing this for more than a decade, I guess. The policy is described as a guidance but it rather looks like a directive. The policy should show much more respect for the local culture and formal conditions.

If the policy contained some examples of the common issues, I think this would help people to see what is, and is not, allowed. I also think that the policy needs to be revised so that people are free to speak on behalf of a Cochrane entity without being thought to be speaking on behalf of Cochrane as a whole and that Cochrane should make it clear that people are free to speak on behalf of their entity. This would include all staff and all members of an entity (not just Directors and Co-ordinating Editors) and, if the policy was revised in this way, then it might still require people to use a disclaimer to make it clear when they are not speaking on behalf of their entity when they are not doing so. When appearing to speak on behalf of one’s entity, one should be accountable to both the entity (e.g. its advisory board or funder) and to Cochrane. With this in mind, if the policy allowed you to speak on behalf of the Nordic Cochrane Centre, without necessarily being thought to be speaking on behalf of Cochrane as a whole, my opinion is that you would not have breached the policy in any of these three cases. I think that this is important because, in my opinion, you should be free to use your affiliation as Director of the Nordic Cochrane Centre in any way that is in keeping with the wishes of the Nordic Cochrane Centre. Under such a revised policy, it would only be if, for example, you had used your affiliation as a member of the Board/Steering Group or wrote as though you were speaking for Cochrane as a

whole that you might have breached the policy and you did not do either of those things in these three cases.

Probably if people are having difficulties interpreting it.

See above 2 comments. Also, there should be some consideration of conflict of interest, ie someone could use a Cochrane title to attract “business” for consulting, doing paid talks, and serving as expert witness. In the consulting case, at least, one could imagine a scenario where a party, such as a drug or device company, would have an interest in obtaining a more favourable Cochrane review. And in the case of expert testimony, one might imagine a jury being swayed by a Cochrane affiliation, possibly making the expert more of a “hot commodity” among trial lawyers.

See previous answer.

Although these cases were complex, it was quite possible to find the key elements that were needed for interpretation. At the ... (PG: text removed to preserve anonymity), we have a rule that it is only the Director General, or his/her official appointee on a specific matter, that can give statements on behalf of the organisation. That would be too complex and stiff for Cochrane. Please note these are my personal views on the matters, not the official opinions of (PG: text removed to preserve anonymity).

One cannot write such policies to be working in all situations.

The policy tried to avoid someone writing/speaking on behalf of Cochrane. As they say in the intro, this is very unlikely given the size and complexity of the organisation. You would have to write or say “Cochrane says...” which is nonsense.

I have heard Mark Wilson, Peter Gøtzsche, and members of the CET, argue convincingly and logically coherent for their respective interpretation of the Spokesperson Policy, which were in direct opposition to each other. To me, this indicates that the Policy should be clearer and that it is open to very different interpretations in its current form. I believe this ambiguity cause unnecessary, destructive conflicts and that it is used deliberately by outsiders to further their questionable agendas. This is most unfortunate. I suggest that all written statements that are sent out with a Cochrane logo, or that can be interpreted as originating from a Cochrane entity (case 2 in this letter) are fitted as standard with a statement that makes it clear that any views expressed are not necessarily the official policy of Cochrane, unless of course this is explicitly the case. It is important that this requirement is applied to all persons affiliated with Cochrane. I also find that the following requirement in the current Spokesperson Policy is often impossible to meet due to restrictions placed by the media or the context in which statements are made and that the required clarification will often seem exceedingly awkward and out of place and will likely undermine important messages: “If you do use your Cochrane affiliation along with another title, or if Cochrane is the only title or affiliation you have, then it is incumbent upon you to state unequivocally and clearly that the views are your own and not those of Cochrane. This cannot be implied, but must be stated explicitly.” Imagine stating that in a TV studio during a live interview. I cannot recall seeing anyone else doing that. Indeed, I believe the Cochrane Spokesperson policy,

in its current form, require far more than what is standard from other respected organisations and institutions. This is counterproductive. The need and possibility to meet this blanket requirement simply does not take the context in which statements are made into account. This sentence should therefore be deleted. In my opinion.

It seems to me that it is a challenge to maintain a free academic debate while having an organisation that presents as a coherent, credible unit in public. I believe that the Spokesperson Policy would improve if there was an explicit discussion about the balancing of these two and ideally that this discussion could result in concrete examples of what type of content is centrally coordinated and what is not. I also think the policy could be more concrete on what it means to use the headers of Cochrane.

I cannot understand at all the hysteria about the issues and why Cochrane is so "afraid" of what could happen to their image. You always get the science right when you communicate, so ideally, Cochrane's organization - with the objective / vision it has - should support your (and others') conclusions. Even though they may seem extreme, they are merely reflecting what was found or not found in terms of the science.

I think the policy should aim much more at ensuring academic freedom and plurality of opinions (while this is mentioned, it seems to be in words only). When we conduct research that lives up to the methodological requirements of Cochrane we should be allowed to disseminate it, and use our Cochrane affiliation while doing so. The idea that a collaboration of so many people can have one single opinion is flawed, and in my opinion Cochrane should aim more at making it clear that there is a plurality of opinions and ensure that these opinions are based on rigorous research, instead of pushing a corporate agenda of pretend-agreeing; especially since it seems that "the views of the Cochrane Collaboration" almost exclusively represent the established view, and as such Cochrane loses its ability to set in motion the drastic changes that are needed in modern health care. An easy step could be to make it official Cochrane policy that unless a view is EXPLICITLY stated to be the view of the entire Cochrane Collaboration it should not be seen as such. Thus, the default should be that a statement from a Cochrane affiliate is not the view of the Cochrane Collaboration as such, but a view that is based on Cochrane methods. The spokesperson policy could then come into action when Cochrane affiliates make claims that are not based on best available evidence (e.g. the HPV review).

The policy as it stands right now appears quite the opposite of what the Cochrane Collaboration is all about: it is vague, unclear, and it is obviously a "cooperate" policy. In fact, the whole idea of having a spokesperson policy seems strange because it should be quite obvious that, unless a person declares to represent the Cochrane Collaboration, it can never be interpreted as official policy. I don't understand why the "burden of evidence" seems to have been reversed here. It is not very logical that you have to declare that you are NOT representing the Cochrane Collaboration. It should be the opposite, that only when you are representing the Cochrane Collaboration you should declare this very clearly. Otherwise it will not be possible for anyone, ever, to state anything without the risk of breaching the very vaguely-defined spokesperson policy. At present, the policy is ambiguous. This can result in researchers involved in the work related to Cochrane not fully engaging in all processes of their work (e.g. communication, collaboration, data

collection) out of concerns of inadvertently violating the policy. This would of course be an unfortunate consequence and one that is not in the interest of Cochrane.

I think the policy tries to strike a balance between the individual and the group, but it should aim at being more explicit and transparent. The policy might benefit from more information and some examples (but this could be inappropriate from a litigation point of view). It might be good if “The bulk of the responsibilities” had their own policy.

I would prefer clear guidelines on when (i.e. which topics, controversial/non-controversial) and how to state that a statement is not the official Cochrane statement.