

9 October 2018

To: Charity Commission for England and Wales  
From: Peter C. Gøtzsche, elected trustee

### **Complaint about serious mismanagement of the Cochrane Collaboration, charity number 1045921**

The Commission requires charities to report serious incidents that cause significant harm to the charity's work, beneficiaries or reputation. Accordingly, it is my duty, as an elected trustee for the Cochrane Collaboration, to submit this complaint. In a phone consultation with George Batman from the Commission on 6 September, I was assured that I would be entitled to submit a complaint even if later expelled from the Board, which is what has happened on 13 September.

Cochrane's Articles of Association specify that, "The Charity's objects ("the Objects") are the protection and preservation of public health through the preparation, maintenance and promotion of the accessibility of systematic reviews of the effects of health care or any other activities, for the public benefit."

#### **I call on the Charity Commission to open a statutory inquiry.**

It has become international news that Cochrane, arguably the most important global organisation in science and healthcare, is experiencing a moral meltdown caused by poor leadership. The organisation has expelled one of its founding fathers from the Board (me), four other Board members have resigned in protest, and now many Centre Directors from around the world are calling for the entire Board to step down to save the organisation.

Cochrane is currently imploding, and it requires the UK Charity Commission to intervene urgently. Several Cochrane centres are already making moves to sever themselves from the organisation; international protests from thousands of people are mounting; people have lost trust in the charity; and on 4 October, 27 out of 31 Centre Directors in Spain and Latin America wrote to Cochrane's CEO and the Governing Board (Appendix 15) complaining about the lack of transparency, accountability and due processes. They also called for an independent investigation into the process around my expulsion. As is characteristic of Cochrane's leadership, it has ignored the letter.

My complaint is about serious abuse and mismanagement over several years, which has harmed the charity's services, beneficiaries and reputation. The evidence I provide not only outlines the risk of additional harm to the organisation, but also has broader implications for medical research, policy-makers and most importantly, people's health and well-being. I have tried to challenge the leadership on these important issues but, as a whistle-blower, I have endured intimidation, bullying and witnessed corruption, by a leadership that is bringing the organisation to its knees. There is a substantial risk that Cochrane will fall apart if nothing is done.

#### **The major problems in Cochrane**

The fundamental problems in Cochrane escalated this summer. It began with a trivial issue, where Cochrane's CEO and I disagreed about the interpretation of one of his policies (the Spokesperson Policy). There were two complaints about me from outsiders alleging that I had used my centre's letterhead for 'non-Cochrane'

purposes. I appealed to the Board, which was my right to do, but instead of aiming for peaceful mediation, the Board instituted a legal process. This escalated the problem quickly.

Board co-chair Martin Burton is a close ally of Cochrane's CEO Mark Wilson who is his line manager, and he therefore has a major conflict of interest in his role as co-chair. Burton submitted about 400 pages to Cochrane's hired Counsel. I was not asked to provide any evidence in the first instance. The legal process took shape, based on information submitted to it by Burton and likely also Wilson, making it a biased endeavour from the start.

At the end of the legal investigation, the Board planned a meeting to discuss the report, which took place on 13 September in Edinburgh, ahead of Cochrane's Annual General Meeting on 17 September. At the start of the Board meeting, I was given five minutes to defend myself before the co-chairs demanded I leave the room. I was not allowed to present crucial evidence to the Board; the Board ignored all evidence in my favour that I and its own hired Counsel had provided to the Board; and the Board was given insufficient time to properly analyse over 700 pages of documents delivered to the Board a few hours prior to the meeting.

After the 'show trial', I was expelled on 13 September from my democratically elected position on the Board and as a member of Cochrane, which I co-founded 25 years ago. It was a *minority* of the Board's 13 members who voted for my expulsion in the end (i.e. only six voted to expel, five were against and one abstained; I was not allowed to vote). The next day, four Board members resigned in protest over the Board's treatment of me. Two Board members then needed to step down because there must be more internal than external members of the Board. For my appeal, I asked for a completely new committee to assess my case because the remaining Board members had a conflict. I was denied this opportunity and unsurprisingly, the remnants of the Board, only six people, "unanimously" upheld my expulsion.

I shall summarise what the major problems in Cochrane are:

1 Serious acts of tampering with evidence, in the form of manipulating the minutes of meetings and other important evidence by the CEO, his staff, and the co-chairs of the Governing Board (see page 1 in my attached 66-page report to Cochrane's law firm). This is akin to perjury in legal cases and could be considered a criminal act according to the UK Forgery and Counterfeiting Act 1981. When trustees cannot trust what comes from the CEO and the co-chairs, it inevitably leads to poorer decisions by the Board, to the detriment of the public we aim to serve. Cochrane's paid Counsel exonerated Cochrane's leadership for tampering with evidence (Appendix 17), but his arguments are unconvincing, particularly because I **documented** tampering.

2 Serious mismanagement in Cochrane, committed by its CEO and the co-chairs who work so closely together that it is usually impossible to know whom of the three that coined the various proposals put forward to the Board for decision-making. As I shall explain, the CEO Governs the Board, instead of the other way around.

3 Numerous violations of rules for charities and for Cochrane by the CEO and the co-chairs.

4 Lack of collaborative, democratic, transparent and accountable leadership in Cochrane.

5 Management by fear and bullying by the CEO.

6 An almost total lack of due processes in Cochrane, in stark contrast to other organisations.

7 Fierce resistance from Cochrane's CEO towards introducing due processes.

8 Favouritism: other rules apply to CEO staff than to Cochrane collaborators.

9 Serious selection bias in the 400-page material sent by co-chair Martin Burton to Cochrane's law firm, which favours his line manager, CEO Mark Wilson.

10 Serious conflicts of interest, e.g. co-chair Burton, director of the UK Cochrane Centre, is supposed to govern Wilson, but Wilson is his line manager in the UK, which may make it difficult for Burton to go against his boss in his role as co-chair. Burton chaired the meeting and voted for my expulsion after I had shown that he had tampered with the evidence and had committed other acts of serious professional misconduct.

11 Repeated and serious violations of Cochrane's core principles of openness, transparency, honesty and fairness by the CEO and the co-chairs.

12 Scientific censorship in Cochrane, although it is a scientific organisation whose whole justification is that the public can trust us, which is even part of Cochrane's motto: "Trusted evidence."

13 Repeated, very harmful actions by Cochrane's CEO, which have favoured industry and guild interests.

14 A show trial against me, one of Cochrane's founding fathers, where none of the evidence in my favour that I, or Cochrane's own hired Counsel provided, was taken into account; where I was denied the possibility to present crucial evidence that would have exonerated me; where the charges raised against me were changed on the spot when a report from Cochrane's law firm had exonerated me; and where I was given five minutes to defend myself, after which the Board deliberated for five hours. The CEO's and the Board's total disregard for the evidence is particularly grave for Cochrane because this is an organisation that prides itself for basing its conclusions on "the best available evidence."

15 Scientific misconduct in terms of false authorship of the Board's defamatory statement about me where I was one of the "authors" on a document I had never seen.

The harms done to the charity by CEO Mark Wilson and the Board this summer are immense. There have been articles in Science,<sup>1</sup> Nature,<sup>2</sup> BMJ,<sup>3</sup> Lancet,<sup>4</sup> Le Monde<sup>5</sup> and elsewhere that have questioned the Board's unjustified actions. Many organisations have criticised Cochrane's lack of due process; its introduction of scientific censorship; and that it allows authors on a Cochrane review to have financial conflicts of interest related to the manufacturers of the product they review. In addition to the centre directors in Spain and Latin America, such criticism has come from, for example, the German Network of Evidence-based Medicine,<sup>6</sup> the International Society of Drug Bulletins,<sup>7</sup> the International Society for Ethical Psychology and Psychiatry,<sup>8</sup> MEZIS (Mein Essen Zahl Ich Selbst, the German version of "No free lunch")<sup>9</sup> and No Gracias.<sup>10</sup>

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<sup>1</sup> Martin Enserink. Evidence-based medicine group in turmoil after expulsion of co-founder. 16 September 2018. <http://www.sciencemag.org/news/2018/09/evidence-based-medicine-group-turmoil-after-expulsion-co-founder>

<sup>2</sup> Inga Vesper. Mass resignation guts board of prestigious Cochrane Collaboration. 17 September 2017. [https://www.nature.com/articles/d41586-018-06727-0?utm\\_source=twit\\_nnc&utm\\_medium=social&utm\\_campaign=naturenews&sf197859021=1](https://www.nature.com/articles/d41586-018-06727-0?utm_source=twit_nnc&utm_medium=social&utm_campaign=naturenews&sf197859021=1)

<sup>3</sup> Nigel Hawkes. Cochrane director's expulsion results in four board members resigning. 17 September 2017. BMJ 2018;362:k3945 doi: 10.1136/bmj.k3945

<sup>4</sup> Burki T. The Cochrane board votes to expel Peter Gøtzsche. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32351-1/fulltext?code=lancet-site](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32351-1/fulltext?code=lancet-site)

<sup>5</sup> Foucart S. Crise historique au sein de l'expertise médicale. Le Monde 2018; 22 Sept.

<sup>6</sup> Transparenz im Fall Gøtzsche gefordert (article is in English). <https://www.ebm-netzwerk.de/aktuelles/news2018-10-04>

<sup>7</sup> <http://english.prescrire.org/en/79/207/46302/5778/5562/SubReportDetails.aspx>

<sup>8</sup> <https://mailchi.mp/7b2d5870e4ae/2018-annual-isepp-conference-1495685>

<sup>9</sup> <https://mezis.de/mezis-stellungnahme-zum-konflikt-cochrane-peter-gotzsche/>

<sup>10</sup> <http://www.nogracias.eu/2018/10/07/una-solucion-verdaderamente-democratica-la-crisis-cochrane-david-hammerstein/>

## Cochrane's history

The Cochrane Collaboration was founded in 1993 by Sir Iain Chalmers in Oxford. I established the Nordic Cochrane Centre the same year, which I have directed ever since.

The systematic reviews are published in the Cochrane Library, which currently contains over 10,000 reviews and protocols for planned reviews of drugs, vaccines, surgery and other interventions in healthcare. Half of the world's population has free access to the reviews, usually via government subscriptions; the other half has free access to the abstracts, and to the whole review a year after it has been published. The Cochrane reviews are regarded as the gold standard for such reviews throughout the world.

The establishment of the Cochrane Collaboration was one of the most important initiatives undertaken in healthcare in the last century. We are a scientific, grass-roots organisation whose survival depends entirely on unpaid contributions from thousands of volunteers and substantial governmental support throughout the world. We make a huge contribution to people's understanding and interpretation of scientific evidence on the benefits and harms of medical interventions, devices and procedures that impact the population. Our work informs government legislation globally and it influences clinical guidelines and drug approval agencies. Our work is immensely important for healthcare and rational use of drugs and other interventions. Therefore, the integrity and credibility of the Cochrane Collaboration is paramount.

However, we have lost our way. It is with regret, that I now need to blow the whistle on the unethical behaviour of the leadership team in Cochrane. Because I was worried about the future of the charity, I decided to run for a seat on the Governing Board and was elected in early 2017, with the most votes of all 11 candidates. This illustrated the widespread dissatisfaction in Cochrane with our leadership because I was the only candidate that questioned the actions of our leadership. My election statement ended thus (see page 55 in my report):

*"The CET [Cochrane Executive Team] should be serving those people who do the bulk of the work, above all the authors and editors of reviews, but also those working in centres and methods groups. It has been noticed, however, that the CET has assumed a much more directive role, which has had unfortunate implications for the collaborative spirit and potentially for essential future contributions from those who are the backbone of the Collaboration and are creating the royalties without which there would probably be no Collaboration. Although there was general agreement that more direction and uniformity in the quality of our output was needed, and also that the CET has contributed importantly to this, many people feel that the process has gone too far."*

## Cochrane's new CEO, Mark Wilson

The fundamental problem concerns serious errors of judgement by Cochrane's CEO, Mark Wilson, who was employed by the organisation in 2012. As I explained in an article the day after my expulsion,<sup>11</sup> the central executive team of Cochrane has failed to assure transparency, open debate, criticism and expanded participation, which are tools that guarantee the reduction of uncertainty of reviews and improve the public perception of the democratic scientific process. These are conditions and tools that cannot be eliminated, as has happened recently, without placing into serious doubt the rigorous scientific undertaking of Cochrane and eroding public confidence in Cochrane's work. My expulsion should be seen in this context.

There has also been a serious democratic deficit. Wilson exerts tight control over the Governing Board. During my 20 months on the Board, I have witnessed that the Board has increasingly become a testimonial body that rubber-stamps highly finalized proposals with practically no ongoing in-put and exchange of views to formulate new

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<sup>11</sup> <http://www.deadlymedicines.dk/wp-content/uploads/2018/09/G%C3%B8tzsche-Moral-crisis-in-Cochrane.pdf>

policies. On dozens of issues the Board can only vote yes or no with very little opportunity to amend or modify the executive team's proposals.

This growing top-down authoritarian culture and an increasingly commercial business model that have been manifested within the Cochrane leadership over the past few years threaten the scientific, moral and social objectives of the organization. Even though Cochrane is a not-for-profit charity, our "brand" and "product" have taken priority over getting the science right.

Despite our clear policies to the contrary, my centre, and others, have been confronted with scientific censorship, rather than an open scientific debate about the merits of concrete Cochrane reviews of the benefits and harms of healthcare interventions.

Many Cochrane centres have sustained negative pressure and a lack of productive dialogue with the CEO of the central office. Upon alerting the Cochrane leadership of these worrisome tendencies that negatively affect the operability and social perception of our scientific work, the Nordic Cochrane Centre has received several threats to its existence and financing by Mark Wilson.

Many of the directors and other key staff of the oldest Cochrane centres in the world have conveyed their dissatisfaction with the senior central staff's interactions with them. While the declared aims of interactions with the central office is to improve the quality of our work, the heavy-handed approach of the central staff has created a negative environment for new scientific initiatives, open collaboration and academic freedom. There has also been criticism in Cochrane concerning the over-promotion of favourable reviews, unacceptable conflicts of interest for review authors, and the biased nature of some scientific expert commentary used by the knowledge translation department of Cochrane.

The culture that has manifested within the organisation has meant that people have become afraid to speak up, and when they do, they may be subjected to bullying, intimidation and threats of being fired or expelled. I withstood the pressure for six years and was then expelled in a show trial that I have very good reasons to believe Mark Wilson orchestrated, although formally, it was the Board that expelled me following a minority vote that has shocked our members. In the past, other Directors have not been able to withstand the pressure under Wilson's leadership and have resigned (see below).

Wilson is a journalist by education and lacks the scientific knowledge required to navigate complex scientific arguments expected of someone in this position. Wilson's business-driven agenda places little importance on the scientific integrity of the organisation, which has led to numerous conflicts and serious disagreements related to the direction of the charity, especially with centre directors (see page 57 in my report and below).

Wilson's Curriculum Vitae highlights his experience of sacking staff in favour of profits (see Appendix 8). He states, "Anticipating a significant funding shortfall in 2010-11 as a result of the global recession and changes in the priorities of key donors, I designed and implemented a major restructuring which cut staff by nearly 50% but ensured the continued existence of the organisation [Panos London]."

When at the International Federation of Red Cross and Red Crescent Societies, Wilson boasts he "Led a change management process that refocused and re-structured the organisation, reduced headcount and costs."

In his CV, Wilson boasts of "great cultural sensitivity," "ready to admit mistakes and learn from them," "The ability to manage cross-cultural organisations and teams is, I believe, one of my greatest strengths," "I am an outstanding writer and speaker, completely at home in front of a camera, giving speeches or facilitating large or small meetings," "I have a personal library of over 4,000 books and journals on international political, economic, social and development issues and continue to update my knowledge and expertise in these areas."

When Wilson was “Operational Manager - Balkans: Geneva June 1996 - March 2000”, he “Raised and managed US\$30 million per year [my emphasis] to support humanitarian operations in Croatia, the Federal Republic of Yugoslavia (including Kosovo) and Bosnia and Herzegovina, benefiting hundreds of thousands of beneficiaries.”

Wilson’s self-praise contrasts starkly with other people’s assessment of him (see next section). It should therefore be investigated whether his impressive achievements in the past as outlined in his CV are true, or whether other people contributed substantially, mostly or fully to them.

### Assessment of Wilson in 2015

An independent assessment of Wilson’s performance during his first three years in Cochrane was carried out by a committee of 12 people who gave their opinions about his leadership. Here are a few examples (see Appendix 8 for the assessment report):

- [You should] “Work collaboratively with the outstanding people you are surrounded by.”
- “I have concerns about the management style that is developing ...”
- “I do not feel that Mark readily accepts the fact that he reports to the Steering Group [now the Governing Board]. I feel he does not demonstrate an appropriate level of respect for SG or its members and is not receptive to being challenged either by an individual SG member or by the SG as a whole.”
- “the CEO of CC [Cochrane Collaboration] cannot operate as a CEO of a business company.”
- “the majority of the people that generate Cochrane outputs ... are not employed by Cochrane.”
- “We are a collaboration ... not a company, and a top down culture is new ... we have many people who in other circles are viewed as world class scientists! Mark ... doesn’t answer when he doesn’t like the suggestion ... can be defensive, talks a lot ... does not always seem to want to work within the culture ... He is not a delegator and one can sometimes feel he does not trust Cochrane contributors.”
- “It seems to me that the balance of power between CEO and the Steering Group must be carefully considered.”
- “obviously his standard mode is combative. This can waste time and puts people off. You cannot be strategic if you are always combative. Might be good to develop ability to listen.”
- “Important not to play off members of the SG against each other and ‘snow’ the SG. Trust is a critical element in this organisation so trust has to be earned and built.”

### Factions within the organisation

The directors and other key staff of 9 of the 12 oldest Cochrane centres in the world have conveyed their dissatisfaction with Wilson’s or his senior staff’s interactions with them. They feel threatened, and after my expulsion, several directors of very important Cochrane centres have decided to close their centres and turn them into centres for evidence-based medicine (see below) because Wilson’s policies stifle academic freedom and put burdens on them that are not productive. Self-censorship is likely an important reason why other centres, unlike mine, have managed to stay out of trouble with Wilson.

Wilson’s conduct resulted in a damning complaint from the French Cochrane Director, Philippe Ravaud, to the Steering Group (now called Governing Board) in 2015 (see Appendix 7). Ravaud stated unreservedly what most of us think, and the reason he dared speak out loud is likely because he announced his immediate resignation at the same time.

Wilson’s directions and micromanagement were also the reason that the Directors of the US Cochrane Center chose to close in 2018 after what they described as two years of harassment by him. The centre had existed for almost 25 years, without having any core funding, which is a remarkable achievement. When I asked about this at a Board meeting in March 2018, Wilson glossed over his key role in the failure and described it as “new opportunities.” Two years earlier, on 30 September 2016, one of the US Cochrane Center directors wrote to me:

*“We are extremely upset about what Mark is doing with US-based funders. There is a MoU [Memorandum of Understanding] between his office and us, but they do not adhere to it at all. As you said, he just does what he wants to do. There is no oversight from anyone. The Steering Group is too weak. I don't understand at all what he is after. He is not interested in science nor the true value of Cochrane. It's not a happy job either as many of us go against him. So, what is he after?”*

The issue was that Wilson had contacted US-based funders without informing the US Cochrane Center and without their permission. He has done this in at least three other cases, involving three other Cochrane centres, which demonstrates a total lack of respect for other people that I have also been the victim of, through all his six years of reign. Wilson doesn't trust other people, and they don't trust him.

Wilson's behaviour includes bullying to such an extent that a Board member said at a Board meeting in Lisboa in March 2018 that co-chair Martin Burton was afraid of Wilson (page 44 in my report). I have seen first-hand as a trustee that Wilson controls the co-chairs of the Board, although it is one of the Board's tasks to govern the CEO.

During my 20 months as a trustee, I tried to change the culture at the leadership of Cochrane. For example, I suggested at my first Board meeting to introduce principles of fair treatment by the CEO, if people outside the Cochrane Collaboration complained about senior members of the Collaboration. I proposed that the person, who was the subject of the complaint, would first have an opportunity to respond, before any judgement was made. There was great interest for my proposal at the Board, but Wilson vehemently opposed it and overruled other Board members. He didn't even find it necessary that the person complained about needed to be informed of the complaint before Wilson sent his decision to the complainant about whether one of his policies had been breached. Even more serious was Wilson's undue influence over the Board meeting minutes – documents that could be tendered as evidence in a legal case. It seems that Wilson was responsible for the tampering with the minutes. This could be investigated (see page 44 in my report: “Serious abuse and mismanagement in Cochrane”).

### **Total lack of a fair and reasonable process**

My efforts to accomplish much needed changes at the leadership of Cochrane - even before I became elected as a trustee - has led to a formidable witch-hunt, with repeated personal attacks and bullying by Wilson against me, where he has particularly used his Spokesperson Policy as his “weapon.” Wilson put these rules - and some “special provisions” that did not apply to anyone else in Cochrane - in place to muzzle me, so that I did not disturb the interests of the drug industry or specialists, particularly not those of psychiatrists. Wilson's curious rules imposed greater restrictions on how I could use the Nordic Cochrane Centre's letterhead than my subordinates.

The Spokesperson Policy (Appendix 9) “clarifies who can represent, write and speak officially on behalf of Cochrane and how they should do it.” It addresses the issue of who can speak on behalf of the entire Collaboration and whether a disclaimer is needed when the views expressed are personal.

Cochrane's hired Counsel sent his 38-page report to the Board 12 hours before the Board meeting where my expulsion was decided, and other documents arrived only 1.5 days before the meeting. These documents, which the Board needed to carefully consider according to charity rules, consisted of “Instructions to Counsel” (ca. 400 pages), Counsel's report (38 pages) a submission by Mark Wilson (25 pages), and a submission by me (66 pages + 7 appendices of 132 pages), a total of ca. 661 pages. In addition to this, the Board received other documents to consider when judging my case (a total of 61 pages). Thus, the total volume of documents amounted to over 700 pages, which corresponds to four medium-sized books that it would take most people several weeks to read.

The information sent to the Board just before its 13 September meeting was incomplete, misleading and biased against me (see my report, and Appendix 11, and below). In addition, the Board did not have sufficient time to study the issues.

Counsel exonerated me of having breached the Spokesperson Policy and of other charges although this is not what the Board has communicated to people (see Appendix 13 and 14, and the end of this letter; the Board's public communications are mendacious).

In contrast to Wilson, Counsel did not conclude that I broke the Spokesperson Policy (Appendix 17). In fact, he expressed sympathy for my views. Furthermore, in my 66-page report I rejected all the allegations raised against me in the 400-page binder co-chair Martin Burton had sent to Cochrane's law firm. I therefore looked forward to having an agreeable Board meeting with my colleagues, but this didn't happen. I was given five minutes to defend myself at the Board meeting after which the Board deliberated for five hours and invented new charges on the spot.

The day after my expulsion, four Board members resigned in protest about the lack of a due and fair process, and they told me that none of the voluminous evidence in my favour provided to the Board was taken into account. The process was genuinely Kafkaesque; a kind of kangaroo court.

I was given a week to appeal, which I did. I knew that I would not get a fair trial the second time either, as four of the five Board members who voted against my expulsion had resigned. I appealed because I wanted to demonstrate to the world what went on in the Cochrane leadership, hoping this might help us get a totally new leadership.

In my appeal (Appendix 11), I wrote that:

- 1) It has not at any point in time been made clear to me what the charges are;
- 2) I have not seen any evidence that I have done anything wrong;
- 3) I have not been allowed to defend myself adequately;
- 4) It has not been explained why I was found guilty;
- 5) I have not had a fair trial, nor have I been afforded procedural fairness during the process;
- 6) I was seriously defamed at the Annual General Meeting on 17 September in Edinburgh.

I ended my appeal thus:

- *A group of trusted people, external to Cochrane, should set up an independent committee of people who have had nothing to do with Cochrane, but who have experience in mediation, law, medical science and medical editing, who should judge my case carefully, with no haste;*
- *alternatively, the Board should reinstitute my membership of the Cochrane Collaboration, acknowledging the gross injustice and defamation I have been exposed to.*

*In any case, I must be given the opportunity to participate in any deliberations, also oral ones, like in a court case, and to contest any explicit reasons for my expulsion on 13 September.*

That didn't work of course, as my verdict was pre-determined. The remaining Board members made no genuine effort to consider the arguments in my appeal. They apparently 'unanimously' upheld my expulsion, even though I was originally expelled by a minority vote (6 out of 13). The transgression of good management practice in relation to my expulsion violated both Cochrane's own rules and Charity Commission rules to a serious degree.

In my appeal, I asked what evidence the Board had to verify that I had breached the Trustee Code of Conduct and clause 5.2.1 of the Articles of Association of the Cochrane Collaboration, which is that a Cochrane member is guilty of "conduct which has had or is likely to have a serious adverse effect on the Charity or bring the Charity or any or all of the members or Directors into disrepute". I did not get a reply at any point in time.

As noted above, the whole process was related to two petty complaints about me sent to Wilson in the spring. Wilson resolved that I had broken the Cochrane Spokesperson Policy in both cases by using my Nordic Cochrane Centre's letterhead without inserting a disclaimer that any views expressed were my own. I disagreed with Wilson, which meant, according to the agreement I had with him (similar to other agreements between the CEO and other Cochrane centres), that the Governing Board should resolve our differences. This trivial matter could easily have been resolved, but it quickly blew out of proportion. Instead of adhering to our agreement, the co-chairs of the Governing Board at the time, Martin Burton and Cindy Farquhar, asked a law firm to conduct a review of issues related to me that went as far back as to 2003 and only stopped there because there were no electronic records going further back in time.

In my appeal, I explained that:

**Although I had done nothing wrong, Wilson threatened to close my centre if I did not do as he wished. Counsel exonerated me of Wilson's accusations of wrong-doing. I find this an example of serious mismanagement, particularly considering that we might lose government funding, if Wilson closed my centre, which would mean that my staff would become jobless.**

On 13 September, I had taken three people with me to support me at the Board meeting, which I was entitled to do according to Charity Commission regulations: "Trustee meetings. If you employ staff, you might invite them to these meetings to advise or inform you, but they won't be able to vote."

Co-chair Martin Burton invented several excuses why I would not be allowed to bring my staff to the meeting, which I all rejected, and I warned him several times that he breached charity rules. He didn't care and kicked my staff out of the room saying that he had talked to Cochrane's lawyer who had told him that my staff must leave (see Appendix 11).

This was not a new way for Burton to behave. During my 20 months on the Board, I have observed several times that Burton either bends the rules or seems to invent them on the spot, to his and his line manager, Cochrane's CEO's benefit.

As the documentation with the 400 pages in the binder I received from Cochrane's law firm was biased, I asked if Burton had consulted with Wilson when assembling the package. Burton refused to reply. I said that Burton had not consulted with me and asked again. Again, Burton refused to reply and became very annoyed. I said that this looked like a show trial, a Kafkaesque process, and asked whether there was a hidden agenda about getting rid of me and my centre. No reply.

The emails from the co-chairs leading up to the Board meeting were of such a character that I dared not send anything to the Board on my own initiative without Burton's permission, as one of the two groundless accusations I had faced was that I was not entitled to send the two emails I sent to the Board in April. (Counsel agreed with me, that of course I was entitled to send emails to fellow Board members, but I had not seen his report at that time.)

On 12 September, early in the morning (7.58 Danish time), I asked Burton to send two documents to the Board, as they were important for my defence. Burton responded the same day: "We have acted at all times on the advice of our lawyers." Burton avoided explaining why he did not want to include these documents. They were so crucial for my defence that I had photocopied a page which I had intended to hand out to the Board on the day, but they also denied me of that opportunity. It was a gross act of injustice that also meant that the Board violated charity rules about making sure the trustees are sufficiently informed, take any advice they need, and take account all relevant factors.

The only reason I can imagine for Burton's refusal of letting me provide this evidence to the Board is that these two documents would totally undermine the idea that I had broken the Spokesperson Policy at any time. Wilson and

his Deputy CEO had exonerated their own member of staff on 3 September although he had done precisely what Wilson had accused me of doing during four years (see Appendix 11 and below; this has to do with the Cochrane review of the HPV vaccines).

Aside from five minutes at the start of the Board meeting on 13 September, I was shut out from the entire discussion. It was only that evening, that Burton and Koster sent an email telling me that I was expelled from the Board and as a member of Cochrane. The Board didn't even have the decency of telling me this the next morning, face to face, allowing me questions, at the continuation of the Board meetings.

Although I became the main recipient of Wilson's intimidation, the issues I describe are systemic, and there is a great risk that people in the future will lose even more confidence in the Cochrane Collaboration and our objectives as a charity. This would be to the great detriment of the citizens because Cochrane reviews are considered the most reliable evidence we have about the benefits and harms of health care interventions.

### **Scientific censorship in Cochrane, a scientific organisation**

In early September, the Board received three complaints about a scientific critique of a prestigious Cochrane review from May of the HPV vaccines, which I and my two co-workers had published in a scientific journal on 27 July (see Appendix 10, pages 1-4). As noted in my appeal to the Board (Appendix 11), they seem to have been orchestrated by co-chair Martin Burton who might have engaged in such a deplorable practice because my report to Counsel was highly incriminating for him. During my short presence at the Board meeting, I asked when the co-chairs received my report from 30 August to the lawyers, pointing out that all three letters called for my expulsion from the Board. No reply.

The three letters were remarkably similar in content (see Appendix 10, pages 55-70, including my replies). They looked like an orchestrated effort to discredit me, rather than a genuine attempt to critically assess my scientific work. This is astonishing, considering that I am highly respected as a scientist; e.g. my work has been cited over 40,000 times.

When my research team published a valid, peer-reviewed scientific critique of the Cochrane review, alerting the public that many studies and patients were missing and that the harms of the vaccines had been underestimated, we were heavily attacked by the Cochrane's Editor in Chief and his Deputy who published a comment on the Cochrane website (see Appendix 10, pages 5-34). They claimed that we had substantially overstated our criticisms and concluded that, "... Jørgensen et al made allegations that are not warranted and provided an inaccurate and sensationalized report of their analysis. We believe that there are questions to be asked about the rigour of the peer review and editorial review by BMJ Evidence-Based Medicine."

This illustrates a huge problem in the Cochrane leadership. The authors of the review did not respond to us, which in science is the appropriate thing to do. Instead, Cochrane's Editors in Chief and his Deputy used their nominal authority, which is an effective strategy for denigrating your opponents. Cochrane is based on using the best available evidence, which is what we call evidence-based medicine (EBM), but this was an example of "eminence-based medicine," which is something we abhor in Cochrane. Cochrane's Editor in Chief used the same deplorable strategy when I criticised the overuse of psychiatric drugs in the BMJ in 2015 (see Appendix 5, page 3, and below).

People all over the world interpreted the Cochrane editors' criticism of us as being "the final word" in the debate. However, the Cochrane editors did not address our most important concerns, e.g. that harms had been much underreported in the Cochrane review, and in the lack of good arguments, they used the type of emotive language that is characteristic of drug companies when they have no defence. Further, the Cochrane editors acknowledged the first author of the HPV vaccines review and the co-ordinating editor of the Cochrane group that published the review for contributing to their report. If the editors had been interested in fairness and in getting the science right, they would have offered us the same opportunity to comment.

Our criticism of the Cochrane HPV vaccines review is highly warranted. After we had dug deeper in the material, we published an even stronger criticism, on 17 September, in the same journal (Appendix 10, pages 71-85). More than 25,000 patients were missing in the Cochrane review and serious adverse events had been overlooked in the included studies. Understandably, the Cochrane editors' unfounded allegations about poor editorial work at the journal where we published our critique upset its editors who asked the Cochrane editors to be concrete and invited them to publish their response in the journal. This hasn't happened.

Editors of some of our most prestigious medical journals have seen the Cochrane editors' reaction towards us as a symptom of Cochrane's moral downfall. Our criticism of the Cochrane HPV vaccines review is based on evidence we have studied very carefully. For over two years, my research group has worked with clinical study reports obtained from the European Medicines Agency (EMA) about the HPV vaccine trials, and we therefore have a unique knowledge about these trials. The clinical study reports can take up thousands of pages for just one trial, and they are far more reliable than the short reports the drug companies publish in medical journals, particularly in relation to harms. We have published several papers and will soon publish our systematic review of the HPV vaccines, which we believe is more reliable than the Cochrane review, which was primarily based on published trial reports.

Based on the published science, governments around the world are rolling out HPV vaccination programs for girls and boys. The systematic review we are about to publish will be important for parents who need to know about the scientific uncertainties related to the vaccines and their possible serious harms.

The three orchestrated letters of complaint argued that if you have a high position, e.g. being a Board member, you should not be allowed to criticise Cochrane reviews. Its authors forget that much of Cochrane's prestige has to do with the existence of self-criticism and a pluralistic democratic debate, and that scientists have an obligation to participate in such debates, for the common good. They also ignore that some Board members are full-time scientists.

Officially, Cochrane invites open scientific debate, which includes constructive criticism of each other's research. We have an annual prize for it, and the Spokesperson Policy encourages it (see Appendix 9). However, in practice, neither Cochrane's CEO, Mark Wilson, nor Deputy CEO, David Tovey, who is also Cochrane's Editor in Chief, welcome criticism of Cochrane reviews or open scientific debates. In my personal experience, criticism of the drug industry or the establishment, e.g. a specialty like psychiatry with its overuse of the many harmful drugs, is particularly unwelcome (see my report and below).

It is extremely worrying that the current Cochrane leadership tries to avoid challenging established dogma, as this is harmful for the charity's objective, which is to protect public health. Further, the basis for founding the Cochrane Collaboration 25 years ago was exactly that: to challenge established dogma.

It is also extremely worrying that some senior people in Cochrane, including two previous co-chairs, seem to think that critical appraisal of Cochrane reviews discredits the entire organisation (see Appendix 10, pages 55-70). This is the antithesis of science and the opposite is true. It strengthens science, encourages robust debate and maintains a high standard of "trusted evidence" (which is Cochrane's motto).

The Cochrane Collaboration has degenerated into being a sort of social club where it is considered "bad behaviour" to criticise each other's scientific work. The so-called bad behaviour became the final excuse for expelling me after Cochrane's law firm had not found that I had breached the Spokesperson Policy. Despite the Board's denial, this excuse has a lot to do with our criticism of the Cochrane HPV vaccines review and of other Cochrane reviews.

Scientific censorship has appeared before in Cochrane. If it hadn't, Martin Burton would not have assembled evidence in the 400-page binder he sent to Cochrane's law firm going 15 years back in time. This far back, we

published our scientific criticism of a sample of Cochrane reviews (see my report, page 13); our criticism that the Cochrane Breast Cancer Group refused to publish the data on the harms of breast screening, although these data were included in the protocol, the group had itself approved and published (page 14; our centre was vital in uncovering the harms of population-wide screening for breast cancer with mammography); and our criticism of a Cochrane review of immunoglobulins, which was so poorly done that its results were seriously misleading (page 15). All these criticisms were highly warranted and very helpful for public health and for a prudent use of our limited resources in healthcare, but they were also highly unwelcome among Cochrane leaders.

It is of note that, on 5 September 2018, the IT staff working alongside me at the Nordic Cochrane Centre had a conference call with Wilson, Tovey and his Deputy Editor in Chief, where Wilson said that it was serious that I had criticized the HPV vaccine review and that action would be taken in Edinburgh because of this.

This confirms what I have witnessed numerous times as a Board member. Wilson does not respect the Governing Board, which is the body that shall decide whether any action is needed. Wilson controls the Board. It also confirms that, contrary to the Board's repeated assertions that my expulsion had nothing to do with my criticism of the Cochrane HPV vaccine review, this was indeed the case.

Wilson also indicated to his IT staff that it was unprecedented that we had published our criticism in a competing journal. This is not true. It has happened many times in Cochrane's history, and we did this recently when we criticised a Cochrane review of a drug for ADHD, which was so poorly done that it was subsequently withdrawn.<sup>12</sup> To the astonishment of the IT staff, Wilson furthermore indicated that criticism of Cochrane reviews was not welcome, although this goes straight against his own Spokesperson Policy.

Even more astonishing, on 3 September, Wilson and Tovey exonerated their own member of staff for doing the same Wilson **does not** accept when I do it, namely to express personal views without saying that this is the case (Appendix 10, page 37, and Appendix 11, page 14).

***This means that Wilson has had no basis on which to criticise, harass and discipline me during more than four years, unless we accept injustice in Cochrane, e.g. that some people are more equal than others (from Animal Farm by George Orwell).***

***This also means that there was no basis for having asked a law firm to try and find a resolution amenable to all parties involved in relation to the disagreements between Wilson and me in the interpretation of the Spokesperson Policy. The whole show trial against me should have been avoided.***

It seems obvious that people are not speaking for an organisation unless they have a formal spokesperson position, are using a formal channel, or explicitly state they are speaking for them. Everyone should know this, and indeed I think Wilson does, too. No one has ever honestly thought people were confused about whether my statements were official Cochrane statements. One would need to have seriously poor judgment to believe that.

### **Why is scientific censorship so harmful for public health?**

The reply to this question seems so obvious that it ought to be superfluous to pose it, but unfortunately, in Cochrane, this is not so.

Scientific censorship is very dangerous for a scientific organisation. Because of this, and the ensuing expulsion of me, Cochrane lost much of its reputation this summer to the detriment of our charity's services and beneficiaries, and it might not be possible to regain it. I have always been seen as one of the scientists in Cochrane that

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<sup>12</sup> Boesen K, Saiz LC, Erviti J, Storebø OJ, Gluud C, Gøtzsche PC, Jørgensen KJ. The Cochrane Collaboration withdraws a review on methylphenidate for adults with attention deficit hyperactivity disorder. Evid Based Med 2017; 10.1136/ebmed-2017-110716.

guaranteed that the organisation could be trusted. A previous co-chair wrote to Cochrane's previous CEO in 2008 that, "In many ways, Peter is the 'conscience' of the Collaboration. We may find him irritating at times, but we should never ever be dismissive of him" (my report, page 47). My expulsion is based on what people perceive as scientific censorship and the show trial has been detrimental for Cochrane's reputation.

The four Board members who resigned are worried about the state of affairs regarding the leadership at Cochrane, and particularly the appeals for scientific censorship of research. Good governance of science requires open debates, and the prestige of a scientific institution has to do with its ability to encourage critical debates, not to censor them.

What has contributed the most to the general feeling of censorship in Cochrane is the way Wilson interprets the Cochrane Spokesperson Policy that he introduced in 2015 (see my report). It is a gross failure of the Board that it has allowed Cochrane's CEO to set policies, investigate whether they have been broken, and arrive at a verdict and a sanction, with no expiry date and with no effective means of appeal because the Board is powerless against the CEO and because it is the same Board that reaches a verdict both initially and after the appeal.

Wilson is not interested in the science and does not understand the nature of science or chooses to ignore it to protect his "brand."

The Cochrane Collaboration is one of the most prestigious scientific institutions in the world in healthcare, perhaps even *the* most prestigious one. As Cochrane specialises in carrying out extensive reviews that assess the benefits and harms of healthcare interventions, transparency regarding our work is vital. However, we have not only been confronted with censorship from Cochrane's leadership, we have also been publicly denigrated several times by the leadership for publishing scientific critiques and thoroughly evidence-based books about the drug industry and psychiatry. The consequence of the leadership's censoring of public debates about important health issues has a direct impact on the health of people, globally, by influencing policies about and usage of drugs and other medical interventions.

Many Cochrane scientists dare not speak up publicly like I have done for fear of being publicly humiliated by Wilson.

Our centre has carefully and thoroughly performed research about the harms of psychiatric drugs. We've published extensively on the serious harms of depression pills – results unknown to science before we read about 70,000 pages of clinical study reports we received from EMA - and the problems that patients confront when trying to stop these medications. Our science is published in reputable scientific journals like BMJ and yet the Cochrane leadership has taken the extraordinary step of disavowing our research without addressing its scientific merit or crucial importance for public health.

The impact of this means that drug companies continue to profit from the sales of depression pills, harming millions of people unnecessarily, instead of governments warning doctors to reduce the prescription of these medications. Millions of people are confused about the harms of depression pills because of the Cochrane leadership deliberately misleading the public about an issue on which it has no expertise.

### **Conflicts of interest in the Cochrane leadership**

We cannot know what drives Wilson to cause so much harm to public health by his actions, so I shall only give some facts.

On 1 October 2015, the National Institute of Health Research (NIHR) in the UK announced an upcoming evaluation of the health and economic impact of Cochrane reviews from 2005-2014. The NIHR spent approximately £6m a year supporting the UK Cochrane Centre and 21 Cochrane review groups based in the UK out of 52 worldwide. I

know three of the six assessors, and according to one of them, the NIHR wanted to cut all the funding but the evaluation team persuaded them to continue.

The NIHR was dissatisfied that it took so long for a review to be published, and they were also unhappy with Wilson's leadership. According to another assessor:

- Wilson single-handedly pulls in people in leadership positions that others with more knowledge about them and the local situation have found unqualified;
- Wilson had contacted UK funders, but they don't trust him;
- Wilson had increased funding where more knowledgeable people had decreased it earlier because of poor performance; and
- the assessment report was quite critical of the huge staff at the CEO office.

This report is publicly available, as is Cochrane's response.<sup>13 14 15</sup>

UK drug exports are important for the national economy and "the establishment" is industry friendly. I am a very well-known critic of the drug industry. My 2013 book, "Deadly medicines and organised crime: How big pharma has corrupted health care" has appeared in 15 languages; I played the role of "Deep Throat" in the "Daily Show" in New York on 16 September 2014; and an interview with me about drug industry crimes has been seen by close to 300,000 people on YouTube.<sup>16</sup> Many of Wilson's actions towards me, including his denigration of my evidence-based book about the drug industry and corrupt doctors (see my report, page 17 onwards), have played into the hands of the drug industry.

In 2016, the Cochrane Collaboration received a grant of \$1.15 million from the Bill & Melinda Gates Foundation. Bill Gates is known for being very industry friendly and supportive of patents, and one of his major projects seems to be propagating the use of the HPV vaccines throughout the world. Gates' approach has been criticised by Doctors without Borders because it focuses on introducing new expensive vaccines — rather than shifting to a stronger emphasis on improving basic health services and immunizations.<sup>17</sup>

We can only speculate whether the very hostile reactions to our criticism of the HPV vaccines review, also in recent letters calling for my removal from the Board because of our criticism, could be related to this.

Cochrane prides itself on its independence, but it turned a blind eye to the fact that far more than the allowed 50% of authors on the Cochrane protocol for the HPV vaccines review had drug industry ties, which led to the removal of many of them after outsiders had protested.

Many people have told me that they lost their high regard for Cochrane reviews because of this particular review and the way it was marketed by the Cochrane leadership (see Appendix 10, page 3). It made Cochrane look like a drug company. It is also of concern that the primary author of the Cochrane review has several financial ties to the vaccine manufacturers, which he failed to declare in the Cochrane review (Appendix 10, page 71). This is not allowed according to Cochrane's commercial sponsorship policy.

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<sup>13</sup> [https://www.journalslibrary.nihr.ac.uk/downloads/other-nihr-research/evaluation-of-NIHR-investment-in-cochrane/NIHR\\_Cochrane\\_Report\\_Feb\\_17.pdf](https://www.journalslibrary.nihr.ac.uk/downloads/other-nihr-research/evaluation-of-NIHR-investment-in-cochrane/NIHR_Cochrane_Report_Feb_17.pdf)

<sup>14</sup> [https://www.journalslibrary.nihr.ac.uk/downloads/other-nihr-research/evaluation-of-NIHR-investment-in-cochrane/Appendices\\_Feb\\_17.pdf](https://www.journalslibrary.nihr.ac.uk/downloads/other-nihr-research/evaluation-of-NIHR-investment-in-cochrane/Appendices_Feb_17.pdf)

<sup>15</sup> [https://www.journalslibrary.nihr.ac.uk/downloads/other-nihr-research/evaluation-of-NIHR-investment-in-cochrane/Cochrane\\_response\\_to\\_NIHR\\_evaluation\\_report\\_-\\_Feb\\_17.pdf](https://www.journalslibrary.nihr.ac.uk/downloads/other-nihr-research/evaluation-of-NIHR-investment-in-cochrane/Cochrane_response_to_NIHR_evaluation_report_-_Feb_17.pdf)

<sup>16</sup> [https://www.youtube.com/results?sp=CAM%253D&search\\_query=g%C3%B8tzsche](https://www.youtube.com/results?sp=CAM%253D&search_query=g%C3%B8tzsche)

<sup>17</sup> Paulson T. Doctors Without Borders criticizes Gates-backed global vaccine strategy. 15 May 2012. <http://www.humanosphere.org/global-health/2012/05/doctors-without-borders-criticizes-gates-backed-global-vaccine-strategy/>.

I suggested one year ago that no authors on a Cochrane review should be allowed to have financial conflicts of interest related to the manufacturers of the product they review. The Board was positive, and I rewrote our policy in an afternoon, also a year ago. Since then, there has been no progress. On 20 September, the Editor in Chief of the BMJ supported me in this:<sup>18</sup>

*“... he [Gøtzsche] calls for a ban on financial conflicts of interest among Cochrane reviewers. The BMJ supports this call. It would mean fewer but better systematic reviews. Cochrane has always been a broad church. As with all churches as they consolidate and encounter internal dissent, a schism was perhaps inevitable. We must hope that Cochrane remembers its roots, and that it comes through this episode reinvigorated, independent, and committed to holding industry and academia to account.”*

There have been several other events where the actions towards me by Cochrane’s CEO or Editor in Chief were seen by outsiders as an attempt to accommodate the interests of the drug industry (see, for example, pages 17-26 in my report).

### **Wilson’s disrespectful interactions with people**

I have observed on several occasions that when Wilson doesn’t get what he wants when he negotiates with other people, he returns 1-2 months later and postulates the exact opposite of what was said and what was agreed. Sometimes he tries to make people disbelieve their own memories of the events by being aggressive and manipulative, or by tampering with meeting minutes.

I have described a typical example of this, which happened in 2016 in relation to a working group of centre directors I participated in (Appendix 12, pages 1-3). Wilson claimed he was a member of our working group, which he was not; he was convinced that we had agreed on something radically different to what we had agreed on; his attitude towards other centre directors was disrespectful; and he felt he was in a position to sign off something on our behalf, which he was not.

When I pointed some of this out to Wilson, he became very angry with me although I was only the messenger for our working group, and although we were the ones who should be upset, not him. I wrote to my colleagues that I was not the only one who had observed that Wilson has a manipulative leadership style that is harmful to people and that he may break promises he has agreed to respect.

Wilson told us not to misuse the “Cochrane Brand or logo,” for example to obtain funds that were not used directly to support Cochrane activities. This meant that we could no longer apply for funding using our own letterhead, which would be harmful for Cochrane because centres often survive by obtaining funding for non-Cochrane activities. It is unbelievable how many rules Wilson has invented that are directly harmful for our charity’s objectives.

Wilson’s leadership style also involves stepping into centre directors’ territories without their permission; without informing them; without responding to them when they bring it up; and continuing not to copy them on essential emails ever after they have complained about this transgression of Cochrane rules. This is also very harmful, particularly since Wilson lacks the knowledge about local circumstances, which is so essential for a fruitful outcome.

Some of my own examples include that Wilson and his staff interfered inappropriately and without being asked when I established the two newest associated centres in the Nordic region, in Russia and Sweden (Appendix 12, pages 3-8). As usual, this caused great problems for us.

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<sup>18</sup> Godlee F. Reinvigorating Cochrane. BMJ 2018;362:k3966.

As for Russia, one of Wilson's staff members suggested to a person that he should help set up and coordinate a "Russian project." However, this person was once centre director for a Russian centre that I needed to close due to serious irregularities, which involved selling bits of Cochrane reviews illegally to a publisher. Yet again, my careful preparations in both countries were jeopardised by Wilson and his staff. They pay no respect to those who actually make things happen.

In Sweden, the intrusions of Wilson and his staff led to chaos, which it took us some time to disentangle. They wrongly assumed that a trouble-maker who had contacted them was the key person in the country and they didn't even have the courtesy to ask me if this was really the case before they acted and messed up everything (Appendix 12, pages 3-8). When the Swedish centre had been registered, Wilson, who had had nothing to do with it apart from his screw ups, presented a photo of himself on the Cochrane webpage and gave a little talk about how pleased he was that there was now a Cochrane centre in Sweden. Wilson was in focus all the time; there was no other footage. He congratulated the new Swedish Cochrane Director several times but said nothing about my role in establishing the centre. Wilson always avoids giving credit to people he doesn't like, no matter how great their achievements; he ignores them, or better, punishes them. This is not what motivates people. Wilson's little talk can still be seen on Cochrane's homepage.<sup>19</sup> By the end of his talk, Wilson regrets he could not come to the opening of the Centre. He wasn't invited.

The harmful actions by Wilson and his staff have been felt by many centres and I can provide many other examples to the Charity Commission, including one where Wilson's intervention was outright dangerous for people in a part of the world where it is very important not to make a wrong move.

The really troubling aspect of this from the perspective of the centres is that in the various private and public documents, the Cochrane CEO does not seem to respect the autonomy of the centres. He repeatedly treats Cochrane centres as if they were an entity under his absolute control. Certainly, that is the structure he wishes Cochrane had, but it is not the one it actually has. The increasing control over the various centres has been perceived as a kind of 'parasitic' relationship: Wilson takes the credit for what we have patiently achieved over many years.

Another, very troubling aspect is, as a centre director wrote to me, that what I have done over the years in terms of advocacy work in the European Parliament and elsewhere has been done by other centre directors as well. As he wrote, we should not apologize for our public appearances and wear a disclaimer that this is not Cochrane's view. My colleague has addressed the German parliament many times, always as a Cochrane representative, and if he were to tell members of parliament that, unfortunately, he was only presenting his personal opinion, it would be so ridiculous that it can't be topped.

Wilson has repeatedly violated some of the most important principles we abide by in the Cochrane Collaboration (see also my report), but it does not seem to matter that Wilson breaks the rules, which everyone else need to respect. When I raised the issue with Wilson again, that he steps into my territory without my permission and without my knowledge, also in relation to Russia, he did not reply. I copied the co-chairs of the Board and they did not reply either, although Wilson continued to correspond directly with the upcoming director of the Russian branch without copying me. I had an excellent working relationship with the upcoming Russian and Swedish directors during our preparations and beyond, so Wilson's intrusions were not motivated by the existence of any problems. It is amazing that the co-chairs did not react to Wilson's transgressions, as it is their job to govern our CEO and therefore also to tell him when he has done something wrong. It illustrates how powerful Wilson is compared to the Governing Board.

There is no doubt that Cochrane has become highly bureaucratic and extremely centralised under Wilson's leadership. This is counter-productive and harmful to the charity's objectives. The bureaucracy results in long documents with so many details that it is impossible to remember them, or even just to know how the text should

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<sup>19</sup> <https://www.cochrane.org/news/cochrane-launches-cochrane-sweden>

be interpreted, which the Spokesperson Policy so clearly illustrates (see my report, page 3; I tested this Policy empirically this summer, with devastating results).

An egregious example involved serious tampering with the minutes from a meeting in Lisboa in March 2018 about the Spokesperson Policy that Wilson had arranged with me. The tampering was to Wilson's benefit and my disbenefit. Two days later, although I had spoken the truth at the meeting, he shouted and called me a liar, for which he has never apologized, although there were witnesses from the Governing Board, one of whom he tried to threaten into agreeing with him about something that wasn't true (see pages 34-39 in my report).

It is contradictory that Wilson, with his self-declared capabilities in his CV, has lost so much of his own personnel during his six years in office at Cochrane. I have witnessed and heard of many ruthless acts committed by Wilson and his deputies, also some that involved people close to me.

In 2013, soon after Wilson was employed, he declared at a centre directors' meeting in Oxford that my IT team at the Nordic Cochrane Centre was in crisis. I said this wasn't true. Wilson did not clarify what he meant by "crisis." During the 17 years I had been responsible for Cochrane software development, my IT team had always done a good job. We were constantly improving, based on the ever-changing demands of Cochrane on the essential software needed for writing, analysing, and publishing reviews. This was much appreciated by the users of the software. However, soon after the meeting in Oxford, Wilson declared that he would take over my IT team and employ them under himself, in London, while still being stationed at my centre. I said repeatedly: "If it ain't broke, don't fix it," but to no avail. Wilson said something diffusely about "accountability," but it seems to me that all his actions have a common denominator: his quest for ultimate power and control over everything, big and small.

It took more than a year, involving lawyers on both sides, to accomplish Wilson's hostile takeover, for which my hospital had absolutely no sympathy. I had provided more than £3 million for Cochrane software development over the years, which I had no obligation to do but felt was a meaningful contribution to the objectives of the charity. Therefore, my hospital encouraged me to seek economic compensation for the Centre, which I tried. Steering Group member Alvaro Atallah from the Brazilian Cochrane Centre also asked the Steering Group to provide me with some financial compensation, but none was granted.

Wilson took what I had built up over 19 years, without thanking me the slightest bit at any point in time for my colossal contribution to Cochrane, neither personally, nor on the Cochrane website. I received a letter from Steering Group co-chairs Lisa Bero and Cindy Farquhar that said: "The Collaboration needs to be able to make structural changes and the structure cannot remain fixed because of one individual" and "The CSG acknowledges your role in establishing the initial funding and supporting the IKMD group in Copenhagen."

This is not how our leaders usually thank people. "Acknowledges your role ... Cannot remain fixed because of one individual." It is as if I stood in the way of progress. The takeover has been harmful for the charity. It has increased the costs for Cochrane, as I no longer contribute financially, and as Wilson pays rent to my hospital, which was not the case before the takeover.

The takeover made many staff members unhappy, which they weren't, when I was their boss. A couple of days after the takeover, the IT team leader, Jessica Thomas, was callously fired during a Cochrane meeting in Athens. I shared a cab with her to the airport, and she was deeply shocked. According to Danish law, the firing would have been illegal, as she had received no prior warning. Further, if she had been fired while working for me, the hospital would have been obliged to try and find another job for her, which might very well have been possible. She entered a secret agreement with Wilson's team and therefore cannot give details. I do not imply that it is never justified to fire someone, but Wilson did not even consider whether Thomas might be useful somewhere else in Cochrane. I began to understand why his CV describes other ruthless acts of firing people.

It had been very difficult for us to find a replacement for the previous team leader who died from cancer. I interviewed people for a whole day, together with Cochrane's Deputy CEO in Copenhagen, but we could not find a suitable candidate. After six months, I announced the post again, also internally in Cochrane, and was lucky because Jessica Thomas, a UK citizen and Managing Editor of a Cochrane review group, applied. The group very much regretted losing her.

The IT team I was responsible for consisted of eight people. After the takeover, two highly valuable specialists were presented with such poor offers and treated so badly by Wilson's staff that they quickly left for much better paid jobs (salary increases of more than DKK 10,000 per month). One of them was very dissatisfied that his previous job experience did not count for Wilson, only the time he had been employed at Cochrane. This was not the case when two other IT staff were employed, also under Wilson's leadership. Therefore, also this "rule" was used differently for different people, just like it happened to me in relation to the Spokesperson Policy. The IT people who left Cochrane described the Human Resources department at Wilson's office as a "disaster." There were no negotiations about salaries; it was "take it or leave it."

I have been informed by several of the currently employed people in the IT department next to me that they are unhappy with Wilson's leadership, and that much of what he says does not make sense to them. Furthermore, new people only get short-term contracts of 12 months. This is not how we treat staff in Denmark.

Wilson treats people ruthlessly, as if he were the CEO of an international drug company, but we are an idealistic grass roots organisation where we try to help each other and have totally different values to Wilson's.

To the chagrin of many senior leaders in Cochrane, Wilson very quickly threw out "Collaboration" from our registered charity name, the Cochrane Collaboration, although collaboration is key to what distinguishes us from a business and from other scientific organisations where competition is at the forefront. The collaborative aspect and our mutual generosity is what people in Cochrane have always appreciated the most. It is unique. But we see very little in terms of collaboration and mutual respect under Wilson's leadership.

Wilson also changed our logo and required that we no longer used our real names but a catchy slogan. Thus, the logo of my centre's letterhead includes "Cochrane Nordic," which confuses people, including journalists, whom I constantly remind that it is **not** our name, and that they should use "the Nordic Cochrane Centre" in their articles.

Such changes, and all the indigestible policies and bureaucracy under Wilson's control, are typical for the kind of managers who cause upheaval, and then leave everyone confused when they move on to "new challenges," before people realise they have been fooled. This is damaging for all institutions, workplaces and organisations, but has been particularly damaging for the Cochrane Collaboration.

Bullying and management by fear are also common elements in Wilson's leadership behaviour (see my report).

Wilson's staff members also suffer. Julie Wood, Head of External Affairs and Communications, was pressured by Wilson to behave in the same ruthless way as him, towards me. During the summer of 2016, I had consulted with my colleague, Joerg Meerpohl, Director of the German Cochrane Centre, and we had reached a good compromise with Wood about a vexatious complaint alleging that we had used our centre's letterhead when we wrote to the European Medicines Agency (page 28 in my report). Our compromise proposal ended thus:

*"Statements made by people employed by or affiliated with the Nordic Cochrane Centre do not represent official views of the Cochrane Collaboration as an organisation, unless this is explicitly stated. They represent the interpretation of the science or the views of those people who make them."*

***This was exactly what Wilson found acceptable for his own employee (see above), but never for me. Wilson's double standards have been very harmful for the charity and for the Nordic Cochrane Centre in particular.***

Wilson not only discarded our reasonable compromise but contacted Meerpohl and told him that Meerpohl should just have referred me to himself directly and not engaged with me at all. This has a whiff of dictatorship. Centre directors are free to consult with whomever they like, including other directors.

Wilson also rejected the decision by the two co-chairs of the Steering Group to exonerate me of any wrong-doing – even after they had already communicated this to the complainants while Wilson was on holiday (page 29 in my report). He did this without providing any reason for his opposition, without citing anything in the Spokesperson Policy, and without commenting on my six pages of well-reasoned arguments to the contrary. Wilson’s style of leadership starkly contrasts with the fact that our charity is an evidence-based, democratic organisation. Evidence seems to mean nothing for Wilson.

Wood became one of the many staff members who didn’t last long in Wilson’s office.

Another mismanagement issue is that, quite often, important documents about controversial issues where, for example, centre directors were strongly opposed to Wilson’s ideas, were sent out 1-2 days before meetings and we were then told to make a decision, without any time to check the information. For example, the Memorandum of Understanding, a contract between centres and Wilson, was sent two days before the meeting, and a very important document was sent out for approval in mid-July when most of the centre directors that had been involved in the work were on holiday. The rest hardly knew anything about what we and Wilson disagreed about.

When things go wrong, Wilson describes his failures as opportunities and doesn’t seem to learn from them, in contrast to his self-praise in his CV: “ready to admit mistakes and learn from them.”

I have been told that many people have left, and new people have taken over at Wilson’s office. When, in 2018, there seemed to have been a particularly high turnover, Wilson described his poor leadership in positive terms in an email he sent to everyone in Cochrane. When I saw this, my reaction was that Wilson must be in great trouble:

#### 1. **New structural changes to Cochrane’s Central Executive Team (CET)**

Cochrane’s Senior Management has this week introduced some structural changes to Cochrane’s Central Executive Team (CET) designed to improve the efficiency and effectiveness of the way that it works, both in leading and supporting the Cochrane community. You can see a [full overview of the structural changes](#) and [a presentation, entitled ‘Working Better Together’](#) to introduce and explain changes. However, the most significant are:

- The **Editorial & Methods Department** is essentially unchanged but will be divided into three units within it, covering Editorial Policy & Publication; Review Production & Quality; and Methods Research & Development.
- **The establishment of a new ‘Knowledge Translation Department’**, drawn from the existing Communications & External Affairs Department (CEAD), focusing on facilitating and supporting Cochrane’s organizational KT; communications; translations; ‘content’ advocacy, partnerships & external engagement; as well as events & marketing. The new department highlights the centrality of Knowledge Translation to Cochrane as an organization, and this team will act as the principal driver of the development and delivery of Cochrane’s KT work: maximising the dissemination, use, and impact of Cochrane evidence; and ensuring that all our KT outputs and activities are provided in an effective and efficient manner to support Cochrane’s strategic aims and objectives. You can find out more information about the new Knowledge Translation Department and its work [here](#).
- As part of this new focus on Cochrane’s KT work, **Cochrane Fields will now be managed and coordinated by the Head of KT** (and no longer directly by the CEO).
- We are recruiting for the new [Head of Knowledge Translation Department](#) and all interested applicants are encouraged to apply.
- **The establishment of a new ‘Membership, Learning & Support Services’** department to cover membership, learning and development, our support to consumers and patients (including the Consumers Executive) and other (future) community groups (such as Cochrane Students for Best Evidence). The new department will also

be responsible for Cochrane's user/community support (excluding that for the Cochrane Library, which remains with our publisher, Wiley). You can find out more information about the new Membership, Learning & Support Services (MLS) department and its work [here](#).

- We are recruiting for the new [Head of Membership, Learning & Support Services](#) and all interested applicants are encouraged to apply.
- **The Cochrane Innovations team is being formally integrated within the charity's management structure** and we are establishing a new **'Innovations, Research & Development Department'** that will allow us to integrate the Innovations team's product development and commercialisation work (which in the coming years will be focused on the Cochrane Library) much more fully and efficiently within Cochrane's structure and decision-making. We will continue to have a Cochrane Innovations Trading Company (with Charlotte Pestrige continuing to be its CEO) through which we will commercialize some of our non-Library products (like Cochrane Interactive Learning).
- The **'Finance & Core Services'** department takes on business services/planning/monitoring/ reporting responsibilities, including management of Cochrane's future publishing arrangements.

### **The Board's justification of its expulsion of me and subsequent events**

The Board has never justified its expulsion of me, other than issuing vague public statements about so-called 'bad behaviour' and harming the charity. They have also failed to provide any evidence of this to me or the public. I have shown how entirely mendacious and misleading the Board's statements from 17 and 26 September are (Appendix 13 and 14, respectively). The first statement was read aloud at the Annual General Meeting in Edinburgh on 17 September by co-chair Martin Burton in a way that is best described as a 'hate speech,' with lots of insinuations with dramatic intonations that I had committed horrible acts over many years. Some people in the audience interpreted this as if I had committed serious crimes or had sexually harassed women repeatedly. Burton's hate speech is up on YouTube.<sup>20</sup>

Now, many Cochrane members fear that what happened to me, might happen to them also. Based on emails I have received from the whole world, including from large organisations, it is clear that people do not believe in Cochrane's vague explanations. The moral downfall continues.

### **Cochrane headquarters takes control over our website**

On 26 September, Cochrane headquarters in London took forcible control over our website without our permission, consultation or knowledge. Without any notice, Cochrane blocked our communications consultant from being able to carry out administration duties on our website. A journalist informed me that I no longer appeared listed as a staff member of the Nordic Cochrane Centre, which led her to believe that I had been fired, which isn't true. I am head of department and that department is the Nordic Cochrane Centre.

Headquarters [uploaded secretly on the front page](#) the defaming and mendacious statement from 26 September by the Cochrane Governing Board, and removed the announcement of our 25th Anniversary Symposium.<sup>21</sup>

Headquarters removed from the front page our tweet column, which mentioned our published criticisms of two Cochrane reviews. We perceive this action to be akin to scientific censorship, which goes directly against the officially declared values of the Cochrane Collaboration.

Headquarters removed from the front page my [much appreciated article](#) that focuses on the essential problems in the current Cochrane leadership, which are harmful for the charity and therefore also for public health.

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<sup>20</sup> <https://www.youtube.com/watch?v=cLG5NKphXq0>

<sup>21</sup> [https://nordic.cochrane.org/sites/nordic.cochrane.org/files/public/uploads/symposium\\_plakat\\_final.pdf](https://nordic.cochrane.org/sites/nordic.cochrane.org/files/public/uploads/symposium_plakat_final.pdf)

That Cochrane headquarters censored our website without our knowledge reinforces my concerns about the Cochrane leadership and its lack of democracy. It is a poor reflection on Cochrane and it is immensely damaging to its reputation, [as reported in The Lancet](#) on 29 September.

Totalitarian actions like this only serve to humiliate and demoralise our staff at the Nordic Cochrane Centre. They also lead to collateral damage. The important Cochrane centres in France and Germany have decided to sever their ties to Cochrane and are already far in the process of changing their centres into centres of evidence-based medicine. Other centres have similar ideas. The totalitarian leadership is causing the whole Cochrane Collaboration to fall apart.

### **Letter to the Cochrane leadership from 31 centre directors in Spain and Latin America**

As mentioned previously, on 4 October, the Iberoamerican Cochrane Centre sent a very important letter to Cochrane's CEO and the Governing Board signed by 27 out of 31 Centre Directors in Spain and Latin America. The letter says 26, but there were actually 27 signatories. As of 8 October, all 31 Directors have signed, and this version is shown in Appendix 15. The letter calls for an independent investigation of the process around my expulsion:

*"... With the information provided, we have doubts that the process has been sufficiently appropriate and coherent with the principles of Cochrane to deal with a conflict of this nature ... Any entity (e.g. a political party, a trade union, a religious organisation, the university) have well-established internal mechanisms that guarantee an objective analysis of the accusations and defences, as well as the right to appeal with the necessary guarantees to a neutral group or commission different from the one involved in the conflict. These mechanisms and the associated processes should be transparent and auditable ... Expelling a member from an organisation can never become ... a summary process that lacks the necessary transparency, and this is ... how we and many other people in our organisation and outside of it have perceived the resolution of this conflict ... We do not want Cochrane to become an organisation that passively accepts the decisions made by its leaders – whoever they may be – without enough collective mechanisms for discussion, contrast and control. For all the above, we propose the following 3 measures:*

*1 That the Governing Board calls immediate elections to renew the set of vacant positions in the Board, and thus give the opportunity to incorporate other perspectives and sensitivities to the government of the organisation, and particularly, to the management of this issue.*

*2 That the new Board appoints an ad-hoc commission, without the participation of any person who has been directly involved in the conflict, so that it independently reviews all the actions related to this conflict and establishes the possible responsibilities that will then should [sic] be assumed consequently.*

*3 That the report of the mentioned commission is known and discussed by the different Cochrane members and entities, so that the conclusions derived from this discussion can be incorporated into the regulations and processes of the organisation: guarantees and rules to objectively assess possible faults and respect the presumption of innocence, the right to defence, the equality of opportunities, and the impartiality of those who qualify the alleged faults and apply proportional sanctions to the infractions, if any."*

It is noteworthy that this letter comes from Cochrane directors in Latin America. During the Annual General Meeting on 17 September, Jos Verbeek asked twice what my alleged bad behaviour was about but did not get a reply. Burton said that "We know bad behaviour when we see it." In Latin America, they know a dictatorship when they see it.

My colleagues did the right thing: "If you are neutral in situations of injustice, you have chosen the side of the oppressor" (Desmond Tutu).

## Letter from co-chairs to me from 3 October

This was a 4-page letter sent to my private home address and marked **Addressee Only. Strictly Private & Confidential** and **NOT FOR PUBLICATION OR DISSEMINATION**. Pretty odd that the co-chairs feel they have a right to decide whether I should make the letter public, which is entirely my own decision. I have decided to make it public (Appendix 18).

The co-chairs use a lot of space on citing various rules for trustees and Cochrane members, still without explaining in what way I had broken all these rules. I found only three issues of interest, which were highly relevant. They were all seriously misrepresented by the Board.

*"3. The Board did not agree with you that Counsel's report "exonerated" you. On the contrary, the Board considered that Counsel's report concluded (inter alia) that: (i) you had breached the Collaboration Agreement between The Cochrane Collaboration and the Nordic Cochrane Centre; and (ii) you had broken the spirit of the Spokesperson Policy if not the letter."*

First, it was the Governing Board that breached the Collaboration Agreement, by refusing to make a decision about the two recent cases where Wilson and I disagreed about whether I had broken the Spokesperson Policy.

Second, the Counsel has totally misunderstood what the Collaboration Agreement involves, and he uses guesswork, speculations and personal views as well when he interprets Cochrane documents:

*"In my view the Cochrane letterhead or the Cochrane designation can only be used for communications or work which promote the functions of the Centre as defined. PG cannot define those functions in accordance with his own interests and specialisms ... I presume that the core functions set out in the "Functions of Centre" document do not permit Cochrane Centres to carry out whatever research they choose to do ... Hence PG objects to MW having insisted that PG should not use his "affiliation when I write articles about psychiatric drugs." But, as I read the "Functions of Centre" document, taken in conjunction with the Collaboration Agreement, PG can only use that affiliation when promoting and furthering Cochrane interests ... Seen through this lens then it seems to me that PG acted in breach of the Collaboration Agreement when he wrote the letter to Dr Torrey and when he acted as an expert witness in the Dutch criminal proceedings ...*

*Notwithstanding my conclusions above I am not sure that PG deserves censure for what I think are breaches of the Collaboration Agreement. It is not clear to me that his position has ever been analysed in the way I have endeavoured to do so above and I am sure that PG has not thought about it in this way. Further it seems to me that the matters I have discussed above involve a fundamental question as to the limits of what Centres and Centre directors can do. It may be said that the "Functions of Centres" document is not exhaustive of function. My respectful view is that the issues raised by this review require the Governing Board ultimately to come to a conclusion about what are those limits and set them out clearly in a policy. The philosophy of PG and the policy which MW has articulated and followed are at odds; rather than see this as a disciplinary matter it may be more constructive to treat it as a crossroads at which the Board must decide its vision for what Centres/Centre directors can and cannot do. One way or the other that vision needs, I believe, to be articulated in a clear way which provides PG (and others) with very clear guidance."*

The bottom-line is that it is not clear what centres can and cannot do, which is why Counsel concludes that I should not be disciplined, but that clearer guidance for centres should be worked out.

Furthermore, what I am reprimanded for doing is what all centres do. I have explained above that if we only did what Counsel opines we should be doing, we would not be able to attract funding for Cochrane work or to conduct important advocacy work in our parliaments and elsewhere. And we would certainly not be able to attract good scientists to Cochrane centres, as they would find it boring only to do "core Cochrane work." Counsel's advice and

the Board's statement are totally out of touch with reality, and if we were to adhere to Counsel's and Wilson's opinions, we would harm the charity.

The Board found that I had "broken the spirit of the Spokesperson Policy if not the letter." I wonder what this means for Cochrane members. Has Cochrane become a religion?

What is more interesting is that the Board admits here, for the first and only time, that **I have not broken the Spokesperson Policy.**

"4. Having carefully considered your representations dated 20 September 2018 the Board determined that they contained no new material points of substance or relevance to the Board's decision."

This is not true. I presented a lot of new material of substance and relevance in my appeal, in particular the evidence I was not allowed to present at the Board meeting on 13 September, which completely exonerated me from the allegations that I had broken the Spokesperson Policy.

#### **Cochrane webinars on 4 October to explain the reasons for my expulsion were mendacious**

On 4 October, Cochrane's CEO and Governing Board held three webinars for Cochrane members where they tried to explain why I had been expelled. Although the Latin American directors wrote in their email: "We would appreciate that you consider it and share with as many people as you feel appropriate," their statement was not mentioned at all during the webinars later the same day, and as of 9 October, Cochrane has still not informed its members about the letter. The leadership of Cochrane has stopped listening to its members.

The webinar (Appendix 16) added new falsehoods to those already disseminated by the Governing Board (Appendix 13 and 14), which I shall discuss next.

#### 1 "A consistent placing of his own interests above those of Cochrane."

This is utterly false, and as the Board knows it is false, the Board offers this statement to the world in bad faith. I explained in my report to Cochrane's law firm (page 60) why it is false:

*It is a false dichotomy to ask the Counsel whether I have pursued my own interests and scientific career over the interests of the Cochrane Collaboration. These two objectives are inseparable, and I have benefited both during my 25 years with Cochrane. When I started doing research, my ambition was to do high-quality research that was useful for patients. My thesis from 1990 about nonsteroidal, anti-inflammatory drugs received a lot of attention and was the reason I was invited by Sir Iain Chalmers to be a co-founder of the Cochrane Collaboration in 1993. I established the Nordic Cochrane Centre at the same time.*

*I am the only Dane who has published more than 70 papers in "the big five" (BMJ, Lancet, JAMA, Annals of Internal Medicine and New England Journal of medicine). The fact that I am a respected researcher that publishes research that is useful for patients played a major role for my repeated attempts at getting Danish Cochrane activities on the government's budget. I succeeded to achieve this, and the Nordic Cochrane Centre and the three Cochrane review groups based in Denmark still have permanent funding. This funding has enabled me to provide more than £3 million for Cochrane software development."*

#### 2 "Behaviours beyond explanation by academic or cultural differences."

It seems to me that Cochrane has introduced a kind of thought and behaviour police, as we know it from certain dictatorship states. George Orwell's 1984 comes to mind here. Whatever one might think of my behaviour, the

behaviour displayed by Cochrane’s CEO and the two co-chairs of the Board is much, much worse – it is in a totally different league.

3 “Multiple warnings were given & conversations took place in concerted attempts to deal constructively with the issues.”

This is mendacious. I have never received any “warnings” about my “behaviour” or any explanation about what is objectionable. The only complaints with any substance about me have been in response to my scientific critiques, often by those whose science I have disagreed with. Simply publicly disagreeing with someone’s science is hardly a basis for a complaint about my “behaviour.” Wilson has given me multiple warning about my alleged breaches of his Spokesperson Policy, but as Cochrane’s own legal report confirms, I never breached this Policy thereby making his allegations void.

4 “A repeated representation of personal views as those of Cochrane despite requests and promises not to do so.”

As I have explained at length in my report and elsewhere, this is blatantly false. An in-depth investigation into Wilson’s allegations that I had breached the Spokesperson Policy could not justify his allegations. No one has ever honestly confused my views with those of Cochrane as an organisation. The reasons why Cochrane is ignoring its own legal report are puzzling.

5 “Multiple complaints to Cochrane over a number of years.”

This is totally misleading because the Board does not explain that these complaints have come from people with financial or other interests they wanted to protect, or from those whose science I have disagreed with. That the Board mentions this after all my explanations to the Board only serves to illustrate the total moral collapse of the Cochrane leadership. The Board also ignores the advice from its own Counsel who felt it would be inappropriate to go even as little as three years back in time (Appendix 17, page 23):

*“my view is that all these events are historic and the parties resolved them at the time, or decided to let them lie. I do not believe that it serves any useful purpose to go over this old ground, other than to consider whether they support PG’s complaint that they demonstrate that MW [Mark Wilson] is antagonistic towards him etc. Further: (1) I am not sure whether it would fair on PG to come to conclusions on matters which lie in the past; and (2) in any event I do not have time to deal with these issues in the time constraints imposed upon me.”*

6 “Serious, defamatory and outrageous allegations against Cochrane colleagues - and publicly.”

‘Truth’ is the only defence against defamation and I have documented many examples of facts, demonstrating serious mismanagement in the leadership of Cochrane, involving the CEO and his staff, and the Board co-chairs. These are not allegations, but facts.

7 “As a member of the Governing Board, a serious breach of the Trustees’ Code of Conduct.”

At no point has Cochrane demonstrated to me, or Counsel, that I have breached the Trustee’s Code of conduct or damaged the “the charity’s work, reputation and members”. In fact, I have done the opposite. I have contributed to robust debate on important scientific issues, which has only served to strengthen Cochrane’s reputation. It is to a considerable extent because of my work that scientists around the world debate breast cancer screening programs and the overuse of psychiatric drugs. Most importantly, it is my persistence that led to the release of clinical trial data from the European Medicine’s Agency (EMA) in 2010.<sup>22</sup> It begs the question: Is my “disruptive and inappropriate behaviour” a result of consistently and resolutely challenging an opaque and broken system, plagued

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<sup>22</sup> Gøtzsche PC, Jørgensen AW. Opening up data at the European Medicines Agency. BMJ 2011;342:d2686.

with conflicts of interest and corruption? The world has revered Cochrane, partly because of the scientific contributions from my Centre. To claim that I have undermined Cochrane is both offensive and mendacious.

8 “Cochrane welcomes and supports academic criticism as part of our culture.”

Merely citing Cochrane’s mission statements about supporting academic criticism does not make them true. As I have documented in my report and above, it is clearly **not** the case that Cochrane welcomes criticism.

9 “As a Trustee and Centre Director, Professor Gøtzsche had a special duty of care to act in the best interests of the organization when making criticisms of Cochrane Reviews.”

This is difficult to reconcile. Our criticisms are always scientifically well founded and whether one is allowed to criticise should have nothing to do with the number of Cochrane stripes one has on the shoulder. The Board also contradicts itself. Its statement disagrees with item 8 just above: “Cochrane welcomes and supports academic criticism as part of our culture.”

10 “With his critique of the HPV Vaccine Review, published in BMJ Evidence Based Medicine without prior warning, he chose not to act in Cochrane’s best interests. This is an example of bad behaviour, but it is not the reason for termination of membership.”

This comment is made in bad faith. The Board knows perfectly well that we warned Cochrane multiple times, starting already in 2016 (see, for example, Appendix 10, page 57). I sent this letter to the Board ahead of the Board meeting on 13 September, as per the instructions I received from co-chair Martin Burton. In this letter, I wrote:

*“Craig asserts, evidently without having any knowledge of what actually happened, that: “if he were acting in the best interests of the organization, one would expect that he would have shared his work with the authors and Cochrane more generally.”*

*This we did, as Tom Jefferson has already explained in his response to the complaint by Jo Morrison. Jefferson communicated with the relevant researchers, several times since November 2016.*

*My intention was to inform Cochrane’s editor in chief, the first author of the Cochrane review, and the Managing Editor of the review group that published the review, well in advance of the publication of our paper. However, as I have explained, there were circumstances beyond my control.*

*I wrote to these people on 30 July: “Dear Marc Arbyn. It is my first day at work after holidays. It seems that a criticism of your Cochrane review we (three researchers from the Nordic Cochrane Centre) have written has just been published as a prepublication over the weekend, so I wish to inform you immediately and attach our paper. We will submit a formal critique via Cochrane’s feedback system in due course when we are all back from holidays. I copy the managing editor and Cochrane’s editor-in-chief.”*

*Two days later, I wrote again: “Our paper was prepublished on 27 July. I did not even know it had been accepted. The journal only wrote to the first author and asked him to look at the proofs. He did not copy me, as he knew I was on holiday. I would have wished to inform you earlier but that turned out not to be possible. The first author is a PhD student with me. I will, from now on, ensure that I am always the corresponding author on all papers, which I publish with junior researchers so that I will always know what goes on.”*

*Craig continues to make erroneous assumptions about me: “If he was fulfilling his responsibilities as a Board member, he would have shared his opinions with the Editor of the Cochrane Library, so that any legitimate concerns could have been addressed prior to publication. If this did not occur when [sic] one could only conclude that he was promoting his reputation over that of the organization.”*

*This conclusion is a non-sequitur and the dichotomy is false. I cannot further the reputation of an organisation, which is what I have done during my 25 years with Cochrane, without inadvertently furthering my own. Furthermore, I have a duty to my PhD students. The first author, Lars Jørgensen, is my PhD student, and it is therefore important for him to have published this paper, which can be included in his PhD."*

As I have already stated, it is blatantly wrong that our criticism of the Cochrane review of the HPV vaccines did not play a role for my expulsion; it seems to have played a major role.

11 "The Board's decision had nothing to do with Conflict of Interest or Cochrane's determination to have robust COI policies and apply them properly."

This statement is false. In my report to Cochrane's law firm, I documented serious mismanagement in the leadership, which therefore had a huge conflict of interest when making a decision about my fate. Such a tremendous conflict of interest would not be allowed in court, or anywhere else than in Cochrane.

12 "The Board rejects any allegations of closer links to commercial organizations that would threaten Cochrane's independence and credibility. There is no evidence for this because it is not true."

Again, blanket denial doesn't mean that it is not true. There may or may not be close links between Cochrane leaders and the drug industry, and if there are, this is not something people would usually reveal. Their actions on the other hand, are difficult to explain (see item 2 above: "Behaviours beyond explanation by academic or cultural differences"). Therefore, it may warrant further investigation.

13 Professor Gøtzsche's behaviour would not be allowed in any of the organizations by whom we are employed.

My so-called behaviour, which involved the scientific critique of Cochrane Reviews, is allowed in all the organisations to which I belong, including the Copenhagen Hospital Corporation that employs me. In fact, it is appreciated to such an extent that the Danish Minister of Health has told me at a meeting I had with her and the Directors of the National Board of Health and of the Danish Drug Agency on 14 August this year that she appreciated critical thinkers and scientists who challenged dogma. Cochrane should be proud of having a person like me in the organisation. My priority is to be a champion for those in the community who don't have a voice. This is much appreciated by the patients and strongly recommended by Cochrane.

14 Clarifying and enforcing expected levels of behaviour by Cochrane Members - particularly its leaders - is critical to building a culture of trust, openness, respect and professionalism.

The Board has not clarified anything but has continued to make seriously misleading statements; they have totally lost the trust of Cochrane members in the process; and they have been disrespectful and unprofessional towards me and towards Cochrane members, e.g. by failing to disclose the letter of complaint from Latin American Cochrane directors, at their webinar, and even subsequently.

15 "13 September 2018, 11 Board members voted his record of behaviour had broken the Trustees' Code of Conduct; one member abstained."

This demonstrates how the Board is deliberately misleading its members. According to information I have, this statement is totally false. The Board knew that I had not breached the code of conduct and the Board could therefore not expel me from my democratically elected position as trustee. Co-chair Martin Burton therefore tried to convince the Board that they should ask me to resign voluntarily. This was what the Board voted about.

The Board also realised at some point that the only way they could kick me out of the Board was to expel me as a member of Cochrane. In that case, I could not remain on the Board. What really happened was that only 6 people voted to expel me – out of a total of 13 Board members.

16 “The Board followed due process during its investigation.”

This is blatantly false. The immediate resignation of four Board members in response to my expulsion should demonstrate how unfair this process has been. Put simply:

- I was not given access to legal advice;
- I was only given 5 minutes to defend myself on the day of my expulsion;
- I was forced to recuse myself from discussions, while Burton (also a subject of the complaint) was allowed to stay in the room and vote;
- The Board denied me the possibility to present evidence that would clearly had shown that I could not possibly have breached the Spokesperson Policy at any time, according to the way Wilson uses this policy for his own staff;
- I was cleared of breaching the Spokesperson Policy but still expelled for ‘bad behaviour;’
- I have never been offered an explanation why I was expelled or given any evidence for ‘bad behaviour.’

An increasing number of Centre Directors around the world have written complaints to management about the lack of transparency and lack of democracy in this process, e.g. all 31 directors in Spain and Latin America.

I feel sadness for the thousands of unpaid volunteers who have worked tirelessly to create the wealth of Cochrane, only to be under the cloud of the current leadership. This must change. If not, the moral downfall will continue, and Cochrane will be doomed.

17 “It also maintained duty of care to Professor Gøtzsche, even when he broke confidentiality and made defamatory statements against named individuals.”

It was only **after** my expulsion on 13 September that I made public statements about the show trial, which was the only way to shine a light on the gross injustice I suffered. The Board also fails to note that my statements about named individuals are factual, and that I did not disseminate them before the Board had disseminated outrageously untrue and defamatory statements about me on 17 September.

I believe there is a public interest in knowing about the issues that overrides any concerns about confidentiality, and I have made it clear that I waived my right to confidentiality. I must be allowed to defend myself against defamation, mendacious allegations and insinuations that are so horrible (Appendix 13 and 14) that the Board sheepishly needed to state at the webinar that there were “NO allegations of sexual or physical misconduct, or any other criminal activity.” Many people who listened to Burton hate speech on 17 September (Appendix 13) thought I had committed serious crimes repeatedly, although they could not reconcile this with their knowledge of me. It was an admission of guilt - that the leadership had crossed the line by disseminating false and misleading rumours about me - that is now needed to back-pedal.

18 “Cochrane's Central team is in contact with the Nordic Cochrane Centre's host institution and major funder to protect future support to the Centre and its employees; and to the three Review Groups also supported by the grant to the Nordic Cochrane Centre.”

This clearly demonstrates the extent of Wilson's spite. He might actually sabotage the funding, and therefore the future of my Centre and my staff, by contacting our major funders. It is not enough that he expelled me from Cochrane. Now he is trying to destroy the non-Cochrane activities in my Centre, which have been highly appreciated by Danish citizens and politicians.

I am pretty sure that Cochrane's CEO is not welcome in Denmark. We have not forgotten how he, in a hostile fashion, took over the IT department I had taken care of for 19 years and had invested more than £3 million in, against the wishes of me and my hospital, and for no good reason.

Furthermore, being the head of the Nordic Cochrane Centre, I am of course handling these issues myself and can handle them much better than Wilson can. I will continue to use our name, the Nordic Cochrane Centre, which belongs to us and not to Wilson, unless our centre becomes a centre for evidence-based medicine like in Germany and France.

The Board failed to announce that I withdrew my centre from the Cochrane Collaboration on 28 September after I had found out that Cochrane headquarters had manipulated our website and taken control of it, even without informing us about it. This alone makes Wilson's intrusions totally inappropriate. Danish affairs are none of this business. The government funding is given to the Nordic Cochrane Centre, not to Wilson and not to the Cochrane Collaboration.

19 "Any Group that uses Cochrane's name and logo must be accountable to Cochrane, follow Cochrane policies and practices, and act at all times in the best interests of the organisation and the benefit of the public. We will protect and defend Cochrane's organizational integrity fiercely."

An influential commentator wrote that these slides give the impression that a main goal of the webinar was to discipline all the members of Cochrane. The statement is typical of Wilson's management by fear style.

#### The introduction to the webinar

Also, in the introduction to the webinar, the Board gave mendacious or seriously misleading information, thereby again violating both charity rules and Cochrane's own rules. For example, I was expelled because I:

#### 1 Criticised Cochrane editors in 2015 in relation to the Maudsley debate, thereby undermining the credibility of Cochrane.

First, as stated above, Counsel did not find it served any useful purpose to go three years back in time and he would not find it fair towards me. It is therefore immensely hypocritical and inconsistent when Martin Burton goes three years back in time while he claims: "We have acted at all times on the advice of our lawyers" (Appendix 11, page 14). Obviously, Burton only acts on the advice of Cochrane's lawyers when the advice pleases him and his boss, Mark Wilson. This opportunistic behaviour makes these two people a dangerous couple, and they have both shown ruthless behaviour towards other people (see above for Wilson and Appendix 11 for Burton).

Second, the fact is that I merely responded to the Cochrane editors because they had just seriously undermined my scientific credibility (see my report, page 21, and Appendix 5). I was defending myself, which it is my right to do. I had pointed out in a BMJ article how harmful psychiatric drugs are and that they should therefore be used very sparingly. The Cochrane editors wrote, also in BMJ:

*"we are concerned that in this article he steps beyond the accepted role of an independent researcher by appearing to recommend a course of action, and that this could, if acted upon, lead to patient harm.*

*The central argument Peter makes – that 98% of psychotropic drugs could be stopped without causing harm – is potentially damaging to patient well being, and is not justified within the article. In many cases the citations provided lead either to his own unpublished book or those of others, rather than scientific study reports. Thus it is hard or impossible for the reader to check their veracity.*

*The data on suicide related to the use of antidepressants are central to Peter's argument, and yet the only citation is to his own unpublished book ... The same is true for the estimates of total deaths: the data as presented are simply insufficient to justify the confident conclusions and precise estimates reported."*

These criticisms by four Cochrane editors (David Tovey, the Editor in Chief, and three editors for three Cochrane mental health groups) were unfair. As I had less than 1000 words in my BMJ article, and a limited number of references I could quote, it was impossible to provide the scientific evidence for my statements in the article itself, which is why I referred to my book, which was in press and was published a few months later. This book has way over 500 references. It is therefore unwarranted, and damaging for my scientific credibility, when the editors conclude: "we are concerned that the picture painted by Professor Gøtzsche may be a partial one, and that the extreme recommendations he makes based on his interpretation of the published research are inappropriate ..."

In response to this, I wrote in the BMJ:

*"David Tovey is not a psychiatrist, but Cochrane's deputy chief executive and editor in chief (1,2) Unsurprisingly, journalists and others have interpreted the Cochrane editors' denigration of my research as a thinly disguised attempt at protecting psychiatry's guild interests, and some even suspect that they also tried to protect the drug industry ... The editors rushed and published their rapid response the same day that my paper came out – a day before the Maudsley debate – and their attack on the messenger was abused by psychiatrist Allan Young – who failed to declare his conflicts of interest in a bizarre way at the Maudsley debate (3) ... My interpretation of the science is shared by patients who disagree strongly with the psychiatrists about psychiatric drugs, which they dislike intensely and generally say don't work when asked their opinion in clinical trials and surveys (4-6). People believe that antidepressants, antipsychotics, electroshock, and admission to a psychiatric ward are more often harmful than beneficial (7)."*

With their letter, the Cochrane editors did the patients a great disservice that denigrated my careful research in this area, but Wilson forced me to publish an apology and threatened to close my centre if I didn't.

This should have been a scientific debate, but the four Cochrane editors behaved in such a way that several coordinating editors of Cochrane groups told me they were dismayed that the Cochrane editors had used their authority to denigrate my research. They felt this shouldn't happen in Cochrane.

2. I used the Cochrane letterhead, e.g. for giving evidence in a serious criminal trial, and Cochrane didn't endorse these views.

Again, Cochrane's own Counsel exonerated me, but the Board keep ignoring their own legal report. Counsel wrote (Appendix 17, page 27): "My conclusion is the same in relation to the expert report and the subsequent complaint against Professor Loonen in the Dutch proceedings. PG was there plainly not speaking about "Cochrane-related issues." I do not think it can be said that he was speaking officially on behalf of Cochrane."

The Board noted that "Cochrane didn't endorse these views." Which views? The Board has not even seen my expert report to the court, which is thoroughly evidence-based. It is blindly making a statement, based on no information, just false assumptions. Furthermore, there are no views to be endorsed by Cochrane because the Board was not called to present any expert testimony in court.

Written questions to the Board during the webinar

1 The collaboration agreement between the Nordic Cochrane Centre and the Central Executive Team suggested a procedure for dealing with disputes, which suggested Centre directors could advise the Board. Why did the Board choose not to involve Centre directors in this dispute?

Co-chair Marguerite Koster replied that this was because the complaints involved a member of the Board (me); that complaints were raised against me and by me; and that the legal advice said there should be an independent review.

This is seriously misleading. The issue was about whether I had breached the Spokesperson Policy in two recent cases. If the Board had respected the agreement I had with Cochrane's CEO, the whole affair could have been resolved amicably and easily. But I am convinced there was a hidden agenda (see my report). CEO Mark Wilson felt threatened by my position at the Board because I challenged his omnipotence, and I have very good reasons and evidence that he was determined to expel me from Cochrane and orchestrated it, although it was formally the Board that expelled me.

2 I would like to ask why Peter's appeal was taken into consideration by the same committee that expelled him. Don't you find this situation as clearly unfair?

I do not know if this question was responded to, as I did not participate in the webinar. But it is of course not due process to use the same committee for an appeal as for the initial assessment.

3 Was Peter ever warned officially and in advance to his expulsion about the risk of being expelled of Cochrane? If not, don't you think a more proportionate measure could have been taken?

I was not warned. I came to Edinburgh in good spirits because Cochrane's law firm had exonerated me of all charges raised against me.

4 Would you be ready to offer yourselves for a motion of confidence, that is, resigning from the Governing Board and also applying as candidates to the new elections? This would give Cochrane people the opportunity to explicitly support you.

The Board rejected this proposal, with reference to charity rules, but I am not convinced about this. The Board doesn't care about charity rules, or other rules, which it has broken numerous times. Since the Board is dysfunctional and untrustworthy, the only reasonable way forward would be that the remnants of the Board stepped down, and that Cochrane members – perhaps assisted by the Charity Commission – established an interim committee, till new elections have been held. The current Board lacks credibility and has harmed Cochrane to such a degree that there is no other way. The same applies to Cochrane's CEO, Mark Wilson.

5 Regarding the first Board statement made public at the past Colloquium, in your opinion was Peter appropriately informed about the document-making process, taking into account that he was still a Board member?

I did not know anything about the seriously defaming document before Burton's hate speech at the Annual General Meeting on 17 September. Being a Board member, I was one of the "authors" on this defamatory statement about myself without my knowledge. I have alerted the Cochrane leadership to this scientific misconduct several times (see <http://www.deadlymedicines.dk/> under 17 September A). And I asked: "Who wrote the first draft of this statement? Who subsequently read it and approved it? Are there other people than me who are false authors of the statement?" I requested that the Board should immediately append its statement with an apology, explaining what happened, who wrote the draft, and which persons are authors of the statement.

No one has responded. The arrogance in the Cochrane leadership is unacceptable. The Board and the CEO must be replaced with honest and reliable leaders before they harm our charity further.

## Conclusions

What I have described here has broad implications, far beyond petty disagreements about the Spokesperson Policy and the merits of a few Cochrane reviews. If the scientific integrity of the Cochrane Collaboration is undermined, which it already is, this will impact people broadly across the world. Cochrane reviews are the most important resource we have for setting policies in healthcare, for writing clinical guidelines, and for treating patients. If people lose their confidence in Cochrane reviews, they are likely to find less reliable information on the Internet and to be subjected to more harm and less benefit than what would otherwise have been the case.

In 2012, it was felt that we needed a strong CEO to progress the organisation, but instead, we ended up with Wilson who lacks the ability to run a fair and democratic organisation. He also lacks the scientific expertise to run such an organisation. The Board is unable to take action because it is powerless under Wilson's command. This is a very dangerous situation for the Cochrane Collaboration. I believe that the CEO and the Board should resign, and if they are unwilling to do this, I think many will take it as proof that they are not fit for office. Cochrane is imploding, and the situation will not remedy unless we replace the current leadership. It will be a major disaster for public health if the Charity commission does not act swiftly.

As already noted, Mark Wilson and his close ally, co-chair Martin Burton, seem to have conspired to bring about my expulsion. I believe the real reasons I was expelled are that I challenged Cochrane's business model, with its focus on "brand" and "our product," with too little attention to getting the science right and keeping the drug industry at arm's length. Clearly, my very visible advocacy in the fields of science, policy and medical ethics, exposing the unethical practices by the pharmaceutical industry, the harms and overuse of psychiatric drugs, the deadly effects of many drugs, the dangers of overdiagnosis caused by mammography screening, the concealment of clinical trial data, the gross inadequacy of drug regulation, and the harmful effects of patents on public health, among other issues, have many times caused great discomfort to Cochrane's leadership.

It also plays a role that I demonstrated that Wilson's use of the Spokesperson Policy against me has been totally inappropriate; challenged Wilson's leadership in many aspects and expressed concerns about his 'management by fear;' demonstrated serious mismanagement in my report to Cochrane's law firm, on the part of Wilson and the co-chairs, which included tampering with minutes and other essential evidence; and published a scientific critique of Cochrane's HPV vaccines review, which is encouraged by Cochrane, but people in the leadership felt offended by it. They now claim they did not receive 'internal' warnings about our publication, which is demonstrably false.

We upload almost daily new documents, messages or links related to the moral meltdown of Cochrane on [www.deadlymedicines.dk](http://www.deadlymedicines.dk).

As stated on the first page of this letter, I call on the Charity Commission to open a statutory inquiry. I am asking the Commission to help us save the Cochrane Collaboration, as this organisation, given its current management and power structure, with its virtually total lack of accountable, democratic and fair procedures, is unable to save itself. If we lose the enthusiasm and generosity of the tens of thousands of unpaid volunteers that contribute to Cochrane, we are doomed.

Specifically, I would like the Charity Commission to address the following concerns:

1 Are there sufficient safe-guards in place in Cochrane that ensure due and fair processes where those involved as judges are free of conflicts of interest, and where it is not the same people who are judges both initially and for an appeal. If not, what should be done?

2 Was it justified that I was expelled from my democratically elected position on the Cochrane Governing Board with a minority vote (6 out of 13)? Was the available evidence taken into account by the Board? Was the process transparent and accountable; and was I given a fair opportunity to defend myself? If not, what would the Charity Commission suggest, e.g. that I get my membership and my position on the Board back? In my report to Counsel, I

documented that none of all the allegations raised against me in the 400-page binder co-chair Martin Burton sent to Cochrane's law firm had any substance, and I have shown in this letter and in other documents (see the appendices) that none of the subsequently raised issues has any substance either.

3 Should a totally independent commission be established with the task of evaluating whether the Board acted in a legitimate way, adhering to the rules for charities and for the Cochrane Collaboration, when it expelled me from the Board and as a member of Cochrane?

4 Does the Commission consider that Cochrane currently has a CEO who benefits the charity and does not harm it, according to the objectives for Cochrane? Would the Charity Commission prefer a top scientist as CEO who would be respected among his peers, given that the Cochrane Collaboration is a prestigious scientific organisation?

5 Should the remnants of the Board resign, and an interim Board appointed, so that Cochrane has a chance for a completely new beginning?

6 Would the Commission recommend Cochrane to establish a mediation procedure, which could resolve many disagreements amicably before they escalate out of control? (There is no such procedure in Cochrane currently).

7 Would the Commission recommend the establishment of a totally independent Conflicts Resolution Committee where no one in Cochrane would be allowed to have a seat? (There is no such committee in Cochrane currently).

8 Would the Commission be prepared to help us with elections to the Board? Several previous Board members and many Cochrane members have so little confidence in the Board that we do not trust the Board not to tamper with the elections.

The Commission might wish to interview the four Board members who resigned in protest over the Board's behaviour. These people are:

Joerg Meerpohl, German Cochrane Centre  
Gerald Gartenlehner, Australian Cochrane Centre  
Nancy Santesso, Cochrane Musculoskeletal Group, Canada  
David Hammerstein, Commons Network, Spain

I shall contact the Commission again if matters of crucial importance for my complaint arise.

I do not need anonymity. As I firmly believe in Cochrane's core values about openness, transparency and accountability, I have uploaded this complaint on my website, [www.deadlymedicines.dk](http://www.deadlymedicines.dk).

Yours sincerely,



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

#### Attachments

My complaint consists of:

- This letter
- My 66-page report to Cochrane's law firm submitted on 30 August (called my report), and
- 18 appendices.