

Peter's comments to Mark's draft reply to Torrey are in italics

Marks's draft from 11 April 2018:

Response to Dr. Torrey:

Dear Dr. Torrey,

I am responding to your message of 1st March, my reply of 2nd March, and your confirmation on the same date that you wanted Cochrane to consider your grievance as a formal complaint against Professor Peter Gøtzsche, which is that in his request for the Stanley Medical Research Institute to provide unpublished data on the TIPS clinical study relating to the benefits and harms of psychiatric drugs he failed to make the necessary distinction clear between his personal academic views and those of Cochrane as an organisation.

I have investigated the issues surrounding your complaint, including sharing our correspondence with Professor Gøtzsche and discussing it with him. My conclusions are as follows:

Cochrane believes unequivocally in the need for open and transparent data from clinical trials in order to promote best science and ensure the highest possible standards of synthesized evidence are generated from the trials. The request from Professor Gøtzsche was therefore a legitimate one. Even though he was not making this request as part of the research for a Cochrane Systematic Review, Cochrane authors often have to request unpublished data from clinical trials and we would encourage you to publish all the clinical trial data you have in a register that is available preferably publicly but at least on demand to legitimate researchers.

Professor Gøtzsche did not make sufficiently clear in this case that his request for data from the TIPS trial was for his personal research projects as the Professor of Clinical Research Design and Analysis at the University of Copenhagen.

Peter's comment: None of this is correct. The research projects we carry out at the Nordic Cochrane Centre are not personal research projects. And the project is not related to my professorship at the University of Copenhagen; it is part of our research portfolio in psychiatry at our centre, which consists of Cochrane reviews in psychiatry as well as other research in psychiatry. These activities have nothing to do with my professorship, which, ironically, is in reality a Cochrane professorship, which I have earned through my many years of working as a Cochrane director.

His use of official Nordic Cochrane Centre stationary and the signature using his affiliation as Director of the Nordic Cochrane Centre in the request was an error.

Peter's comment: It was certainly not an error. We always use our official Nordic Cochrane Centre stationary when we write letters, and I am also entitled to describe myself as Director of the Nordic Cochrane Centre. This was confirmed at the Governing Board only time in

Genève, and if I didn't do this, people would raise questions and would even think I was no longer the Director of the Nordic Cochrane Centre.

The data request was not an official Cochrane one; it was not specifically related to Cochrane business or editorial matters;

Peter's comment: Most people I know of who work in Cochrane centres do other research than just writing Cochrane reviews, so our work cannot be divided up in this way; in fact, we believe that everything we do is relevant for the Cochrane objectives.

and the views expressed and the association with the 'Hearing Voices Network in Denmark' in the request are not those of Cochrane, but the personal views and associations of Professor Gøtzsche alone.

Peter's comment: There are no views expressed in my letter to the Stanley Institute that would not be shared by most people in Cochrane and they are certainly shared by everyone who works at the Nordic Cochrane Centre. In Mark's 11 April email to me, of 13,504 words that takes up 42 pages when transferred into a Word document, with 9 attachments, he demonstrates himself that I did not break the Spokesperson policy with my letter to the Stanley Institute. Mark wrote to me:

"In case 1, through the use of Cochrane headed paper, the use of your name and title in the signature description at the bottom of the letter as Director of the Nordic Cochrane Centre, and the language used in the request for data (where consistent use of the words 'we' and 'our' would reasonably lead any reader to assume that the request is from the Nordic Cochrane Centre and the views expressed in the request are those of the NCC) you have failed to abide by the Cochrane Spokesperson Policy, which requires you to "state clearly that you are speaking in a personal or other professional capacity unless you have been expressly authorized to represent Cochrane"; and that: "If you do use your Cochrane affiliation along with another title then it is incumbent upon you to state unequivocally and clearly that the views are your own and not those of Cochrane. This cannot be implied, but must be stated explicitly.""

There cannot be any problem, as Mark himself acknowledges that it is clear that the request comes from the Nordic Cochrane Centre, of which I am the director. I am of course entitled to authorize myself to speak on behalf of my centre. In fact, the Spokesperson policy states: "In a specific country or region, the spokesperson will be the Director of the Cochrane Centre." Furthermore, any views I expressed in my letter are shared by my researchers. Apart from this, I am convinced that any views expressed in this letter are shared by Cochrane researchers in general, as the letter is about getting access to data about number of deaths and causes of deaths.

I cannot see either that it can be a problem that I write in my letter that I am the protector of the Hearing Voices Network in Denmark. Cochrane is about helping patients and I am proud that this network wanted to have me as their protector. Further, there are no personal views involved in my being the protector. I am not obliged to agree with everyone in the network, and I do not agree with everyone.

Back to the text in Mark's draft letter to Torrey:

I apologize for any confusion in this regard.

Peter's comment: There is absolutely no need to apologize and Cochrane should not apologize. Reading Torrey's emails to Mark, it is clear that he is the one who should apologize. His comments about the people he as a psychiatrist is supposed to take care of are disdainful and arrogant, see below.

As we have made clear many times – and as I reiterated in my message to you of 2nd March - there are a wide range of views within Cochrane on the benefits and harms of psychiatric drugs, of which Professor Gøtzsche's is one. He has undertaken to use his affiliation as Professor of Clinical Research Design and Analysis at the University of Copenhagen in his work on this subject in future;

Peter's comment: I have stated clearly, e.g. at the Centre Directors' meeting in Seoul, that there cannot be separate rules for me and other rules for everyone else in Cochrane. Furthermore, the Board did not require this of me when it discussed the Spokesperson policy during the Board only time in Genève. In fact, the Board accepted that I use my letterhead also for non-Cochrane related matters. I have kept very detailed notes of what came out of this meeting and talked to several board members after the meeting who confirmed this.

and to ensure that he does not allow possible confusion to occur by adhering to Cochrane's Spokesperson Policy.

Peter's comment: There is no confusion. I did not violate this policy in relation to my letter to the Stanley Medical Research Institute, and it was addressed to this institute, not to Torrey. Torrey is not its Director. Ironically, in his email to me, Torrey undersigns himself as Associate Director of Research, the Stanley Medical Research Institute. I wonder whether his views in his emails are his own or whether they are also shared by the institute, particularly its director.

Torrey's remarks are outrageous. He wrote to Wilson on 1 March:

"The Cochrane Collaboration has made important contributions to improving medical research and treatment trials. Its credibility rests upon the assumption of objectivity among those who are evaluating the research. Such objectivity appears to be very much in doubt for Dr. Peter C. Gotzsche who identifies himself as the Director of the Nordic Cochrane Center (attached). He also identifies himself as the "Protector of the Hearing Voices Network in Denmark". This organization promotes the belief that (1) auditory hallucinations are merely one end of a normal behavioral spectrum, thus casting doubt on whether schizophrenia actually exists as a disease, (2) hearing voices are caused by trauma in childhood, for which there is no solid evidence. Given such clear lack of objectivity, I personally would not find any Cochrane publication on mental illness to be credible. I thought it important to make you aware of the problem."

As Torrey knows absolutely nothing about my views on these issues, his remarks are non-sensical. And how can my objectivity be “very much in doubt” when Torrey does not know what my views are? Torrey gives no evidence for this. My letter to the Stanley Institute is a simple request for missing data. I merely ask for the number of deaths and details about the causes of death, which many other Cochrane researchers do. It has nothing to do with a lack of objectivity. And what should be wrong when I identify myself as the director of the Nordic Cochrane Centre? I am the director! What is particularly outrageous is Torrey’s inappropriate, unfounded and insulting remarks about people who hear voices; those people Torrey, being a psychiatrist, is supposed to take care of and respect. And there IS solid evidence that psychosis is related to childhood traumas, with a clear dose-response relationship. Torrey draws the inappropriate conclusion that because I am protector of the Hearing Voices Network in Denmark, this means that he does not find “any Cochrane publication on mental illness to be credible”. This is about as absurd as it can get. A complete non-sequitur.

The Hearing Voices Network in Denmark has this comment to Torrey’s views:

“The Danish Hearing Voices Network would like to issue a statement with regards to E. Fuller Torrey’s complaints against Professor Peter Gøtzsche. Furthermore we take issue with Torrey’s attempts to discredit the Hearing Voices Movement so as to add leverage in his attempt to discredit Professor Peter Gøtzsche.

The Hearing Voices Movement exists in 33 countries and the Danish Hearing Voices Network has existed since 2005. This year Intervoice (the international HVN) will be holding its 10th World Hearing Voices congress attended by people from all over the world. In 2016 the Danish HVN invited professor Peter Gøtzsche to be protector because of his pioneering work regarding psychiatric research. We are honored to have him as our protector.

The Danish HVN regards hearing voices and other unusual experiences as arising from adverse life events, typically trauma, such as sexual abuse, violence, poverty, neglect etc. The link between trauma and psychosis is supported by solid evidence and is dose related. Furthermore we view ‘schizophrenia’ as being a construction rather than an illness and the diagnosing of the ‘illness’ as an opinion. There are no biological markers corroborating its existence; something we regard as highly problematic.

Finally we believe that E. Fuller Torrey’s comments to Mr. Wilson regarding Peter Gøtzsche being our protector to be bordering on the ridiculous when he attempts to discredit the whole of the Cochrane Institute by stating ‘Given such clear lack of objectivity, I personally would not find any Cochrane publication on mental illness to be credible.’⁷

The Danish HVN would ask that E. Fuller Torrey stops using the HVN as a platform to insult a respected professor along with the Cochrane Institute. We would also suggest that E. Fuller Torrey considers apologizing to the Danish HVN for his disrespectful remarks about voice hearers.”

On 2 March, Torrey wrote to Mark that the Hearing Voices Network, according to its own published studies, “encourages individuals who are taking antipsychotics for their schizophrenia to stop taking their medication. It is very difficult to imagine how anyone with these views could possibly be objective regarding a Cochrane study of antipsychotics, thus impugning your credibility which is your most important asset.”

This is another non-sequitur. Furthermore, it has been abundantly documented that many people improve when they come off their antipsychotic drug and that the risk of permanent and serious brain damage is dose related, which is another reason why people should not be

treated for many years with antipsychotics. These facts are well-known and have been documented by the psychiatrists themselves.

My additional comments

Mark Wilson has not respected the Governing Board's clearly expressed views in Genève that the person complained about should become involved before any action is taken; otherwise, it is not due process. Mark did not respect it in Genève and the minutes from the Board meeting were misleading, e.g. there was a statement that all material sent by the complainant did not necessarily have to be shared with the person complained about. Two Board members, Gerald Gartlehner and myself, therefore had their own comments inserted into the minutes:

Post-hoc notes on this item:

Co-Chairs: When the draft minutes were circulated to the Board for comment, members contributed to a lengthy discussion by email about item 13.2. The Co-Chairs revised item 13.2 based on the email discussion of the Board. The final minutes, with the revised item 13.2, were then sent to the Board for a vote for approval. Although the version of 13.2 minuted above received majority approval by the Board members – and is therefore the official record –, the following two Board members asked for their disagreement with item 13.2 to be recorded in the minutes:

Peter C. Gøtzsche Several Board members have pointed out that the minutes are misleading in relation to item 13.2. I did not raise a question about myself but about how complaints about senior people in Cochrane should be addressed by the CEO and the co-chairs. It was not agreed that the complaint should not to be disseminated to the media, posted on blogs, social media, etc. In my view, irrelevant complaints that have not been submitted in good faith should sometimes be exposed when the case has been dealt with, just like we expose cases of scientific fraud. Several Board members have objected to this sentence: "The manager does not have to disclose all the material from the complainant with the individual." This was not discussed and not agreed to at the Board meeting, and it would not constitute a fair process. The sentence, "For example, emails between individuals of Cochrane who are investigating the complaint," was not discussed or agreed to either. The minutes say that we must follow the principles of the Cochrane's Charter of Good Management Practice. Several Board members have noticed that this was not discussed and not agreed to and that the Charter furthermore does not cover what we discussed at the Board meeting. We discussed the New Zealand Principles of Natural Justice and the Board was sympathetic to these.

Gerald Gartlehner: GG states that he does not agree with the sentence "The manager does not have to disclose all the material from the complainant with the individual". I think that this statement should be more nuanced and needs further clarification so that it cannot be used in a misleading way against Cochrane.

Mark did not respect the Board's view this time either. He sent a message to Torrey already on 2 March, and he did not inform me about the complaint before 15 March. In addition, Mark's reply was inappropriate. Mark should have protected me against Torrey's utter nonsense, but instead he chose to attack me:

"thank you for your message. Professor Gøtzsche is an experienced researcher and he is the Director of the Nordic Cochrane Centre. In the light of similar confusion about whether his personal views represented those of Cochrane, the organization's senior leadership issued a statement in September 2015 (<http://www.cochrane.org/news/statement-cochrane>) which continues to apply. As an organization we stand by the evidence we publish in the Cochrane Library and Cochrane.org, and by the policy positions and statements we make. We accept there is always a danger that researchers and clinicians, policymakers, the media or the general public could conflate the views of individual Cochrane collaborators or the different parts of what is a global and dispersed organization as those of Cochrane itself. We therefore insist that Professor Gøtzsche and all Cochrane office holders must abide by

Cochrane's Spokesperson Policy (<http://community.cochrane.org/organizational-info/resources/policies/spokesperson-policy>), which specifically allows Cochrane collaborators freedom to engage in scientific debate whilst protecting Cochrane's reputation and avoiding the type of conflation that you point to. As we made clear in the statement, Professor Gøtzsche "is free to interpret the evidence as he sees fit. He has an obligation, however, to distinguish sufficiently in public between his own research and that of Cochrane the organization to which he belongs. There is a wide range of views within Cochrane on the benefits and harms of psychiatric drugs, of which Professor Gøtzsche's is one.

I am interpreting your message of yesterday as a formal complaint that Professor Gøtzsche has not made this distinction clear in this case. If that is correct, I will need to share it with Professor Gøtzsche in order for him to have the opportunity to respond to it. Can you please confirm, therefore, that you have no objections to me doing this."

Torrey confirmed on 2 March that it was an official complaint but as just noted, I did not hear from Mark before 15 March and then the damage had already been done. On 18 March, I sent a draft to Mark that he could use for Cochrane's response to Torrey. This draft made it clear that Torrey's response to me was inadequate and that I have not broken the Spokesperson policy.

Finally, I believe it is a huge problem for due process in the Cochrane Collaboration that the same person, the CEO, is responsible for writing the policy; for investigating possible cases of violation of this policy; and for punishing people for alleged violations. In all our societies, we have separated these three functions in order to prevent injustice. But Mark Wilson handles all three, and he made it clear at our Board meeting in Genève that he didn't even find it necessary to involve the person complained about before he came up with his verdict. This must be changed. Furthermore, in contrast to criminal verdicts, there appears to be no expiry date for Mark's punishments.

As an example, a letter from 2015 is still up on the Cochrane website, although it is related to a newspaper article that year. In Lisboa, at a private meeting between Mark, me, Joerg and Karsten from my centre (whom I had invited as my bystanders), I asked Mark to take this letter down, which he did not promise to do, but said he needed to consult with the other three signatories (the co-chairs and David Tovey). This letter, and similar initiatives by Mark, is very damaging for our activities at the Nordic Cochrane Centre. About six weeks ago, professor in psychiatry, David Nutt from the UK, was on a lecture tour in New Zealand where he said that I had been kicked out of Cochrane. Many people say and write that the Cochrane leadership has denounced my views on psychiatric drugs and the drug industry, although the Cochrane leadership cannot have any "views" on these issues that carry more weight than those of a researcher who has studied these issues in great detail.

I hope this is clear.

Yours sincerely,

Mark Wilson