



E mwilson@cochrane.org T +44 (0)207 183 7503 S [markg.wilson](mailto:markg.wilson@cochrane.org)
Cochrane, St Albans House, 57-59 Haymarket, London SW1Y 4QX, UK
www.cochrane.org

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From: Fuller Torrey [<mailto:torreyf@stanleyresearch.org>]
Sent: 02 March 2018 13:21
To: Mark Wilson <MWilson@cochrane.org>
Subject: RE: Cochrane credibility

Dear Mr. Wilson, Thank you for your reply. You are correct and you may share my complaint with anyone. Professor Gotzsche is representing himself as both representing Cochrane and also as the "defender" of the Hearing Voices Network (HVN). The latter insists that auditory hallucinations are merely part of a normal spectrum, are caused by childhood trauma and parental neglect, and 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. Sincerely, E. Fuller Torrey MD

From: Mark Wilson [<mailto:MWilson@cochrane.org>]
Sent: Friday, March 02, 2018 4:01 AM
To: Fuller Torrey
Subject: Re: Cochrane credibility

Dear Dr. Torrey,

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.

Yours sincerely,

Mark G. Wilson
Chief Executive Officer



E mwilson@cochrane.org T +44 (0)207 183 7503 S markg.wilson
Cochrane, St Albans House, 57-59 Haymarket, London SW1Y 4QX, UK
www.cochrane.org

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From: Fuller Torrey <torreyf@stanleyresearch.org>

Date: Thursday, 1 March 2018 16:23

To: Mark Wilson <MWilson@cochrane.org>

Subject: Cochrane credibility

Mark G. Wilson
CEO, Cochrane Collaboration

Dear Mr. Wilson,

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. Gøtzsche 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.

With best wishes,
E. Fuller Torrey, M.D.
Associate Director for Research
Stanley Medical Research Institute

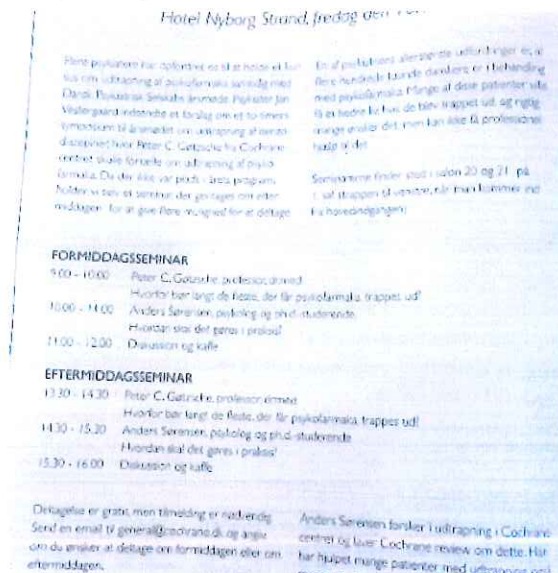


Anton Pottegård
@Pottegard

Follow



@cochranecollab You have asked Gøtzsche to distinguish his personal views from that of Cochrane regarding psychotropics. Yet, he uses Cochrane affiliation when inviting for deprescribing symposium, alongside IIPDW.com (!), and cochrane-email for signup. Comments?



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1:25 PM - 8 Mar 2018

7 Likes



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Cochrane @cochranecollab · Mar 9



Replying to @Pottegard

Thank you for your message @Pottegard. Cochrane takes seriously all feedback from our community, and we have shared your comments with senior leadership for further action. If you would like to submit a formal statement directly, please use our website: cochrane.org/contact.





Cochrane wishes to state unequivocally that the views Professor Gøtzsche has expressed on the benefits and harms of psychiatric drugs are not those of the organization. As primarily a research organization Cochrane does not make clinical recommendations and we have not done so on this issue.

Professor Gøtzsche is an experienced researcher and he is the Director of the Nordic Cochrane Centre. He 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.



from our community, and we have shared your comments with senior leadership for further action. If you would like to submit a formal statement directly, please use our website: cochrane.org/contact.



Tara Hicks

From: Mark Wilson <MWilson@cochrane.org>
Sent: 15 March 2018 18:47
To: pcg@cochrane.dk; Peter Christian Gøtzsche
Subject: Responding to a formal complaint and continuing use of Cochrane branding
Attachments: Cochrane Letter - related to Fuller Torrey complaint.pdf; Spokesperson Policy

Dear Peter,

I need to raise two issues with you that have cropped up in the last two weeks.

1. We have received what is now a formal complaint (see the string below) from Dr Fuller Torrey about a letter you sent to him dated 16th February (find attached) on Cochrane-headed notepaper and signed by you as Director of the Nordic Cochrane Centre, which appears to conflate your views with those of Cochrane in relation to a request for data on the subject of a schizophrenia study; and you highlighting your involvement in the 'Hearing Voices Network'. As you know, we don't have the formal complaint process completed yet, but I would like to ask you for your response to Dr Torrey's complaint as part of my management of it. Although Dr Torrey does not refer to it, I do want to discuss with you my concerns that the letter is not compliant with Cochrane's Spokesperson Policy (<http://community.cochrane.org/organizational-info/resources/policies/spokesperson-policy>), and the additional requirements you are obliged to follow as set out in my message to you of 6th January 2017 (attached again, for your ease of reference).

2. The second issue is the tweet from Anton Pottegard of 8th March (<https://twitter.com/Pottegard/status/971859440310812674>). As you know, we responded to it in order to neutralize the situation as quickly as possible, which was successful. We are not addressing this question as anything other than that: a question posed to us that we need to answer in some form. I am the 'senior leadership' that is referred to and I would like to discuss this with you. Again, I have concerns given that you are referred to as 'from the Cochrane Centre' and that registration for the seminar is to a Cochrane address.

I was travelling last week in Asia and Europe but wanted to send you the details of the complaint so that you have time to consider it; and I think it would be more fruitful to meet and discuss this next week in Lisbon. Are you free over lunch on either Tuesday (during the Centre Directors Board meeting) or Wednesday (just before the strategic session)? Let me know which would work best for you; and I look forward to seeing you in Lisbon on Monday afternoon when I will join the Board for the second half of its development day.

Safe travels and best wishes,

Mark

Mark G. Wilson
Chief Executive Officer



E mwilson@cochrane.org T +44 (0)207 183 7503 S [markg.wilson](mailto:markg.wilson@cochrane.org)
Cochrane, St Albans House, 57-59 Haymarket, London SW1Y 4QX, UK
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From: Fuller Torrey [<mailto:torreyf@stanleyresearch.org>]
Sent: 02 March 2018 13:21
To: Mark Wilson <MWilson@cochrane.org>
Subject: RE: Cochrane credibility

Document I: Document created by Peter Gøtzsche adding comments to Mark Wilson's draft reply to Torrey's complaint

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 stationery 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 stationery 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.'

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 minutes 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.

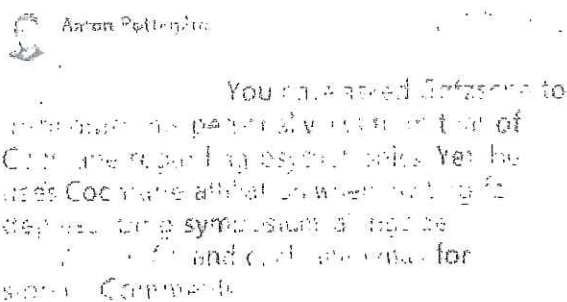
Yours sincerely,

Mark Wilson

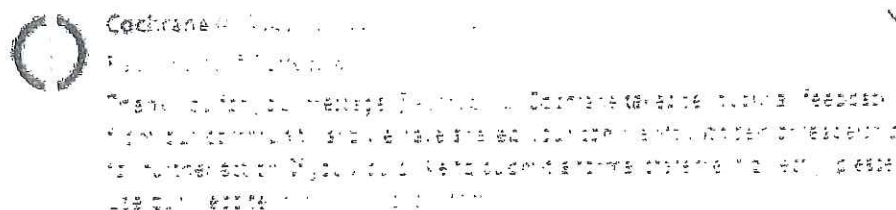
Document J: Document created by Peter Gøtzsche adding comments to Mark Wilson's draft reply to *Anton Pottegård complaint*

The complaint by Anton Pottegård, Denmark

This is what Pottegård tweeted on 8 March:



The next day, Jo Anthony from Mark Wilson's office responded, without consulting me, which I believe she should have done according to what the Board agreed on in Genève about our upcoming complaints procedure. I could have told Jo that Pottegård is a well-known troublemaker, as evidenced by his earlier tweets, whom we should ignore. Twitter, Facebook and other social media have a tendency to be a forum where people write before they think. Such Twitter messages are used to defame people and the drug industry is known to use trolls for exactly this purpose. Furthermore, for many messages like the one above, the sender will quickly forget about it and will not even expect a reply. It is rather surprising that Mark Wilson devotes so much attention to one tweet and that Cochrane even suggests a formal complaint procedure based on a few lines, see Jo's response to Pottegård:



As far as I know, Pottegård has not submitted a formal complaint.

Mark's proposed response to Anton Pottegård

Message to his account (Twitter):

“There are a wide range of views within Cochrane on the benefits and harms of psychiatric drugs, of which Professor Gøtzsche’s is one. The seminar was not an official Cochrane event, nor was it publicised as such. Professor Gøtzsche has agreed 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 to avoid any potential confusion.”

Peter's comment:

On 18 March, I sent this proposal for how Mark Wilson could respond to Pottegård:

"You wrote a tweet on 8 March about a seminar on psychiatric drug withdrawal professor Peter C Gøtzsche had arranged for psychiatrists after several of them had encouraged him to do so. In your tweet you wrote that Gøtzsche has been asked to distinguish his personal views from those of the Cochrane Collaboration regarding psychotropics.

There are no personal views in Gøtzsche's advertisement for the seminar.

You also wrote that Gøtzsche used his "Cochrane affiliation" when he invited people for the symposium and a Cochrane email for signup.

We cannot see any problems with this. The announcement for the seminar notes that the two lecturers work at the Nordic Cochrane Centre, which is correct, and that they work on a Cochrane review on withdrawal of psychiatric drugs, which is also correct. People were asked to register for the seminar on general@cochrane.dk, and we see no problems with this either. This email address is the one that is commonly used for all activities undertaken by the Nordic Cochrane Centre."

My comments on Mark Wilson's draft:

This text is irrelevant for the issue Pottegård raised: "There are a wide range of views within Cochrane on the benefits and harms of psychiatric drugs, of which Professor Gøtzsche's is one." This response by Mark Wilson can be used to discredit my viewpoint as a kind of disavowal by the Cochrane CEO while other points of view have never received this kind of authoritative comment.

This text is also irrelevant and furthermore not correct (see my reply to Mark related to the complaint from Torrey): "Professor Gøtzsche has agreed 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 to avoid any potential confusion." I must be able to use my professional affiliation to the Nordic Cochrane Centre as its director because it is nominal and factually correct. Any prohibition of using this title would be an overt disassociation of Cochrane from my work within the context of a pluralistic, scientific debate. At no time do I infer that the whole Cochrane organization supports the results of my studies or views. This is very clear. Inversely, by his actions, the Cochrane CEO would then be indirectly taking a position by default in the debate on psychiatric drugs by publicly giving credit to individual complaints. This could be perceived by public opinion as giving in to pressure exerted by allies of the pharmaceutical industry concerning the overprescription of psychiatric medicines, also in relation to the complaint by Torrey.

The only bit that is relevant in Mark's draft is this one: "The seminar was not an official Cochrane event, nor was it publicised as such."