

October 3, 2018

*(In its original version, this letter had 27 signatories out of 31 possible – described as 26, but there were 27. As of 8 October, the letter has 31 signatories).*

Dear Cochrane members:

The undersigned, the great majority of the Directors of the National and Associate Centres that form the Iberoamerican Cochrane Network, have decided to share with you our thoughts and proposals about the recent events that have shaken our organisation. We do it in a free and constructive way, using the channels for internal communications, convinced that doing like this we contribute to maintain the principles that inspire Cochrane and that have made it a laudable and reference organisation for everyone. In addition, we feel that we exercise the responsibility expected from us, both internal and external.

The Cochrane Governing Board has just expelled Peter Gøtzsche from the organisation, in addition to depriving him of his status as a member of the Board and Director of the Nordic Cochrane Centre. The fact that Peter is a prominent member of the Cochrane Collaboration and globally recognised, together with the wide media and social coverage of the news, has given great impact to the decision. However, beyond our relationship with someone who has been a close colleague for so many years, we are concerned about other aspects and issues on this subject, which raise several doubts and questions that need to be answered.

We understand that, essentially, what is most at stake in this conflict is to clarify how an organisation that states and wants to be inclusive and transparent resolves a serious conflict with one of its members in a way that might result in expulsion. And also, how all the members of this organisation are willing to contribute in a loyal and generous way to improve its functioning and outputs –systematic reviews and others–, so that Cochrane, once the potential criticisms or the existing nuances have been considered, has a single and respected position in the world.

Although this dispute has old roots, it has been closed in an abrupt and negative way for the person affected but also for the organisation. 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. We think that the internal regulations of the organisation to qualify and judge the potential inappropriate behaviours of its members are not enough. We feel that our organisation is not prepared enough to qualify and judge the potential faults and behaviours of members, has not the necessary and successive instances to assess the arguments of the parties, and the mechanisms to impose the most fair and proportionate sanctions that have eventually been proven.

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 —to the extent and at the time that the privacy and confidentiality of those involved allow it. In our opinion, it is necessary although not enough to respect the legal statutes of the entity: sufficient doses of flexibility, equanimity and generosity are also essential, so that the decisions made are the most beneficial in time and form and the collateral damages are minimised.

Expelling a member from an organisation can never become or seems a summary process that lacks the necessary transparency, and this is, by all means, how we and many other people in our organisation and outside of it have perceived the resolution of this conflict. Therefore, we wonder to what extent the Board has managed well the internal and external communications policy, and if it has been able to anticipate and therefore prevent the undoubted damage to the image of the Collaboration generated by 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. On the contrary, we want to be a living entity that can address and discuss with maturity and honesty all conflicts and important issues like this one, in a transparent, constructive, flexible and enriching way for the future.

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 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.

Thank you very much for your consideration.

Signatories (31 out of 31):

- Xavier Bonfill, director del Centro Cochrane Iberoamericano, España
- Gerard Urrútia, subdirector del Centro Cochrane Iberoamericano, España

- Juan Erviti, director del Centro Cochrane Asociado de Navarra, España
- Francisco Javier Ballesteros, director del Centro Cochrane Asociado del País Vasco, España
- Jesús López Alcalde, director del Centro Cochrane Asociado de Madrid, España
- Agustín Ciapponi, director del Centro Nacional Argentino y director del Centro Cochrane Asociado del Instituto de Efectividad Clínica y Sanitaria (IECS), Argentina
- Juan Franco, director del Centro Cochrane Asociado del Instituto Universitario Hospital Italiano de Buenos Aires, Argentina
- Gabriel Rada, director del Centro Nacional Chileno y director del Centro Cochrane Asociado de la Unidad de Medicina Basada en Evidencia, Chile
- Marcela Cortés, directora del Centro Cochrane Asociado de la Universidad Católica de la Santísima Concepción, Chile
- Pamela Serón, directora del Centro Cochrane Asociado de la Universidad de la Frontera (UFRO), Chile

Julio Villanueva, director del Centro Cochrane Asociado de la Facultad de Odontología de la Universidad de Chile

- Eva Madrid, directora del Centro Cochrane Asociado de la Universidad de Valparaíso, Chile
- Giordano Pérez-Gaxiola, director del Centro Nacional Mexicano y del Centro Cochrane Asociado del Hospital Pediátrico de Sinaloa “Dr. Rigoberto Aguilar Pico”, México
- Juan Garduño, subdirector del Centro Nacional Mexicano y director del Centro Cochrane Asociado del Hospital Infantil de México Federico Gómez
- Netzahualpilli Delgado, director del Centro Cochrane Asociado de la Universidad de Guadalajara, México

Norberto Carlos Chávez, director del Centro Cochrane Asociado de la Fundación Clínica Médica Sur, México

- María Ximena Rojas, directora del Centro Nacional Colombiano y directora del Centro Cochrane Asociado de la Pontificia Universidad Javeriana, Colombia
- Héctor Iván García, subdirector del Centro Nacional Colombiano y director del Centro Cochrane Asociado de la Universidad de Antioquia, Colombia
- Iván Flórez, subdirector del Centro Cochrane Asociado de la Universidad de Antioquia, Colombia
- Edgar Debrey Hernández, director del Centro Cochrane Asociado de la Universidad Nacional de Colombia

- Ricardo Hidalgo, director del Centro Cochrane Asociado de la Universidad Tecnológica Equinoccial, Ecuador

- Daniel Simancas, subdirector del Centro Cochrane Asociado de la Universidad Tecnológica Equinoccial, Ecuador

- Mario Tristán, director del Centro Cochrane Asociado de la Fundación Instituto Centroamericano de Salud Internacional, Costa Rica

- Pedro Mas Bermejo, director del Centro Cochrane Asociado del Instituto de Medicina Tropical “Pedro Kourí”, Cuba

- César Loza, director del Centro Cochrane Asociado de la Universidad Peruana Cayetano Heredia, Perú

Oscar Gianneo, director del Centro Cochrane Asociado del Fondo Nacional de Recursos, Uruguay

- Pilar Navía, directora del Centro Cochrane Asociado de la Universidad Mayor de San Andrés, Bolivia

- Antonio Vaz Carneiro, director of Cochrane Portugal

- João Costa, co-director of Cochrane Portugal