



Dansk Psykiatrisk Selskab

Copenhagen, March 5, 2014

Dear Cochrane Schizophrenia Group / Depression-Anxiety Group

We are writing to you in order to draw your attention to an article published January 6, 2014 in a major Danish newspaper, Politiken, by professor Peter Gøtzsche, director of the Nordic Cochrane Center, based in Copenhagen.

An English translation of Peter Gøtzsche's article can be found at these two home pages:

<http://www.madinamerica.com/2014/01/psychiatry-gone-astray/>

<http://davidhealy.org/psychiatry-gone-astray/>

The article describes 10 'myths' about Danish psychiatry and psychiatry in general, and contains a severe critique of all physicians who prescribe and administer psychotropic drugs.

The article provoked a major debate in Danish media during the months of January and February. In particular professor Gøtzsche's statement, that "the citizens of Denmark would be better off, if all psychotropic drugs were withdrawn from the market" has led to a massive response from authorities and organisations, correcting what we consider a provocative and potentially dangerous statement, which puts patients at risk by tempting them to avoid necessary medical treatment or give up the prescribed medication.

The authorities who have joined in the critique of professor Gøtzsche involves the minister of Health and Prevention, the director of the Danish Health and Medicines Authority, the director of the Danish Patients Association, the president of the Cancer Society, the president of the Danish Psychiatric Association and the president of LVS (Organization of Danish Medical Societies). Last year, the president of the Organization of Danish Medical Societies wrote a critical comment to Professor Peter Gøtzsche's tone of debate in another Danish newspaper, Berlingske Tidende.

We enclose an translation of that article, responding to other accusations against Danish doctors.

As professors and clinicians in psychiatry we are of course interested in providing the safest and most efficient treatment possible to our patients. We are also open to critique and regularly discuss in both media, patients fora and scientific fora, to share the challenges of psychiatric treatment and try to improve treatment results.

However, we are very surprised with the critique from professor Gøtzsche. We find some of his points to be irrelevant, since it is common knowledge to all psychiatrists that psychotropic medication should be used with caution /and a stern focus on the balance between effect and side effects. Other points we find to be incorrect and misleading.

Our question is now: How do you, with the specific knowledge you have on antipsychotics and antidepressants respectively, evaluate Peter Gøtzsche's statements as presented in his article.

We would be very pleased if you would take up the task of making such an evaluation.

Sincerely

Thomas Middelboe, MD, PhD, president, Danish Psychiatric Association

Merete Nordentoft, MD, PhD, Dr Med Sci, professor in psychiatry at University of Copenhagen

Poul Videbech, MD, Dr Med Sci, professor in psychiatry at University of Aarhus

Lars Vedel Kessing, MD, Dr Med Sci, professor in psychiatry at University of Copenhagen

Dansk Psykiatrisk Selskab

www.dpsnet.dk

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Professors Thomas Middelboe, Merete Nordentoft,
 Poul Videbech & Lars Vedel Kessing,
 Copenhagen,
 Denmark

Thursday 20th March 2014

Dear Professors Middelboe, Nordentoft, Videbech & Kessing,

Thank you for your letter of March 5th that was sent to the Co-ordinating Editors of the Cochrane Schizophrenia and Depression-Anxiety Review Groups. We are writing to you as the leaders of The Cochrane Collaboration and on behalf of both Professor Adams and Dr Churchill.

Cochrane is treating very seriously the points you raise concerning comments made by Professor Gøtzsche on the use of psychotropic medication. I want to state explicitly that these are not the views of The Cochrane Collaboration on this issue and we do not endorse them.

Professor Gøtzsche was therefore speaking only for himself in the articles and video featured on the websites you highlighted - part of the promotional work he conducted surrounding publication of his book, 'Deadly Medicines and Organised Crime: How big pharma has corrupted healthcare'. The views contained in this book are also not the views of Cochrane. We have therefore written to Professor Gøtzsche asking him to make clear in all future communications to any reader or listener that these views on psychotropic medication are his own and cannot be considered to represent the views of the Collaboration.

This incident has highlighted to us that Cochrane needs to establish a more formalised policy and position-making process that would result both in a small set of explicit advocacy and policy positions the organisation holds and campaigns for; and a set of guidelines to ensure the 31,000 Cochrane Collaborators around the world have clear guidance on how to differentiate when they are representing these positions, and when they speak on any other personal views they may hold. We expect this process to be completed and in place this year.

We are as committed as you are to 'providing the safest and most efficient treatment possible' to patients around the world; and we welcome your openness to critique and to 'share the challenges of psychiatric treatment and try to improve patient results'. We will be asking Professor Gøtzsche to share with Cochrane colleagues any unpublished data that is not yet publicly available, so that it can

be incorporated objectively into new or existing Cochrane Systematic Reviews as appropriate; and then be seen and evaluated by you and other specialists in the field.

Once again, our grateful thanks for drawing our attention to this issue.

Yours sincerely,



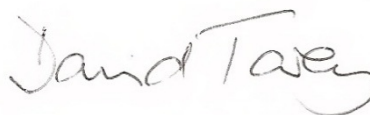
Jeremy Grimshaw
Co-Chair



Mark Wilson
CEO



Lisa Bero
Co-Chair



David Tovey
Editor-in-Chief



Gøtzsches organisation tager afstand fra hans psykiatri-udtalelser

Af Ole Nikolaj Møbjerg Toft | 25. marts 2014 kl. 3:00

KRITIK: Ledelsen af det internationale Cochrane-netværk slår nu fast, at det danske centers leder, Peter Gøtzsche, ikke har opbakning til en stribe kontroversielle udtalelser om medicinalindustrien og brugen af psykiatrisk medicin.

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KOMMENTARER (0)

Flere

Psykiatriske patienter er bedre stillet uden psykiatrisk medicin, medicinalindustrien opererer ligesom kriminelle og korrupperer sundhedsvæsenet.

Sådan lyder nogle af de opsigtsvækkende meldinger, der er kommet fra professor Peter Gøtzsche, der leder Nordisk Cochrane Center.

Det er blandt andet sket i en kronik i Politiken 6. januar 2014 og i hans seneste bog "Dødelig medicin og organiseret kriminalitet - Hvordan medicinalindustrien har korruperet sundhedsvæsenet", der udkom efteråret 2013.

Men nu tager den øverste ledelse i den internationale afdeling af forsknings-netværket, The Cochrane Collaboration, afstand fra udtalelserne.

"Jeg ønsker at fastslå udtrykkeligt, at det ikke er The Cochrane Collaborations synspunkter på dette spørgsmål, og vi støtter dem ikke."

Det skriver den administrerende direktør for The Cochrane Collaboration, Mark Wilson, i et brev til Dansk Psykiatrisk Selskab og en række fremtrædende psykiatri-professorer.

De har kontaktet den internationale afdeling af Cochrane Collaboration (Cochrane Samarbejdet) og gjort lederne af de globale uafhængige netværk opmærksom på Peter Gøtzsches udtalelser i den omtalte kronik, der ligesom bogen også er tilgængelig på internettet i en engelsk version.

I kronikken skrev Peter Gøtzsche blandt andet, at psykofarmaka gør mere skade en

Links på Altinget.dk:

- [Brevet som Dansk Psykiatrisk selskab mfl. sendte til The Cochrane Collaboration](#)
- [Brevet fra The Cochrane Collaboration til Dansk Psykiatrisk Selskab](#)
- [Patienter og læger kritiserer Peter Gøtzsche](#)
- [Gøtzsche: Jeg siger bare sandheden](#)

Eksterne links:

- [Læs interviewet i Politiken, hvor Gøtzsche fortryder en udtalelse fra kronikken](#)
- [Læs Peter Gøtzsches meget omtalte kronik](#)

Fakta:

Tidslinje:

August 2013:

Peter Gøtzsche udgiver bogen "Dødelig medicin og organiseret kriminalitet - Hvordan medicinalindustrien har korruperet sundhedsvæsenet". Her anklager Gøtzsche medicinalindustrien for at arbejde

gavn på grund af bivirkninger, og fordi lægerne uddeler dem for lemfældigt til patienterne.

"Vores borgere ville være langt bedre stillet, hvis vi fjernede alle psykofarmaka fra markedet, fordi lægerne ikke er i stand til at håndtere dem," skrev Peter Gøtzsche blandt andet i kronikken.

Skabte stor debat

Kronikken affødte en stor debat om, hvorvidt der bliver brugt for meget medicin til patienter med psykiske lidelser. Men både Sundhedsstyrelsen, Dansk Psykiatrisk Selskab, Sundhedsministeren og Danske Patienter har taget kraftigt afstand fra dele af Peter Gøtzsches kronik eller advaret mod at føre hans forslag ud i livet.

De frygter, at budskabet kan få patienter med alvorlige psykiske lidelser til at droppe deres medicin.

Peter Gøtzsche har hidtil fastholdt sin kritik af brugen af psykofarmaka. Dog har han overfor Politiken fortrudt udtalelsen om, at patienterne var bedre tjent uden psykofarmaka. I et interview i Politiken blev han spurgt, hvordan han så ville have formuleret sig anderledes.

"Det kan jeg ikke sige ordret. Jeg ville blot have gjort det mere klart, at jeg aldrig har advokeret for at fjerne præparaterne, men at jeg derimod advokerer for, at vi skal lære at bruge dem bedre," sagde Peter Gøtzsche til Politiken. Læs interviewet [her](#).

I brevet til psykiaterne, der også er underskrevet af The Cochrane Collaborations øverste chefredaktør og de to bestyrelsesformænd, slås det fast, at organisationen heller ikke er enig i de synspunkter, Peter Gøtzsche kommer med i sin bog, hvor han sammenligner medicinalvirksomhedernes forretningsmodel med kriminelles organisationer. Her nævner han Hogså sit kontroversielle forslag om at droppe alt psykofarmaka.

Ledelsen i Cochrane Collaboration kræver derfor nu, at Peter Gøtzsche fremover gør det tydeligt, at han ikke udtaler sig på Cochrane Samarbejdets vegne, når han kommer med sådanne udtalelser.

"Vi har derfor skrevet til professor Gøtzsche og beder ham om at gøre det klart i alle fremtidige meddelelser til enhver læser eller lytter, at disse synspunkter om psykofarmaka er hans egne og ikke kan anses for at repræsentere synspunkter i

som kriminelle organisationer, der i stort omfang svindler, bedrager og korrupperer patientforeninger og læger. Resultatet er ifølge Gøtzsche blandt andet, at der bruges penge på unødvendig dyr eller farlig medicin, som skader og dræber mange patienter.

Januar 2014

Peter Gøtzsche publicerer kronikken: Psykiatrien på afveje i Politiken.

Her kommer han med en massiv kritik af brugen af psykofarmaka, som han mener har langt større bivirkninger end gavnlige effekter. Blandt andet fordi lægerne bruger medicinen forkert.

Kronikken afstedkommer kritik fra blandt andet Sundhedsstyrelsen, Danske Patienter, Sundhedsministeren og Dansk Psykiatrisk Selskab, blandt andet fordi han skriver, at patienterne var bedre stillet uden psykofarmaka, fordi lægerne bruger det forkert og for meget til patienterne. Hans udsagn er skrevet i samme ordlyd i hans bog fra 2013, uden det skaber opstandelse.

17. januar 2014

Peter Gøtzsche fortryder i et interview i Politiken sin melding om, at patienterne var bedre stillet uden psykofarmaka. Meningen var, at lægerne skal være bedre til at bruge medicinen og bruge den i kortere tid hos den enkelte patient, understreger han.

5. marts 2014

Formanden for Dansk Psykiatrisk Selskab, Thomas Middelboe og psykiatri-professorerne Merete Nordentoft, Poul Videbech, og Lars Vedel Kessing gør den internationale afdeling af The Cochrane Collaboration opmærksom på Peter Gøtzsches kronik og medsender også et læserbrev, som formanden for De Lægevidenskabelige Selskaber skrev til Berlingske, som reaktion på Peter Gøtzsches bog fra 2013.

20. marts 2014

Ledelsen i The Cochrane Collaboration tager afstand fra

Cochrane Collaboration," skriver lederne i brevet til psykiaterne.

Peter Gøtzsches bog og psykofarmaka-kronik, fortæller de i et brev til Dansk Psykiatrisk Selskab og de omtalte professorer.

I brevet fastslår Mark Wilson også, at de vil bede Peter Gøtzsche om at dele upubliceret materiale med Cochrane-kolleger, så det på en objektiv måde kan blive en del af Cochrane-netværkets data, inden det bliver offentliggjort.

I brevet gør Cochrane-lederne det klart, at de tager sagen meget seriøst. De skriver blandt andet, at netop denne sag med Peter Gøtzsche betyder, at de vil lave regler for, hvordan de 31.000 bidragsydere til Cochrane Samarbejdet må udtale sig på Cochranes vegne.

Hos Dansk Psykiatrisk Selskab er formand Thomas Middelboe meget tilfreds med udmeldingen fra Cochrane Centerets internationale afdeling.

"Når han har udtalt sig, så nævnes det som regel, at han er direktør i det Nordiske Cochrane Center, hvilket har givet ham stor troværdighed, fordi Cochrane-samarbejdet er meget anerkendt. Derfor er vi glade for, at Cochrane Samarbejdets øverste ledelse nu slår fast, at hans udtalelser om psykofarmaka står for hans egen regning," siger Thomas Middelboe.

Direktør: Gøtzsche er højt respekteret

Det var mandag den 24. marts ikke muligt at få en kommentar fra Peter Gøtzsche, der er i udlandet.

På Nordisk Cochrane Centers danske hjemmeside, er omtale af Peter Gøtzsches bog "Dødelig Medicin og Organiseret Kriminalitet" nu fjernet.

I en mail til Altinget.dk fastlår Mark Wilson, at man stadig har tillid til Peter Gøtzsche.

"Som direktør for Nordisk Cochrane Center, er Peter Gøtzsche en højt respekteret og erfaren forsker. Cochrane har ikke noget at udsætte på Peters ekspertise i at fortolke beviser, som han ser dem", skriver Mark Wilson blandt andet.

Her nævner han også Peter Gøtzsches bog.

"Omkring Peters bog, afspejler hans tolkning af beviserne ikke Cochrane-synsvinklen. Og Cochrane-samarbejdet vil normalt ikke lave kliniske anbefalinger, da vi primært er en forskningsorganisation. Holdningerne spredt vidt indenfor Cochrane samarbejdet, og Peter repræsenterer en af dem".

ole@altinget.dk

DOKUMENTATION:

Hvad skrev Peter Gøtzsche i sin kronik og i sin bog:

Det skrev Peter Gøtzsche blandt andet i sin kronik i Politiken. Læs den [her](#).

...Psykofarmaka kan være nyttige nogle gange for nogle patienter, især ved korttidsbehandling, i de akutte situationer. Men efter mine studier på dette område er jeg nået frem til en meget ubehagelig konklusion:

Vore borgere ville være langt bedre stillet, hvis vi fjernede alle psykofarmaka fra markedet, fordi lægerne ikke er i stand til at håndtere dem.

Det er indiskutabelt, at deres tilgængelighed gør mere skade end gavn. Lægerne kan ikke håndtere det paradoks, at lægemidler, der kan være nyttige ved korttidsbehandling, er yderst skadelige, når de bliver brugt i årevis, og skaber de sygdomme, det var meningen, de skulle modvirke, og endnu

være sygdomme.

....Langt de fleste læger gør ondt værre ved at fortælle patienterne, at ophørssymptomerne er udtryk for, at de stadig er syge og stadig har behov for medicinen.....

....På denne måde gør man patienterne til kronikere, også dem, som ville være kommet sig af sig selv uden behandling....

...Antallet af personer på førtidspension på grund af psykiske lidelser er eksploderet i alle vestlige lande. F.eks. er det fordoblet i Danmark på kun ti år, hvilket hovedsagelig skyldes medicinen....

...Noget af det værste er, at behandling med adhd-medicin og lykkepiller skaber en helt ny sygdom hos omkring 10 procent af de behandlede, nemlig bipolar lidelse, hvilket vi tidligere kaldte maniodepressivitet...

....Antipsykotika er meget farlige og er en af hovedårsagerne til, at patienter med skizofreni lever 20 år kortere end andre.....

Fra Peter Gøtzsches bog:

"Dødelig medicin og organiseret kriminalitet - Hvordan medicinalindustrien har korruperet sundhedsvæsenet".

Uddrag:

Sundhedsvæsenet er så korrupt, at de, der bringer lægemiddelfirmaernes kriminelle handlinger frem i lyset, bliver pariaer. (Side 353)

Hvordan er det kommet så vidt, at vi har tilladt medicinalfirmaerne at lyve så meget, at begå vaneforbrydelser og at dræbe hundredtusindvis af patienter, uden at vi har gjort noget? (side 348)

Jeg tror ikke, at bedraget og løgnene i forskningen og markedsføring, korruption af lægerne og insufficiensen hos lægemiddelmyndighederne har været værre end for de såkaldte lykkepiller (side 303).

Som nævnt er den sikreste måde at gøre os alle tossede på at screene for psykiske lidelser (side 302).

Ikke mindre end 1.160 danske læger blev ifølge Lægemiddelstyrelsens registrering hyret af medicinalindustrien til at rådgive et eller flere firmaer.....

...Dette enorme tal tyder på, at folk, der arbejder i medicinalindustrien, enten er usædvanligt dumme, efter som de tilsyneladende har brug for et råd hver en time i døgnet, ellers er de kloge, fordi de opkøber lægerne.... (Side 127)

Desværre lider vi nu af to menneskeskabte epidemier: tobak og receptpligtig medicin, som begge er meget dødelige. I USA og Europa er lægemidler den tredje hyppigste dødsårsag efter hjertesygdomme og kræft. (Side 19)

► **Tilbage til forsiden**

Danish HVN
Lyovej 24, 4tv
2000 Frederiksberg

Monday 31st March 2014

Dear J. Grimshaw, M. Wilson, L. Bero and D. Tovey

It was with dismay we read your response to the four psychiatrists regarding Professor Peter Gøtzsche, director of the Nordic Cochrane Center, and at how readily you took at face value what they wrote.

We would like to present the other side of the coin so to speak. Professor Gøtzsche wrote on the 6. January an article, which set off a chain reaction and psychiatrists, in an attempt to stop the impact of Professor Gøtzsche's article, proceeded to take out of context the quote, "*The citizens of Denmark would be better off, if all psychotropic drugs were withdrawn from the market*". The same quote they used when writing to you. This quote initially resulted in many organizations responding critically but they were responding to an out of context quote presented by psychiatrists, rather than Professor Gøtzsche's article.

This initial attempt to discredit Professor Gøtzsche did not stop the debate, on the contrary it fueled it and Danish psychiatry has found itself for the first time being required to explain its self on a level never seen before, and this is still going on.

It is perhaps precisely because the debate on psychiatry continues unabated that the four professors have, two months after the initial article, written to you using the same quote in what appears to us as an attempt to once again discredit Professor Gøtzsche. We think it is also necessary to point out that Professor Gøtzsche has been very clear when speaking in public that he speaks for himself and not as a representative for the Nordic Cochrane Center.

Psychiatry as a medical specialty is being hotly debated in the western world. Its scientific validity is under scrutiny and increasingly the words 'psychiatry is in a crisis', can be heard. <http://bjp.rcpsych.org/content/201/6/430.abstract>

Danish psychiatry has been relatively untouched by the debates and even when the 'Glostrup case' <http://cphpost.dk/news/psychiatric-center-accused-of-dangerous-over-medication.1966.html>
http://www.dr.dk/Nyheder/Andre_sprog/English/2012/06/25/133901.htm was at its highest, psychiatry and its medical ethos was able to remain relatively unquestioned. However as in other countries it has been simmering under the surface and it was Professor Gøtzsche's article that has opened the floodgates.

Naturally it makes a difference when a highly respected professor enters into the debate versus those one usually associates with dissatisfaction with psychiatry, typically the psychiatric survivor movement who have long been campaigning for changes in psychiatry. We feel however that it is important to acknowledge

that Professor Gøtzsche is just one of a growing number of highly respected professionals who are increasingly questioning the scientific validity of psychiatry, for example: Allen Frances, lead editor of DSMIV

<http://www.garygreenbergonline.com/media/wired.pdf>

Dr. Joanna Moncrieff Senior Lecturer in psychiatry at University College London and one of the founders and the co- chair person of the Critical Psychiatry

Network. <http://www.criticalpsychiatry.co.uk>

We therefore feel that Professor Gøtzsche should instead be acknowledged for his significant role in initiating and opening up space for the important and much needed debate on psychiatry in Denmark. A debate that is occurring in many other countries as we speak.

We would therefore like to ask you to reconsider your initial reservations regarding Professor Gøtzsche's critic of psychiatry by reexamining the evidence that is increasingly coming to light hinting that there are severe problems regarding scientific validity within psychiatry.

Kind regards

Olga Runciman cand. psyk,
Chair of the Danish HVN



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April 4, 2014

Dear Dr. Lundh,

Thank you for your letter of 30 March 2014. You may have now learned from Peter Gøtzsche that The Cochrane Collaboration is publishing a statement to correct the erroneous quotes and misinterpretations that have appeared in the Danish press regarding our letter to Peter. The variety of materials we received prior to our writing of that letter clearly suggested that Peter was speaking on behalf of The Cochrane Collaboration. Our letter was meant to clarify that Peter, like any Cochrane member, is free to conduct research and express his own interpretations, but these statements are not the formal position of The Cochrane Collaboration.

We understand your concern about having “to emphasise that my views are my own every time I participate in an academic discussion.” We also recognize that the mere listing of an affiliation does not mean that someone is speaking on behalf of the affiliated institution. In addition, we recognize differences in our responsibility to support information published in Cochrane reviews versus other sources. We will consider these points, as well as regional and cultural differences in how Cochrane members represent their affiliations as we develop a formalised policy and position-making process within the organization. This policy will result both in a small set of explicit advocacy and policy positions the organisation holds and campaigns for; and a set of guidelines to ensure Collaborators have clear guidance on when and how to differentiate between speaking on and representing these positions, and their other work.

Thank you for contacting us and best wishes,

A handwritten signature in dark ink, appearing to read 'J. Grimshaw'.

Jeremy Grimshaw
 Co-Chair

A handwritten signature in dark ink, appearing to read 'Lisa Bero'.

Lisa Bero
 Co-Chair

A handwritten signature in dark ink, appearing to read 'M.G. Wilson'.

Mark Wilson
 CEO

A handwritten signature in dark ink, appearing to read 'David Tovey'.

David Tovey
 Editor-in-Chief



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The Editor,
 Altinget,
 Folketinget
 1240 København
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Friday 4 April 2014

Dear Sir,

As the leaders of The Cochrane Collaboration, we were recently asked by Dr Thomas Middelboe (President of the Danish Psychiatric Association) and three senior colleagues about views expressed by Professor Peter Gøtzsche in his book '*Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare*' and in a newspaper article in *Politiken* published on 6th January 2014. We responded to Dr Middleboe and subsequently to the *Altinget* journalist, Ole Toft, that these were the personal views of Professor Gøtzsche and not the official views of The Cochrane Collaboration.

Our letter was read out at the Danish Psychiatric Association Annual Meeting and reported in several Danish newspapers. We are concerned that our response was reported inaccurately and was misrepresented in several reports and are writing to make clear our position to avoid any possible confusion. For example, the *Altinget* article headline stated that 'Peter Gøtzsche does not have support for a number of controversial statements about the drug industry and the use of psychiatric medicine'. The Cochrane Collaboration is an international research organization committed to summarizing global evidence on the benefits and harms of health care interventions. Given this, we refrain from making detailed clinical recommendations and neither support nor refute Professor Gøtzsche's individual interpretation of current evidence. Further, *Altinget* reported that 'the organization doesn't agree either with the views Peter Gøtzsche describes in his book where he compares the business model of the drug companies with criminal organizations'. We have not at any time expressed any opinion about Gøtzsche's views about drug companies.

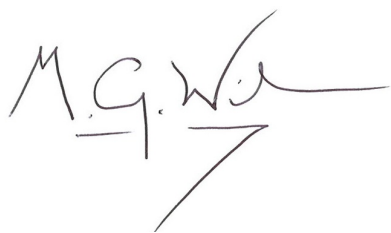
The Cochrane Collaboration currently has nearly 34,000 members in over 100 countries. Every member, including Professor Gøtzsche, is entitled to express their personal opinions and do work that is independent of The Cochrane Collaboration. We recognize the importance of clarity about when individuals are speaking on their own behalf and when they are speaking to represent The Cochrane Collaboration. Our previous letter was confirming that Professor Gøtzsche was speaking on his own behalf and not representing The Cochrane Collaboration on this occasion.

A handwritten signature in dark ink, appearing to read 'J. Grimshaw'.

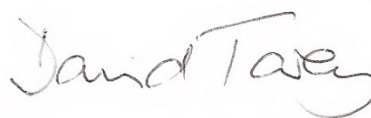
Jeremy Grimshaw
 Co-Chair

A handwritten signature in dark ink, appearing to read 'Lisa Bero'.

Lisa Bero
 Co-Chair

A handwritten signature in dark ink, appearing to read 'M.G. Wilson' with a stylized flourish at the end.

Mark Wilson
CEO

A handwritten signature in dark ink, appearing to read 'David Tovey' in a cursive style.

David Tovey
Editor-in-Chief



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Cochrane: Gøtzsche-artikel var upræcis

8. april 2014 kl. 2:35

DEBAT: Altinget.dk og andre medier har misfortolket Cochranes kritik af Peter Gøtzsche, skriver lederne af af det internationale Cochrane Samarbejde.

PRINT

KOMMENTARER (0)

Flere

Af Jeremy Grimshaw og Lisa Bero
medformænd Cochrane-Samarbejdet

Mark Wilson
administrerende direktør Cochrane-Samarbejdet

David Tovey
chefredaktør, Cochrane-Samarbejdet

I vor egenskab af ledere af Cochrane-samarbejdet blev vi for nylig spurgt af dr. Thomas Middelboe (formand for Dansk Psykiatrisk Selskab) og tre seniorer kolleger om synspunkter, professor Peter Gøtzsche har givet udtryk for i sin bog "Dødelig medicin og organiseret kriminalitet: Hvordan medicinalindustrien har korrumperet sundhedsvæsenet" og i en kronik i Politiken den 6. januar 2014.

Vi svarede til dr. Middelboe og journalisten Ole Toft fra Altinget, at disse var professor Gøtzsches personlige synspunkter og ikke Cochrane-samarbejdets officielle synspunkter.

Vores brev blev læst op på Dansk Psykiatrisk Selskabs årsmøde og blev omtalt i flere danske aviser.

Vi finder det bekymrende, at vores svar blev fremstillet upræcist og misvisende i flere artikler, og vi ønsker at gøre vores stilling klar for at undgå eventuelle misforståelser. For eksempel skriver Altinget i overskriften, at "Peter Gøtzsche ikke har opbakning til en stribe kontroversielle udtalelser om medicinalindustrien og brugen af psykiatrisk medicin".

Cochrane- samarbejdet er en international forskningsorganisation, der opsummerer den globale evidens om gavnlige og skadelige virkninger af sundhedsvæsenets interventioner.

I betragtning af dette afstår vi fra at give detaljerede kliniske anbefalinger, og vi hverken støtter eller tilbageviser professor Gøtzsches individuelle fortolkning af den aktuelle evidens.

Altinget rapporterede desuden, at "organisationen heller ikke er enig i de synspunkter, Peter Gøtzsche kommer med i sin bog, hvor han sammenligner medicinalvirksomhedernes forretningsmodel med kriminelle organisationer". Vi har ikke på noget tidspunkt givet udtryk for nogen mening om Gøtzsches synspunkter om medicinalfirmaerne.

Cochrane -samarbejdet har i øjeblikket næsten 34.000 medlemmer i over 100 lande.

Hvert medlem, herunder professor Gøtzsche, har ret til at udtrykke deres personlige meninger og udføre arbejde, som er uafhængigt af Cochrane-samarbejdet. Vi anerkender betydningen af klarhed om, hvornår personer taler på egne vegne, og hvornår de taler for at repræsentere Cochrane-samarbejdet.

Vores tidligere brev bekræftede, at professor Gøtzsche talte på egne vegne og ikke repræsenterede Cochrane-samarbejdet ved denne lejlighed.

Replik fra Altinget.dk:

Altinget.dk er ikke enig i, at artiklen "Gøtzsches organisation tager afstand fra hans psykiatri-udtalelser" (25.03.14) er upræcis eller misvisende.

I brevet fra Cochrane til Dansk Psykiatrisk Selskab, som refereres i artiklen, skriver Cochranes adm. direktør: "I want to state explicitly that these are not the views of The Cochrane Collaboration on this issue and we do not endorse them".

Altinget.dk fastholder, at det derfor ikke er upræcist eller misvisende at skrive, at Cochrane ikke bakker op om udtalelserne.

I forhold til Gøtzsches bog skriver Cochrane i dets første brev, at "the views in this book are also not the views of Cochrane".

Altinget.dk fastholder, at det derfor ikke er upræcist eller misvisende at skrive, at Cochrane ikke er enig i de synspunkter, som Gøtzsche fremlægger i sin bog.

I Altinget.dks artikel fremgår det tydeligt, at Cochrane stadig har tillid til Gøtzsche, men at organisationen fremover ønsker, at det skal være tydeligere, om han taler på egne eller på organisationens vegne.

Altinget.dk kan derfor ikke genkende Cochranes kritik af den omtalte artikel.

NAVNEWYT:

Ny adjungeret professor i miljøvidenskab
8. april 10:54

Medicinalvirksomhed ansætter ny adm. direktør
8. april 9:16

Sygeplejerske modtager stor integrationspris
8. april 9:13

Lars Reben Sørensen tildeles ridderkorset
7. april 16:28

Ny overlæge på Akutafdelingen på Slagelse Sygehus
7. april 14:15

Klaus Bonnelykke modtager Klosterfrau Award
7. april 10:44

Aarhus Universitetshospital ansætter ny kommunikationschef
7. april 10:13

Novo Nordisk Fonden støtter amerikansk forsker med millionbevilling
7. april 10:10

Børnelæge får donation fra TrygFonden
7. april 10:07

Jørn Rønstedt får onkologipris
7. april 9:31

Hjalte Aaberg og Tue David Bak i MVAs bestyrelse
4. april 13:47

Peter Nordstrøm ny vicedirektør i MVA
4. april 10:27

Jakob Kjellberg bliver professor
3. april 13:41

Jakob Møller Hansen modtager pris
3. april 15:37

Søren Vesti Esbensen ny direktør i Nomeco
3. april 14:39

► [Læs mere](#)

TEGN GRATIS PRØVEABONNEMENT PÅ ALTINGET | SUNDHED HER



Ældre-lobby uden aldringstegn
ANALYSE: Pludselig begyndte Enhedslisten at interessere sig for ældre. Høgelund & Mose ser på, hvordan Ældre Sagen håndterede den situation.

► [Læs flere](#)

Cochrane: Gøtzsche-artikel var upræcis
DEBAT: Altinget.dk og andre medier har misfortolket Cochranes kritik af Peter Gøtzsche, skriver lederne af af det internationale Cochrane Samarbejde.

► [Gøtzsche: Misvisende oplysninger om Cochrane](#)

► [Velfærdsteknologi - et fortsat uudnyttet potentiale - hvorfor?](#)

► [Læs mere](#)

Tallene bag ventetider

Af allan horn

Ventetiden til operation er rekordlav

Se spørgsmål og svar til ministre

Her kan du finde relevante spørgsmål fra folketingsmedlemmerne til ministre, samt ministrenes forklaringer.

Seneste spørgsmål

- V: Hvorfor er der ubrugte midler til sindslidende?
- DF med spørgsmål til nye kemo-afsløringer

Seneste svar

- Minister: Man skal tale patienternes sprog
- Hækkerup vil ikke snakke om hash med Frank Jensen

COCHRANE CENTRE & BRANCH DIRECTORS' MEETING

Panama City



Room 101, City of Knowledge, Panama City

11am-5pm, 31 March 2014

MINUTES

Chairs: Steve McDonald and Mark Wilson

Minutes: Lorna McAlley (Central Executive)

Attending

Hyeon Sik Ahn (Korean Branch, ACC)
Gerd Antes (German CC)
Lisa Bero (San Francisco Branch, US CC)
Xavier Bonfill (Iberoamerican CC)
Martin Burton (UK CC)
Roberto D'Amico (Italian CC)
Gerald Gartlehner (Austrian Branch, German CC)
Oscar Gianneo (South American Branch, Iberoamerican CC)
Alejandro Gonzalez Garay (Mexican Branch, Iberoamerican CC)
Peter Gøtzsche (Nordic CC)
Jeremy Grimshaw (Canadian CC)

Lotty Hooft (Dutch CC)
Cesar Loza Munarriz (Andean Branch, Iberoamerican CC)
Steve McDonald (Australasian CC)
Joerg Meerpohl (German CC)
Martin Meremikwu (Nigerian Branch, SACC)
Dónal O'Mathúna (UK CC)
Mary Ellen Schaafsma (Canadian CC)
Roberta Scherer (US CC)
Rob Scholten (Dutch CC)
Prathap Tharyan (South Asian CC)
Mark Wilson (CEO)

Also in attendance: Miranda Cumpston (item 8), Deborah Pentesco-Gilbert (item 7)

Apologies from CDs Exec members: Tamara Kredo, Maria Regina Torloni, Gerard Urrútia

Summary of key points, actions and decisions

- Central Executive to begin mapping challenges, priorities and opportunities in relation to EU funding calls and grants [Item 4, page 3]
- Item on commercial sponsorship policy relevant to Centres [Item 9, page 8]
 - There was discussion of several issues to help inform a draft of the policy by the Funding Arbiter Panel (that will be open for consultation by all)
 - In relation to Centres' financial ties to pharma and device manufacturers around training and other services, the general feeling of the meeting was: (1) ok for individuals from industry to attend (and pay for) workshops and courses run by Centres, (2) ok for Centres to receive income for commissioned teaching or training, but not ok for directors or staff to receive personal remuneration from commercial sources for this activity.
 - There was limited consideration of CDs broader financial ties (consultancies, board memberships, etc.) – to be covered in draft policy, expected middle of the year.
- Review of structure and functions of Centres [Item 10, page 10]
 - The review to begin after the Colloquium, but in preparation for CBDs meeting in Hyderabad the CDs Exec will oversee two papers: one covering the objectives and terms of reference or the review, and the other an 'issues' paper that scopes out the key issues the review will address.

be incorporated objectively into new or existing Cochrane Systematic Reviews as appropriate; and then be seen and evaluated by you and other specialists in the field.

Once again, our grateful thanks for drawing our attention to this issue.

Yours sincerely,



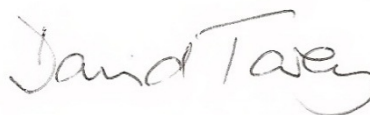
Jeremy Grimshaw
Co-Chair



Mark Wilson
CEO



Lisa Bero
Co-Chair



David Tovey
Editor-in-Chief

1. Welcome, apologies, approval of agenda

Steve and Mark welcomed everyone to the meeting. Participants introduced themselves. The agenda was approved.

2. Issues arising from the previous minutes, not on the agenda (Minutes)

In reference to Item 5a (Publishing issues), Gerd asked what the consequences had been of prioritising national licences over individual licences. At the time, Jeremy had reported that conversations with Wiley had led to the understanding that selling a national licence was preferable. Countries in which this was an issue were Switzerland (as discussed at the European Directors' meeting in Berlin, November 2013), the US and Sweden. Mark explained that Sweden no longer held a national licence but new institutional licences in Sweden had made up for this in terms of income. Gerd said the statements in the minutes from Deborah and Jeremy appeared to be contradictory and questioned the consistency of approach. Mark clarified that Wiley would continue to prioritise selling national licences and that he would be visiting Riyadh with David in April to try to secure a national licence for Saudi Arabia. Peter noted that when Denmark cancelled their national licence the number of hits to *The Cochrane Library* dropped dramatically. He suggested it would be beneficial to analyse website hits in Sweden, to gauge the impact of the loss of the national licence.

3. Report from Steering Group reps (Steve and Mary Ellen)

Steve provided an update on the previous day's Steering Group meeting. He noted that the major focus of the meeting had been the 2014-15 Plan & Budget.

- **2014-15 Plan & Budget.** The Steering Group approved the 2014-15 Plan & Budget, with the exception of £29,000 for the proposed Colloquium Support position. The Steering Group recognised the importance of the position but felt that alternatives to central funding should be pursued.
- **Cochrane Methodology Register proposal.** Although the Steering Group supported the proposal in principle, it was felt that it missed an opportunity to show how the register could be used as a vehicle for strengthening the profile of Cochrane's methods work. Jeremy added that sustainability of the proposed funding model was unclear. The Steering Group hope to see a revised proposal in future. Jeremy noted the possibility of funding (up to \$100K) from Canada to start the project. In response to a question from Rob about usage of the existing Cochrane Methodology Database, Jeremy noted that there were roughly 20,000 hits per year, and that CMD provided a high level of value to a small number of people. Lotty noted that most leading international methodological experts are also members of Cochrane Methods Groups and therefore questioned whether much of the foundation work of the database might already be completed.
- **G-I-N Partnership.** The Steering Group approved the proposal for a partnership with the Guidelines International Network (G-I-N), recognising that this would be an important strategic partnership for Cochrane. Mark explained that the wording of the agreement was deliberately flexible in two areas: details of the web-based platform for G-I-N users to integrate Cochrane evidence around guidelines; and the offer to provide a number of G-I-N membership organisations with access to *The Cochrane Library*. Jeremy noted that the agreement is time limited and would be reviewed in two years' time.

4. Report from Chief Executive Officer (Mark) (Paper)

Mark explained the Central Executive Team (CET) report combined a report of the last six months' work along with the full Plan & Budget for 2014-15. Highlights of the previous six months included the formation of the CET, the incorporation of the Freiburg and Copenhagen teams

within the Informatics and Knowledge Management Department, and the establishment of the 2014 targets in relation to *Strategy to 2020*. Mark acknowledged the set back of Helen Morton's resignation as Head of Communications and External Affairs (CEAD). Helen's replacement is expected to be in place in the second quarter of 2014.

Chapter 2 of the Plan & Budget detailed the breakdown of the *Strategy to 2020* according to each target. Mark welcomed feedback on any of the targets that Centre Directors would like to contribute to, as well as the target stakeholders section of the report. Mark briefly summarised some of the major projects the CET had been focusing on in the last six months: CEU quality screening initiative; Translation Strategy; Game Changers initiative; foundation phase of the Linked Data project; RFP for the Cochrane Author Support Tool; and the rebranding exercise.

Mark reported that Cochrane's financial position remains strong, with income for the year projected to be over £4m. The approved budget for 2013-14 had been £3.9m, although there was a considerable underspend during this period. The total reserves at the end of 2014 are expected to be £6.4m. Wiley is predicting 8% growth in sales this year. Mark noted that while it remains difficult to assess the impact of Open Access, Cochrane can be reasonably confident of sustaining its financial position in the short term.

Central support for EU grants

- Gerald asked Mark to elaborate on the £35K allocated to developing expertise in EU grants. Mark explained that this was to develop central support facilities for applications for EU funding. He had envisaged designating a staff member to this role. However, the Steering Group had agreed that a dedicated individual from the CEO's office would not be the appropriate approach and instead were in favour of drawing on, and supporting, the existing EU expertise within Cochrane. Therefore, although the exact nature of the support is still to be determined, the funds will be used as seed capital to explore the best way of doing this.
- Jeremy added that the CCSG would be very interested to hear Centre Directors' opinions, as well as CRGs and other groups, on the most strategic use of the £35k funding. Peter informed that he had been approached to participate in a consortium regarding non-drug treatments; a second deadline for preliminary proposals is in the autumn. Peter noted that EU politicians were now aware of systematic reviews, which explained the increase in specific calls for systematic reviews. Jeremy noted that EU funding cycles are regular and Cochrane would need a clear strategy on which bids to go for. He added the Steering Group had recognised that some European collaborators have existing expertise in submissions for EU funding.
- Gerald noted that EU funds can be distributed outside the EU, but that a European entity has to be the lead; this lead work is extensive and would benefit from support. Roberto asked whether there are similar plans for support outside of Europe. Mark agreed that Cochrane should have central support capacity to support a range of funding applications but these plans are not developed for this year. Gerd suggested that it was strategic support, rather than project support, that was required for EU applications.
- Dónal was about to submit an EU proposal and noted that there were regular calls with typically only two months' notice in advance of deadlines, and that capacity to filter, monitor and flag these opportunities would be very useful. He noted there is a desire to connect with institutions and researchers in LMICs.
- Peter suggested that the European Commissions' *Horizon 2020* initiative seems more relevant to CRGs than Centres and asked Martin if any UK-based CRGs had sought any EU funding through this initiative. Martin had not heard of any but added that Centres are fed information on funding opportunities and would send this out to the groups within their jurisdiction. However, he noted that almost every group has a geographical spread

of members and would be interested in such funding opportunities, and therefore he suggested that collating the information and circulating it as widely and rapidly as possible would be the best approach. Mark noted that the scanning of future proposals could be commissioned, if done effectively, and the CET could then circulate this information. Dónal noted that each country has a national contact person in Brussels for the various areas of research and these people would also provide opportunities to share future calls.

- Jeremy suggested identifying the top five opportunities for Cochrane to apply for EU funding. Martin suggested these opportunities should be linked to priorities. Xavier stated this would be a very important first step and that past applications for EU funding by Cochrane had been very ineffective. He suggested that a meeting could be scheduled for the Hyderabad Colloquium, by which time a CET member could have reviewed and framed the different opportunities for discussion. Mark agreed with this approach and would like to get started on mapping these challenges and opportunities.
- Joerg noted that the main challenge would be running the EU projects once funding had been awarded, and this would be an area that would require assistance. Mark agreed and said feedback would be needed to understand the requirements in order to provide the best level of generic support for a number of initiatives.

Membership scheme

- In response to a question from Prathap, Mark explained the plan to move to an individual membership scheme for Cochrane, to encourage wider engagement of those who contribute to the organisation. There would be a shift in terminology from 'contributors' to 'members'. Mark explained that further work on the Governance Review and the Structure and Function reviews would inform work on the membership scheme.

5. Report from CDs Exec (Paper)

Steve gave a brief overview of the report. Applications had been received for three new branches: Portugal, Japan and Mexico. There had been preliminary thoughts on the upcoming review of the Structure & Function of Centres and Branches, which would be discussed more fully later in the meeting (see Item 10). Steve noted that he would be stepping down from the Steering Group in Hyderabad but that he would remain on the CDs Exec for a further year to provide continuity. The new Steering Group representative would join the Exec. Regina would be stepping down at Hyderabad after four years on the Exec.

6. Monitoring and Registration Committee update (Mary Ellen)

This year it's the turn of Centres and Branches to complete their monitoring reports (covering the period 2012-2013). An email with all the details and timelines will be circulated shortly after the meeting. Mary Ellen noted that the monitoring process is now being managed by Finance and Core Services, led by Hugh Sutherland.

7. Cochrane-Wiley publishing report and Q&A (Mark and Deborah PG) (Paper)

Mark welcomed Deborah and noted the paper for this item had not yet been discussed by the Steering Group. He explained the new management structure of the publishing team, which would enable more efficient and equal sharing of the work on the deliverables in the publishing contract. Regional meetings had been set up to explore ways of engaging more closely with Centre Directors. A meeting was held in Europe in November and others were scheduled for Asia and the Americas.

Deborah highlighted the following points from the publishing report:

- 8% sales increase on previous year, with significant growth from Asia and Japan, both of which had been quite flat markets previously. Asia had also been driving growth in full text downloads. There was 4-5% growth in full text downloads from more mature markets, such as Europe and the US.
- Wiley was providing their regional sales teams with information on the numbers of 'access denied' so they could follow up with relevant institutions.
- There had been an extremely high level of usage from China, which was likely due to website 'crawling' and Wiley's technical team was trying to find ways around this. Ahn asked whether introducing the Chinese translation had made it more accessible for crawling and whether comparative data were available for English language content. Deborah agreed to look into this.
- As of February, 170 reviews were now available through Green Open Access (12 months following publication). Ten were Gold Open Access (immediate access).
- 30 active technological projects were now queued up for the management team.

General discussion points

- Gerald asked for country-specific demand data to be made available. Deborah said she was willing to share this, along with lists of all the institutions subscribed within each country, but noted these data are commercial-in-confidence. Mark stated this request had been a strong output of the European Directors' meeting in Berlin, and that this info could be used to promote sales and an argument for national licences. Deborah agreed in principle but noted that this approach doesn't always work, citing Sweden as an example.
- Xavier expressed his frustration at the continued exclusion of Biblioteca Cochrane from the global estimate of usage of *The Cochrane Library*. Deborah said it was difficult to bring together the data from OVID, EBSCO and Update Software alongside the Wiley data with the same level of granularity, although efforts were being made to do this in a more satisfactory way. Deborah said the management team would prioritise this.
- Alejandro commented that in many Latin American countries governments and decision makers are unimpressed with systematic reviews. He and others had been working with decision makers but without easy access to *The Cochrane Library* it is problematic and difficult to change these views. The cost of the licence is also a barrier. Xavier responded that there were access problems with the Spanish version and a meeting had been planned to discuss this.
- Deborah explained that due to the arrangement with HINARI and PAHO, the previous strategy had not focussed on getting the English version of CLib into these countries because they have access through the Virtual Health Library. However, this doesn't seem to be working as well as it should. Deborah made a comparison with HINARI, in which they had developed a policy of one-click access for all HINARI countries, and this had led to a huge growth in usage. What to do with countries that graduate out of HINARI (e.g. Columbia) that have had excellent usage but now only have access through BIREME? Deborah noted the need to make the partnership between Cochrane, Bireme and PAHO much stronger.
- Xavier stated it was unacceptable that BIREME was continuing to publish 5-year old reviews, which have been removed or updated from *The Cochrane Library*.
- Gerd noted the difference between access figures and usage, and stated that online support and teaching materials are needed to improve usage. He asked whether this was Cochrane's or Wiley's responsibility? Deborah responded it is mainly Wiley's and reported that she and Prathap had recently piloted a virtual workshop in India. Deborah noted that in addition to understanding the website, people also have to understand a Cochrane review and to do this they need to understand why systematic reviews are important – these are all barriers to overcome. Gerd proposed that Wiley develop a

stronger strategy on training and how to use the Library. Mark noted this discussion highlights the need for the end user analysis project.

- Joerg noted it would be beneficial for Centres and many CRGs to have access to the derivative products so that these can be promoted. Deborah agreed and would raise this at the next Wiley-Innovations Board meeting.
- Mark explained that Cochrane Innovations and Wiley were working together on a range of derivative products and projects, including Cochrane Clinical Answers, Cochrane Learning and Essential Evidence Plus (a point of care product which draws from *The Cochrane Library*). Deborah acknowledged the need to improve the communications strategy to allow input from Centre Directors and others.
- Jeremy and Gerd had spoken about Dr Cochrane and the potential of doing some testing in non-English speaking countries. Can we develop some examples of Dr Cochrane vignettes that are culturally appropriate in other countries, and then Centres can see if there is a market for them? Deborah was very receptive to this idea and invited feedback from Centre Directors in terms of identifying the markets where this would be most successful. The focus thus far has been North America because of the accreditation.
- Prathap noted many people use Up To Date and suggested we need a strategy to get Cochrane Reviews into Up To Date. Ahn agreed, Up To Date is used widely in Korea, but the purchase cost is very high. Deborah explained that Up To Date is seen as Cochrane's major competitor and Wiley sales representatives have to present on 'why buying a *Cochrane Library* licence, in addition to Up To Date, is advantageous'. Deborah explained that Saudi Arabia had bought a national license for Up To Date and is now asking why they should buy *The Cochrane Library* in addition.

8. Cochrane Training and Learning strategy update and discussion (Miranda Cumpston) (Paper)

Steve welcomed Miranda Cumpston, Senior Training Co-ordinator, to the meeting. Miranda explained that Cochrane Training began three years ago to create a more organised approach to training within Cochrane. It was now time to evaluate the progress of Cochrane Training. A Training Strategy would be presented at the Hyderabad Colloquium and would feature a reassessment of the organisation's training priorities and needs over the next few years. It would also include plans for more rigorous evaluation of the work so far, and a rethink of the structure and resourcing of Cochrane Training and the infrastructure needed. Two working groups are currently looking at priorities. Consultation involving Cochrane contributors would follow and there would also be consultation with external experts on online learning.

Areas of particular interest to Centres and Branches had been highlighted in the paper prepared by Miranda, and the floor was opened for questions and comments.

Trainer the trainer

- Gerald asked about Train-the-Trainer courses. Miranda reported that the Canadian CC and the South African CC have held some of these activities, and Cochrane Training would like to run similar events in a more coordinated way, with some face to face workshops but also making this training available online.
- How to better support trainers and make the Trainers' Network more interactive was ongoing, and Miranda had been looking at how to organise peer feedback to ensure we are providing support. The benefits of accrediting trainers and/or having a minimal requirement of accreditation had been suggested but the feasibility is uncertain.
- Mary Ellen was in favour of this approach and explained that the minimum criteria in Canada was having been an author on a review. Dónal reflected on train the trainer events in Ireland, saying that evaluating someone's review experience was reasonably easy but an assessment of presentation and teaching skills had been lacking and would

be necessary. Steve noted that the Joanna Briggs Institute runs a 4-5 day train the trainer programme three times a year, and that trainers are not allowed to train until they have passed the programme.

- Miranda asked if anyone felt that train the trainer courses would not be feasible in their region? The Centre Directors unanimously agreed this would be beneficial and possible in their respective regions. Steve noted that in many parts of the world certification or accreditation was important and valuable for career prospects. Rob warned not to go too far with this approach giving the example of GRADE. Miranda agreed that we don't want to introduce a system that would devalue current training activities.
- Lisa stated that the WHO has a large appetite for consistent training. She noted there would need to be a 'phasing in' period for accreditation. Miranda clarified that train the trainer 'courses' would be introduced before any accreditation requirement. She noted that clear branding and clear communication of who is allowed to provide Cochrane Training would also be important.

Capacity and opportunities for (non-Cochrane) review training

- Steve questioned the parameters of Cochrane Training, asking whether it would be focused solely on Cochrane review production. The opportunities for publishing Cochrane Reviews are becoming more limited, but there is a large unmet demand for training to do reviews (not necessarily Cochrane Reviews) and is this something that Cochrane could provide. Miranda agreed, adding that this is occurring in some areas already and there is no reason why the materials can't be applied to external audiences. Steve noted the challenge would be making this training more clearly branded as a Cochrane product.
- Prathap noted that many parts of the world don't have Centres and asked what was planned for these untapped areas, asking whether the Training Network could hold events in these areas. Miranda was interested in looking into this. Steve noted the intersection between the Training Strategy and the review of Structure and Function of Centres, which should address issues of gaps.
- Miranda noted there was a need to look at how to increase capacity to provide training. She added an evaluation of the training would be helpful to both Centres and trainers, and developing a set of knowledge tests and desirable core skills as outcomes from workshops would eventually provide Centres with a consistent set of metrics for evaluation. There was general agreement from the Centre Directors for this approach.
- Miranda would also like to look into the accreditation of training authors, including certificates and ways other than workshops to get accreditation, such as experience in reviews and linking in with university accredited teaching.

Universities and MOOCs

- Lisa noted there is an issue of branding as every service provided by her university (USFC) is branded as such. Miranda explained that training materials could be viewed by anyone but were only available through the Cochrane Trainers' Network. Creative Commons licenses would resolve this issue with many universities and this avenue was being considered.
- Mark noted the potential for revenue generation here, which could run concurrently with our internal training. Miranda suggested that training could also be run as a MOOC (Massive Open Online Course) but could be something where participants pay for interaction with trainers and accreditation.
- Lisa noted that there are pre-packaged courses in existence and described how Pfizer had tried to sell a curriculum for evidence-based healthcare at UCSF. There must be a strong market since Pfizer had a long list of universities who had bought their course. Miranda

explained that educational experts were considering ways to change our online resources, such as creating blended courses.

- Dónal described a spin-off company of Imperial College London, called Epigeum, which develops online teaching modules that are produced by a group of universities, directed by people at Imperial College. Those producing the modules may use them for free and can market the resources to other universities. This seems to be a less commercially driven model, which may be worth researching. Mark noted that the online modules currently provided by Cochrane are produced in partnership with the University of Portsmouth.
- Miranda explained that efforts would be made to develop Cochrane's online resources to be more of a quality educational experience and bring in appropriate online learning principles so those who can't attend workshops are able to interact with trainers.
- Miranda updated on the translation of training materials, explaining that they are now available in Korean, Spanish and French, and that Cochrane Training would link into the broader Translation Strategy, and avoid 'version' confusion with any updates.

9. Discussion of revisions to The Cochrane Collaboration's Commercial Sponsorship Policy relevant to Cochrane Centres and Branches (Lisa) (Paper)

Lisa explained that, following input from Peter, an amendment had been made to the recently revised Commercial Sponsorship Policy in relation to review authors' personal ties to commercial sources. Separate to this, it had been brought to the attention of the Funding Arbiter Panel that the policy did not cover conflicts of interest (COI) of Centres and Centre staff. There were two queries in particular: (1) whether Centre and Branch Directors should be allowed to have personal financial ties with commercial interests (if so, what types and to what extent); and (2) whether Centres should be allowed to receive payment in return for providing training for industry (and if so, who should receive the funds)?

Lisa sought input from Centre Directors on what should be specified in relation to these elements in the policy. Lisa clarified that it's the Funding Arbiter Panel's role to draft policy, which is then circulated to all Cochrane groups before being revised and presented to the Steering Group for approval. The policy needed to be reasonably broad but specify as clearly as possible scenarios that were not acceptable.

Author COIs

- Peter questioned whether the Centre Directors were aware that the revised sponsorship policy for reviews allows an author who is employed in industry to be a Cochrane author of that company's product and whether they deemed it acceptable. Lisa clarified that the current policy states that if an author has a financial tie related to the topic of the review they can still be an author as long as the majority of other authors on the review are not conflicted. Lisa emphasised that although some people may disagree with this approach, the policy had resulted from a two-year consultation period and acknowledged this was a very contentious point. The conclusion was a compromise position in the policy.
- Peter appealed to the Centre Directors to work with him to change the policy when it is next reviewed in two years' time to remove such compromises, as even allowing a minority to be conflicted was a 'fake fix'.
- Steve commented that it is very difficult to have a definitive ruling on paper that applies to every situation. He quoted the latest amendment and noted the wording on the possibility for an author who had received royalties, consultancies or fees in the last three years, which states:

*'In such cases, at the Funding Arbiter's discretion and only where a majority of the review authors and lead author have no relevant COIs, it **may be possible** for an author who has a declared interest [...] to be a Cochrane Review author.'*

Because it doesn't state that one necessarily has the right to be an author in this situation, the policy allows flexibility.

- Gerald asked how strict the COI policies were for CRGs and members of editorial teams. Lisa said this was currently under revision. The ideal would be to have editors without any financial ties but acknowledged the practical problems this raised. Lisa also noted that the policy applies not only to pharmaceutical interventions but all healthcare interventions.
- Martin noted that all surgeons receive more money for choosing to operate on a patient rather than not, and suggested that if the policy became too restrictive then it would rule out almost everyone from doing a review.
- Prathap asked whether there were any data on this. Lisa explained that an audit on all Cochrane reviews and protocols was being carried out to ascertain whether there were any industry employed authors, whether there were any financial ties and whether authors had received any funding for their reviews. Rob suggested that if you disallowed financial ties of any sort then a great number of reviews would need to be withdrawn.
- Peter expressed concerns over true disclosure of COIs, giving the hypothetical example of a review being written by two authors who work for Pfizer, three who do not, and an editor who does. In this example, the Funding Arbiter would be unlikely to ever know the extent of the COI as the situation would be compliant with the current policy. Lisa said this is partly why the audit is being conducted and that standardised disclosures to target this issue have been put in place. The results of the audit will allow assessment of the extent of this problem and further policy would be drafted if needed to address these issues.
- Prathap suggested that as new reviews are being screened they should be monitored proactively to ensure potential conflicts are caught in good time, as part of the implementation of the policy.
- Jeremy summarised that there had been a two-year consultation process to review the policy, that Peter's helpful comments and the views of others had been taken on board, and that there would be a further review of the policy in two years, in addition to the ongoing audit.

COIs involving Centres, Centre Directors and Centre Staff

- CDs discussed if providing training workshops to industry was acceptable, and considered if the policy should state that Centre Directors and Staff should not accept funding from commercial sources for teaching. It was agreed that directors and staff should not receive personal remuneration from commercial companies, but that it was acceptable for the Centre or Branch to receive income for providing training.
- Jeremy noted that COI issues for authors and editors were very clear, but that a qualitatively different set of issues were faced when considering Centre Directors and Staff. Jeremy asked whether the problem to be solved was one of bias or perception. Lisa responded that when the commercial sponsorship policy was initially drafted it considered both bias and perception, but bias was the principal concern.
- Gerd suggested that perception is politically dangerous and cited an article he had circulated earlier in the year, showing how industry is penetrating Cochrane. A critical question is who to approach when reacting to the media. Mark clarified that any urgent matters in reaction to the media should be relayed to him, and that Cochrane's response should be swift. He added that these situations provide opportunities for us to show our seriousness by virtue of the speed, nature, and quality of our response.

- Peter cited an example of a review in which the response process was too slow. Prathap suggested having an implementation team that worked through various scenarios to inform future issues. Lisa said that Cindy Farquhar is putting together an anonymised case history of issues that had been brought to the Funding Arbiter Panel's attention.
- Martin noted this would be a very collaborative approach to addressing the problem, but highlighted the key role of Centres and Branches in picking up on these issues. He suggested that Centre Directors should all be actively scanning their media and feeding any findings back to Mark.
- Lisa asked for comments on the financial ties of Centre Directors. Gerald questioned the parameters of fees for training services and said it would be helpful to have guidance on where service ends. Peter stated that Centres provide services, such as courses and workshops, on their own terms - industry should be able to attend and pay for this training without raising concern. There was no opposition to this view.
- What about the situation in which industry requests or commissions a service from a Centre? Should different criteria apply? Gerd suggested that Centres should provide these services, because if Cochrane didn't, other organisations would.
- Dónal commented that at his university some professors are approaching industry for funding, some more indirect than others. Dónal suggested the principles need defining, for example to say 'our courses will not change depending on who we know will be attending', or 'if my Centre Director position led me to get this funding, it is going to the Centre and not into a personal bank account'. Clear guidance on whether there is a way to be personally reimbursed for working on a Saturday, for example. Lisa said the policy will never cover every scenario, but each part is based on principles and rationale.
- Jeremy gave the example of a CONSORT group that accepts money from industry to develop reporting guidelines. Does this mean that if one member of the group wanted to be a Centre Director they would not be allowed to be? Having a very firm line may be overly restrictive. Lisa stated that within the CRGs we already distinguish between funding through a grant for a project that goes to a university and personal financial ties. If someone's pension fund invests in a drug company this does not need to be disclosed.
- Lisa explained there would be a one year 'period of grace' to get in line with the policy. The Funding Arbiter will work on a draft which the Centre Directors will be shown. The estimated timeline for the revised draft would be mid 2014.
- Jeremy asked whether Centre Directors' conflicts of interest would be audited. Steve reminded the Centre Directors that they had agreed to put their conflict of interest statements on their websites in 2010.

10. (Future) Review of structure and functions of Centres (Mark and Steve)

This was a preliminary discussion of the key issues for consideration during the Review. Steve reminded the group that the need for the Review had been identified during the discussions around the new Strategy in Oxford last year and applied to all groups within Cochrane. The need to reassess the structure and sustainability of the organisation was written into the 2014 targets for *Strategy to 2020*. The CRG review of structure and functions is underway, and Steve suggested looking at the objectives and terms of reference for the CRG review to see whether these could be adapted for the review of Centres.

Mark noted the work involved in conducting the reviews and then fitting the components together cohesively. He referred to the CET Plan & Budget paper that provided indicative timelines. The Centres' Review would begin at the Hyderabad Colloquium. He noted that the outcomes of the CRG Review would likely have a significant impact on the other reviews.

Mark spoke to some prepared slides on the project objectives of the CRG Review as a starting point to see what might be useful in relation to the objectives of the Centres' Review:

| No. | Objectives of CRG Review of Structure & Functions (<i>modified</i>) | Comments |
|-----|--|---|
| 1 | To understand the benefits and challenges of the current structure and functions of <i>Centres</i> and the extent to which these influence the Collaboration's ability to meet the goals described in <i>Cochrane Strategy to 2020</i> | ✓ Are our current functions the right ones for Centres in the future? Should there be more or fewer functions? What are the patterns of delivery against those functions? |
| 2 | To understand the support needs of <i>Centres</i> ; how well they are delivered currently and how <i>Centres</i> might be supported more effectively in the future to meet strategic objectives | ✓ Need to define these needs more clearly |
| 3 | To complement the parallel project that is revising the quality assurance mechanisms for Cochrane reviews | ✗ Not relevant to Centres |
| 4 | To identify a range of possible alternative models and structure for <i>Centres</i> , and to evaluate the benefits and challenges associated with each of these in terms of delivering strategic goals | ✓ Is our current structure of centres and branches fit for purpose? What other structures should we consider to achieve strategic goals? |
| 5 | To explore and identify the management issues associated with changing the current structure and solutions to address these issues | ✓ |
| 6 | To energise and motivate Cochrane contributors and editorial teams and to extend the concept of a global Collaboration | ✓ already part of what Centres are, but should additionally include something about making the best use of people resources |
| 7 | To ensure that the needs of funders and users of Cochrane Content are understood and that any proposed solutions are formulated with this as the highest priority | ✓ how to assess the needs of funders, and what are the funding requirements of Centres? |
| 8 | To ensure that the Collaboration is ideally placed to inform the knowledge needs of health systems and individuals in 2020s | ✓ needs to include external views and some objective of ensuring we meet these needs in the external market place |
| 9 | To prepare a fully costed options appraisal document and recommendations for consideration by the CCSG | ✓ (or version thereof) |

Steve identified the following four components of the Review process:

- 1) Consideration of the existing remit and functions of Centres, Branches and Networks
- 2) Consideration of alternatives models/structures and revised functions.
- 3) Governance, accountability and monitoring. Is the way in which we monitor our outputs appropriate? How should we manage relationships between Cochrane central, Centres, funders and host institutions? How should performance and succession planning be managed?
- 4) Agreement on the process and timelines for conducting the Review.

Steve opened the floor for discussion. Gerd questioned the appropriateness of beginning by looking at the CRG review, arguing that Centres are the opposite of CRGs in that - although there is some heterogeneity - they are able to adapt to regional situations and local challenges. Mark responded saying the relevance of the comparison is to ascertain the standardised functions of Centres, and to use this as a starting point. Steve agreed with Gerd's point that Centres must be flexible in structure – something which could be achieved while still having a standard remit and core functions.

Gerd cautioned that because Centres exist through cross-financing and complex funding models, involving universities and institutions, developing general rules for all Centres in relation to accountability and governance would be difficult. Mark acknowledged this concern and Steve noted that similar issues are being addressed in the CRG Review.

Mark emphasised this is not a monitoring or control initiative and that the review would be aimed at identifying what is needed to achieve the organisation's *Strategy to 2020*. Gerd noted that succession planning, accountability and performance review of CDs had been discussed at length in 2011 in Split, and even as far back as 2003 in Melbourne. There was some questioning of the current relevance of these discussions/documents, but it was agreed that they should be looked at to ensure we build upon rather than duplicate previous work.

Jeremy noted that accountability, coverage and growth of Centres still need to be reviewed and suggested Cochrane's challenge over the next ten years would be how to achieve better global coverage.

Gerald suggested pinpointing what needs to be fixed. Mark responded at this stage Centre Directors were being asked for their thoughts on scope, and what we need in terms of geographical base to achieve Cochrane's strategy. Steve added that consideration should also be given to determining the kind of activities we want to encourage, such as increasing capacity for dissemination of reviews. Lisa noted this is difficult to think of in isolation as, for example, the dissemination of reviews would overlap with Fields. One core function of Centres is to support CRGs, but CRGs are going to change, so it is hard to assess how this will impact Centres' core functions. Mark agreed and noted that the structure and function reviews are staggered in order for us to learn from each of them.

Jeremy stated that as the Centre Directors are a smaller group than CRGs, we would be able to talk through this together. He suggested the Centre Directors could work up a document for Hyderabad, identifying roughly five key areas to be covered and assign individuals to write these aspects of the paper. Steve reported that the CDs Exec had discussed this earlier and proposed that two documents should be prepared: one paper on the objectives and terms of reference and another 'issues' paper for structured discussion at the Hyderabad Colloquium.

These issues would be worked through and lead to recommendations being put forward at the mid-year meeting in 2015. Steve proposed that a group could take this forward comprising the CDs Exec, one or two other CDs, plus input from other key groups (Fields, CEU, Cochrane Training, Communications and External Affairs team).

CDs unanimously agreed with this approach. Lisa requested that a paper outlining the approach be sent to all CDs so that those not attending this meeting can comment.

11. Governance Review (Mark) (Paper)

Mark introduced the paper, explaining it had been prepared for the CCSG to help them focus on the nature of the Governance review that would happen later this year. The paper covers the need for the CCSG to evaluate its role, operating principles and legal obligations, as well as its role in providing strategic leadership. The paper also identified broader governance issues that the organisation is facing.

Mark asked for any thoughts on other elements the Governance Review should include and welcomed further feedback from the Centre Directors.

- Some Centres have advisory boards and some do not. What should a consistent and appropriate set of governance accountabilities be for Cochrane groups which are funded in many different ways? If we do have advisory boards, what power should they have, or to what extent should they control Centre's decisions?
- How does Cochrane ensure adequate oversight and control over groups with mutual accountabilities?

- What are the accountabilities, powers and responsibilities of the different Executives of each group?
- What control/power should Cochrane have over the appointment of group leaders? Should Cochrane just accept whatever individual is appointed by the funder to a Cochrane group?
- How should Cochrane deal with succession – what responsibilities do the outgoing and incoming leader have, and how should they be managed?

Jeremy explained that the role of the CCSG is changing and that in the past the CCSG had been much more involved in the implementation and oversight of work. Since the 2009 Strategic Review the role of the CCSG has been moving towards being more strategic. There would be a CCSG members only session on 2 April to discuss the Governance review. Jeremy noted that the evolution of the CET had allowed the CCSG's role to become much sharper, as the accountability for work has moved to the CET. Lisa added that prior to the establishment of the CET, the CCSG had made strategic and executive decisions but there had been no way of ensuring the work was implemented. We now have this capacity via the CET and this should make the organisation much more effective.

Mark concluded that the Governance Review is concerned with defining the mutual accountabilities, as limited or large as they are. The organisation has to make choices about what these are.

Tuesday 1 April

The second part of the meeting was held jointly with the Fields Exec and Consumers Exec. The items included a presentation from the Informatics and Knowledge Management Department, and from Mark covering the reputational audit and rebranding exercise.

The final item, under Any Other Business, concerned the issue below and was discussed with only the Centre Directors present. Mark had to leave the meeting before this item was discussed in order to attend the Fields Exec meeting.

Communications related to Peter Gøtzsche, the Nordic Cochrane Centre and Cochrane's leadership

Background

In early January, Peter Gøtzsche made several statements about psychiatric drugs that were published in a Danish newspaper. On 5th March, the Danish Society for Psychiatry sent a letter to the Cochrane Groups working with schizophrenia and depression asking whether these statements were the views of The Cochrane Collaboration. The Co-Eds of the two Groups passed the message on to the Collaboration's senior leadership. On 20th March, CEO Mark Wilson, the two co-chairs of the Steering Group, Jeremy Grimshaw and Lisa Bero, and Editor-in-Chief David Tovey responded to the Danish Society, saying that the statements made by Peter did not reflect the views of the Collaboration but were his personal views and he was not speaking on behalf of the organisation. This response was widely reported in the Danish media, but sometimes in a distorted and sensational fashion that interpreted the letter as the Cochrane leadership denouncing not only what Peter had written about psychiatric drugs, but Peter himself and his book, 'Deadly Medicines and Organised Crime', which the Society had not mentioned in their letter, but which the Cochrane leadership mentioned in their reply.

The Cochrane leadership had already informed Peter in an earlier letter (15th March) that they would reply to those who had approached them to make clear that the views expressed in 'Deadly Medicine and Organised Crime' are not those of Cochrane, and Peter recognised this in an email of 20th March. The letter from the Danish Society and the Cochrane response were sent to Peter on 24th March but unfortunately he was on holiday and so only learned about these from the media whilst he was on holiday and was unable to defend himself. Peter considered the reports highly damaging to his reputation and that of the Nordic Cochrane Centre. In Panama, therefore, Lisa, Jeremy, Mark, David and Peter agreed that Cochrane's leadership should send a second letter to *Altinget*, the newspaper that first broke the story, reiterating its position but correcting the false interpretation of the letter that had been reported. This letter was sent and published on 8th April.

Minute

At the request of Peter and Gerd Antes the Centre Directors discussed this incident. Peter highlighted the dangers of actions being taken by the Cochrane leadership without full consultation with the local Centre Director having a potentially very harmful impact on the Centre's reputation and funding because of insufficient knowledge of the local situation. It was pointed out by another Centre Director that while prior consultation with the Centre is always likely to be the preferred approach, Cochrane's leadership has a responsibility to act in the best interests of the organisation as a whole. However, there was general agreement of the principle expressed by Peter that the Co-Chairs, the CEO and the Editor-in-Chief, and their staff, should not communicate with national institutions, authorities or others in matters that could be potentially damaging without first consulting with the responsible local Cochrane Centre or Branch Director.