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Disagreements in interpreting the Cochrane Spokesperson Policy

At a meeting held on 13 June 2018, the Cochrane Governing Board decided to appoint independent legal Counsel to carry out a review to assist the Board with the resolution of governance issues. The issues concern disagreements in interpreting the Cochrane Spokesperson Policy and involve a Trustee of Cochrane, who is also the Director of the Nordic Cochrane Centre (Peter C. Gøtzsche), and Cochrane's CEO (Mark Wilson). Cochrane's law firm that handles this case is Harbottle & Lewis LLP.

According to "Instructions to Counsel" from 2 July 2018 (see Appendix 1), the complaints Gøtzsche and Wilson have raised against each other should be subject to a formal consideration and legal review, and the Counsel is asked to establish the facts; identify the legal basis of the issues in dispute; and make recommendations in order to try and find a resolution amenable to all parties involved.

From Cochrane's law firm, I received documents related to the disagreements in a binder of about 400 pages, subdivided under 22 Tabs. It is not clear who assembled these documents. As I shall show here, they are a seriously biased selection that favours Wilson and disfavours me. Further, they contain many inaccuracies and misleading statements, and I was initially given only 8 days to respond to this, a monumental task, with no legal assistance. Among the allegations raised against me is that I should have "breached" codes at times when the codes were not even in place.

In this report, I shall demonstrate how a lack of democratic and collaborative leadership at the Cochrane Collaboration has diminished its core principles of openness, transparency, honesty and fairness. I believe Cochrane has been managing its organisation by fear and intimidation and that I have been the subject of a witch-hunt, personal attacks and bullying by Cochrane's CEO. Management by fear should not occur in a charity built on volunteerism, unpaid work, altruism, generosity and collaboration, which is part of our name, the Cochrane Collaboration.

I shall also demonstrate serious acts of tampering with evidence, in the form of manipulating the minutes of meetings and other evidence by the CEO, his staff, and the co-chairs of the Governing Board (see pages 29, 34-39, 47-52, 64). This is akin to perjury in legal cases and could be considered a criminal act according to the UK Forgery and Counterfeiting Act 1981. It would likely also be considered mismanagement by the Charity Commission.

I have found it necessary to write a comprehensive, preliminary report in order to provide a more equitable starting point for resolving the disagreements. I need more documentation before I can provide a final report. I therefore request additional information (see page 65 in this report).

I also request that the Counsel attaches my report to his own report to the Governing Board because its members are obliged to be fully informed before they make decisions and because we work by principles such as openness, transparency, honesty and fairness. I have included a short summary at the end of the report (page 66).

Yours sincerely,

Peter C Gøtzsche
Professor and Director, Nordic Cochrane Centre
Elected member of the Cochrane Governing Board

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The current Cochrane process

The current conflict between CEO Mark Wilson and me is about how two complaints and one question from outsiders sent to Cochrane in the spring of 2018 should be addressed and whether I have broken the Spokesperson Policy in these three cases. This could have been resolved rather easily, by assistance from the Governing Board. According to the agreement between the Nordic Cochrane Centre and Wilson, the Centre Director may appeal the CEO’s decision to the Governing Board if attempts at a resolution of the dispute have failed.

Instead of following the procedure, the co-chairs for the Board decided to contact a law firm to ask for advice and their proposal was accepted by a majority of the Board on 13 June. Eight members voted yes, four members voted no, and there were no abstentions.

I shall first document that the Spokesperson Policy is so ambiguous that it cannot be used to discipline Cochrane contributors or to tell them that they have violated it.

The Spokesperson Policy is highly ambiguous

Ever since the Spokesperson Policy was approved May 2015, I have explained several times that it is highly ambiguous and therefore should not be used as a disciplinary instrument. As the Policy is also internally inconsistent, it can be used to arrive at opposite conclusions in concrete cases depending on which parts in the Policy one focuses on. It is therefore highly arbitrary to decide whether a person has breached this Policy or not.

Although the Cochrane Collaboration is an evidence-based organisation, the Spokesperson Policy has never been subjected to an empirical test. As I wished to provide some evidence that might be helpful for the Counsel and subsequently for the Governing Board, I asked 24 people to read it and apply it on the three recent cases, which led to the conflict between Wilson and me. These people were the 7 members of the Nordic Cochrane Centre's Advisory Board, the 5 directors of affiliated centres, the 3 co-ordinating editors of the Cochrane review groups based in Denmark and 9 researchers with whom I currently do research. I used a convenience sample, as I encroached on people's time and wanted to get a high response rate. As we advise in Cochrane to make decisions based on the best available evidence, the responses are very important, also for this reason. There is a richness of comments that are highly valuable, not only for resolving the current disagreements, but also serve as a basis for a revision of the Policy so that it becomes clearer.

Twenty-one of the 24 (88%) people responded. As the responses were not related to which group the responders came from, I describe them in total here. I did not reveal anything about the current dispute between Mark Wilson and me in my email to the responders, but kept a neutral tone:

> I write to you in your capacity as [a member of the Advisory Board of the Nordic Cochrane Centre; directors of centres associated with the Nordic Cochrane Centre; co-eds of groups based in Denmark; researchers currently working at the Nordic Cochrane Centre], as I need advice.
>
> I would be most grateful if you would help me by giving your views in relation to how the Cochrane's Spokesperson Policy should be interpreted in relation to three recent cases. They all involve me but the matter is important for many Cochrane contributors, particularly those in senior positions, as it is about rather fundamental principles. There is an ongoing debate about this at the Cochrane Governing Board, of which I am an elected member.
>
> It should not take you longer than 15 minutes to provide feedback. I will handle your comments in such a way that they cannot be traced back to particular people; in other words, you may regard your reply as anonymous. Please give me your honest opinion.
>
> I attach the Policy, my letter with questions for you, and the three cases (only one page each).

The letter with its four attachments are shown in Appendix 2. In the letter, I asked the respondents to read the Spokesperson Policy first and to pay particular attention to Notes 3 and 4 on page 6. Notes 3 and 4 in the Policy come in this context:

> "If you are expressing a view about Cochrane-related issues you should state clearly that you are speaking in a personal (or other professional) capacity unless you have been expressly authorized to represent Cochrane (as outlined below).[3] [3]: This policy does not dictate the exact phrasing to make this distinction clear, it asks that you make an honest attempt to do so to avoid any confusion or misunderstandings."

“If you have multiple affiliations or positions, you may choose not to use your Cochrane affiliation if this may cause confusion.[4] [4]: That doesn’t mean you need to ‘hide’ your position or affiliation with Cochrane. On the contrary, we should be transparent about associations with Cochrane and other organisations, but if you do mention your official title, it is even more important that you are clear whether you are speaking on behalf of Cochrane.”

The respondents were asked to give their opinion about whether I had violated the Spokesperson Policy in the three cases and to respond to two additional questions after this:

“Case 1. My letter to a US funder asking for details about deaths and causes of death.”

“Case 2. Our invitation to a seminar on withdrawal of psychiatric drugs.”

“Case 3. My report as an expert witness in a double homicide case in Holland that I wrote for the lawyer for the defence.”

“What is your view on the Spokesperson Policy? Is it unambiguous and therefore easy to interpret in relation to concrete cases?”

“Do you find that the policy ought to be improved?”

For each question, the options for response were “Yes, No, Not sure,” and I furthermore asked the respondents to give their reasoning.

The results:

	Yes	No	Not sure
Case 1, was the policy violated?	4	10	7
Case 2, was the policy violated?	2	11	8
Case 3, was the policy violated?	1	9	11
Is the policy unambiguous and easy to interpret?	3	15	3
Ought the policy to be improved?	18	1	2

In all three cases, very few people felt I had broken the Spokesperson Policy; very few people found it unambiguous and easy to interpret; and by far most people felt it should be improved. In contrast, Wilson’s view is that I did not break the policy for case 2 while I broke it for cases 1 and 3.

The respondents usually gave their reasonings and these are highly interesting. I have copied them all into Appendix 2 and provide some comments below that I found most helpful for understanding the problems with the Spokesperson Policy and with the way it is being interpreted by Mark Wilson.

Selected reasons given by respondents (comments by Peter Gøtzsche in brackets)

Case 1. My letter to a US funder asking for details about deaths and causes of death

If such questions cannot be communicated directly by Cochrane Centres then it is time to discuss to close Cochrane as a global organisation.

As I understand the Spokesperson Policy, it focuses on representation of Cochrane in the public domain. This particular letter is personal about how to make clear when you are speaking in a personal capacity related to statements made in the public domain (media contact and presenting a paper, respectively). As this is a personal letter not intended for the public domain, I do not believe that the Cochrane Spokesperson Policy applies.

The policy could be more explicit about what types of content would fall under “speaking on behalf”.

I fail to see how this is even relevant in the context of the spokesperson policy. You are doing a Freedom of Information Request which is important for the work we do at the centre; clearly such a request would have to be sent using the Cochrane affiliation, since the obtained data will be used for work conducted at the centre.

I can’t see any reason as to why the document should represent any official Cochrane policy or that the request could be misinterpreted as anything else than what it is. The fact that the letter contains the Nordic Cochrane Centre letterhead makes it clear that it is a request from our centre and that it is part of the scientific work being done here.

It seems like the policy only applies when speaking on specific Cochrane related topics (e.g. Cochrane reviews). The only thing in this letter that would be a potential breach to the policy is the last paragraph saying that it would be unethical. In this sentence, you have clearly written ‘in our view’, which seems to be in accordance with the policy.

Case 2. Our invitation to a seminar on withdrawal of psychiatric drugs

I can’t see any statement that expresses Cochrane views.

He makes no claim to speak on behalf of the Cochrane Collaboration.

The seminar is dissemination of research conducted and funded by the Nordic Cochrane Centre. Not mentioning the Cochrane Centre in any way would be very strange indeed.

The document contains a Cochrane email address, but the document does not contain any information that could mislead to think that this is an “official” Cochrane event.

I am not sure whether the sentence saying that many patients would get a better life if they were tapered off psychiatric drugs is in agreement with Cochrane’s position on this debate (if they have any).

Case 3. My report as an expert witness in a double homicide case in Holland that I wrote for the lawyer for the defence

Formally, you could have used your professorship only as your affiliation. That’s possible in our position but will look rather artificial for the public with people like us whose public visibility is intrinsically linked to Cochrane even if we don’t emphasize it.

If the missing parts of the letter do not suggest that the views you express are those of Cochrane, I don’t think you would need to include the disclaimer because the statements in the text you have provided are simply factual statements of who you are (equivalent to providing your CV).

Could not find anything in the Spokesperson Policy that shows a violation for similar circumstances (i.e., expert witness).

It is clearly indicated that this is your evaluation, not on behalf of Cochrane.

Yes, if they invited you as a private person and researcher with expert knowledge to give witness. No, if they invited you as a director of the Nordic Cochrane Centre with expert knowledge on the topic to give witness.

You explicitly state that you speak on behalf of yourself and not on behalf of Cochrane.

It is clear that it is your (critical) evaluation, and being a long standing Cochrane reviewer you are well qualified to do that. I have done scores of legal work and my main qualification for it is the same. So this too is absolute nonsense.

It is not clear from the Spokesperson Policy whether reports produced for court cases by Cochrane affiliates to make use of their qualifications as assessors of scientific rigour is considered a public statement. This particular letter is personal and so is not a public statement on behalf of Cochrane.

As far as I could read the letterhead is not mentioned in the policy.

You write “My evaluation of Prof Loonen…” and “My comments on…” which makes it pretty clear that you are talking on behalf of yourself and not on behalf of the Cochrane Collaboration.

I think it is clear from the letter, that it does not concern Cochrane related issues, and that the views expressed in the letter are therefore strictly personal.

What is your view on the Spokesperson Policy? Is it unambiguous and therefore easy to interpret in relation to concrete cases?

I think that “Cochrane-related issues” might be interpreted in different ways.

I am not sure why such a document is needed. I have never heard or read about anyone “speaking/writing for Cochrane”. The document ignores the reality of who we are and what our history is.

The difference between speaking on behalf of and stating one’s affiliation is not clear to me, which I think, is a central question.

It is as unclear as it can be.

The Spokesperson Policy is quite ambiguous and seems difficult to interpret. Especially, it appears that there will be many cases where statements are to some extent related to Cochrane work or Cochrane issues, but where at the same time it is obvious that the views expressed are not official Cochrane Policy.

I think it is unclear in which cases you have to emphasise that this is not the official opinion of Cochrane. At some point it can become ridiculous to state that it is personal opinions (e.g. if it has to be done when stating qualifications).

Do you find that the policy ought to be improved?

The policy needs substantial improvement ... Several points are absolutely unacceptable: "As a registered UK charity, we are governed by laws on what we can and cannot speak …" This may be true for statements in the UK but totally ignores that we operate in different countries, under different laws and in different cultures. The lack of respect for the thousands of contributors under those local conditions who earn the money for the existence of the Collaboration is striking. The request to start "every" public statement with a declaration that this is "Cochrane" or "personal view" would generate a rather ridiculous picture for the public. It may appear that Cochrane is a centralised organisation where there is no general trust from the "leadership" that local directors behave well. The effect would be devastating, moving for example my reputation from the current perception of a respected authority in relation to methodological issues on a national level and beyond, to an employee of an office in London with no visible competence on the academic scale. What I find increasingly annoying is the recommendation to request authorization from the "KT [knowledge translation] department". This name looks like an embarrassing exaggeration and it is a misnomer for a process which should be built around the communication in the local culture and not through a top down process from the English part of the world ... The policy is described as a guidance but it rather looks like a directive. The policy should show much more respect for the local culture and formal conditions.

If the policy contained some examples of the common issues, I think this would help people to see what is, and is not, allowed. I also think that the policy needs to be revised so that people are free to speak on behalf of a Cochrane entity without being thought to be speaking on behalf of Cochrane as a whole and that Cochrane should make it clear that people are free to speak on behalf of their entity. This would include all staff and all members of an entity (not just Directors and Co-ordinating Editors) and, if the policy was revised in this way, then it might still require people to use a disclaimer to make it clear when they are not speaking on behalf of their entity when they are not doing so ... if the policy allowed you to speak on behalf of the Nordic Cochrane Centre, without necessarily being thought to be speaking on behalf of Cochrane as a whole, my opinion is that you would not have breached the policy in any of these three cases ... you should be free to use your affiliation as Director of the Nordic Cochrane Centre in any way that is in keeping with the wishes of the Nordic Cochrane Centre.

The policy tried to avoid someone writing/speaking on behalf of Cochrane. As they say in the intro, this is very unlikely given the size and complexity of the organisation. You would have to write or say "Cochrane says…" which is nonsense.

I believe this ambiguity causes unnecessary, destructive conflicts and that it is used deliberately by outsiders to further their questionable agendas. This is most unfortunate. I also find that the following requirement in the current Spokesperson Policy is often impossible to meet due to restrictions placed by the media or the context in which statements are made and that the required clarification will often seem exceedingly awkward and out of place and will likely undermine important messages: "If you do use your Cochrane affiliation along with another title, or if Cochrane is the only title or affiliation you have, 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.” Imagine stating that in a TV studio during a live interview. I cannot recall seeing anyone else doing that. Indeed, I believe the Cochrane Spokesperson policy, in its current form, requires far more than what is standard from other respected organisations and institutions. This is counterproductive. The need and possibility to meet this blanket requirement simply does not take the context in which statements are made into account. This sentence should therefore be deleted.

I cannot understand at all the hysteria about the issues and why Cochrane is so "afraid" of what could happen to their image. You always get the science right when you communicate, so ideally, Cochrane's organization - with the objective / vision it has - should support your (and others’) conclusions. Even though they may seem extreme, they are merely reflecting what was found or not found in terms of the science.

The policy should aim much more at ensuring academic freedom and plurality of opinions (while this is mentioned, it seems to be in words only). When we conduct research that lives up to the methodological requirements of Cochrane we should be allowed to disseminate it, and use our Cochrane affiliation while doing so. The idea that a collaboration of so many people can have one single opinion is flawed, and in my opinion Cochrane should aim more at making it clear that there is a plurality of opinions and ensure that these opinions are based on rigorous research, instead of pushing a corporate agenda of pretend-agreeing; especially since it seems that “the views of the Cochrane Collaboration” almost exclusively represent the established view, and as such Cochrane loses its ability to set in motion the drastic changes that are needed in modern health care. An easy step could be to make it official Cochrane policy that unless a view is EXPLICITLY stated to be the view of the entire Cochrane Collaboration it should not be seen as such.

The policy as it stands right now appears quite the opposite of what the Cochrane Collaboration is all about: it is vague, unclear, and it is obviously a “cooperate” policy. In fact, the whole idea of having a spokesperson policy seems strange because it should be quite obvious that, unless a person declares to represent the Cochrane Collaboration, it can never be interpreted as official policy. I don’t understand why the “burden of evidence” seems to have been reversed here. It is not very logical that you have to declare that you are NOT representing the Cochrane Collaboration. It should be the opposite, that only when you are representing the Cochrane Collaboration you should declare this very clearly. Otherwise it will not be possible for anyone, ever, to state anything without the risk of breaching the very vaguely-defined spokesperson policy.

At present, the policy is ambiguous. This can result in researchers involved in the work related to Cochrane not fully engaging in all processes of their work (e.g. communication, collaboration, data collection) out of concerns of inadvertently violating the policy. This would of course be an unfortunate consequence and one that is not in the interest of Cochrane.

The Spokesperson Policy is being "violated" all the time if Wilson's interpretations are accepted

There are many other problems with the Spokesperson Policy than those just outlined. For example: What is a Cochrane-related issue? It is not possible to distinguish sharply between Cochrane-related activities and other activities. When is something a personal view and when is it a reasonable scientific conclusion based on the data? Is it a personal view to state that an intervention does more harm than good when a drug causes more deaths than it prevents? Furthermore, Cochrane as an organisation cannot have any policy on issues like this, or any views that count more than those of researchers who have been deep into the scientific substance. All drugs can cause harm. Is it a personal view to recommend people to take as little drugs as possible when it can be concluded, based on several independent studies, that our prescription drugs are the third leading cause of death, after heart disease and cancer, or is it a sound, evidence-based conclusion?

With so much ambiguity and inconsistency in the policy that inevitably lead to arbitrariness, I believe it is unjustifiable for our CEO, Mark Wilson, to declare that I have broken the Spokesperson Policy in any of the three cases. If jurors or judges in a court trial are so much in doubt, no one will be convicted, and if our laws are similarly ambiguous as the Spokesperson Policy, they will be changed. In court cases, any doubt will benefit the accused and if it cannot be proved beyond reasonable doubt that the accused is guilty, the accused will be acquitted.

This should also be the case in the Cochrane Collaboration. However, under Wilson's leadership, it is the other way around. Wilson virtually always finds me guilty, even when the two co-chairs of the Governing Board have acquitted me in his absence, although they represent the highest authority in Cochrane (see page 28, *2016, our complaint to EMA over maladministration at EMA*). It is a huge problem for due process and justice that the same person, the CEO, is responsible for writing the policy; for investigating possible cases of violation of this policy; and for disciplining people for alleged violations. In our societies, we have separated these three functions to prevent injustice. But Wilson handles all three, and he made it clear at our Board meeting in Genève in 2017 (see page 47, *Serious tampering with the minutes from the Board meeting in Genève in 2017*) that he didn't even find it necessary to involve the person complained about before he came up with his verdict. This attitude must be changed. Finally, in contrast to criminal verdicts, there appears to be no expiry date for Wilson's public verdicts (see page 54, *Harmful and irrelevant statement on the Cochrane website*).

I have spoken with many centre directors and other senior people in Cochrane about the Spokesperson Policy and, like me, they are very unhappy with it and the way Wilson uses it.

It is clear that if we accept Wilson's arbitrary interpretations, this policy is broken hundreds of times every year. In many other cases, people do not dare say or write anything out of fear of what they see as public punishment. Such self-censorship is not healthy for a scientific organisation that aims to help people make evidence-based decisions about health care.

When preparing this document, I came across three examples from June and July 2018 where senior Cochrane people seem to have broken the Policy according to Wilson's interpretations of it as evidenced in his verdicts in the cases that have involved me during his six years in office. These three examples are in Appendix 3, and I shall describe them here, too.

Cochrane editorial, "HPV vaccination: balancing facts"

A member of Wilson's own staff, senior editor Toby Lasserson, published a Cochrane editorial on the Cochrane.org website on 29 June 2018 where he praises the HPV vaccines and gives opinions about them and the recently published Cochrane review of the HPV vaccines from May 2018 without stating that these are his personal views. For example, he writes: "We hope that this review will be used to support policy or personal decision-making about HPV vaccination that is informed by the best current evidence, balancing facts rather than opinions" and, with reference to the Cochrane review, he states: "we can be confident that rates of serious adverse events and miscarriage are similar between vaccinated and unvaccinated women."

Nowhere in the editorial does Lasserson write that none of the girls in the control group received placebo, or that they all received a hepatitis vaccine or the vaccine adjuvant. It is outright misleading to state that rates of serious adverse events and miscarriage were similar between vaccinated and unvaccinated women, as there were no unvaccinated women to compare with. If the hepatitis vaccine and/or the vaccine adjuvant give similar harms as the HPV vaccines, this could obscure a true harm caused by the HPV vaccines. We have described this problem in our complaint to the EU's Ombudsman, and the Cochrane Editorial Unit, to which Lasserson belongs, is very well aware of our criticism of the randomised trials, which is up on our website (https://nordic.cochrane.org/news, 5th post from the top). Lasserson is also aware that the Cochrane review has been heavily criticised, for valid, scientific reasons. It therefore cannot be used for "personal decision-making about HPV vaccination that is informed by the best current evidence, balancing facts rather than opinions," which, ironically, is a statement that in itself is an opinion. Furthermore, the best current evidence is *not* the published trials; it is the clinical study reports, which can be requested from EMA.

Three researchers from the Nordic Cochrane Centre published a detailed criticism of the Cochrane review on 27 July (see Appendix 3) where we explain that we duly warned the Cochrane Editorial Unit months ahead of the publication of the Cochrane review, which missed nearly half of the eligible trials and participants. A preliminary warning was sent by Tom Jefferson already in November 2016 to the Cochrane Editorial Unit (see Appendix 3). The Cochrane review also ignored important evidence of bias, which we explain in our paper (see Appendix 3), and we found it to be a substandard Cochrane review, for several reasons. Lasserson's editorial was commissioned but it is not stated by whom. At any rate, people working in the Cochrane Editorial Unit do not have any more right or legitimacy than anyone else in Cochrane to express their opinions about science as spokespersons for Cochrane.

Lasserson had a co-author, Jo Morrison, with the address: "Department of Gynaecological Oncology, Musgrove Park Hospital, Taunton, UK." The Cochrane article did not tell its readers that Morrison is co-ordinating editor for the Cochrane Gynaecological, Neuro-oncology and Orphan Cancer review group, which published the HPV vaccine review, although some will see this as a conflict of interest that should have been declared in an article of this type.

BMJ paper, "Why Cochrane should prioritise sharing data"

In a BMJ paper from 30 July 2018, a number of people including several Cochrane editors, criticise Cochrane for not sharing data sufficiently and the critics give personal opinions, e.g. they say that data from Cochrane reviews "should be fully accessible for reuse by third parties;" that "Cochrane's non-release of data is unlikely to reflect the preferences of funders, publishers, the thousands of Cochrane volunteers, participants in trials, or patients;" that "This is morally and ethically questionable, potentially eroding public trust;" and that "sharing can only be beneficial for the organisation's reputation and finances." One of the authors is co-ordinating editor of the Cochrane Incontinence review group and gives this as his address in the paper but there is no disclaimer that the views expressed in the paper are not necessarily those of Cochrane.

Lancet paper, "Should we screen women for abdominal aortic aneurysm?"

On 26 July 2018, my Deputy Director published a comment in Lancet with a number of opinions, e.g. that "screening women for AAA is not economically acceptable." He gave his address as the Nordic Cochrane Centre, which is the only one he has, but without a disclaimer, which – in our view but not in Wilson's - would be unwarranted, as he is allowed to speak on behalf of the Nordic Cochrane Centre. The other author gave Cochrane Sweden as one of her affiliations, also with no disclaimer.

Respondents noted that the Spokesperson Policy ought to be improved

Only one of the 21 respondents did not recommend a revision of the Policy. I remember having seen in writing somewhere that Wilson has acknowledged that it is rare that anyone says anything on behalf of the Cochrane Collaboration, e.g. about Cochrane policies. If people do this, they could say so, e.g. "This is official Cochrane policy." In all other instances, it could be implicitly understood that what people say or write is not official Cochrane policy or views officially adopted at a meeting. Our policies and positions are here: https://www.cochrane.org/about-us/our-policies-and-positions.

One of the respondents to my survey wrote: "I don't understand why the 'burden of evidence' seems to have been reversed here. It is not very logical that you have to declare that you are NOT representing the Cochrane Collaboration. It should be the opposite, that only when you are representing the Cochrane Collaboration you should declare this very clearly. Otherwise it will not be possible for anyone, ever, to state anything without the risk of breaching the very vaguely-defined spokesperson policy."

One of our ten key principles is: "Enabling wide participation in our work by … encouraging diversity." The Spokesperson Policy does not encourage diversity. In most of the world, including my country, it is extremely rare to see disclaimers of the type the Policy recommends, and they are not even obligatory, as the Policy says: "How to make clear that you are speaking in a personal capacity is a matter of local custom and culture." Disclaimers send an unfortunate message, namely that Cochrane is a highly centralised organisation where just one answer is allowed, although the nature of science is that it is pluralistic and uncertain and advances through open debate.

Other respondents noted: "this ambiguity causes unnecessary, destructive conflicts … used deliberately by outsiders to further their questionable agendas" and "it seems that 'the views of the Cochrane Collaboration' almost exclusively represent the established view, and as such Cochrane loses its ability to set in motion the drastic changes that are needed in modern health care."

Many senior leaders in Cochrane believe Wilson is under pressure and he has himself acknowledged that co-ordinating editors of Cochrane mental health review groups have put pressure on him. Many people I have spoken to have no doubt that the drug industry also exerts pressure because this is the industry’s way of operating, perhaps not directly but via its paid key opinion leaders, or by lobbying politicians, the UK National Health Service, or the UK National Institute for Health Research, which funds the UK based Cochrane review groups and the UK Cochrane Centre.

The reason that people complain to Wilson about me and not about so many others is obvious, I believe. As we want to benefit patients as much as we can, we often do research in controversial areas and often arrive at results that threaten powerful financial and other interests. Furthermore, I am very well known and often participate in TV documentaries, also internationally, e.g. in 2014 I was in “The Daily Show” in New York where I told the viewers about the organised crime in the drug industry and the many deaths this causes. Many people follow what I do, and my recent evidence-based books are also widely known and exist in many languages. I am therefore seen as a threat to the lucrative status quo in the drug industry and a target worth pursuing. Even so, there are surprisingly few problems considering that we speak to journalists every week about “controversial” subjects (which usually means that there is a lot of money at stake).

People have maliciously created confusion when there was none and internal conflict in Cochrane, as it suits their own agendas. I don’t know of a single instance where people have been genuinely confused about whether my views were my own. Wilson should protect me instead of disavowing me, which is a high-risk strategy. Influential people have told me that Cochrane has lost credibility because of what they see as public punishment of me, and an institution that accommodates the interest of the drug industry instead of protecting whistleblowers.

Cochrane’s CEO should not denounce my work (see page 17, *2014, Wilson’s letter to the Danish Psychiatric Association*). It backfires because my science is widely known and respected, and it does not further the Cochrane charity’s objectives to shoot the messenger. If Wilson changed direction and started supporting me instead of disavowing me, this would benefit Cochrane. Wilson’s current tactics push important stakeholders away who see Wilson’s actions as attempts at stifling free academic debate (which they have communicated to me).

I am merely the visible symptom that our Spokesperson Policy and the way it is being interpreted by the Cochrane leadership are problematic, and the Policy itself is a symptom of a wrong direction of travel in Cochrane. Unfortunately, it is common for managers to make systemic problems look personal, as they are much easier to deal with than systems failures (see page 47).

2003, correspondence with Cochrane Steering Group co-chair Jim Neilson

These events occurred in 2003 when a Spokesperson Policy did not exist. A policy, introduced in 2015, cannot be applied retrospectively. Therefore, the allegations raised in Tab 12 should be readily dismissed. However, I would like to make some comments regarding the information in Tab 12.

Neilson addressed three issues involving me that had led to discussions in the Steering Group (now called the Governing Board): Our BMJ paper criticising the quality of Cochrane reviews; our two systematic reviews of screening mammography in Lancet; and a pending systematic review of immunoglobulin treatment for severe sepsis.

Neilson alleged that I pursued my scientific career against the interests of the Cochrane Collaboration (which is a false dichotomy, as I benefited both, which I shall explain later, see page 60) and he complained that the BMJ and Lancet papers listed the Nordic Cochrane Centre as my professional address. As this was the only address the first author and I had, and this was our place of work, this was entirely appropriate. Anything else would have been dishonest.

Our BMJ paper, "Quality of Cochrane reviews: assessment of sample from 1998"

Neilson noted that many in the Collaboration felt that the BMJ paper was misleading (because it was out of date), embarrassing, and potentially damaging, and that one entity almost lost external financial support because of the paper. However, the paper was not out of date. It was published in 2001 and described 53 Cochrane reviews first published only three years earlier. Eleven methodologists were involved and it takes time to do such a complicated project and get it published. It is not relevant whether or not it was embarrassing. In science, we hold people accountable for what they publish and we discuss it, which is what moves science forwards. These were the results, in our abstract:

"No problems or only minor ones were found in most reviews. Major problems were identified in 15 reviews (29%). The evidence did not fully support the conclusion in nine reviews (17%), the conduct or reporting was unsatisfactory in 12 reviews (23%), and stylistic problems were identified in 12 reviews (23%). The problematic conclusions all gave too favourable a picture of the experimental intervention."

We informed our Cochrane colleagues well ahead of publication, which proved to be to our own disadvantage, as it resulted in the Steering Group putting pressure on us not to publish the results. I was summoned to a Steering Group meeting to explain why we wanted to publish. I said that since we belonged to an organisation that constantly assesses and critiques others' research and points out when inconvenient results are being suppressed, it would be wrong to suppress our own results, which would also be an act of censorship. I also said that it would demonstrate Cochrane's strength that we were willing to criticise ourselves, and I furthermore explained that it was important for patients, doctors and others to know that conclusions of Cochrane reviews should be viewed with caution, which means that they needed to read more than just the conclusion.

As it turned out, nothing untoward happened. People were happy that we published our observations and this did not harm the reputation of Cochrane. In fact, our paper benefited Cochrane. It led to several other quality improvement initiatives being undertaken the following years. Further, BMJ's editor gave the two co-chairs the opportunity to publish an editorial in the BMJ alongside our review where they outlined what was currently ongoing in Cochrane, which also benefited Cochrane.

We could not have foreseen of course that one entity's funding came into question because of our paper. I am pretty sure which group it was, and that particular review group performed so badly that it might have benefited Cochrane if it had not survived. It is always difficult and often impossible to know beforehand what the balance is between benefits and harms of our interventions. I wrote to Neilson: "Allow me, however, to point out that the single most important factor that enabled me in 2001 - after years of struggle - to secure permanent funding for the Nordic Cochrane Centre, its software development, and for the three Danish review groups, has been our research."

After our paper came out in 2001, many Cochrane contributors have described shortcomings in Cochrane reviews in their published papers without being reprimanded by the Steering Group. I think we got in trouble only because we were the first to do this. We are often first, which is another reason why we gain enemies and need protection from the Cochrane leadership.

Our two Lancet papers, “Is screening for breast cancer with mammography justifiable?” (2000) and “Cochrane review on screening for breast cancer with mammography” (2001)

In 1999, we were asked by the Danish National Board of Heath – a vitally important funder of our Centre back then when we did not have any core funding – to assess the mammography screening trials. This we did and we published our systematic review in Lancet in 2000. Neilson wrote that our review gave the impression (because of our address) that this was a Cochrane review. We very much doubted that anyone would think so, and we could not have avoided using the only address we had, as this would have been dishonest.

What *really* happened was that some staunch screening advocates were furious about our results and complained about us to the Cochrane leadership without providing any scientific arguments to justify their objections. Some of these advocates are extremely belligerent and routinely torture their data till they confess, or lie about them. I have described this scientific misconduct in much detail in my 2012 book, “Mammography screening: truth, lies and controversy.”

After our 2000 Lancet paper, the Danish National Board of Health funded us to do a Cochrane review of mammography screening. This would seem straightforward, but it turned out to become likely the biggest scandal in Cochrane’s history, which I also described in my 2012 book. Not because of *our* actions but because of the actions of the editors in the Cochrane Breast Cancer group.

The Cochrane Breast Cancer group refused to publish our data on the harms of screening, although these outcomes were listed in our review protocol the group had itself approved and published. This was outrageous, but we did our best and patiently negotiated with the Cochrane Breast Cancer group for a long while. We got nowhere. After almost one year of repeated peer review, re-submissions and negotiations, which included a face-to-face meeting in London in the summer of 2001 that I had arranged, we were suddenly told, shortly before the publication date, that the Cochrane Breast Cancer group did not want to publish our data on overtreatment, although they appeared in the same randomised trials as those that reported the effect of screening on breast cancer mortality.

Earlier, Lancet had offered us a research letter based on the Cochrane review, but we declined as there was too little space. However, as it was our duty towards the women and their relatives to publish the data on the harms of screening, we contacted Lancet again. Lancet decided that it wanted a full version of our review on its website, including these harms data, and repeated their offer of a research letter, with reference to the full review. We coordinated our efforts and Lancet worked very fast, which ensured that we could publish our Lancet and Cochrane reviews at the same time, in October 2001.

We did not take this decision lightly. We consulted with prominent figures in Cochrane and they strongly recommended us to publish a full version in Lancet, since they felt (and still do) that the Cochrane Collaboration would benefit from this experience in the long run.

We were under immense pressure from the Cochrane Breast Cancer group, and were also subjected to immense political pressures, both from people in- and outside the Cochrane Collaboration, including the Danish National Board of Health that had funded our Cochrane review, to arrive at politically palatable results (see my 2012 book). Later, the Advisory Board for the Nordic Cochrane Centre approved of my decisions and felt that such a conflict between authors and editors was bound to occur sooner or later in the Collaboration, and that it would probably be helpful for the Collaboration in the long run to have experienced such a conflict and learned from it. I had no doubt that we did the right thing, and Cochrane's founder, Sir Iain Chalmers, supported us. He said that Cochrane needed to grow up.

We called our Lancet research letter "Cochrane review on screening for breast cancer with mammography". This title was merely an announcement that the long awaited Cochrane review was now available (like a journalist might have described it in a headline). Ironically, the full Lancet review was actually *more* of a Cochrane review than the Cochrane review itself that lacked data on the most important harms of screening. However, although it is very clear from the text that it was not a Cochrane review (e.g. already the abstract says : "As we discuss here, a Cochrane review ... "), this was an error on our part for which I apologized to Neilson.

It took five years and repeated complaints to the Cochrane Publication Arbiter and the Cochrane Steering Group before the Cochrane Breast Cancer group finally was forced to give in and published our data on the harms of screening. Our estimate of overdiagnosis in 2001 is now widely accepted.

Just like our BMJ paper, this story illustrates that what some people may see as being harmful to the reputation of Cochrane when the events unfold, can be beneficial in the long term. It is vitally important for the credibility of Cochrane that we do not allow Cochrane review group editors to censor publication of the major harms of the interventions we scrutinize.

Immunoglobulins for sepsis, "Polyclonal immunoglobulin for treatment of bacterial sepsis: a systematic review"

Neilson wrote that our systematic review enraged a co-ordinating editor (this was Paul Garner from the Cochrane Infectious Diseases group) and that we could have written it in collaboration with the authors of the already published Cochrane review on immunoglobulins.

At the heart of science is independent replication, which we treasure, also in Cochrane: "Cochrane values constructive criticism of its work and publicly recognises this through the Bill Silverman Prize ... with a view to helping to improve its work, and thus achieve its aim of helping people make well-informed decisions about health care." When there is a conflict of loyalties, there can be no doubt that science comes first. Scientific results and their interpretation should never be distorted in order to become politically correct or not to offend people who hold other views or are financially or otherwise conflicted. In accordance with this, the Spokesperson Policy, introduced in 2015, states:

"Many Cochrane contributors are experts in their field and have every right to discuss their work and express their personal views – this may include expressing opinions on Cochrane policies and Cochrane Reviews. This policy is not intended to infringe Cochrane's long-standing tradition of rigorous academic and scientific debate." Thus, it is actually being loyal – and not disloyal - to the principles of Cochrane to highlight publicly when a Cochrane review is problematic.

I responded to Neilson that if we had collaborated with the Cochrane authors, it would not have been an independent replication. Further, it is well known that it is close to impossible to make researchers change their mind when they have already decided which methods to use and have published their results accordingly.

We informed Garner two years before we published our systematic review that we were working on such a review. On 24 April 2003, Mike Clarke, the then UK Cochrane Centre Director, wrote to Garner and Neilson:

> "I spoke with Peter Gotzsche about this review on the telephone on 14 April 2003 ...
>
> 1. The systematic review by Julie and Peter is part of Julie's PhD (Peter is her supervisor). As such, it is more accurate to think of it as a paper by Julie - a postgraduate student - than by Peter - a Cochrane Centre Director. The reason for not making the manuscript available to the Cochrane reviewers is to protect Julie's chances of getting it published as a new piece of work. If the work she has put into it was to appear first in the Cochrane review this would make separate publication in her name much more difficult (if not impossible).
>
> 2. The manuscript is currently with the referees for a journal. It has not been accepted yet. When it has been accepted, Julie will ask the editors for permission to share the manuscript with the Cochrane reviewers before publication, so that Marissa can update her review - should she feel that Julie and Peter's review merits this - without undue delay, i.e. hopefully in the issue of the Cochrane Library that comes out right after Peter and Julie's paper publication. In addition to sharing the manuscript, Julie and Peter would be willing to discuss their review with the Cochrane reviewers and to make available the background material they have gathered.
>
> 3. The manuscript is not hostile to the Cochrane review. It discusses the findings of one of the subgroup analyses in Marissa's Cochrane review and contrasts them with the findings of Julie's work.
>
> 4. Julie and Peter have made it clear in the manuscript that their paper and the Cochrane review are two independent reviews and have ensured that the manuscript contains the disclaimer cited below. They welcome guidance on how to possibly improve on this, relevant changes could be made at the proof-stage for the paper.
>
> Disclaimer: The views expressed in this article represent those of the authors and are not necessarily the views of other members of the Cochrane Collaboration.
>
> 5. Peter expects that it will be possible for the Cochrane reviewers to make any changes to their review, which result from their reading of Julie's manuscript, quickly."

We did the review because it was highly controversial at my hospital – which hosts my Centre - whether immunoglobulins save lives, and these drugs were the second-largest drug expenditure. I was a member of the hospital's drug committee and offered to do an independent review. In contrast to the Cochrane review, we found no reliable evidence that immunoglobulins save lives. The Cochrane authors had not paid sufficient attention to the reliability of the trials; their search strategy was less sensitive than ours; and they retrieved less information from the trialists than we did. We found that high-quality trials showed a relative risk of 1.02 (95% CI, 0.84-1.24) for mortality, whereas other trials showed a relative risk of 0.61 (95% CI, 0.50-0.73), with a confidence interval that did not even overlap that for the high-quality trials, which is very concerning.

Later, research carried out at my hospital and elsewhere confirmed our findings. Immunoglobulins have not been used for sepsis for many years at my hospital now. We provided an immense service not only to our hospital but to the whole world by performing our review. This is more important than avoiding temporarily upsetting a Cochrane editor.

The most recent version of the Cochrane review (CD001090) is from 2013 and it confirms our results from 2004: "Sensitivity analysis of trials with low risk of bias showed no reduction in mortality with polyclonal IVIG in adults (RR 0.97; 95% CI 0.81 to 1.15; five trials, n = 945)." In the original Cochrane review, the authors had not separated trials with a low risk of bias from those with a high risk of bias, which they should have done, as this was the standard for systematic reviews also back then.

I informed Neilson that, at the Centre Directors meeting in Melbourne in 2003, we had agreed that people who are full-time employees at a Cochrane Centre should use this address, since, if not, readers might think that the authors try to hide something by not being honest about their affiliation.

Additional comments about Neilson's letter

It is not surprising that people can become upset when you demonstrate that the research they have been responsible for has serious limitations. This was the case in all of Neilson's three examples but it cannot be taken to mean that I did anything wrong.

Currently, the person Neilson said became enraged, Paul Garner, and Neilson himself, actually support me. When I ran for a post on the Governing Board in early 2017, Garner and Neilson, and many other senior leaders in Cochrane, were very positive towards what I stand for. I was the only candidate who, in my election statement, had dared criticise our current leadership (see page 55, *The CEO has become too powerful*) and I had argued that the Cochrane Executive Team had gone too far. I got the most votes of the 11 candidates.

In the beginning of 2017, Garner and Neilson wrote to me, as did Andrew Moore, a third Cochrane co-ordinating editor, and the founder of the Cochrane Collaboration, Sir Iain Chalmers. I will not reveal who wrote what, and the order of the quotes is therefore random:

"Your election statement is great … Best wishes in promoting the progressive agenda you have outlined."

"I strongly agree with your concerns about the change of culture in the Cochrane Collaboration (as expressed in your election address). You have my vote. Good luck!"

"Many congratulations. I agree that there are dangers ahead with the current direction of travel. Your views reflect mine. It would be terrific if there were reasons to engage, rather than considering disengaging."

"I think you will be much more effective than Corbyn in the UK! Onward!"

Many other people in senior positions in Cochrane, including most Directors of the 12 oldest Cochrane centres and also co-ordinating editors, have written or said something similar to me (see page 57 and Appendix 7). They feel that Cochrane is currently not going in the right direction and the quote about perhaps disengaging in Cochrane is symptomatic for this. In 2018, the US Cochrane Center closed down because they could no longer accept Wilson's directions, and several other Cochrane centres are contemplating whether they should disengage from Cochrane. They would not be pleased if the outcome of Cochrane's legal process in relation to the Spokesperson Policy should prove to be harmful for me, the Nordic Cochrane Centre, or my democratically elected position on the Governing Board.

2014, Wilson's letter to the Danish Psychiatric Association

The binder I received from Cochrane's law firm contains important information I have never seen before (Tab 13). The letter Wilson sent to the Danish Psychiatric Association on 20 March 2014 without consulting with me beforehand proved to be a threat to my Centre's very existence. This illustrates how dangerous it can be when the CEO does not inform a Cochrane Centre Director about complaints raised against him.

The email in the binder from psychiatrist Søren Dalsgaard to "Cochrane Central Executive" from 20 January 2014 is completely new to me. Dalsgaard complains about a Danish newspaper article I had just published where I exposed ten myths in psychiatry that are harmful for the patients and I also criticised the way psychiatric drugs are being used. My article has been translated into English and can be found on psychiatrist, professor David Healy's website (https://davidhealy.org/psychiatry-gone-astray/). Healy is regarded one of the world's leading experts on psychopharmacology and has published numerous papers and about 20 books on this subject. I ended my article this way:

> "Psychiatric drugs can be useful sometimes for some patients, especially in short-term treatment, in acute situations. But my studies in this area lead me to a very uncomfortable conclusion: Our citizens would be far better off if we removed all the psychotropic drugs from the market, as doctors are unable to handle them. It is inescapable that their availability creates more harm than good. Psychiatrists should therefore do everything they can to treat as little as possible, in as short time as possible, or not at all, with psychotropic drugs."

My conclusions are firmly evidence-based and the evidence appeared a year later in my book, "Deadly Psychiatry and Organised Denial," which has been translated into eight languages. The patients and many so-called critical psychiatrists have appreciated this book, which I believe is also good PR for Cochrane ("Cochrane" appears 131 times in the book, and there are 35 references to Cochrane reviews).

Dalsgaard argued that I should have stated as a conflict of interest that I published a book in 2013 ("Deadly medicines and organised crime: How big pharma has corrupted health care") because I had a personal financial gain from the sales of the book. This is not a reasonable requirement. Everyone knows that authors get royalties from sales of their books and it is extremely rare that anyone states this as a conflict of interest in scientific papers. It is even less customary to state it in newspaper articles; I cannot remember having seen a single instance of this in Denmark. This is not what we do and one of Cochrane's principles is to respect diversity and cultural differences.

The reactions of the two co-chairs of the Steering Group are very interesting (Tab 13). Jeremy Grimshaw coined the idea that Cochrane might need a formal policy about when Centre Directors and other entity leaders are representing Cochrane (which is the background for the Spokesperson Policy). He also says: "I think we should probably let Peter know that you received this and potentially offer to have a chat if it would be helpful. Fun!"

Lisa Bero replied: "Agree with Jeremy. I do note the letter says Peter states he represents the Cochrane Center (and not the Cochrane Collaboration). As Center director, it would be hard to say that he cannot represent the Center … so this does get tricky. Would a policy also suggest that group representatives not say anything that reflects badly on the Cochrane Collaboration? But, all grounds for discussion."

Despite the co-chairs wishes about informing me, I wasn't informed about anything. It seems that Cochrane's CEO Mark Wilson overruled their wishes, which agrees with the fact that Wilson was vehemently against introducing a complaints policy that involved informing the accused when I suggested this at my first Governing Board meeting (see page 47 onwards).

I was not informed either about a letter from 5 March 2014 the Danish Psychiatric Association sent to the Cochrane Schizophrenia and Depression groups (see Appendix 4, page 1).

In the binder from Cochrane's law firm is included a letter, which the Danish Psychiatric Association had enclosed in their own letter, published by Peter Schwarz, Chairman of the Organisation of Danish Medical Societies. Schwarz published his letter in a Danish newspaper the day after my book, "Deadly medicines and organised crime: How big pharma has corrupted health care," was published in 2013. This letter is highly embarrassing for Schwarz, as it is grossly inaccurate, which I could have told Wilson if he had involved me in the process. I rejected Schwarz's accusations in the same newspaper (my translation):

> "Peter Schwarz distorts the truth
>
> As chairman of the Organisation of Danish Medical Societies, Peter Schwarz is a man of the system, and he tries to defend a system that it is impossible to defend … [He] does not provide any rational arguments but uses the well-known tricks, which are to distort the truth and use personal attacks.
>
> With over 900 references, my book is unusually well documented, and so are the crimes I describe. It is grossly misleading that Schwarz claims that my documentation is outdated. The ten cases I use to demonstrate that the ten largest pharmaceutical companies have a business model that meets the criteria for organised crime are from 2007 to 2012. My book also clearly shows that I have been closely following the developments during the last 10-20 years. I explain that the crimes have greatly increased in this period, and that's because the companies have found out that crime is paying off.
>
> I also explain in detail that thousands of Danish doctors on industry payroll cannot perform meaningful work that benefits their patients. The majority of doctors' work for industry benefits industry's marketing, which, according to the National Board of Health and EU legislation on clinical trials, is illegal.
>
> Of course, doctors need to continue testing drugs. But it must be done based on the preferences of patients and society, not those of the industry. Industry can pay, but should not have anything to do with the trials, because it leads to a scientific literature that is deeply unreliable to the detriment of patients and the economy. If it was as rosy as Schwarz claims, how could drugs then be the third most common cause of death?
>
> It is unbelievable that Schwartz says it is a fact that the widespread co-operation between doctors and industry is both honourable, fruitful and necessary. Former chief editors for some of our most reputable journals do not share Schwartz's view, but have written books pointing out widespread corruption of doctors and academic integrity. For example, Marcia Angell, former chief editor of the New England Journal of Medicine, has stated: 'I find it hard to imagine that a system this corrupt can be a good thing, or that it is worth the vast amounts of money spent on it.'
>
> I do not think Schwartz has read my book. And if it had been as horrible as Schwarz thinks, it's hard to understand that a former editor of the British Medical Journal and an editor of the Journal of the American Medical Association have praised it in their forewords."

There is an email to me from 14 March 2014 where the sender is missing (Tab 13, document G). The sender is Wilson. He writes that I, in my book and in a video based on the book appear to be advocating that everyone taking psychotropic medication should stop taking it. I reply that I haven't advocated this, and that what I wrote in my book is that it is important to taper off drugs slowly.

Wilson asks me to remove a link to my book on the Nordic Cochrane Centre's website, which I did. I believed, and still do, that my book is very important for what we wish to achieve in Cochrane, and it is good PR for Cochrane. The word "Cochrane" appears 90 times in the book; it has 31 references to Cochrane reviews; and it was Winner of the British Medical Association's Annual Book Award in 2014.

Wilson writes that "a casual viewer of the video, seeing the caption 'co-founder of the Cochrane Collaboration' would be entitled to think that you were speaking on our behalf" and he is worried about potential litigation. I reply: "I didn't know that the film-maker would also say something about the Cochrane Collaboration, as I just gave the interview and wasn't involved with the production of the video. Even so, I consider it self-evident that I spoke on behalf of myself. I don't think I have exposed Cochrane to potential litigation, as the responsibility for the book is clearly mine alone, and as the video was about the book, any potential litigation should be directed to me."

On 20 March, Wilson sent a letter to the Danish Psychiatric Association (see Appendix 4, page 2), co-signed by Editor-in-Chief David Tovey and the two co-chairs, Grimshaw and Bero, in which he states:

> "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."

Four days later, on 24 March, Wilson sent me an email informing me that he had sent this letter; that the President of the Danish Psychiatric Association had circulated the letter amongst the Danish professors in psychiatry; that the President had read it aloud at the annual meeting of the Association; and that the President had shared it with a journalist working close to the Danish government [Ole Toft from Altinget].

I did not see Wilson's email, as I was on holidays in a jungle in Panama and was seriously handicapped in terms of access to electronic media. Incidentally, I detected on the Internet that Toft had published a seriously misleading article in "Altinget" on 25 March about me (see Appendix 4, page 4) and that the Danish media had run amok over this. On 26 March, I located the server for my emails and found Wilson's email; I asked him to send me the letter he had received from the President of the Danish Psychiatric Association, which he did.

On 28 March, I wrote to Wilson and the co-signatories: "your letter to the psychiatrists has been interpreted in all media in Denmark such that my accusations (sic) about the drug industry are false and not shared by my organisation, Cochrane. This is the biggest disaster in my twenty years with Cochrane. My reputation is in ruins because of your letter. It doesn't matter that my book is evidence-based and has 900+ references, all that matters is that, because of your letter, which you omitted to discuss with me before you sent it, everything I have built up is in ruins. If you had contacted me, which is a rule we have always followed, this disaster would not have happened. People in Denmark are disturbed by what you have done to me and my centre."

Wilson furthermore wrote to me on 24 March: "This journalist, Ole Toft, contacted us for a comment today, and I understand that Helen Morton communicated this to you so that we were transparent and you were not blindsided by any response we may give." I have no recollection of having been contacted by Morton. I have now checked and confirmed that I never received an email from her back then.

Wilson wrote to the President (not dated, under M in the binder) that he finds it "somewhat inappropriate" that Middelboe's original letter and Wilson's response were posted on a Danish newspaper's website. Wilson added: "If you can ask Mr Toft to remove the letters I would appreciate it." As of 7 August 2018, Middelboe's letter to Cochrane is still up on the website whereas Wilson's reply is not: https://www.altinget.dk/artikel/goetzsches-organisation-tager-afstand-fra-hans-psykiatri-udtalelser.

What is not included in the lawyer's binder is that I met with Wilson, Tovey, Grimshaw and Bero in Panama City just before our Cochrane meetings started. During that meeting, Grimshaw apologized that they had not consulted with me before they replied to the Danish Psychiatric Association. What is also missing is that Wilson and colleagues sent a letter to Toft's journal saying that they had been misunderstood (Appendix 4, page 11), which was published (page 13).

But it was too late. The damage had been done and it took me years to repair the damage. In fact, this repair work never ends, as journalists and others still refer to the press coverage in 2014 as "proving" that no one needs to take my scientific work and evidence-based books seriously because my own organisation has denounced them.

Because I am such a well-known person in Denmark and highly respected for my science, also internationally, the press ran completely amok and propagated half-truths and blunt lies as well. There is nothing journalists love more than a witch hunt. As Wilson is a journalist by education, I fail to understand why he sent the letter he did to the Danish psychiatrists unless his intention was to harm me. He must have been aware that such a letter was very damaging for my scientific reputation and therefore also for the Nordic Cochrane Centre.

Two Danes complained to the Cochrane leadership about the way it had disavowed me (Appendix 4, pages 8-10). In their response to one of them, the leadership, including the CEO, wrote: "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."

This issue was discussed at the Centre Directors meeting in Panama, and I quote from the official minutes (Appendix 4, pages 27 and 28):

> "… 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."

2015, the Maudsley debate

The Maudsley debate (Tab 14) is a prestigious event and the two sides of the debate are usually invited to give their views in a joint paper in the BMJ. The theme was: "This house believes that the long term use of psychiatric medications is causing more harm than good." In favour was a child psychiatrist and me, and against was another psychiatrist and a journalist.

The debate took place on 13 May 2015 but my BMJ paper was published already 12 May. I informed Cochrane's Editor-in-Chief, David Tovey, on 6 May that I had written a piece for the BMJ about this upcoming debate. On 9 May, I sent the press release I had received the same day from the BMJ and also my paper, both of which were embargoed till "23:30 hours UK time on Tuesday night 12 May 2015" (see Appendix 5). I wrote to Tovey: "This embargo must be respected of course. I copy the co-eds of the relevant Cochrane review groups."

On 13 May at 5.58 a.m. UK time Tovey wrote to me that, "In the spirit of robust but respectful academic debate, we have submitted the attached as a Rapid Response this morning."

There is some confusion about the timing. According to the BMJ, the Rapid Response by Tovey and three co-ordinating editors of Cochrane mental health groups, was published already on 12 May (see Appendix 5). If this is correct, the rapid response must have been submitted earlier and the BMJ's embargo was therefore violated. But this is a minor issue. What is important is that the publication of the rapid response before the debate served to undermine my position during the debate, as it was abused by psychiatrist Allan H Young who was against the motion.

On 18 May, I wrote to Tovey about this, copying Wilson and his assistant Julie Wood, Head of External Affairs and Communications (see Appendix 5). I reproduce the entire letter here, as it is important:

> Based on the feedback I have received, I think it has backfired on Cochrane that you [Tovey] stepped in as first author on the rapid response to my BMJ paper "Does long term use of psychiatric drugs cause more harm than good?" which you published together with the three editors of Cochrane mental health groups.
>
> Although you say in your rapid response that you and the three editors are writing in your personal capacity, this is not how it is perceived, which I think you all knew perfectly well. I sent you and the Cochrane mental health editors the press release and my BMJ paper as soon as I got them, on 9 May, as a courtesy, and I had not expected an attack like yours on my work.
>
> Some people who know that you don't have special knowledge about psychiatry and that you are the deputy CEO of Cochrane feel that you have protected the system, in a political, or should I say, managerial fashion, instead of protecting the patients (and me, whose detailed research based knowledge about psychiatric drugs is widely respected, also among psychiatrists who are not on industry payroll, which is why psychiatrists invite me to give talks all over the world to help them reform their specialty).
>
> I wonder why it was so important for you to publish your response the same day (12 May) my BMJ paper was published, which was the day before the important Maudsley debate in London? You must have known that your response was likely to become abused during the debate, which is exactly what happened.
>
> At the Maudsley debate, Professor and psychiatrist Allan H Young abused your response to denigrate me by referring to some sort of non-existing "Cochrane authority" in his concluding remarks, which I was not allowed to respond to (see the debate here: https://youtu.be/9oH9ovmmAXk). He said that my BMJ paper had been "rebutted" by you, which is not the case, as your criticism consisted of general remarks with no scientific evidence in support of your opinions, which I have explained in my reply on the BMJ's website.
>
> The audience was surprised by Young's behaviour, which included that he lied when he said that he had declared his conflicts of interest in the BMJ paper. They were not declared in the final version of the paper that journalists could download from the press release from 9 May, which was the one you responded to. They only became declared after I informed the BMJ editors that Young had omitted to declare them and I had told the editors what these conflicts were! This was a very serious omission,

as Young is in favour of long term drug use and have numerous conflicts of interest, e.g. "AHY has done paid lectures or been on advisory boards for all major companies producing drugs used in affective and related disorders."

When people see my upcoming book "Deadly Psychiatry and Organised Denial," which will appear in September, and the documentation I provide in it, it will become abundantly clear why it is that current psychiatry, with its focus on pretty harmful drugs, does more harm than good, and why we should use psychiatric drugs very, very little, and mostly in acute situations. Actually, several Cochrane reviews point in the same direction, and I quote these reviews in my book of course, and many other Cochrane reviews.

More and more people and organisations realise this and the patients have known it for a long time, but the psychiatrists don't listen to them. The discrepancy between what the psychiatrists think of their drugs and what the patients think of them is vast, which I document in my book and also in my rapid response. I know of no other area in medicine where this is the case. And isn't Cochrane about putting patients' interests and priorities first, above the guild interests of the health professionals? I always thought so but that was not the impression you and the three other editors conveyed in your rapid response. Several people have told me that your rapid response looked like a protection of guild interests.

By the way, the votings after the Maudsley debate showed that double as many in the audience were in favour of the motion,"This house believes that the long term use of psychiatric medications is causing more harm than good", as those who were against: 136 yes, 66 no, 34 abstentions.

It is long overdue that we reform psychiatry quite substantially. This is what the patients want and they are right.

I find it sad that I have now been exposed once again by the Cochrane leadership to a "managerial" non-evidence based denigration of my research and my contribution to reforming psychiatry, which is so badly needed. Your previous denigration of me, in the letter by Mark Wilson, co-signed by you and the two co-chairs of the Cochrane Collaboration Steering Group, sent to the Danish Psychiatric Association a year ago, led to a witch hunt on me that threatened my centre's very existence and my professional career. I explained briefly about this in a lecture I gave in Melbourne in February, which was released on 13 May, incidentally on the same day as the Maudsley debate (https://www.youtube.com/watch?v=ZMhsPnoIdy4&feature=youtu.be).

I hope you will see the whole Melbourne lecture, including the discussion (1 hour and 32 minutes), as this will tell you a lot about what is wrong with contemporary psychiatry. It might even make you decide not to support the psychiatric leadership and its guild interests in future, but rather support people like me. I think it could benefit all of us if you saw this lecture and listened to the public's reactions.

I sincerely hope that you will not denigrate me a third time when my book comes out. I genuinely think this would harm Cochrane's reputation, as I know what I am talking about, and as people know that I know what I am talking about. Furthermore, in this I am supported by the patients and their relatives who have suffered the terrible consequences of psychiatry's organised denial that I document in so much detail in my upcoming book.

I would have preferred that we could have sat down and discussed this but there are no occasions in the near future where we will meet. I shall likely lecture in London on 18 September again, so perhaps we can meet late in the day on the 17th?

For the record, I attach my BMJ paper and the two rapid responses, including your own.

Several co-ordinating editors of Cochrane groups contacted me because they were dismayed that Tovey and three Cochrane editors had used their authority to denigrate my research. They felt that this shouldn't happen in Cochrane. It is clear that Cochrane is under various pressures (see page 11), which Tovey seemed to confirm in an email he sent on 11 May to me and to the BMJ's Editor-in-Chief:

"Thanks for sending the paper and press release to us in advance of publication. Might I ask whether you have thought to send a copy under embargo to the NIHR [the UK National Institute for Health Research, which funds the UK based Cochrane review groups and the UK Cochrane Centre], and to Professor Dame Sally Davies in particular? We are very much aware of the concern that this article may cause, and that in such circumstances, NIHR might expect to have received a prior warning from Cochrane. If you have not done so, I would like us to warn Dame Sally or Tom Walley, and it would be helpful to let me know whether you would be agreeable to this."

I responded to the rapid response by Tovey and three Cochrane editors, also as a rapid response, on 17 May (see Appendix 5). When the BMJ asked me to publish a short version of this in the print journal, I was so disappointed by what I had been exposed to, which I firmly believed – and still believe – went directly against the patients' best interests, that I started the print letter thus:

"David Tovey is not a psychiatrist, but Cochrane's deputy chief executive and editor in chief.[1 2] Unsurprisingly, journalists and others have interpreted the Cochrane editors' denigration of my research as a thinly disguised attempt at protecting psychiatry's guild interests, and some even suspect that they also tried to protect the drug industry (Anahi T Pedersen, personal communication)."

I also wrote: "The editors rushed and published their rapid response the same day that my paper came out – a day before the Maudsley debate – and their attack on the messenger was abused by psychiatrist Allan Young – who failed to declare his conflicts of interest in a bizarre way at the Maudsley debate.[3] … My interpretation of the science is shared by patients who disagree strongly with the psychiatrists about psychiatric drugs, which they dislike intensely and generally say don't work when asked their opinion in clinical trials and surveys.[4-6] People believe that antidepressants, antipsychotics, electroshock, and admission to a psychiatric ward are more often harmful than beneficial.[7]"

On 9 June 2015, Wilson and the two co-chairs of the Steering Group, Lisa Bero and Cindy Farquhar, wrote to me that, "in our view in this piece you have gone beyond legitimate debate and descended into a personal and unpleasant attack that is contrary to Cochrane's values of respect and collaboration. Our expectation is that all communications between Cochrane collaborators should be courteous, proportionate and respectful; especially when debates are held in public fora … We are also extremely disappointed that despite your agreement with us in Panama in March 2014 (following our letter to you of 14th March 2014) that you would in all future external communications be completely transparent about when you are presenting your personal opinions (whether based on evidence or not) and when you are speaking on behalf of Cochrane, you failed repeatedly to do this in the Maudsley debate in London on 13th May; in your subsequent BMJ article mentioned above; in your recent blog[1] and in your Author's reply. You breached not only your promise to us but also Cochrane's new Spokesperson's Policy[2] that was adopted by the Steering Group in Athens in early May … We agree with you, patients need to know. But let's do this without descending into criticising one another and causing more confusion and more damage to this great enterprise."

I have many reservations towards this letter. Wilson, his deputy CEO Tovey and the two co-chairs did not live up to "Cochrane's values of respect and collaboration" when they did not involve me before they sent their highly damaging letter to the Danish Psychiatric Association in March 2014. I also find it "a personal and unpleasant attack" to denigrate my highly evidence-based book about the drug industry, without a single argument that there was anything wrong with it. Cochrane leaders should not accuse others of not living up to principles they violate themselves. Furthermore, there cannot be the slightest doubt that I spoke on behalf of myself in the Maudsley debate. This is what an academic debate is all about. And it therefore cannot be a breach of the Spokesperson Policy. At the Maudsley debate, the chairwoman forgot to introduce me, so in principle, I could have been anyone coming from anywhere and I didn't say anything about being the director of the Nordic Cochrane Centre. This was only stated in the advertisement for the meeting, which I had no influence on, but which is the correct thing to do. If anyone has any problems with this, it is a fact that I am allowed to speak on behalf of my centre (see page 34 onwards, *Co-chair Martin Burton's multiple tampering with the evidence*) and that my researchers share my views on psychiatric drugs.

As for my BMJ paper, the headline was "MAUDSLEY DEBATE", and in debates, people clearly speak for themselves. Further, I did not say I was the director of the Centre; I was described as Professor, Nordic Cochrane Centre.

It is relevant to note that, when I got my professorship, Cochrane announced it as a Cochrane Professorship at the Cochrane.org website. The Cochrane Collaboration Secretariat wrote that "we feel it accurate to refer to it as appointment of a 'Cochrane Professor', and to announce it as such. We see it as an academic recognition at the highest level of the important work of The Cochrane Collaboration" (see Appendix 5; page 5 in the Cochrane newsletter). This shows that it is impossible to separate my professorship at the University from my job at the Nordic Cochrane Centre. To require of me that I use only my university affiliation in my publications about psychiatry would mislead people. On top of this, I don't do any work at the university; I only work at the Centre.

As I explain throughout this document, I have very good reasons to believe that it is Wilson who is behind the attitude towards me and my work that is so damaging, and not Tovey or the co-chairs. For example, the letter to the Danish Psychiatric Association from 20 March 2014 says: "I want to state explicitly that these are not the views of The Cochrane Collaboration on this issue and we do not endorse them." Although the letter has four signatories, the word "I" was inadvertently used. I have been told by one of the signatories that Wilson drafted the letter and that the first draft was much worse than what was ultimately agreed on. That this is the case can probably be verified by studying the correspondence between Wilson and the co-chairs back then, and I have requested copies of this correspondence.

Cochrane's Deputy CEO and Editor-in-Chief, David Tovey, seems to hold a different view about my work than Cochrane's CEO, Mark Wilson. Tovey wrote to me on 25 May 2015: "We do not differ anywhere near as much as you think. I read your last book from cover to cover and have recommended it to many people since. I am entirely committed to the view that the benefits of psychotropic medicines have been systematically over-estimated, and the harms under-estimated … it seemed to me that the nature of the debate and the brevity of the article did not permit you the opportunity to make the case sufficiently strongly. I hope that we will get a chance to discuss this issue in a friendly and mutually respectful fashion when we meet. I also look forward to reading your book, and as last time will bring to it an open and positive mind."

Even Wilson seems to have some sympathy for my work, but he only says so at private meetings; he does not support me publicly. The minutes from a meeting between Wilson, Tovey and me on 7 July 2015 says: "Mark … acknowledged that Peter had promoted the book from an idealistic perspective because he feels it is important for Cochrane collaborators to know about the issues it raises."

One of the many comments I received via email in relation to all this was: "As to Cochrane, rest assured, based on personal observations of more than 35 years, every single NGO or trade association, upon reaching a certain size, starts to operate in a manner diametrically opposed to its original charter. There are no exceptions." This is what concerns me and many other senior Cochrane leaders so greatly and it is also the reason I ran and got elected for the Governing Board with the most votes of all 11 candidates.

A highly influential person who has many editors of prestigious medical journal on his email list wrote to me: “It is clear to me that last year’s and this year’s public criticism of your work and not getting in touch with you privately reflects an attempt to oust you from Cochrane. That's my take on the events. They want you out and are shooting Cochrane in the foot in the process.” He added that “If that doesn't wake Cochrane management up from their political slumbers … instead of sides wiping you - which they have up until now – I suspect it would not only be their foots that they will be shooting.”

On 6 June, BMJ’s Editor-in-Chief wrote to me that they needed to amend and republish my letter in reply to the Cochrane editors, for legal and editorial reasons. In the letter from 9 June mentioned above, Mark Wilson demanded a public apology from me and threatened to close my centre if I didn’t do this: “Should you fail to respond to the requests we have made in this letter we will be forced to consider actions that could result in the de-registration of the Nordic Cochrane Centre.” I wrote an apology on the BMJ website (https://www.bmj.com/content/350/bmj.h2435/rapid-responses). In contrast, Wilson has not apologized to me for what he did in 2014 in relation to the letter to the Danish Psychiatric Association, or for calling me a liar in March 2018 (see page 37). It is remarkable that Wilson, on 9 June 2015 (see page 24) wrote to me that I had not lived up to “Cochrane's values of respect and collaboration” when he does not live up to these values himself.

2015, article in the Daily Mail

I was invited to write an article in the Daily Mail (Tab 15). The editor interfered so much with my article that I will never do this again. In the article, which came out two weeks after I had published my psychiatry book where all the evidence was, I explained that, according to my calculations, based on data from published and unpublished sources, psychiatric drugs are the third major killer after heart disease and cancer. No one can seriously doubt that this is my own view, based on the science I have studied. The editor insisted that I inserted the following, immediately after this statement: “As an investigator for the independent Cochrane Collaboration – an international body that assesses medical research – my role is to look forensically at the evidence for treatments.” This was an accurate description of where most of my expertise came from, 22 years with Cochrane, and it cannot honestly be misinterpreted as if Cochrane agrees with my evidence-based finding that psychiatric drugs are a major killer.

Nonetheless, once again Wilson saw it otherwise, even though my article ended thus: “As told to JEROME BURNE. Peter Gøtzsche is a specialist in internal medicine and professor in clinical research design and analysis at the University of Copenhagen. His new book, Deadly Psychiatry And Organised Denial, is published by People’s Press. Visit deadlymedicines.dk. The Council for Evidence-based Psychiatry, cepuk.org.”

I had really tried my best to adhere to Wilson’s very special requirements for me, which appear not to apply to anyone else in Cochrane, and in the beginning of the article, I was described as “Professor Peter Gøtzsche for the Daily Mail.” Nothing about my Nordic Cochrane Centre affiliation. Nonetheless, Wilson disavowed me publicly once again, for something that was completely out of my control. Indeed, the fact that we cannot control journalists highlight one of the major shortcomings of the Spokesperson Policy.

Three days after my article appeared, Wilson published a statement on the Cochrane.org website on 18 September 2015 that was anonymous. After Tom Jefferson, editor in the Cochrane Acute Respiratory Infections group, had complained about this, four authors were added: Wilson, Tovey, and the two co-chairs, Bero and Farquhar. Among other things, they wrote:

"Cochrane's ability to take part in the debate is damaged if we are falsely perceived to have taken a partisan position that we do not hold." This statement is spurious. No reasonable person would think that Cochrane, as an organisation, had taken any position in relation to psychiatric drugs because my article clearly told the readers that what I wrote was based on my own research and reflected my own views. To suggest that this is a breach of the Spokesperson Policy is unfounded.

If "Cochrane" means the Cochrane leadership, in terms of these four people, it escapes me why they would want to participate in a debate about psychiatric drugs, about which they have no particular expertise. Furthermore, no damage can possibly have been done to anyone who wishes to take part in the debate. And on what basis should the views of four people in Cochrane's leadership reflect the views of the over 30,000 contributors to Cochrane? We are not an eminence-based authoritarian organisation.

What does it mean that Cochrane "wants to play a constructive role in the current debate on the evidence relating to the benefits and harms of psychiatric drugs"? The unnecessary use of the word "constructive" suggests that the Cochrane leadership somehow wishes to denigrate me and my research by implicating that my contribution to the debate is not constructive.

The Cochrane statement created confusion, leading many people to believe that Cochrane in some way disagreed with my research and preferred to support the status quo and the psychiatrists' guild interests.

Furthermore, Wilson and colleagues wrote that the statement about looking "forensically at the evidence" plus my remarks about the effects of psychiatric drugs and their use by doctors in the UK could be misconstrued as indicating that I had conducted my work on behalf of Cochrane. I consider also this claim ill-founded. It is clear that I did *not* undertake my work on behalf of Cochrane and that my article is based on my new book. Indeed, I write already in the fourth paragraph of the article – just before mentioning my forensic work – that "the death toll from these pills has been grossly underestimated. As I reveal in a new book, Deadly Psychiatry and Organised Denial, the true figure is terrifying ..."

I seriously doubt that any reasonable person could conclude that I wrote my book on behalf of Cochrane. I merely explained where my expertise came from and I did not even write this addition myself. It was inserted by the journalist or the editor so late in the process that I am not sure I saw it before it came out in print - this is the reality of dealing with the media and its fast turn-around. If the Cochrane leadership then uploads a personal attack on one of its researchers on the Cochrane website, it has a chilling effect on all contributors of Cochrane, fearing public humiliation and a lack of loyalty from their own institution.

Their quote stated; "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 organisation. As primarily a research organization Cochrane does not make clinical recommendations and we have not done so on this issue." The statement only serves to distance Cochrane from my research and cast doubt over its credibility, a position for which there is no basis. And Cochrane does make recommendations sometimes (see page 10).

By stating that my views are not those of the organisation (which doesn't have any views), the Cochrane leadership gives the drug industry a helping hand. Spokespeople from the drug industry have repeatedly stated, with delight, that my own organisation disavows me, and yet, Cochrane has never objected to these characterisations or assured the public that it supports the research conducted by our centre.

Wilson’s statement contradicts somewhat what Bero told the audience at Cochrane’s Annual General Meeting in Wien two weeks later, on 4 October 2015. The meeting was recorded and is on YouTube: https://www.youtube.com/watch?v=xDd8IFGzQoM&index=3&list=PLCo8P5_ppmQgoKl5ofhvBn-0yZnylWoMD.

During the general question and answer session, Mark Helfand, from the US Cochrane Center West, said – referring to the meeting I had with Wilson and Tovey after the Maudsley debate in July 2015, which I had asked for to clarify the issues - that not everyone can go to a meeting in London with the Cochrane leaders and be told what to do (the special requirements for me that apparently do not apply to anyone else). By saying this, Helfand indicated that I was being treated unfairly.

After 1 hour and 13 minutes, Carl Heneghan, Director of the UK Centre for Evidence-based Medicine, said that he thought that what had happened was very damaging, and that he felt confused and did not understand the principles (for the Spokesperson Policy).

Helfand added it had a chilling effect. People are encouraged to say they come from Cochrane but the Policy doesn’t say that if we don’t like what you say, you will get a renunciation on the website. Nobody wants to risk that. Don’t talk about Cochrane unless it is a Cochrane review. Is that what the Policy means? Don’t say you are part of Cochrane unless you talk specifically about a Cochrane review?

Lisa Bero said that it was OK to say that you are not speaking on behalf of Cochrane and that your expertise has been derived from your Cochrane work. Very interesting, considering that she and Wilson had blamed me for exactly this only two weeks earlier, namely for writing that my expertise has been derived from my Cochrane work.

Jeremy Grimshaw, the other co-chair, said that the problem is that when we are dealing with journalists, it is very hard to know what’s going to happen around that. I agree. And – being a journalist - Wilson should know this.

After 1h22m, Tom Jefferson asked: “Can we all just agree that people like Peter are welcome in the Collaboration? … We are what we are because of people like that. And the contribution that nobody speaks of that Peter made was the opening of the regulatory assessments. Thanks to him, his obstinacy, his Nordic Cochrane Centre and the Ombudsman. Can we all agree on that, please?” Big applause.

2016, our complaint to EMA over maladministration at EMA

In the binder I received from Cochrane’s law firm (Tab 16), important information has been omitted, namely a letter by the two Governing Board co-chairs acknowledging that I did nothing wrong. This omission from the lawyer’s binder happened despite the fact that I - in my recent letter to the two co-chairs from 26 April 2018 (Tab 21) - clearly indicated that the 2016 letter from the co-chairs is important. By leaving out this letter, Wilson’s position is favoured and my position is disfavoured.

I shall start with the missing co-chairs’ letter that exonerates me. This is a rare example of an appropriate response by the leaders of Cochrane to a complaint about me. In fact, it is the only one. An explanation might be that Wilson was on holidays. The co-chairs therefore made their own decision.

The matter was simple. We complained to the European Medicines Agency on 26 May 2016 over its handling of the safety of the HPV vaccines and used our letterhead for this, which some people complained about. Co-chairs Bero and Farquhar responded on 28 July 2016:

> Dear Mrs. Wind-Mozley and colleagues,
>
> We are writing in response to your email of 22 July 2016 regarding the complaint to EMA authored by Gotzsche, Jorgensen, Jefferson, Auken and Brinth. Two of the five authors are affiliated with the Nordic Cochrane Center; Gotzsche also lists his affiliation with University of Copenhagen. The letter does not state that it was prepared on behalf of Cochrane and it is not an official statement of the Cochrane Collaboration.
>
> As members of civil society, the authors are free to send comments to the European Medicine's Association and, to our knowledge, they are using their correct affiliations. We suggest you raise your concerns regarding the letter in a public forum so they can be transparently discussed.

This is exactly how Cochrane should respond to inappropriate complaints, but Wilson and his staff have never responded in this way. Wilson's co-worker, Julie Wood, wrote to me on 10 June, six weeks before the co-chairs' rejection of the complaint, that I had broken the Spokesperson Policy. Wood's letter to me demonstrated an arrogance and lack of respect that I and many other senior Cochrane contributors have often experienced from the CEO and his senior management, e.g. by Wood's use of the word "disheartening":

> Unfortunately, by posting this statement on the Cochrane Nordic Centre website, putting it on the letterhead and using your title as the director, and not clarifying that this was your personal view (or that of the other co-signers) this has caused confusion as to whether this is an official Cochrane view. We have had two requests from journalists asking us to clarify if this is official Cochrane policy. We have not yet responded. By not clarifying in the statement that this view was personal and by putting it on the letterhead this again breaks the spokesperson policy ... It is such a shame we are now in this unnecessary position and I find it disheartening that we are back in this same position again.

Furthermore, the name of my centre is not "Cochrane Nordic Centre" but the Nordic Cochrane Centre. Before I responded to Wood, I asked her to send me the requests from the two journalists, which she did. It turned out that Wood had tampered with their requests in her letter to me. None of them were confused about whether our complaint over EMA was "official Cochrane policy."

On 20 June, I explained to Wood over six pages why she was wrong and why I had not broken the Spokesperson Policy (see my full letter under Tab 16). About the two requests I wrote:

> "thanks for this, which makes it easier for me to understand the issues. I wonder why you wrote to me on 10 June asking me to 'rectify this situation yourself as soon as possible', as there is no situation to rectify as far as I can see. You have received two emails: Philip Hayes is obviously an anti-vaccine guy and he wrote to a lot of people at the Australasian Cochrane Centre about influenza vaccines, mentioning in passing our letter to the EMA: 'What is the Australasian Cochrane Centre doing in regards to investigating this report compiled by your associates Nordic Cochrane and following up with the TGA, ATAGI and NHMRC, and the Australian Government and health ministries, in regards to this report?' Hayes gave a link to a website called Tyrannicaltimes where our letter is mentioned. Journalist Mathieu Perreault from La Presse merely asked: 'I'd like to know if that has been endorsed by the main Cochrane group'. It seems to me that none of these two people have confused the Nordic Cochrane Centre with the Cochrane Collaboration, and even if they had, it would be their fault, not mine."

My main arguments in my letter to Wood were these:

> Firstly, the policy says: "If you are expressing your opinion about Cochrane-related issues you should state clearly that you are speaking in a personal (or other professional) capacity unless you have been expressly authorized to represent

Cochrane." Our letter to the EMA is not about a Cochrane-related issue but about administrative issues in an EU institution.

Secondly, what we sent to the EMA cannot be characterised as "personal views" and our letter therefore cannot cause confusion as to whether it expresses "an official Cochrane view." Our letter is factual and questions whether the EMA has lived up to expectations according to European regulations when it assessed the safety of the HPV vaccines.

Thirdly, it is very clear from our letter to the EMA that when we comment on the facts and on the EMA's actions, we express our own interpretations of the facts. We use expressions such as "We agree" (10 times) and "We believe" (6 times) in the letter. No one can genuinely be in doubt that these are the interpretations of those who signed the letter. Furthermore, the policy states: "How to make clear that you are speaking in a personal capacity is a matter of local custom and culture and this policy asks that you make an honest attempt to do so" and "That doesn't mean you need to 'hide' your position or affiliation with Cochrane. On the contrary, we should be transparent about associations with Cochrane and other organisations, but if you do mention your official title, it is even more important that you are clear whether you are speaking on behalf of Cochrane." This is exactly what we have done.

Fourthly, the use of the Nordic Cochrane Centre's letterhead furthermore makes it abundantly clear that our letter cannot be an official view of the Cochrane Collaboration. Similarly, when Tom Jefferson in our letter describes himself as "Honorary Research Fellow, Centre for Evidence Based Medicine, Oxford OX2 6GG, United Kingdom" it does not imply that the centre's director, Carl Heneghan, has sanctioned the letter.

I find it bizarre that the Cochrane leadership tells me that I should not use the letterhead of our centre and my title when I write official letters, which are a result of the work I do at the Nordic Cochrane Centre. My job description includes an obligation to share knowledge with the rest of society, including participation in public debate, which the letter to the EMA is an example of. Furthermore, my deputy director, Karsten Juhl Jørgensen, cannot use any other affiliation than the Nordic Cochrane Centre, as this is where he is employed. The same applies to me, as all the work I do is done at the Centre. To suggest otherwise would be misleading.

Furthermore, I wrote to Wood:

My work is followed by many thousands of people around the world and my scientific results often challenge the status quo and threaten powerful financial or political interests, so it would be surprising if no one didn't contact the Cochrane leadership now and then with questions with a malicious intent about the status of my work and about whether the Cochrane leadership agrees with me. Instead of going after me when this happens, the Cochrane leadership should support my work "in the spirit of collaboration," which is why we call ourselves the Cochrane Collaboration, and also because I try to serve the public - Cochrane's primary constituency - as well as I can, which our letter to the EMA exemplifies.

I have consulted with a lawyer at our hospital that has provided a preliminary opinion. She points out that conflicts in organisations should be resolved amicably and that it is problematic when those who write a policy are also those who decide whether the policy has been broken. This is sometimes the case in private companies, but Cochrane is a charity that aims at serving the public and in law, these two functions are always kept separate. This means that there is a particular onus on the Cochrane leadership to prove beyond any doubt - which it hasn't and cannot do as far as I can see - that it is right when it claims that I have broken the policy. I reserve the right to obtain more detailed legal advice should this be necessary.

Carl Heneghan, director of the Centre for Evidence Based Medicine in Oxford, UK, has provided some interesting observations that underline why we must change the Spokesperson Policy from being an instrument used to punish Cochrane collaborators publicly to one that tells people to stop asking silly questions of the Cochrane leadership, the answers to which they know already before they pose them.

Here are some of Heneghan's most interesting observations (see Tab 16):

1) Cochrane states clearly on their website who they are:
"Who are we?

We are a global independent network of researchers, professionals, patients, carers, and people interested in health. Cochrane contributors - 37,000 from more than 130 countries - work together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest. Many of our contributors are world leaders in their fields - medicine, health policy, research methodology, or consumer advocacy - and our groups are situated in some of the world's most respected academic and medical institutions."

3) Art. 13 of the Charter of Fundamental Rights of the EU simply states that academic freedom shall be respected.

4) I have never been asked to explicity state I am speaking in a personal capacity by any organisation - apart from when work is directly funded by an organisation a disclaimer statement is required in the funding section - (e.g., The thoughts and opinions expressed here are those of the individual authors alone and do not necessarily reflect the views of the funder).

6) A google search of "make clear speaking in personal capacity" has Cochrane at the top in the UK search engine (no other institutions on the first page). I could find no such statements, for instance, using the same search terms with the addition of the 'university of oxford.'

7) The task of policing such an issue must be immense, given the size of Cochrane - therefore, I would want to know how many other individuals have been contacted and what policies have they put in place?

8) I would also consider it correct academic practice for you to continue to describe yourself as Director of the Nordic Cochrane Centre, indeed it would be incorrect not to. Only for the issue outlined in point 4, when work is directly funded, should a disclaimer be required.

9) I consider there is a need for clarification, based on point 1, as to who are the official spokespersons of Cochrane, who forms Cochrane and who does not. My overall viewpoint is, therefore, you should continue with your current mode of describing yourself, which is consistent with other academics of similar professional standing. The onus should be on other organisations to distance themselves when they see fit. Anything else, I consider, would be an infringement on your rights to academic freedom (see point 3).

I informed the co-chairs before they wrote the letter where they exonerated us that I had consulted carefully with many people, including Carl Heneghan, Governing Board member Joerg Meerpohl, a Member of the European Parliament and a lawyer, none of whom felt we had broken the Policy.

However, on 22 August 2016, when he had returned from his holidays, Mark Wilson wrote to me:

Lisa and Cindy, Steering Group Co-Chairs, Julie Wood and myself have now been able to discuss this issue. We have carefully considered your emails to us over the last two months including your letter of 20th June, but further to Lisa and Cindys email to you of 28th July and your subsequent reply we have concluded that your letter to the EMA of 26th May did break Cochranes Spokesperson Policy. We recognize that this was not yours and Karstens intention, and that you do not agree, but that is our conclusion which we ask you to accept.

This is astonishing. The Cochrane Collaboration is an evidence-based organisation and it is about collaborating. I provided very convincing evidence in my letter to Wood that I had not broken the Policy. Even so, without a single counterargument, without discussing my arguments, and even without referring to concrete text in the Policy in his support, Wilson simply said that we had broken the Policy, thereby overruling the two Governing Board co-chairs. I find such conduct unacceptable. I believe it shows a fundamental lack of respect for other people – in this case the co-chairs of a charity and me - and a lack of accountability for the CEO's decisions, which I believe should not be permitted in a charity. Even when I have done nothing wrong, Wilson's approach is to tell me that I have. Earlier, on 28 June 2016, Wilson had written to me:
"All that we are requiring of you is that you make clear when you are speaking or writing on an issue that is not related to a Cochrane Review, or Cochrane policy or position or official advocacy campaign, that you make clear that the views

expressed are your personal ones and not those of Cochrane. This is not unreasonable. You can do this easily a statement in future in your talks, correspondence with a declaration along the lines of the one proposed by Julie. It can be as simple as: 'Please note that these are my personal views and not the official [views/position] of Cochrane'."

It seems to me that Wilson's view is in contradiction to the Spokesperson Policy, which I explained in an email to him from 2 August 2016 when I had returned from holidays:

"The headline of the Spokesperson Policy is 'How to make clear you are speaking in a personal capacity about Cochrane' and the policy says: 'If you are expressing your opinion about Cochrane-related issues you should state clearly that you are speaking in a personal (or other professional) capacity unless you have been expressly authorized to represent Cochrane.' Our letter to the EMA cannot be perceived as expressing opinions about a Cochrane-related issue (see our letter to Julie Wood), in fact it does not speak about Cochrane at all. Since you disagree with our interpretation, we feel this illustrates that the current policy is confusing."

It seems to me that this policy is so complicated and internally contradictory that not even Wilson can use it in a logically coherent fashion, which renders the whole thing totally meaningless and grossly unjust. I furthermore explained in my email to Wilson:

"The reason that separate letterheads for various Cochrane entities have been developed is to send clear messages that allow separation between various communicators. Communications from the Nordic Cochrane Centre are from us, not Cochrane as a whole. If this was not the case, there would be no reason to use separate letterheads … If the governor of Texas writes a letter, it is clearly a letter from that government and not from the federal government in Washington. Our situation is very similar. The letterhead is ours, the Nordic Cochrane Centre, so it is obvious that the whole Cochrane Collaboration was not involved when we wrote it. It is also clear that if the whole Cochrane Collaboration had endorsed our letter, we would of course have noted this in our letter to the EMA."

In her letter from 10 June, Wood asked me to add a note at the bottom of our letter to EMA stating that these are the personal views of those signing and also to remove our letterhead. In an email from 18 June, Wood specifically asked me to add to the end of our letter to EMA: "The statements in this letter made by people employed by or affiliated with the Nordic Cochrane Centre do not represent the official views of Cochrane as an organization."

I explained to Wood that I cannot change an official letter we have sent to EMA and which has been circulated widely on social media and in the press. I argued that this would lead to a lot of public confusion, which would not be in Cochrane's interest, as the Cochrane Collaboration might lose credibility. People might wonder why Cochrane as an organisation does not support us when we - with very good arguments - accuse EMA of maladministration related to its assessment of the safety of the HPV vaccines, and they might draw the wrong conclusion about Cochrane's position in regard to the question whether drug agencies do what they are supposed to do, namely to protect public health. I also explained that, if in medical publishing a mistake has been made, the article isn't changed or retracted, but an erratum is published somewhere else. This is how it should be, also in Cochrane matters, but it is not relevant because, in this case, no mistakes were made.

I reminded Wood about how harmful Wilson's letter to the Danish Psychiatric Association had been in 2014 and added: "I hope the Cochrane leadership will consider that while it takes decades to build up a solid scientific reputation, it takes minutes to destroy it by propagating false rumours. I also hope the Cochrane leadership will show cautiousness, responsibility and support for my work and decide to do absolutely nothing in this case and any future cases, apart from responding to the journalists."

I made a concrete suggestion about turning the Spokesperson Policy on its head because I consider it highly problematic. The Policy is wide open to interpretation and “what it recommends is not reflecting the traditions we have in academia anywhere in the world. Instead of expecting us to write every time that these are our personal views and not necessarily those of the Cochrane Collaboration, even when it is obvious, it would make life easier for everyone to write in the spokesperson policy that when a Cochrane director or other Cochrane affiliate says or writes something, this cannot be interpreted as being official Cochrane policy unless this is specifically stated. This would respect our freedom of opinion and diversity of opinion, which we have always treasured in Cochrane. Cochrane is not a policy setting organisation, but a scientific organisation, and our policies need to reflect this.”

I concluded my letter to Wood thus: “You said in your email from 10 June that Cochrane’s editor in chief and deputy CEO, David Tovey, and yourself had reviewed our letter to the EMA and are sympathetic to our arguments. The obvious thing to do would therefore not be to ask me to change our letter but for the CEO’s office to issue an official statement in support of our letter to the EMA. If the CEO’s office is not prepared to do this, I think a public explanation is required, as people might wonder why it is not in Cochrane’s interest to support a well-documented letter coming from a Cochrane centre that points out that the European Medicines Agency is doing substandard work when it comes to protecting public health.”

We did not get any such support from the CEO’s office. In fact, there has been an obvious imbalance. Wilson has not been forthcoming to publicly support our research, but has been quick to distance Cochrane from it. In my view, this is not what should happen. We all make voluntary contributions to Cochrane and find our own avenues of funding to make this possible. Without these altruistic contributions, which include millions of hours of unpaid work in evenings and weekends, Cochrane cannot survive.

2016, false statements on Irish National TV about the Nordic Cochrane Centre

In an email from 6 January 2017, Mark Wilson wrote to me that I had broken the Spokesperson Policy in relation to a TV programme on Irish National TV (RTE) about the HPV vaccines (Tab 17).

With reference to his letters from 14 March 2014 and 9 June 2015, Wilson argued that I should not use my title of Director, Nordic Cochrane Centre, when I wrote or spoke on projects that are not Cochrane reviews or methodology but my title of Professor of Clinical Research Design and Analysis, University of Copenhagen. Wilson furthermore argued that we had agreed at our meeting in London on 7 July 2015 that I should use the university affiliation when I wrote or spoke about psychiatric drugs; that when other issues might cause confusion, I could use my Cochrane affiliation if there was a clear disclaimer about these being my own personal views; and that in interviews with the media it was safest to say that I am professor at the University of Copenhagen. Finally, Wilson pointed out that I had agreed to consult with Wood if I was in doubt about what to do.

Wilson was dissatisfied that I had been interviewed by Irish television (RTE) as Director of the Nordic Cochrane Centre and had written letters of complaint to RTE and the Broadcasting Authority of Ireland using the Centre’s letterhead without making it clear that the EMA submission represents my views and not those of Cochrane. He was also dissatisfied that I did not consult with Wood beforehand in relation to the public statements I made to RTE in the interview or in the statements I sent them and published on the Centre's website (they are no longer up there).

Wilson complained that since I used the Centre's letterhead in my "personal capacity and not as the NCC" this "would still lead RTE and the BAI to assume that the complaint is coming from the Nordic Cochrane Centre and not you personally."

As I have already explained, which the co-chairs of the Governing Board - who are supposed to govern the work of Mark Wilson and not vice versa - have supported, I am entitled to use my Centre's letterhead and when I do this, the letter does come from the Nordic Cochrane Centre, of which I am the director. It was not about a personal issue that I was interviewed; I was interviewed because I am directing the Centre; and it was not an issue that might cause confusion, as I have explained above when discussing our letter to EMA, and where the two co-chairs exonerated us, only to be overruled by Wilson later. As the Irish journalist had a hidden agenda, which was to discredit the work of researchers from the Centre, there was nothing I could have done to prevent her from calling me Director of the Nordic Cochrane Centre. Finally, I had no reason to contact Wood, as I was not in doubt about anything. Thus, I did nothing wrong in this case either. As Wilson did not ask for a reply, only that I honoured his requirements, I did not reply.

2018, Lisboa

A summary of issues related to the Governing Board meeting in Lisboa in March 2018 is provided in the binder (Tab 18). It is not signed but seems to be written by co-chair Martin Burton, as the text says "Mark reported back to Professor Cindy Farquhar (my fellow co-chair and I) that the meeting had gone well and that Peter Gøtzsche had accepted that he had breached the Spokesperson policy."

Mark Wilson might have reported this to the co-chairs but the proposition that I had "accepted" that I had breached the Spokesperson Policy is simply false. On 26 April 2018, I sent a 15-page letter to the co-chairs explaining my reservations about the proposal for a legal review in relation to the interpretation of the Spokesperson Policy. My letter appears under Tab 21 in the binder but the Nordic Cochrane Centre's letterhead at the top of the first page has been deleted.

I wish to know who deleted the letterhead and why? In legal matters, it could be considered a serious offence to tamper with the documentation, and when the letterhead is gone, one wonders whether other bits have been left out, too.

Because of the missing letterhead, the first page in the binder contains more text than the original letter, so it is not straightforward to compare the two documents. Since the whole dispute is mainly about whether I am entitled to use the letterhead of the Nordic Cochrane Centre, it is puzzling that someone deleted this.

CEO Mark Wilson's multiple tampering with the evidence

Mark Wilson had asked to have a meeting with me in Lisboa in relation to the two complaints plus one question he had received about me this spring, which I subjected to an empirical test this summer (see page 3 onwards). I asked Board member Joerg Meerpohl and my deputy director at the Nordic Cochrane Centre, Karsten Juhl Jørgensen, to join me. I wanted to have witnesses, as I had often experienced in the past that what was being said was later postulated to have been something else, and also that minutes were not a faithful reflection of what actually occurred in the meeting.

This also happened on this occasion. The meeting with Wilson took place on 21 March. It was recorded by Sarah Watson, Cochrane's Head of Finance & Core Services, and the minutes (Tab 18, document D) look very much like a precise, verbatim transcript of what was said.

However, this is not the case and some very important bits that are incriminating for Wilson have been left out. Cochrane's law firm has correctly stated that these minutes, which Wilson sent to me on 11 April, have not been approved. Wilson did not ask me to approve them and I would not have approved them if he had asked, as they have been tampered with, possibly by Wilson himself. At any rate, he is responsible for them.

After 27 minutes, Wilson says: "However, I do think you have broken both the Spokesperson Policy and additional undertakings that I am still applying in relation to the other two issues. How we deal with that in terms of what we do and how we move forward is the next thing to be done." This is correctly quoted in the minutes (Tab 18) but the start of my reply was omitted: "Wait a minute, Mark, I did not break the Spokesperson Policy in the letter to the American funder." It can be verified by listening to the recording and by calling upon witnesses that it is true that I said this during the meeting.

Wilson – I assume, see just above - has seriously tampered with the minutes to his own benefit and to my disbenefit. For example, after about 18 minutes, Wilson's minutes say:

"(PG) I was told at the Centre Directors meeting that there can't be separate rules for me and not everyone else. In Geneva, the Board agreed that I could use the letterhead and Cochrane affiliation as long as I make it clear these are my personal views. This means the additional agreements have been annulled and MGW has not been informed. The Minutes from the 'Board only' time say this."

What I actually said was this:

"(PG) I told you in Seoul at the Centre Directors meeting that there can't be separate rules for me and not everyone else. In Geneva, the Board agreed at a meeting where you weren't present that I could use the letterhead and Cochrane affiliation as long as I make it clear <u>if there was anything to be in doubt about</u> that these are my personal views. This means the additional agreements have been annulled …"

Someone had deleted "If there was anything to be in doubt about." This is a crucial deletion because there is rarely any doubt about whether any statements are my own views, which means that Wilson can no longer claim that I have broken the Spokesperson Policy when I use our Centre's letterhead.

There is more tampering with the evidence. Wilson sent an email to the co-chairs on 28 March 2018 that I have not seen before (Tab 18, document E). He mentions my statement to him during our meeting and writes that I "claimed last Wednesday [21 March] that these [special and additional requirements] were no longer in place and that this had been recorded as a decision of the 'Board only' session."

Wilson misrepresents our meeting. I did not say that the additional requirements had been recorded as a decision by the Board. As just stated above, what I said was this:

"In Geneva, the Board agreed at a meeting where you weren't present that I could use the letterhead and Cochrane affiliation as long as I make it clear if there was anything to be in doubt about that these are my personal views. This means the additional agreements have been annulled and MGW has not been informed."

So, I drew a logical conclusion. When I told Wilson that "The Minutes from the 'Board only' time say this" I meant that the minutes from Genève allowed me to use my letterhead, and that therefore, logically, the additional requirements could no longer apply. Meerpohl supported me, as he said during our meeting: "There are Minutes from the 'Board only' time to confirm." This was correctly reproduced in Wilson's minutes.

In an email from Wilson from 11 April (Tab 18, document F), he wrote to me: "In our meeting in Lisbon you said that the Cochrane Governing Board in Geneva in April 2017 explicitly rescinded these requirements and agreements made by the Cochrane leadership in 2015 during a 'Board only' session that I was not attending. I have checked with the Board Co-Chairs to clarify this and they say that such a decision was not taken by the Board at that time; the Minute of the Board-only session does not record such a decision; and I have not been instructed by the Co-Chairs or the Board no longer to apply these requirements to you. They are, therefore, still in force."

Yet again, this is highly misleading. It is not correct that I should have said during my meeting with Wilson on 21 March that the Board "explicitly rescinded these requirements and agreements." I never said anything to this effect, and it can be proven that I didn't.

Co-chair Martin Burton's multiple tampering with the evidence and censorship of member debate

Burton tried to convince both Meerpohl and me that we should not discuss the Spokesperson Policy during our Board only time. The way Burton describes these events in the "Summary of issues related to the Governing Board," referred to as "Summary of issues prepared by client" in the "Index to Counsel's papers" from 2 July 2018, is seriously misleading. It is an aggravating factor that Burton actually knew what happened.

Burton writes, for example, in relation to my request to discuss the Policy, that he "spoke to Peter Gøtzsche and asked him not to raise this in the 'Board only' time. During this conversation I indicated that I understood he had acknowledged a recent breach of the Spokesperson policy. He vehemently denied having agreed this. This new information suggested that there was a disagreement – at least between Peter Gøtzsche and Mark Wilson – about what had been said and agreed in their face-to-face meeting. This led to a confrontation between Mark Wilson and Peter Gøtzsche to which Joerg Meerpohl was privy."

I shall describe what really happened, which I also described in my letter to Burton and Farquhar from 26 April (Tab 21) and which Burton therefore knew about. I quote from this letter:

"After Martin had taken both Joerg and me aside, but separately, Friday morning, and asked us to drop the item about the Spokesperson Policy for the Board only time, I considered following Martin's advice but I would then need Mark to agree to tone the whole thing down. I therefore asked for a brief meeting with Mark during the coffee break and I took Joerg to this meeting, in order to have a witness. I made detailed notes the same day:

I asked Mark for an amicable solution that involved that Mark did not expose me to my enemies and also took down his message from 2015 from Cochrane.org (http://www.cochrane.org/news/statement-cochrane) about an article I wrote for the Daily Mail because it is no longer relevant and is very harmful for me, as my enemies constantly refer to it, and as it would make it more difficult for me to conduct, for example, my advocacy work in the EU Parliament for better and quicker access to data.

Mark did not respond positively; in fact, he did not respond at all but just stared at me. I then said that he and I needed to work together to obtain good things for Cochrane. No positive response this time either but continued staring. I asked why he always wanted to punish me instead of protecting me. Mark said it was not about punishing me but a matter of me having broken the Spokesperson Policy and that he would need to point this out.

I said that I did not feel I had broken this policy, to which Mark said that I had admitted two days earlier that I had broken the policy. I explained that this was not the case; I had just said that Karsten and I interpreted the policy differently to Mark.

Mark totally lost his temper. He shouted, called me a liar and said that I couldn't be trusted because I changed my views all the time. Mark pointed his finger at me and hammered his hand very hard on the table and took Joerg firmly by the shoulder and said something like: You were there so you can confirm that Peter admitted he had broken the policy. Joerg said that he could not remember anything to that effect. There were other witnesses to this episode, e.g. Janet Clarkson who later the same day told me that she considering intervening, as what she saw looked very disturbing.

I have never admitted that I had broken the policy, which Mark insisted I had. In fact, I do not think I have broken the policy and I explained why repeatedly during our meeting two days ago, and repeated it also this time, before Mark exploded (I explained, among other things, that the three instances were not about a Cochrane related issue).

During lunch the same day, I called Karsten on the phone and he confirmed that I never said that I had broken the policy.

Joerg was so shocked about Mark's bullying behaviour - another example of management by fear - where Mark tried to threaten Joerg into agreeing to something that wasn't true, that he brought it up during the Board only time. When another member of the Board said there had been several other instances of Mark bullying people, he was quickly stopped by Martin.

Mark has not apologized to me that he called me a liar."

Burton writes that Meerpohl had witnessed "the strong words and disagreement between Peter Gøtzsche and Mark Wilson described above." This is also a highly misleading account of the events, as it suggests that Wilson and I both contributed to this. There is no further description about the "strong words," and the fact is that only Wilson used strong words, e.g. by calling me a liar. It is far worse than just being "strong words" when a CEO calls a Centre Director and elected Governing Board member a liar. I remained very calm during the meeting with Wilson and still tried to reach an amicable agreement with Wilson, but he was clearly not interested in this. Even worse, Burton fails to note in his summary to Cochrane's law firm that Wilson called me a liar. This deliberate misrepresentation of the evidence is grave, particularly considering that Burton produced his summary for a law firm, which is supposed, on the basis of the material provided to them, to come up with an objective and fair assessment of the issues. In addition to Janet Clarkson from the Governing Board, David Hammerstein, also from Board, witnessed the events.

Burton writes that he immediately tried to stop all discussions during the Governing Board only time about "these matters" and that this was supported by trustees "with significant and relevant governance experience," as if this inappropriate reference to authority - which is alien to Cochrane thinking that builds on evidence and equality, not authority - would somehow justify Burton's interventions.

Yet again, Burton's account is misleading. The fact is that virtually all Board members were interested in discussing Wilson's bullying behaviour against Meerpohl and me and they were shocked that Cochrane's CEO could do this towards two elected Board members. We therefore spent quite some time on this, which is not what Burton indicates in his summary.

Burton also fails to report that Gerald Gartlehner said at the Board meeting that there had been other instances of Wilson's bullying behaviour, or that he immediately stopped Gartlehner from telling us what this was about. Burton writes that "it was difficult to stop Peter Gøtzsche speaking," which is not a fair account of the meeting. I questioned Burton's argument that we should not discuss Wilson's bullying behaviour because this might jeopardize the Board's subsequent judgment in relation to the three issues with the Spokesperson Policy. I believe these are totally separate issues and I am certainly not alone in the Board with this view.

Furthermore, it is one of the Board's most important tasks to assess the CEO's performance. The Governing Board Charter (Tab 7) says about this: "Cochrane's Governing Board … oversees the performance of the Chief Executive Officer (CEO) … It provides insight, advice and support for the CEO and the Senior Management Team (SMT), guiding them and holding them to account."

Burton continues his clear bias in favour of Wilson in his summary. He writes about "a serious allegation about the behaviour of Mark Wilson as CEO." This "allegation" was witnessed by both Meerpohl and me. Burton fails to write in his summary that Wilson shouted, called me a liar and used intimidation, which was witnessed by four Board members, including Janet Clarkson and David Hammerstein.

Burton's account of Wilson's special provisions for me, which do not apply to anyone else in Cochrane, is also highly misleading. He writes: "[Peter Gøtzsche] has stated he was 'released' from the obligations therein [in the letters from Wilson from 14 March 2014 and 9 June 2015 described above], by agreement with the Board following a discussion in 'Board only' time in Geneva. Neither Professor Farquhar or I believe that that is true. Indeed, most (perhaps all) trustees would not have been aware of the letter or agreement so it is hard to see how they could agree to his being released from any such obligations."

<u>This is simply not true</u>. I made all trustees aware of these agreements at our meeting. Therefore, as it is only 16 months ago we had the meeting in Genève, there are only two possibilities: Either Burton and Farquhar have an extremely poor memory, or they are deliberately tampering with the evidence. Whatever it is, it could be argued that they should resign from the Board. It is too risky for our charity to be led by people with such poor memories or who are tampering with the evidence and are responsible for our minutes from Board meetings.

I recently spoke with a Board member who was present in Genève and who clearly remembers, which he/she told me, that during the Board only time in Genève – when I was outside the door – the Board discussed the special provisions Mark Wilson had created for me. The Board was not going to accept that any special provisions were in force for me. Lisa Bero, then co-chair, pushed hard for making the Board accept such special provisions but failed. The reason we have a Spokesperson Policy is to avoid conflicts about what Cochrane contributors can say and cannot say and there is therefore no need for special provisions. This is one of the reasons it was decided that as long as I adhered to the Spokesperson Policy, there would be no problem. Everyone hoped this would resolve the problems between Wilson and me.

I find it very serious that our two co-chairs deny in a summary to a law firm what was so clearly said at a meeting only 16 months earlier.

The Board member whose memory is not impaired is willing to testify and confirm what he/she told me, should this be necessary. In addition to this, I explained why there could not be any special provisions for me before I was asked to leave the room. I had prepared very carefully what to say and know for sure that I alerted the Board members to this problem. Just before I left the room, I advised the Board members to think very carefully about their decision, because if they made a wrong decision, it could have considerable consequences, not only for me, but for everyone in Cochrane.

Co-chair Lisa Bero tried to prevent me from defending myself. When we came to discuss the co-chairs' correspondence (available to all Board members), she asked me to leave the room immediately because I was conflicted. I refused and said she needed to say what it was about and that I should be allowed to defend myself. Bero's conduct was totally inappropriate and manipulative. A person accused of wrongdoing must of course be told what the charge is and be allowed to defend him/herself before being asked to leave the room.

Bero had to accept my request, and after I had defended myself, I was out the door for only about 10 minutes. I was told that I was free to use my letterhead in correspondences. There were no restrictions; it was clear that I could use my letterhead also for non-Cochrane issues. I distinctly remember Janet Clarkson kindly saying that there was no problem as long as I abided by the Spokesperson Policy. Later the same day, another Board member told me, which a third Board member confirmed, that it was virtually unanimously agreed and never really in doubt that I could use my letterhead. I can easily remember their names and have documented them in my written notes for the Genève meeting.

The minutes from the Governing Board only time in Genève are very brief on this point and only say:

"5. Correspondence
Discussion about correspondence relating to Peter and his work.
Peter agrees to follow the Spokesperson policy."

It would make no sense to claim that I would still be obliged to adhere to Wilson's special provisions for me when this conclusion was reached, after the Board had discussed these special provisions. Apart from this, we should all abide by the same laws, whether in our societies or in Cochrane; I believe that anything else is discrimination.

2018, the three recent cases

The three cases are in Appendix 2. Wilson's view is that I breached the Spokesperson Policy (and the additional requirements, although these were clearly no longer in force after April 2017 and therefore could not have been breached, see just above) in relation to Torrey and Loonen but not in relation to Pottegård. I responded to his email from 11 April 2018 a week later (Tab 18, document K).

Torrey, case 1

Wilson writes that by using the Centre's letterhead and my title and by saying "we" and "our" when I asked for information on deaths in a study of patients with schizophrenia, I 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” and he argues that I have therefore “failed to abide by the Cochrane Spokesperson Policy.”

I replied: “I have not broken the Spokesperson policy and I am not obliged to adhere to any additional requirements. See my detailed reply about this in relation to Torrey sent to the Governing Board and you on 16 April. You acknowledge that it is clear that the request comes from the Nordic Cochrane Centre, of which I am the director, and I can of course authorize myself to speak on behalf of my centre. Apart from this, any views I expressed in my letter are shared by my researchers at the Centre. So there cannot be any problem.”

Pottegård, case 2

This was about our announcement of a seminar about withdrawal of psychiatric drugs. Wilson acknowledges that I did not use my Cochrane title, Cochrane logo or otherwise associated Cochrane with the event. However, he also says that “it would be preferred and helpful to use a non-Cochrane address in future for registration of seminars and meetings you organize relating to the use of psychiatric drugs” and that “the complaint highlights the need in such cases for you to make clear in future that the seminar/discussion is not an official Nordic Cochrane Centre event.”

This is another example of Wilson’s persistent intimidation – he seems intent on micro-managing my every move. I explained to him: “I do not agree. As our advertisement clearly says, we do a Cochrane review on withdrawal of depression pills and the seminar was about this. It was therefore relevant for our Cochrane activities, among other things because we learn from our interactions with psychiatrists, which was the focus group for our seminar. Cochrane is also about advocacy and about helping patients, which is what we try to do.” Our use of a Cochrane address was that we asked people to register for the seminar at general@cochrane.dk (see the announcement in Appendix 2, page 10).

The reason we did not announce the seminar as an official Nordic Cochrane Centre event was that we feared for Wilson’s retaliation. But this *was* relevant Cochrane work. Apart from this, Wilson should appreciate that Cochrane centres do a lot else than to produce Cochrane reviews and to disseminate the knowledge therein. If they didn’t, they would not survive, to the detriment of Cochrane. When they do this work, they should of course use the Centre’s name and letterhead.

I replied to Wilson (document F): “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.”

Loonen, case 3

Wilson writes that, "through the use of the Nordic Cochrane Centre's address (and not your own personal address) in the signed power of attorney to Dr Bijl to act on your behalf in the formal complaint to the Regional Disciplinary Court for Healthcare in Eindhoven you failed to abide by the same requirements of the Spokesperson Policy."

Loonen's complaint covered more than this (see Tab 20, his letter to Cochrane's CEO). He also complained that my expert opinion [which I submitted to the court as an expert witness in a homicide trial] "was presented on the company stationary of the Nordic Cochrane Centre."

I replied to Wilson: "The Spokesperson policy is about ensuring that what individual people say or write is not misinterpreted as if it were official Cochrane policy. There can be no doubt in this case that I am addressing a lawyer on behalf of myself. I have therefore not broken the Spokesperson policy."

Loonen asks whether the Centre endorsed my findings in my expert report, and whether my conduct is in line with Cochrane's policy on conflicts of interest (Tab 20 and Tab 18, document K).

My expert report was written for the court and has not been made public. Thus, as this is not a matter of how the public perceives it, there cannot be any confusion in relation to the Spokesperson Policy. Further, Loonen's questions are irrelevant. The reason that I was approved as an expert witness is related to my work at the Nordic Cochrane Centre and it was therefore natural that I used this letterhead. This has nothing to do with whether or not my Centre endorsed my findings, and I am entitled to use my Centre's letterhead (see above). No one has had any reason to doubt that what I stated in my expert report was my own opinion. This is what being an expert witness is all about; it is not about policies or endorsements from organisations of what an expert witness states in his report to the court.

Loonen writes that his expert report was confidential. However, we were not asked by the court to sign any confidentiality agreements. Furthermore, there were plenty of journalists present and I do not know if or how they got access to Loonen's report. Since Loonen talked to the journalists, he might have given it to them himself. Either way, I cannot be responsible for the report's chain of command.

In Wilson's email to the co-chairs from 28 March (Tab 18, document E), he writes: "David [Tovey], this morning, wrote that: 'I'm intrigued to know what the nature of Peter's complaint against Professor Loonen is. If the complaint is based on shallow ground, the reputation risk to Cochrane is high. However, if he has reported on some malpractice, and he is correct that does change things. In the UK doctors are expected to report on malpractice in others – to the extent that not doing so may be used as evidence of their own malpractice. In this case, the question of whether Peter is acting reasonably seems important irrespective of whether or not he has breached the spokesperson issue."

Tovey is a doctor and his perspective is important. The fact is that Loonen *was* found guilty of serious malpractice, which a court (the Public Prosecution Service, see Tab 18, document K) considered criminal. I demonstrated another type of malpractice – against me - to his university, for which he was recently reprimanded by the Dean. This explains his motive to suddenly attacking me, two years after the events unfolded in Holland, by submitting a complaint about my use of my Centre's letterhead. This is clearly vexatious and should be treated as such by Wilson.

In contrast to Tovey's well-reasoned contribution, the Central Executive Team's in-house lawyer, Beth Collins, is cited for her "unequivocal" conclusion that she considered my breach of the Spokesperson Policy (in general, as she also mentions psychiatric drugs) to be "flagrant, exposing Cochrane to needless reputational risk." Flagrant means obvious. It is anything but obvious, which the 21 responses I received when I tested the Policy so clearly demonstrated (see page 3 onwards). I cannot see either that there is a reputational risk. I help the patients, which they constantly tell me increases the reputation of Cochrane.

There is a lot more to be said about the three cases, which I have already done (see, for example, Tab 18, documents I, J and K, where I comment on Wilson's draft replies).

Gøtzsche's email to the Governing Board and Wilson

I sent an email on Wednesday, 11 April 2018 to the Board and Wilson, with the subject line: "Mark Wilson has sent a very unpleasant email today threatening to close my centre" (Tab 18, document G):

"Our CEO Mark Wilson sent an email to me today, on 11 April, of 13,504 words that takes up 42 pages when transferred into a Word document, with 10 attachments. In it, he claims that I have broken the Spokesperson policy. A psychiatrist complained about me to Mark on 1 March. After having had six weeks to think about it, Mark sent me this email, which I received at 2.22 p.m. today while I was very busy working on something else, with a deadline.

Mark wants me to respond to his allegations during the next two days because he wants to reply to the complainant[s] during this time. This is not due process. I am totally occupied the next two days and cannot meet Mark's extremely short deadline. Danish TV is filming us at the centre all day tomorrow, a bit ironically, considering the complaint, because they are very impressed with our work related to helping psychiatric patients, and Friday I shall be in Stockholm and lecture.

Most importantly, it was decided at the Governing Board only time on 23 March in Lisboa where we discussed the Spokesperson policy and issues related to it, that Mark's allegations and my reply would need to be considered by the Board before Mark takes action, if any is required.

I therefore remind the Board about this decision and at the same time ask Mark to respect the Board's decision. I shall respond as quickly as I can, which means next week.

Mark, in his long email, threatens to deregister my centre, if I fail to comply with the Spokesperson policy (and many other requirements, which are specific for me and do not apply to anyone else in Cochrane). I find this very disturbing. I firmly believe I comply with the policy in relation to this psychiatrist's complaint and there cannot be separate rules for me that do not apply to others in Cochrane. Finally, it is totally out of proportion to threaten me with closing my centre, which you will see when you see my reply to Mark's allegations. I copy Mark on this boardprivate email."

In Wilson's email the same day (Tab 18, document E), to which I responded, he gave me a deadline of only two days: "I have attached my intended responses to Dr Torrey and to Mr Pottergard, as promised in Lisbon. If you have any comments you would like to make about them before I send them later this week then you are welcome to send those comments to me. I have already considered the points made in your draft responses you sent me on 18th March in formulating these replies."

As the deadline was extremely short, and as Wilson was not present during our Board only time in Lisboa three weeks earlier and did not seem to know that we had decided that the Board needed to become involved in the disagreement I had with Wilson about the three complaints, I saw no other option than to write to the Board immediately, to stop Wilson from responding to the complainants without involving the Board.

Since Wilson was in such a hurry about responding to Torrey and Pottegård, I wrote to the Board again, on 16 April, to help the Board make an informed decision: "Please see my mail from 11 April below. I attach Mark Wilson's two draft replies, with my comments inserted (and also the drafts without my comments for reference). I also attach the letter I wrote to the Stanley Institute and the ad for our seminar on withdrawal of psychiatric drugs. I look forward to hearing the Board's views on these matters." I copied Wilson also on this email.

Three of the 13 Board members wrote that I should not send emails to them and one indicated that the process needed to be formalized, which co-chair Burton confirmed on 18 April. I therefore did not send any more emails.

Wilson has now complained that I involved the Board. However, I am entitled to write to other Board members about matters I consider important. Furthermore, it was an emergency and I knew that the Board would need to become involved in the disagreement. I would have done the same, if another Centre Director had contacted me with a similar problem.

To be personally threatened by Wilson in that way and have him threaten the future of my centre and all its employees, is what I refer to as management by fear. I was deeply shocked and consulted with several members of the Board who agreed with me that it was entirely appropriate for me to contact the Board, given the content, tone and ultrashort deadline in Wilson's email to me. Those members considered Wilson's behavior "unacceptable," especially given that Wilson apparently knew nothing about what we had decided during our Governing Board only time in Lisboa three weeks earlier.

According to Burton's summary (Tab 18, first document, page 3), Wilson became enraged about my email to the Board: "Mark Wilson said: 'In my view this is an outrageous e-mail. I addressed the e-mail only to Peter as his line manager, so his response (without copying the Board) is unacceptable. It is also full of factual inaccuracies. Do you want me to forward you the e-mail (something I deliberately did not do in order to honour the process)?'"

Either Wilson misrepresents my email, or Burton misrepresents what Wilson said. There isn't a single factual inaccuracy in it, as far as I can see. I also wonder what Wilson means by "without copying the Board," which contradicts the fact that I did write to the Board.

In my letter to the co-chairs from 26 April (Tab 21), I have proposed how Cochrane should respond to the two complaints and the question. It is pretty easy, really.

Gøtzsche's letter to the co-chairs about lack of due process and impartiality

I sent a 15-page letter on 26 April to the co-chairs where I comment on the "Proposal for Review" that the co-chairs sent to Wilson and me (Tab 21). I included the whole proposal in my letter for convenience. My most important observations are these:

Wilson is quoted for two statements critical of me while I am quoted for none about him. It is particularly astounding that Wilson speaks about me behaving incorrectly by contacting the Board – which I am entitled to do, see above - while nothing is being said in the plan about Wilson's bullying behaviour on 23 March towards two Board members (Meerpohl and me) where he called me a liar. The co-chairs are fully aware of Wilson's totally inappropriate behaviour, which was discussed at length during the Board only time the same day. The failure to mention Wilson's misbehavior and to launch an investigation of it shows that the co-chairs are not impartial in relation to the dispute between Wilson and me.

I think that, in so doing, Burton also contradicts himself. In Lisboa, during the Board only time, Burton repeatedly told the Board that we should not mix up Wilson's behaviour with the Spokesperson issues because they are two separate issues. Nonetheless, Burton refers to Mark's views on my behaviour in the plan. This illustrates a general problem with the Board's work, namely that the co-chairs are too close to Wilson and are too influenced by him, which several Board members have noticed. This was so obvious during the Board only time in Lisboa that Board member Nancy Santesso burst into tears and said that Burton was afraid of Wilson; another sign of management by fear.

In my letter to the co-chairs, I wrote something similar, as I wrote to Wilson on 18 April (see Tab 18, document K):

> "Obviously, 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. And affiliation is not representation. At no time have I inferred that the whole Cochrane Collaboration supports the results of my studies or views. Mark insists that I should not use my affiliation when I write articles about psychiatric drugs. However, my researchers also write articles about psychiatric drugs and they cannot use any other affiliation than the Nordic Cochrane Centre, so also for this reason it would be inappropriate to have separate rules for me. It would look odd that the Nordic Cochrane Centre is their address while I, as the only author, use another address in the same paper. The readers would then think that I no longer work at the centre. This would be misleading and we do not want our scientific articles to be misleading."

As I explained to Wilson on 18 April, a key point, which has been overlooked, is that affiliation is not representation. The nominal factual relationship with the Nordic Cochrane Centre does not mean that I, or any of my researchers, speak in the name of Cochrane as a spokesperson, nor have we ever given that impression. That impression is the result of the very partial interpretation by some of our scientific and political opponents, but unfortunately Wilson and his staff have followed the same odd line of reasoning when they have erroneously claimed, again and again, that I have broken the Spokesperson Policy.

I also noted in my letter to the co-chairs that "if there still is a need to discuss issues related to the Spokesperson Policy, the key issue is the way Mark interprets this policy, which must change, also for the benefit of Cochrane itself. The Spokesperson Policy is about ensuring that what individual people say or write is not misinterpreted as if it were official Cochrane policy. No one has ever in earnest been in any doubt about whether my views were my own or represented official Cochrane policy or views. But the opponents and enemies of the Nordic Cochrane Centre have discovered that Mark is more than willing to help them punish me, and the complaints will therefore continue to flow in for as long as we allow Mark to interpret the policy in the strange and harmful way as he does."

Serious abuse and mismanagement in Cochrane

When I became elected for the Governing Board, I received a lot of useful material about what was expected of a trustee for a charity. The Charity Commission for England and Wales works to prevent, detect and tackle abuse and mismanagement in charities and promote charity law, and, according to its guidance (CC3): "If you think that your fellow trustees are acting in breach of their duty, you should discuss the matter with the chair or your fellow trustees. If you are still concerned, contact the commission."

About decision-making in charities, CC27 says that trustees should act within their powers, act in good faith and only in the interests of the charity, make sure they are sufficiently informed, take account of all relevant factors and ignore any irrelevant factors.

Good faith means genuine, honest intention or motives; trying to do the right thing, in the interests of the charity. Bad faith could include acting in a way that the trustees didn't honestly believe was in the interests of the charity or intentionally benefiting someone.

About minutes, CC27 specifies that they should include "key points of any discussion." "Charity meetings: making decisions and voting," which I received from Cochrane, and which also comes from the Charity Commission, states: "The minutes should record exactly what was agreed, particularly for important or controversial decisions."

CC27 explains when the commission would become involved:

The commission is unlikely to ask questions about any decision made by charity trustees unless there is good reason to suspect that:

- they acted outside the charity's objects and powers
- they took into account factors which were irrelevant
- they did not properly manage a conflict of interest
- they took a decision that no reasonable body of charity trustees in possession of the facts could have taken.

CC27 furthermore states: A serious breach of trust (such as making an improper decision) could indicate misconduct or mismanagement in the administration of the charity. The commission might also open an inquiry where there is a high risk to the charity or to public confidence in the charity more widely.

According to Cochrane's "Human resources policy, Grievance Procedure" (Tab 5), "Cochrane aims to create and foster a spirit of mutual respect and cooperation amongst colleagues and partners. The organisation maintains a commitment to openness and transparency in relationships, communications and actions to minimize discord in the working environment." Furthermore, "Focusing on irrelevant issues or incidents that took place long before the matters in hand is not helpful and can hinder the effective handling of your complaint."

According to "Code of Conduct for Trustees" (Tab 6), "The organisation is effective, open and accountable."

Cochrane's Charter of Good Management Practice (Tab 8) mentions:

- honesty, integrity, and trust
- a commitment to transparency, openness, and accountability in our relationships, communication, and actions
- mutual respect and cooperation
- embracing the diversity of thought and perspective represented by all at Cochrane
- use power and authority in a fair and equitable manner
- when managing themselves, managers will endeavour to: Remain calm in difficult or uncertain situations

- when taking decisions, managers will endeavour to: Show integrity and fairness in decision-making; Reconcile and make use of a variety of perspectives
- when communicating, managers will endeavour to: Be honest, open and truthful in all external communications
- when dealing with conflict, managers will endeavour to: Act reasonably and justifiably in identifying and resolving conflicts of values, including those of an ethical nature
- document key discussions with the employees related to the conflict.

It is my duty as a Governing Board member to speak up if I find that our charity does not live up to what is being expected of it. I have given numerous examples in my report of serious breaches of good management practice committed by the co-chairs of the Board and Cochrane's CEO, Mark Wilson. These include omission of important documents in the material provided to Cochrane's law firm, tampering with minutes and other evidence, management by fear, and going back 15 years in time with issues I have been involved with, which is also long before the Spokesperson Policy was introduced.

Acting in bad faith includes mischaracterising events and misrepresenting minutes of meetings at someone's expense. I have given many examples in my report of how co-chair and Director of the UK Cochrane Centre, Martin Burton, has favoured the position of his line manager, CEO Mark Wilson, over mine. I find it reasonable to conclude that at least some of these actions were intentional and might be explained by the fact that Burton feels safer to side with his superior over me.

Several Board members find it problematic that it is often impossible to know who in the triumvirate - the CEO or the two co-chairs - is behind ideas, directions and tampering with the minutes and other evidence. This state of affairs violates, for example, Cochrane's Charter of Good Management Practice, which mentions honesty, integrity, and trust, and a commitment to transparency, openness, and accountability in our relationships, communication, and actions.

We need total clarity, particularly because there is plenty of evidence that Wilson is controlling the Governing Board, whereas it should be the other way around, as the Governing Board is expected to oversee the performance of the CEO (Tab 7). Many scandals and bankruptcies in the business world have occurred when the CEO became so powerful that the Board of Directors failed to live up to their oversight responsibility, sometimes out of fear of being bullied, which meant that they did not dare ask uncomfortable questions or to act when the CEO bullied people or treated them unfairly.

Our joint experience with Wilson suggests that management by fear is a real and concerning issue. Many centre directors and other senior leaders have told me about their concerns but are afraid of speaking up for fear of retribution.

It seems that I am merely the scapegoat and that the real problem in Cochrane lies elsewhere. In his foreword to my 2013 book, "Deadly medicines and organised crime: How big pharma has corrupted health care," Richard Smith, former Editor-in-Chief of the BMJ, writes about me:

"He is like the young boy who not only could see that the emperor had no clothes but also said so. Most of us either cannot see that the emperor is naked or will not announce it when we see his nakedness, which is why we badly need people like Peter. He is not a compromiser or a dissembler, and he has a taste for strong, blunt language and colourful metaphors. Some, perhaps many, people might be put off reading this book by Peter's insistence on comparing the pharmaceutical industry to the mob, but those who turn away from the book will miss an important opportunity to understand something important about the world - and to be shocked."

Similarly, those Board members who choose to shy away from my report will miss an important opportunity to understand something important about the governance of Cochrane - and to be shocked. I believe it has value for large idealistic organisations to have people like me inside and that it is wrong to "shoot the messenger," which is what has happened to me in Cochrane. A former co-chair of the Cochrane Steering Group, Adrian Grant, wrote this about me in on 28 April 2008 to the then CEO Nick Royle after I had commented on an email Royle had sent to me:

"I advise you to think hard about how you should reply to this. You did finish your email to Peter with an unfortunate sentence and I can understand why Peter considers this discourteous. In many ways, Peter is the 'conscience' of the Collaboration. We may find him irritating at times, but we should never ever be dismissive of him."

The fact that the co-chairs accepted that Wilson - for no good reason and without any evidence in his support - overruled their own decision in 2016 in relation to our complaint about mismanagement at EMA when they indicated I had not done anything wrong by using our letterhead, exemplifies that we have a huge problem in the Cochrane Collaboration with governing issues and with Wilson's lack of collaborative leadership.

Serious tampering with the minutes from the Board meeting in Genève in 2017

Our CEO's abuse of power was clearly exposed at my first Governing Board meeting, in Genève in April 2017, when I suggested we needed a fair and transparent complaints procedure. The Board approved of minutes they knew were wrong in relation to this particular item, and Gerald Gartlehner and I requested that our comments about this be inserted into the minutes:

13.2 Complaints procedure

In response to a question from PG about how complaints about him have been handled, it was clarified that if a formal complaint is made about a member or members of Cochrane the following should occur:

- The individual must be informed and sent the original complaint. However, to protect individuals making complaints, the complaint is not to be disseminated to the media, posted on blogs, social media, etc.
- The manager does not have to disclose all the material from the complainant with the individual. For example, emails between individuals of Cochrane who are investigating the complaint.
- That we must follow the principles of the procedure that Cochrane already has for dealing with conflicts (located in the Cochrane's Charter of Good Management Practice and related policies).
- Cochrane members must also inform their manager of conflicts or potential conflicts.

Post-hoc notes on this item:

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

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

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

Mark Wilson participated in the meeting and he was vehemently against introducing any complaints procedure. It was Wilson who prepared the draft minutes, with his assistant Lucie Binder, which is the standard procedure (Appendix 6, pages 7 and 9). They were seriously misleading in a way that benefited Wilson's own views although these were clearly not shared by the Board. Most unfortunately, the co-chairs let him get away with this, which caused total chaos (see below). It was also wrong to try to make a systemic problem look personal, as if it was only a problem for me.

I believe the Charity Commission would consider it mismanagement when the co-chairs insist that the Board members should vote for approval or disapproval of minutes they know have been tampered with. The Charity Commission says that, "The minutes should record exactly what was agreed, particularly for important or controversial decisions."

Because Wilson was strongly opposed to introducing a complaints procedure, which might ensure some fairness towards the person being complained about, I feared that the minutes related to this item would be misleading. I therefore wrote detailed minutes for myself and sent some of these to the other Board members (see Appendix 6), but to no avail.

This incident demonstrates that our CEO exerts far too much influence on the co-chairs and therefore the whole Governing Board. I reminded the Board:

"We decided today at the Board meeting that when complaints are raised about senior people in Cochrane, like centre directors or co-ordinating editors, to senior leaders in Cochrane, like the CEO, the editor-in-chief or the two co-chairs, these complaints must be forwarded to the person complained about so that this person has a possibility of explaining him/herself and of participating in the process. I suggested this because the risk of damage is high if such a procedure is not followed. It is also a lack of a fair process."

As Wilson's minutes said something very different to this, I wrote to the Board:

"I find it very concerning that the minutes do not reflect what was discussed and what was agreed on such an important topic, and that our CEO and our two co-chairs do not seem to favour transparency, fairness and due process when senior leaders in Cochrane come under attack" (Appendix 6, page 7). I furthermore wrote that I considered it an outrageous statement that the minutes said that "the manager is not obliged to share all material from the complainant with that individual." I explained: "Whether or not the complainant labels such material as confidential, it must be shared with the accused. This is what fairness is about, both in courts of law and elsewhere. If the complainant writes that the person under attack should not be allowed to see the complaint, then the Cochrane leadership should write to the complainant that since this is not due process, the complaint will be ignored."

Several Board members made similar observations to mine, which confirmed that the minutes had been tampered with. On 10 June, Catherine Marshall wrote to the Board:

“Item 13.2 complaints procedure. I do not recall any reference to ‘Cochrane's Charter of Good Management Practice’ at the meeting so am surprised to see it included in the minutes. I thought that during the course of the meeting the Directors agreed that it is reasonable that the person whose actions are the subject of a complaint should see the complaint and be given the opportunity to comment and that this would now be part of our process. Like Peter, I would like to see this reflected in the minutes.”

Gerald Gartlehner wrote:

“Even after revisions, I do not agree with the statement that ‘The manager does not have to disclose all the material from the complainant with the individual’ and I do not recall a discussion of this particular point at the meeting in Geneva. When Peter left the room, we discussed exclusively Peter's case. We could not exclude a Board member from a general discussion about the complaints procedure [Gartlehner refers to a Board meeting two days earlier where the Board discussed the complaint about me in relation to EMA, see my reply just below]. I strongly believe that sharing all materials with the person complained about (who might face consequences) is a fundamental principle of justice and fair treatment. I think this statement would be in breach with one of the basic principles of the Cochrane Charter of Good Management Practice, namely ‘A commitment to transparency, openness, and accountability in our relationships, communication, and actions.’ Furthermore, the wording in item 13.2 is problematic. ‘It was clarified ...’ hides behind passive voice.”

In my reply to Gartlehner’s email, I focused on the lack of transparency and accountability (Appendix 6, page 9):

“This is serious. The Board should not be exposed to or accept such behaviour which, as far as I can see, has been manipulative. I find that our two co-chairs have demonstrated a remarkable lack of respect for the other Board members. As Gerald wrote: ‘"It was clarified” hides behind passive voice. Who clarified? I don't think that the Board clarified this.”’

Further, in the email from “Cindy and Lisa” appears this sentence: “We are happy to be criticised for missing some of the detail of the discussion but I do not accept that they were misleading or inaccurate.” The use of the word “I” suggests that one person, not two, was happy with distributing misleading minutes that excluded the possibility of due process, which we agreed at the meeting must take place whenever a senior Cochrane person comes under attack.

Who was that person “I”? Cindy or Lisa? Or was it Mark? And was Mark consulted before Cindy and Lisa wrote this email to us and corrected item 13.2 in a way that continued to be seriously misleading? This is important to know because, at the meeting in Genève, Mark very strongly opposed what I suggested, which was due process, and based on other observations I made, particularly but not exclusively during the closed meeting on the Wednesday, it seems to me that Lisa does not favour due process either.

As Gerald states, it is inappropriate for our co-chairs to refer to a closed discussion the Board had on the Wednesday about people who had criticised the Nordic Cochrane Centre’s complaint over the EMA to the EU Ombudsman when they commented on item 13.2, which is not about this but about the more general issue of complaints.

Another inappropriate remark our co-chairs made is this one: “With regard to your view that the minutes were approved for distribution even though they were inaccurate - this related to 6 lines of 14 pages of minutes from a two day meeting.” The issue is that the minutes on this item were highly misleading, and continued to be highly misleading even after we had pointed this out, which means that someone must have written this and that the two co-chairs happily accepted what they knew was highly misleading. The issue is not about the number of lines.

I requested in my letter from 9 June that this be rectified and I also wanted to know why Mark wrote this (assuming he wrote it) in the first place and why the two co-chairs accepted something so highly misleading and unfair. Three people cannot write the same misleading sentence at the same time.”

I asked the co-chairs to clarify who the author was of the misleading sentences, but they never clarified this.

Despite all this, the minutes that were sent out after my most recent letter to the Board continued to be misleading (Appendix 6, pages 12 and 13). On 19 June, Lucie Binder from the CEO office asked the Board to approve the minutes that everyone knew were seriously misleading (page 15).

On 20 June, Gartlehner wrote:

“I still have concerns with the wording of section 13.2.
1) "it was clarified" is still passive voice, we need to be specific who clarified. Currently it sounds like the Board clarified which, in my opinion, is not correct. I personally find the statement "The manager does not have to disclose all the material from the complainant with the individual" very troubling and it would be very difficult for me to approve such a statement without further clarification. The example that is used ("For example, emails between individuals of Cochrane who are investigating the complaint"), in my opinion, is about a different issue.
2) The minutes refer to the Cochrane's Charter of Good Management Practice. Can someone please point out to me what part of the Cochrane's Charter of Good Management Practice justifies such a statement?
I'd be very interested in what other members of the Board think about the wording in 13.2 and about the issue of not having to disclose material with individuals being accused of wrong-doing.”

The same day, Joerg Meerpohl supported Gartlehner:

“I'd like to strongly support Geralds view and concern. For transparency and fairness reasons, I think the process should involve the complainant and material be disclosed to him or her. And in fact this is my recollection of our discussion and conclusion.”

Catherine Marshall also protested the same day (page 14):

“I thought that we agreed that people should see the complaint and be given an opportunity to provide comment.”

What happened in the days after this was chaotic, with many email exchanges (pages 17-31). The two co-chairs wrote: “We have been patient, but continuing this discussion by email is not fruitful, especially when our previous comments have been selectively cited.” Lisa Bero wrote: “As outgoing chair, I am deeply disturbed that the Board is considering making a change in policy based on the personal experience of one of our board members.” This illustrated a common theme I have mentioned earlier in my report. I wrote: “it was NOT a question about complaints about me, it was a general question that addressed senior people in Cochrane. The co-chairs try to make this a personal matter, which unfortunately is a common management strategy when managers face trouble because of their own actions and try to put the blame on others.”

Gartlehner supported me in this: “I respectfully disagree, and I realize that this might have a cultural background. 70 years ago in Austria/Germany we had a justice system that used exactly the approach that we have in the minutes. Accuse people of wrong-doing and not provide the material to them. Reading this in Cochrane minutes, I find deeply disturbing. I would also like to emphasize that for me this issue is not about Peter. This is about a general principle of fair treatment and justice. A clarification of the Board that "The manager does not have to disclose all the material from the complainant with the individual" sends an entirely wrong message” (pages 27 and 28).

In response to this, the co-chairs wrote: “In response to the email from Gerald received yesterday. Lisa and I have discussed the content. We have heard from board members who are disturbed by the email. We are all here to serve Cochrane's best purposes. We may have differences of opinions but we need to keep our correspondence civil. We are taking this matter seriously and will deal with this off-line with Gerald."

This should not happen. It is like *Big Brother is watching you and will take action as appropriate, with no witnesses*. Ironically, this is exactly the type of behaviour Gartlehner warned about in his historical comparison. The co-chairs gave themselves more authority than they have.

On 23 June, Nancy Santesso wrote (page 26): "Thank you Joerg. I think we do need to revise the section. I have voted to reject the minutes and think we can discuss Joerg's solution on our call and then discuss fully in Cape Town. In addition, I thought Gerald's point was civil. I think it made it very clear that the proposed process for managing conflicts in the minutes is not a good one."

I responded:

"If a scientist invents something that did not happen during the experiment and writes about it, as if it had happened, we call it fraud. The minutes in relation to item 13.2 contains bits that did not happen. We never discussed them and never agreed to them, but the co-chairs inserted them. Item 13.2 is open access and if we retain the minutes as they are and approve them, we will deceive the readers of the minutes. Democracy is about discussions among equals, not about one or two co-chairs imposing on the rest of the Board what is obviously wrong.

We therefore must change the minutes for item 13.2, as it would be illegitimate not to. Given the discussions so far, I am convinced that the whole Board can agree to what I suggest now: In response to a question from PG, it was clarified that if a formal complaint is made about a member or members of Cochrane, the individual must be informed and sent the original complaint. This issue will be discussed further in Cape Town.

I am going to vote in the Doodle poll, but if the text that is now in the minutes is retained, I consider this voting procedure illegitimate, as voting cannot make right what is obviously wrong. Finally, the co-chairs' actions and attitudes continue to worry me greatly. On 22 June they wrote in reply to Gerald's e-mail that "we need to keep our correspondence civil. We are taking this matter seriously and will deal with this off-line with Gerald." Gerald's e-mail was both civil and appropriate and I can see no reason why the co-chairs should deal with Gerald offline. It looks like a punishment to me, or yet another sign that the co-chairs favour secret processes. I can recommend reading Kafka's The trial and some of Dostojevski's novels about secret processes. This is not what we want in the Cochrane Collaboration. We are highly sensitive to such tendencies in Europe, given our recent history. It is not only Gerald. It is all of us."

The whole mess got worse and worse and - likely in desperation over that they could no longer handle the untruthful statements they had allowed Wilson to insert in the minutes, or which they had inserted themselves - with several re-writes that did not improve the situation but only increased the confusion, the co-chairs ended it all with the remark: "This matter is closed" (page 18).

The co-chairs used the majority argument, although falsehoods do not become truths because a majority approves the untruthful statements as part of a greater package of minutes that are truthful: "Before we suggested the amendment, 7 people voted in favour of the revised minutes that were attached to the doodle poll. This is a majority [of only one, as there are 13 members in the Board]. Therefore, the minutes as attached to the doodle poll were approved. We will not make the amendment we suggested following the approval of the minutes" (page 19).

This was a clear case of seriously tampering with the evidence and serious mismanagement of a charity, committed by our triumvirate: the CEO and the two co-chairs.

Other serious problems with Cochrane governance

Tampering with the minutes from 13 June 2018

Despite my repeated requests, co-chair Martin Burton has denied me access to the minutes from the Board teleconference on 13 June in relation to item 10, which was about the legal process. After the Board had received the draft minutes for other items, I sent this email to the Board, on 3 July:

> "I believe there must be minutes about what was decided under item 10, and if any voting occurred, also how people voted, just like for other agenda items. Currently, item 10 only says: 10. Restricted Session (Trustees only) Co-Chairs' Report - Part 2. I was not allowed to participate in the discussion of item 10 and Marguerite Koster was not allowed to participate in item 8. But her appointment as co-chair was minuted, as was also the voting. The same should apply to item 10. The session was restricted, but as I am one of the trustees, I believe I am entitled to see the minutes for this item."

Burton responded: "The draft minute of Item 10 is being considered at the moment. Please be assured that this has not been forgotten." On 12 July, Burton wrote: "Thank you for your patience on this matter. We are now able to send you a copy of this minute. This will be included in the bundle of documents [the binder from Cochrane's law firm] I referred to in my e-mail on Monday (10th July 2018). I am copying that e-mail below and look forward to receiving your answer."

When I came back after my holidays, I found the minutes in the binder from the lawyer (Appendix 1, page 16, undated). However, I could only see that 8 voted yes, 4 no, with no abstentions, about whether a law firm should become involved. I could not see the voters' identity. I therefore wrote to Burton again, on 1 August: "I have not received the minutes for item 10. Please send the same email as you sent to the rest of the Board with the attached minutes for this item."

As I did not receive a reply from Burton, I sent a third email, on 9 August, to both co-chairs:

> "As I have not got a reply to my mail from 1 August, I try again, this time copying Cindy, as you might be on holidays. I suspect that the minutes I got from Cochrane's law firm are not the same as those you sent to the rest of the Board because the identity of the voters are missing, which is otherwise never the case, and should not be the case, as far as I know. I therefore ask you again to send to me exactly the same email as you sent to the other Board members, but not me, with the draft minutes attached, so that I can compare them with what I got in the binder from the lawyer. As you know, I am entitled to get these minutes, just like any other Board member. I am also entitled to ask for any correspondence I would like to see to and from the co-chairs in my capacity as a Board member. An argument that I cannot see these minutes because I am one of the parties in a process, does simply not hold. Charity rules must always be respected."

Burton replied the same day: "I will take advice on this and come back to you." On 14 August, Burton wrote, copying co-chair Cindy Farquhar and Cochrane's lawyer, Natasha Hibbert:

> "We have been advised not to send you the information you request in the e-mail below. Please address any further enquiries about this (as well as any requests for further documents, or information, that may in any way relate to the Independent Review, or the matters it is considering) to the lawyers who are advising the Collaboration. I am copying this to Natasha Hibbert, one of our lawyers; she is the person with whom you should correspond."

I responded the same day, to Burton, Farquhar and Hibbert:

> "please do not use passive tense when dealing with legal matters, 'We have been advised'. I would like to know:
> Who exactly are "we"? Names please

Who exactly advised you? Names please
And why this advice?
Are my minutes identical to those the rest of the Board received, particularly regarding the identity of those who voted yes and no?
If the minutes are different, then who exactly took the liberty of changing the minutes before I got them in the lawyers' material? And with what argument?
If the minutes are different, did you and Cindy know all along that they were different?
If the minutes are different, I believe there is a problem, as Martin wrote to me that I had received the minutes in the binder I got from the lawyer.

The same day, Natasha Hibbert replied, copying Gerrard Tyrrell, also from Cochrane's law firm:

Moving forward, please only address correspondence in relation to the independent review to myself and copied to Gerrard Tyrrell.

As you are aware, we are instructed by The Cochrane Collaboration in relation to the review of governance matters. In respect of this particular matter we are instructed by the Co-Chairs of the Governing Board. You have already been advised as to the reasons why independent legal advice has been obtained and we would refer you to the Instructions to Counsel which were sent to you on 23 July 2018 if you require further detail.

To answer your questions regarding the draft Board Minute:

1. The final Minute has not yet been approved.

2. We can confirm that the draft Minute that was sent to you is identical to the copy that was circulated to the Board, although the identities of the Trustees who voted either way were anonymised following a request that was made.

Thus, Cochrane's law firm confirmed that the minutes I received had been tampered with but did not tell me who did this, although I specifically asked for this information. This playing hide and seek is not how a legal process should be carried out and it violates Cochrane's principles about transparency, openness and accountability. "A request that was made." Who made this request? Was it co-chair Martin Burton? This is important to know.

I have information that the draft minutes were circulated to the whole Board except me already on 18 June and that these did indeed reveal the voters' identity. Thus, Burton misled me when he told me I had the minutes in the material I received from the law firm when this was clearly not the case.

I assume that Burton knew this, as he seems to be the one who prepared the material for the law firm. If Burton changed the minutes I got access to, which I assume he did, he should at the very least have told me that he did so and why.

I was deliberately misled, which constitutes serious mismanagement and, I believe, also bad faith according to charity rules (see pages 45 and 46) because tampering with minutes is not "in the interests of the charity." To produce two versions of minutes, deliberately misleading a Governing Board member, is a serious offence.

Taking Governing Board members aside, one by one

I am not the only Board member who finds it problematic – also in relation to our governance principles in Cochrane - that the co-chairs take individual Board members aside, in one by one encounters, with no witnesses, privately lobbying them in order to influence their views, or to reprimand them (see page 50 where Gartlehner compared manners at the top of Cochrane to the events in Germany and Austria 70 years ago). I believe this is inappropriate and it has caused great distress on several occasions.

For example, Burton took David Hammerstein aside in Cape Town in September 2017 and tried to convince him that he should withdraw from the Board before his assignment was officially announced one or two days later at the Annual General Meeting. Hammerstein refused to do so. Several Board members became very angry about Burton's intervention, which they saw as inappropriate. The Board had elected Hammerstein, and although I was the one who persuaded him to run for the Board despite his many other commitments, Burton did not inform me about his intervention. Considering Hammerstein's invaluable experience, e.g. as an elected member of the European Parliament and his roles at the top of large consumer organisations, it is a sign of a deeply disturbing culture in the triumvirate that runs Cochrane that this could happen.

Harmful and irrelevant statement on the Cochrane website

As noted above, I have asked Wilson several times to take down the statement uploaded on Cochrane.org 18 September 2015 (Tab 15) related to my article in the Daily Mail. I wrote to Wilson on 18 April (Tab 18, document K) that people learn from each other; that his message had been much abused to create pseudo-problems, which also caused himself a lot of unnecessary work; and that I had protected him by only informing him about a minority of all these abuses.

Already five days after Wilson's statement was uploaded, BMJ published a news item, "Cochrane distances itself from controversial views on psychiatric drugs" (BMJ 2015;351:h5073). I was quoted in the article for telling the BMJ, "The Cochrane leadership cannot 'distance itself' from my views on psychiatric drugs, as they are evidence based and thoroughly documented in my new book. Further, as it is clear in my article in the Daily Mail that the views I express are my own, people have started wondering why the Cochrane leadership publishes a statement that confirms the obvious."

Wilson's statement has never been relevant and should not be up indefinitely. This statement, and similar initiatives by Wilson, are very damaging for our work at the Nordic Cochrane Centre and are taken to mean that the Cochrane leadership has disavowed me. For example, UK professor of psychiatry, David Nutt, said in a lecture in New Zealand six months ago that I had been kicked out of Cochrane. However, it appears from the binder from the law firm that Wilson has refused to take down his statement about the Daily Mail. This is most unfortunate, also for Cochrane itself.

Many people say and write that the Cochrane leadership has publicly undermined my conclusions on psychiatric drugs and the drug industry, although it cannot have any "views" on these issues that carry more weight than those of a research team, which has extensively and meticulously studied these issues. The Spokesperson Policy cannot apply to my conclusions unless there is a Cochrane policy on the effects of psychiatric drugs, which there isn't. In Cochrane, we do our best to respect the evidence and avoid using authority, but Wilson has abused his authority to undermine my evidence-based conclusions and to disavow me in public. Cochrane's Charter of Good Management Practice (Tab 8) mentions that power and authority should be used in a fair and equitable manner. This is not what Wilson does to me.

Cochrane will lose its credibility if its leadership is seen to selectively apply scientific censorship and does not protect the integrity of its own people. Many people, both in and outside Cochrane, have expressed their concerns about this to me. The overwhelming sentiment is that Wilson should defend me against undue attacks from people like Torrey and Loonen who have behaved badly instead of giving them reason to persist, which is why I have suggested they should be told so in Wilson's reply to them (see my proposed replies to them under Tab 21).

The CEO has failed to sustain Cochrane's collaborative spirit

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

What I have described in this report confirms that this is the case. Our CEO has gone way too far and the co-chairs – who work closely with Wilson - are part of the problem, as they have allowed him to rule without transparency and democracy. The Governing Board needs to act to protect the charity.

It is particularly problematic that Cochrane does not honour its principles about accountability, transparency and openness, as Board members rarely know where things come from when the triumvirate acts together. It is also worrying that the CEO exerts so much influence on the minutes. The CEO is not a member of the Board but is supposed to be governed by the Board. However, he now co-chairs not only the Centre Directors meetings, but also in reality acts as a non-elected third co-chair of the Board meetings. In both cases, he sits at the end of the table with the chairs.

The agreement I have with Wilson specifies under item 11 that the CEO shall, upon the request of the Centre Director, engage with, advise and support the Director and his/her staff in their work, including addressing problems or complaints, and helping with conflict resolution.

I have not seen much in terms of supporting me so far in relation to people complaining about me, in fact quite the contrary. As I have noted above, the Centre Directors discussed at their meeting in Panama in 2014 the highly unfortunate letter Wilson had sent to the Danish Psychiatric Association two weeks earlier, without involving me at all. There was general agreement 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." Wilson has breached this agreement many times (see below).

A member of the Governing Board is very concerned about Wilson's actions towards me in relation to the recent complaints, as they could harm Cochrane's reputation. He wrote to the Board (Tab 18, document K, page 8):

> "The independence of Cochrane could be tarnished by this action by its CEO. We all know that the pharmaceutical industry and its lobbies, both visible and covert, are reacting aggressively to articles and books about the gross overmedication and overprescription of psychiatric drugs. Your [Gøtzsche's] publications and public appearances have been particularly effective in sparking a very necessary public debate concerning this harmful practice not justified by most scientific evidence. If Cochrane is perceived as being influenced by these defensive campaigns by industry, even if they are carried out by people with no apparent direct financial interests, the reputation of Cochrane could be seriously harmed. I seriously hope this does not happen."

Wilson's actions show a type of leadership few people in Cochrane are pleased about. They include:

- many ill-founded accusations that I have broken the Spokesperson Policy, in sharp contrast to the empirical testing of this Policy I carried out this summer
- overruling the Governing Board co-chairs when they had acquitted me
- his triple role of law maker, investigator, and supreme judge, with infinite sentences
- no effective means of appeal because the co-chairs are too weak compared to him
- colossal harm putting my centre on the brink of extermination
- threatening to close my centre for no good reason on several occasions
- fierce opposition to introducing due process when complaints are raised
- serious tampering with minutes from meetings
- calling me a liar when I speak the truth
- attempt at threatening a Board member into agreeing with something that isn't true
- repeated failure to respect the clear decision made by the centre directors in Panama

Is Gøtzsche exposed to a show trial?

I have very good reasons to suspect that there is a hidden agenda behind Cochrane's contact to a law firm. This could be clarified, e.g. by interviewing the Board members who participated in the June 13 meeting where it was decided to do a legal review. Further evidence of this is that Wilson has threatened to close my centre on several occasions in relation to my alleged violations of the Spokesperson Policy. He repeated this threat as recently as 11 April this year, and he is obviously very upset about that I have challenged his power by questioning his interpretations of the Spokesperson Policy.

Another reason that this looks like a show trial is that Cochrane's law firm did not give me a reasonable deadline although everyone knows that legal processes take a long time. On 8 August, Natasha Hibbert from Harbottle & Lewis asked for my written response to the 400 pages binder by no later than 16 August. It is unheard of in cases involving lawyers and 400 pages of documents to ask for a reply within 8 days – and, indeed, in the holiday season. I replied the next day:

> "There is so much to be dealt with in this case that it is not possible for me to submit my written report so quickly. I am fully occupied the next three weeks, with travelling abroad and with a two-week visit from Australia where I shall work full-time with a researcher, something we have planned to do for a long time and which cannot be changed. I would need at least till mid-September. Since the material in the binder you sent me goes as far back as to 2003, I cannot see that there is any hurry. It is very important - also considering principles of equity and justice - that this is done right rather than quickly. The Cochrane management have plenty of resources to invest in this process, including paying a law firm. I have only myself. I kindly ask you to take this into account, also considering what the purpose of all this is. The draft instructions to the Counsel says that the purpose is to make recommendations in order to try and find a resolution amenable to all parties involved. And the letter I received from Harbottle & Lewis LLP says that the Counsel will carry out a fact-finding exercise. I will of course need to do the same and this takes a considerable amount of time, as the background material is huge and involves much more than what was enclosed in the binder I received from the law firm."

On 15 August, Natasha Hibbert replied (see full letter in Appendix 1, pages 17 and 18):

> “The issues raised by the review are both serious and important to Cochrane, especially in relation to Cochrane's governance, reputation and potential Charity law issues. The potential consequences that arise for Cochrane, as well as for its Trustees and its staff, if these issues are not resolved without undue delay are also very serious. Accordingly, there is an urgent need to progress and conclude the review in advance of the meeting of Cochrane's Governing Board from 13 to 15 September 2018. In view of these considerations, as well as the requirements of ensuring uniformity of response and process, Counsel has proposed the following next steps: i. Any representations that you wish Counsel to consider as part of his review should be made in writing and sent to Natasha Hibbert at this firm by email or by post to be received by no later than midday (BST) on Thursday 30 August 2018.”

It is not due process to give me a two-week deadline, particularly after I have explained that I would be fully occupied in this period. Furthermore, I cannot see any justification for this statement: “The potential consequences that arise for Cochrane, as well as for its Trustees and its staff, if these issues are not resolved without undue delay are also very serious.” How can three unimportant, recent cases that have not attracted any media attention be very serious if not resolved very quickly? This does not make any sense whatsoever, particularly since the CEO and I have disagreed about this issue for more than four years now.

I merely asked the Board for help, which I am entitled to do, but was now put under enormous pressure for no good reason. I have had to work during the nights in order to finish this preliminary report before the deadline. I consider this harassment and lack of respect for other people, which I have been exposed to many times by Mark Wilson, and his staunch defender, co-chair Martin Burton (see evidence of this above and the section *The “Draft Instructions to Counsel” are not impartial*, just below, on page 58 onwards).

The Counsel was asked to consider matters involving my alleged wrong-doing that go back 15 years in time, although these matters were resolved back then. According to Cochrane’s “Human resources policy, Grievance Procedure,” this is also mismanagement, and it constitutes further evidence of a show trial where the outcome is predetermined and the examiner is being asked to somehow “prove” that the accused is guilty – no matter how long ago the events unfolded - in order to get rid of a person who is perceived to be “difficult.”

Since the dispute is between the CEO and a centre director, an equitable process would have involved collecting also evidence of unfortunate interactions between the CEO and other centre directors. However, there will be no examination of Wilson’s conduct during the 6 years he has been employed by Cochrane, although there have been numerous disputes, serious disagreements and transgressions related to Wilson’s behaviour towards other centre directors. Directors or other key people in 9 of the 12 old Cochrane centres have conveyed to me that they are unhappy with Wilson’s or his senior staff’s interactions with them. Several centre directors feel threatened and are seriously considering leaving Cochrane because of the way Wilson interprets his policies, particularly the Spokesperson Policy, which they feel is incompatible with their academic freedom. Self-censorship is likely an important reason why other centres stay out of trouble.

Wilson’s conduct resulted in a damning complaint from the French Cochrane Director, Philippe Ravaud, about him to the Steering Group in 2015 (see Appendix 7). Ravaud states unfettered what most of us think, and the reason he dared speak out loud is likely that he announced his immediate resignation at the same time. Wilson's interventions were also the direct reason that the Directors of the US Cochrane Center chose to close it in 2018.

Wilson has also interfered several times in my work without my permission and even without informing me. I can provide a full report of the many unfortunate interactions Wilson has had with centres in case this is of interest.

As I have noted earlier, the many problems under the current leadership do not go away by shooting the messenger. Further, conflicts in charities should be resolved amicably (which I tried to do twice in Lisboa in March to no avail), and not in the manner that currently prevails.

Due process would have involved that I should have been asked if the material collected about me was appropriate and correct, and whether important information had been left out. This did not happen even though the "Index to Counsel's Papers" shows that a response from me is "missing" in three cases. This is labelled TBC. I did not know what that meant. I thought it meant "to be collected," since it was "missing," so I googled it. The usual interpretation is "to be confirmed," which does not make sense for information that is "missing." As I have repeatedly shown in my report, and as I shall also show in the next section, the collected material was seriously biased, or had been tampered with, and important information was left out in favour of the CEO, disfavouring me.

There is an extreme power imbalance in this process, as I do not have access to legal expertise. Since I have contributed substantially to Cochrane's current assets, in direct monetary term with over £3 million, it would be reasonable if the Governing Board allowed me to hire a lawyer to defend me against the allegations raised and also paid the salary. Contrary to Wilson's position, I have no possibility of hiring a lawyer unless I pay out of my own pocket. This is not fair and not due process.

The "Draft Instructions to Counsel" are not impartial

As already noted, it was co-chair Martin Burton who wrote "Summary of issues prepared by client" (Tab 18), and I therefore assume it was also Burton who assembled the documentation in a binder of about 400 pages sent by Cochrane to Cochrane's law firm, Harbottle & Lewis. As stated on page 1, the Counsel is asked to establish the facts; identify the legal basis of the issues in dispute; and make recommendations in order to try and find a resolution amenable to all parties involved. On 23 July, Harbottle & Lewis provided further detail (Appendix 1, pages 14 and 15):

> "The scope of the Counsel's instruction was approved by the Governing Board, as follows:
> - To carry out a fact-finding exercise in relation to the claims that have been made and to make a determination in relation to the facts on the balance of probabilities.
> - To advise in relation to the applicable legal and regulatory backdrop and the obligations that arise.
> - To advise as to whether in Counsel's opinion there has been a breach of any legal, governance or regulatory obligation.
> - To make recommendations to the Governing Board in relation to its options for resolving the issues and responding to any breach."

I shall now comment on "Instructions to Counsel" (Appendix 1, pages 3 to 13) and show that these are far from being impartial but benefit Wilson to my disbenefit. Page numbers refer to Appendix 1, unless stated otherwise.

Page 3

> "Separately, an issue has also arisen as to whether PG may have breached his obligations as a Trustee by involving the Governing Board in personal matters, namely the issue between PG and MW (the 'Third Complaint')."

It was not a personal matter but a matter of very important principles, and I cannot possibly have breached my obligations as a trustee, see above (*Gøtzsche's email to the Governing Board and Wilson*, pages 42 and 43) and also below (under Page 9).

Pages 3 and 4

> "20. The First Complaint is based on claims made to Cochrane that PG has:
>
> a. made public statements and published papers that are potentially damaging to Cochrane's reputation;
> b. made public statements in respect of his personal views which have the potential to be misinterpreted / have been misinterpreted as representing Cochrane, thus undermining Cochrane's reputation as an independent research organisation; and
> c. that in so doing, PG has been pursuing his own interests and scientific career over the interests of the Cochrane organisation.
>
> 21. Counsel is asked to read Tabs 12 to 20 for the detail of the chronology and claims that have been made since 2003 in respect of PG's conduct and the communications of these issues to PG. A summary document prepared by the client which sets out the position at the point of our instruction in April 2018 is enclosed at Tab 18."

I have documented in great detail in my report that I have not made public statements of my so-called personal views that have been genuinely misinterpreted as representing Cochrane. Such allegations have not been made in good faith by those complaining about me, and lawyers should not consider whether something has "the potential to be misinterpreted." Virtually everything people say or write has the potential to be misinterpreted. This is not a legal issue, and if a "potential" is considered enough, this would mean total censorship and the abolishment of free speech. Again, this looks like a show trial, or a Kafkaesque process.

It is also wrong to ask the Counsel whether I have made public statements and published papers that are potentially damaging to Cochrane's reputation. I do not have access to legal expertise, but I do know that in law, it is generally irrelevant to deal with potentiality. Cars and prescription drugs have the potential to kill people but that does not make them illegitimate. Furthermore, it is inappropriate even to ask such a question because Cochrane is a scientific enterprise and if we don't prioritize freedom of speech above everything else, Cochrane will not and does not deserve to survive. Such a question might be posed by the CEO of a drug company, but Cochrane is not a drug company.

The burden of the proof has been reversed here. My published papers have been scientifically tested in the most rigorous way, which is peer review. What evidence does the CEO have that my statements are NOT evidence-based and what evidence does he have that my comments have damaged the reputation of Cochrane? I consider this bullying – trying to force me to prove I did NOT cause reputational damage instead of the CEO having to proving I DID. I firmly believe I have not harmed the reputation of Cochrane, quite the opposite (see just below).

It is wrong to only ask the Counsel to assess any harms I might have caused. It feels almost like a case of defamation or reputational damage. This task is far too narrow and the request is clearly biased.

The Counsel was not asked – but should have been asked - to assess any harms Wilson has caused undermining me as a leader of the Nordic Cochrane Centre, issuing statements dissociating Cochrane with my research group instead of mounting proper scientific debate. Furthermore, in Cochrane, we always try to describe the balance between benefits and harms of the interventions we assess in our Cochrane reviews. A powerful drug causes more harm than a weak one, but it usually also leads to more benefit. It is only people who never achieve anything that don't make errors. The more you achieve, the more errors you will make. The Counsel should have been instructed to assess the balance between benefits and harms.

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

I am the only Dane who has published more than 70 papers in "the big five" (BMJ, Lancet, JAMA, Annals of Internal Medicine and New England Journal of medicine). The fact that I am a respected researcher that publishes research that is useful for patients played a major role for my repeated attempts at getting Danish Cochrane activities on the government's budget. I succeeded to achieve this, and the Nordic Cochrane Centre and the three Cochrane review groups based in Denmark still have permanent funding. This funding has enabled me to provide more than £3 million for Cochrane software development, which I had no obligation to do but which I felt was a meaningful contribution to the objectives of the Cochrane Collaboration. Cochrane's CEO wanted to take over this enterprise against the wishes of me and my hospital (where the Centre is located), which he did after protracted negotiations in 2015 involving lawyers on both sides. My hospital encouraged me to seek economic compensation for the Centre, which I tried, but this was declined despite my huge contribution to Cochrane over many years.

In addition to my financial support of IT development, I have contributed substantially to the Cochrane Collaboration and its good reputation over the years. I wrote a chapter in the first version of the Cochrane Handbook; was a member of the Cochrane Steering Group right from the launch of the Cochrane Collaboration (1993 to 1996); have contributed a lot to methodological research to the benefit of Cochrane; have established two Cochrane methods groups based in Denmark (about non-randomised studies and placebo); was an editor of the Cochrane Methodology Review Group 1997-2014; have contributed to several groups publishing guidelines for good reporting of research and have co-authored CONSORT for randomised trials (www.consort-statement.org), STROBE for observational studies (www.strobe-statement.org), PRISMA for systematic reviews and meta-analyses (www.prisma-statement.org) and SPIRIT for trial protocols (www.spirit-statement.org); have helped establish three Cochrane review groups, all based in Denmark; have helped reconstruct two of them within the last year, a process that would have been very difficult if Cochrane had not had a Centre Director with detailed knowledge of local politics; and have established Associate Cochrane Centres in Poland, Russia and Sweden in recent years.

I have done a lot to get drug industry funding out of Cochrane. I held two highly appreciated and well-attended international workshops for Cochrane editors in Copenhagen in 2001 and 2002, and I have probably done more than anyone else in Cochrane for knowledge translation - a key issue in the current Cochrane strategy. My recent evidence-based books – with numerous references to Cochrane and Cochrane reviews - have been very important for this and they have appeared in many languages other than English. They have also resulted in many interviews and documentaries. They are good PR for Cochrane and they are very much appreciated by the patients. This is the reason that, in 2015, I became top ten finalist for the award "Dane of the year," nominated by psychiatric patients; that I became Protector for the Hearing Voices Network in Denmark in 2016 (which has to do with patient advocacy, something we treasure and recommend people to do in Cochrane); and that an interview I gave about organised crime in the drug industry has been seen by over 250,000 people on YouTube: https://www.youtube.com/watch?v=dozpAshvtsA. My work is also much appreciated by doctors who do not have financial conflicts of interest, e.g. I became Winner of the annual Prescrire Prize for medical and pharmaceutical books for "Mammography screening: truth, lies and controversy" in 2012; I wrote an information leaflet for women contemplating whether or not they should go to mammography screening, which volunteers have translated into 16 languages (available on our website, https://nordic.cochrane.org/); I was Winner of the British Medical Association's Annual Book Award in the category Basis of Medicine for "Deadly Medicines and Organised Crime: How big pharma has corrupted health care" in 2014 (which is the book that Wilson disavowed in 2014); I co-founded Council for Evidence-based Psychiatry in the UK in 2014 and the International Institute for Psychiatric Drug Withdrawal in Sweden in 2017, and I am also a member of Critical Psychiatry Network, which is based in the UK and mainly has psychiatrists as members.

The main enemy of Cochrane is reporting bias. I might have contributed more to resolving this problem that anyone else. I obtained access to clinical study reports at the European Medicines Agency in 2010 after a three-year process that involved a complaint to the European Ombudsman. If I had done that under Wilson's rule, he would have complained that I broke the Spokesperson Policy by using my Centre's letterhead, and he would likely not have praised me for my outstanding achievement even though it provided a huge benefit for the whole world, including Cochrane. A few years later, in collaboration with a few politicians, I succeeded to influence European law so that we now have access to far more data from clinical trials than earlier. We succeeded to turn around a political majority for continued secrecy into a crushing victory for openness: On 2 April 2014, the EU Parliament agreed to the new Trials Directive with 594 votes for, 17 against, and 13 abstentions.

According to Cochrane's "Human resources policy, Grievance Procedure," it is mismanagement that the co-chairs asked Cochrane's law firm to consider events involving me as far back as 2003, and only stopped there because electronic records are missing beyond this year. I have never heard of any such investigation going 15 years back in time when there are current problems in the working relationships between two people and when one of them has only been employed for 6 years.

Page 4

"On 14 March 2014 MW and the then Co-Chairs wrote to PG following the publication of a book and video in which PG appeared to advocate that every patient taking psychotropic medication should stop taking their medication."

This is not correct (see page 17 onwards). I have NEVER advocated this. I constantly warn against stopping drugs abruptly and what I wrote in my newspaper article was this (see page 18):

"Psychiatric drugs can be useful sometimes for some patients, especially in short-term treatment, in acute situations. But my studies in this area lead me to a very uncomfortable conclusion: Our citizens would be far better off if we removed all the psychotropic drugs from the market, as doctors are unable to handle them. It is inescapable that their availability creates more harm than good. Psychiatrists should therefore do everything they can to treat as little as possible, in as short time as possible, or not at all, with psychotropic drugs."

About the alleged violations of the Spokesperson Policy, I have demonstrated in my report that I have not breached this Policy on any occasion and that it is so ambiguous and difficult to interpret that it should not be used to discipline people. Another key issue is that the Board should not allow Cochrane's CEO to set policies, investigate whether they have been broken, and to arrive at a verdict and a sanction. No civilized society allows such an enormous concentration of power in one man.

About whether or not I can use my Centre's letterhead and my title as Cochrane Director when I communicate, this was so clearly agreed during the Governing Board only time in Genève (see pages 38 and 39 in my report) that it should not be a matter for the Counsel to look at.

Page 5

"PG had provided his own (potentially controversial) opinions to the Court on Cochrane branded paper and purported to act in his capacity as Director of Cochrane Nordic, thus raising concerns as to the impartiality and independence of Cochrane as an organisation."

The co-chairs are not impartial when they write that my opinions are "potentially controversial." There is nothing controversial in my report to the Court (which they have not seen, so they cannot have any view on it); it was entirely fact-based; and to submit a report as an expert witness to a Court has nothing to do with "raising concerns as to the impartiality and independence of Cochrane." My report has not been made public and is only known by a handful of people. I have explained just above (under Pages 3 and 4) why the use of the term "potential" has no place in a legal process.

"In general terms it would appear that both CEOs, in conjunction with the respective Co-Chairs at the relevant times, have taken the view that PG's actions have brought him into conflict with the aims and practices of Cochrane."

I am not aware that I have had any such issues with the only previous CEO, Nick Royle. Further, I have always respected the aims and practices of Cochrane, which my actions clearly demonstrate.

"Counsel will note that such actions, if proved, would also amount to a breach of the Code of Conduct for Trustees in particular Clauses 3.1 (Selflessness), 3.2 (Integrity) and 3.3 (Objectivity) and 3.7 (Leadership), although this document was not formally adopted until 21 March 2018."

This is an outrageous statement that adds to my well-founded suspicion that I am exposed to a show trial (see page 56 onwards in my report). No one acting in the role as a trustee is obliged beyond his/her powers. I acted in good faith, in an emergency, which I have described above (see pages 42 and 43 in my report), and which I am entitled to do as a Board member.

"As a result of statements made by PG, Cochrane has on more than one occasion considered it necessary to issue public statements clarifying its position (see by way of example the statement issued on 18 September 2015 relating to PG's comments in *MailOnline* (Tab 15) and the statement issued on 3 May 2018 in response to the Tweet by Anton Pottegård concerning PG's comments concerning the benefits and harms of psychiatric drugs (Tab 19)."

As I have explained, it was not necessary for Cochrane to issue the statements it did, and it was a clear breach of good management practice not to involve me before these statements were issued.

Furthermore, it was agreed at the Centre Directors meeting in Panama in April 2014 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." Wilson and his staff has not respected this decision. Finally, Pottegård merely submitted a tweet with a question, which did not necessarily require a reply from Cochrane's management team.

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"It has transpired subsequently that there is an issue between PG and MW as to what exactly was said and agreed at the meeting. MW's position is that at the meeting PG acknowledged that he had recently breached of the Spokesperson Policy. PG's position is that he has neither breached the Spokesperson Policy and nor did he accept at the meeting that he had done so."

As I have explained, there is no such issue, as I never acknowledged that I had breached the Spokesperson Policy, whereas there is a serious issue with Wilson's tampering with the minutes he sent to me after this meeting (see page 34 onwards in my report).

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"Counsel should be aware that there is a lack of consensus as to what was agreed at the Board Only meeting in April 2017" (about whether the special requirements for me still applied).

There is no such lack of consensus whatsoever (see pages 38 and 39 in my report). The only problem is that the two co-chairs either have an extremely poor memory or have deliberately tampered with the evidence.

"There have in any event been issues historically regarding the agreement of Minutes. Counsel is referred by way of example to the email correspondence between PG, MW and David Tovey between July and August 2015 relating to the Minutes of a Meeting on 9 July 2015)."

This is not a fair and impartial comment. I was alone and therefore had no witness that could have supported my perception of what was said and agreed at the meeting, whereas Cochrane's CEO and deputy CEO were on the other side of the table. It is in a totally other league when the triumvirate (the CEO and the two co-chairs) agree on minutes they know are wrong (see page 47 onwards in my report). I pointed this out in several emails back then (see Appendix 6) and again in my letter to the co-chairs from 26 April this year (see page 43 onwards in my report). That there is nothing about this serious mismanagement in the "Instructions to Counsel" illustrates once again how biased the information handed over to Cochrane's law firm is, and it supports my suspicion that I am exposed to a show trial.

<u>Pages 7 and 8</u>

"Allegations of 'bullying behaviour' and 'management by fear' on the part of MW."

In law, it is perhaps correct to talk about "allegations," but the two co-chairs know perfectly well that these are facts, witnessed by many people, including several Board members, and they were discussed at a Board meeting in which the co-chairs participated (see pages 36-39 in my report).

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Concerning my emails to the Governing Board, I did not breach my duties as a Board member by sending them (see pages 42 and 43 in my report).

“Counsel is referred to the dispute resolution procedure in the event of a dispute between the CEO and a Centre Director, which is set out at clauses 22 to 25 of the Collaboration Agreement (Tab 3) and which states that:
a. In the event of a dispute between the CEO and a Centre Director they are required to make every good faith effort to resolve the dispute between themselves for a period of six weeks; and
b. A route of appeal to the Governing Board is available only after the expiry of the six week resolution period and following an attempt in the first instance by the Centre Directors’ Executive to resolve the dispute.”

Also in this paragraph, there is tampering with the evidence in my disfavour, which can be seen by looking up Tab 3. It is *not* a requirement that the Centre Director needs to involve the Centre Directors’ Executive to resolve the dispute before appealing to the Governing Board. The agreement I have with Wilson says in clause 22:

“In the event of a dispute between the CEO and the NCC Director on Cochrane-related business or issues, both will make every good faith effort to resolve it amicably within six weeks. The CEO and/or the Centre Director may call upon the Centre Directors' Executive to advise on the resolution of the dispute.”

Thus, it says *may* call upon the Centre Directors' Executive. Further, the co-chairs left out the word “amicably,” which also favours Wilson. As I have described above, I tried hard to resolve our differences amicably, twice, in Lisboa, while Wilson behaved in a fashion that was anything but amicable during our second meeting where he shouted and called me a liar.

The “Instructions to Counsel” are highly misleading, as the Counsel might draw the unjustified conclusion that I failed to call upon the Centre Directors' Executive before I appealed to the Board.

The timeline of six weeks is not relevant for my appeal to the Board because I needed to react promptly, as it was an emergency (see pages 42 and 43 in my report). Further, the Board had already decided that it should deal with the conflicts between Wilson and me. I therefore did nothing wrong.

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“Counsel is also invited to identify any areas of potential improvement in relation to corporate governance, Board constitution and/or the procedure for appointment and election of Trustees and to make any other appropriate recommendations as to next steps.”

Although the Counsel is paid by Cochrane, I expect the Counsel to comment on

- the numerous tampering with the evidence I have documented
- whether the charity is well served by the kind of leadership we currently have
- whether the Spokesperson Policy is fit for purpose
- whether it is acceptable that the same person makes the laws, investigates whether they have been breached, and issues verdicts based on this, with no expiry date.

I request that the Counsel sends my report to the Governing Board, in addition to the Counsel's own report. Although I cannot know what the Counsel's report will look like, I believe that my full report must be made available to the Board, in the interest of justice and properly informed decision-making on part of the Board, in accordance with charity rules.

Documentation I will need in order to provide a full report

I was informed at my first Board meeting, in Genève in 2017, that Board members have the right to see correspondence to and from the co-chairs (see Appendix 6, page 2). I used this right to get access to complaints in relation to our criticism of EMA, which the co-chairs had not sent to us earlier despite Lisa Bero's reassurance that she had done this (see Appendix 6, page 2).

Access to documents is a natural consequence of the principles we treasure in Cochrane about honesty, integrity, trust, transparency, openness and accountability, as described in Cochrane's Charter of Good Management Practice (Tab 8). In order to fully understand the most important issues, I request a reply to the questions I pose below and also to get copies of correspondence to and from the co-chairs, as indicated.

Replies to questions

"Instructions to Counsel" page 5: "it would appear that both CEOs … have taken the view that PG's actions have brought him into conflict with the aims and practices of Cochrane." I am not aware that I have had any such issues with the only previous CEO, Nick Royle. What is the basis for this accusation?

"Instructions to Counsel" page 6: "PG considers that the Spokesperson Policy has not been applied in the same way to everybody and that he has been singled out and treated unfairly." I have no recollection that I have said or written any such thing. What is the basis for this statement?

Email from the co-chairs related to item 13.2 about the complaints procedure at our meeting in Genève in 2017: "Before we suggested the amendment, 7 people voted in favour of the revised minutes that were attached to the doodle poll" (see page 51 in my report). Who were the 7 people that voted yes? Who voted no? Who abstained?

The Counsel was asked to consider matters that go back 15 years in time. This idea is so unusual that the two co-chairs and Wilson cannot all have coined it independently of one another. Who coined this idea?

Was Mark Wilson involved in any way in the legal review, e.g. in preparing, commenting on, or approving, the "Instructions to Counsel"?

My letter to the co-chairs from 26 April 2018 appears under Tab 21 in the binder from Cochrane's law firm but the Nordic Cochrane Centre's letterhead at the top of the first page has been deleted. Who deleted this and why?

Who assembled the documents in the 400 page binder I received from Cochrane's law firm?

According to Burton's summary (Tab 18, first document, page 3), Wilson became enraged about my email to the Board (see page 43 in my report): "Mark Wilson said: 'In my view this is an outrageous e-mail. I addressed the e-mail only to Peter as his line manager, so his response (without copying the Board) is unacceptable. It is also full of factual inaccuracies. Do you want me to forward you the e-mail (something I deliberately did not do in order to honour the process)?'" I cannot see that there is a single factual inaccuracy in my email, and I also wonder what Wilson means by "without copying the Board," which disagrees with the fact that I wrote to the Board. I would like to have this clarified.

I received another version of the minutes than other Board members in relation to item 10 discussed during the Board's teleconference on 13 June 2018 (see page 52). Who tampered with the draft minutes I received from Cochrane's law firm by deleting the identity of the voters and why? Who advised Cochrane's law firm not to send me the same minutes that others received? Did the two co-chairs know that the minutes I received were not the same as those others received?

As I do not have access to legal expertise but have contributed substantially to Cochrane's current assets, it would be reasonable if the Governing Board allowed me to hire a lawyer to defend me against the allegations raised and also paid the salary. I have no possibility of hiring a lawyer unless I pay out of my own pocket. Will the Board agree to this, e.g. within a limit of £200,000, considering that I have contributed with over £3 million to Cochrane software development?

Does the Board agree that the harmful statement about the Daily Mail should be removed from Cochrane.org?

Access to correspondence to and from co-chairs

I request to get copies of correspondence to and from the co-chairs, incl. attachments and other relevant documentation, in relation to the following:

- The complaints from Danish psychiatrists in 2014 (time period 1 January to 1 June 2014).
- The Maudsley debate (time period 1 May to 1 November 2015).
- Article in the Daily Mail (time period 1 September to 1 November 2015).
- Correspondence related to the French Cochrane Centre's complaint to the Steering Group about Mark Wilson (see Appendix 7) (time period 18 December 2015 to 1 March 2016).
- Our complaint to EMA (time period 1 May to 1 September 2016).
- Irish National TV (RTE) about the HPV vaccines (time period 22 November 2016 to 1 February 2017).
- Correspondence with Mark Wilson or his staff related to the minutes from the Governing Board meeting in Genève (time period 1 April to 1 July 2017).
- Correspondence related to the meetings in Lisboa (time period 1 March to 1 July 2018).
- The legal review to be undertaken by Harbottle & Lewis.

Brief summary

By speaking up, as in this report, I am fulfilling my duty as a Governing Board member. I believe I have documented in this report that:

- The Spokesperson Policy is ambiguous
- I did not breach the Spokesperson Policy
- There is serious mismanagement in Cochrane, committed by its CEO and co-chairs
- There is tampering with meeting minutes, which potentially is a criminal act
- The concerns regarding the management of Cochrane is shared by others
- It is mismanagement to raise issues that occurred in 2003
- There is a need to investigate the CEO's bullying and intimidating behaviour
- I have contributed immensely to Cochrane, which has benefited Cochrane
- I have done my best to seek an amicable solution in the current conflict with the CEO
- I will need further documents to respond fully.

Minutes of meetings are the single most important documentation that an organisation produces (http://www.richhadley.net/ledbury-blog/falsified-minutes-a-step-too-far). "They are the quasi-legal record of proceedings and can be produced in court as evidence of decisions and resolutions made. Falsifying such a record, for whatever reason, is therefore comparable to committing perjury. Knowingly producing and then passing off minutes as accurate and true, when you know them to be demonstrably false, is not simply a matter of maladministration, but is potentially a criminally fraudulent act."