

June 21, 2019

To the Danish Ombudsman

### **Complaint about unjustified firing of a civil servant**

I hereby complain to the Ombudsman about the Capital Region's discretionary dismissal of me after 25 years of employment as a civil servant, without any factual justification and without prior warning. I was a consultant at Rigshospitalet and director of the Nordic Cochrane Centre, which I established in 1993. My employment ended on April 31, 2019.

I conclude this document with a summary statement from attorney Pernille Backhausen.

The Cochrane Collaboration is registered as a charity in England, having the character of a private company with two main sources of income. Its various entities are funded partly by public support and partly by royalties from sales of subscriptions to the Cochrane Library, which contains over 10,000 scientific reviews of the randomised trials of the benefits and harms of treatments.

The official reason for my firing was that Rigshospitalet had lost its confidence that I would still be able to manage the Cochrane Centre (Appendix 1; see also the section on the official call below). This is not a factual justification and is contrary to the fact that I had created a world-class research centre that attracted some of the world's best researchers. You can only do this if you are a good leader. I have taken care of the interests of the Nordic Cochrane Centre, the international Cochrane Collaboration, the patients and Denmark in the best possible way and believe that I have served my country exemplarily in my leadership role during my 25 years as an official. My work has always been greatly appreciated by the politicians, e.g. by speakers on health in the Danish Parliament, and by Rigshospitalet. I have ensured that my centre came on government finances and I have documented that my research has saved Danish taxpayers for several billion kroner (see page 10 of our 2017 annual report, <https://nordic.cochrane.org/>).

### **The reason for my firing is illegal and must be found abroad**

The reason for my firing should therefore not be sought in Denmark. Through the Freedom of Information Act, my lawyer Poul Heidmann and I have become aware that it is Cochrane's CEO Mark Wilson in London who is behind the request for my unwarranted firing, as stated in his e-mails to the Ministry of Health and to Rigshospitalet, in response to Head of Department Lene Brøndum Jensen's inquiry of September 27, 2018 (Appendix 2).

In demanding me fired, Wilson clearly exceeded his mandate, and at the same time both authorities failed to fulfill their obligations. Heidmann stated in the consultation response to Rigshospitalet (Appendix 3) that it is particularly serious in this context that neither the Ministry nor Rigshospitalet carried out any independent examination of whether Wilson's explanations, among other things about whether I had violated Cochrane's internal rules (which I had not) were correct, but accepted his unsubstantiated views as decisive for their dismissal of me.

Wilson's request of my firing was not only illegal, which I informed both Rigshospitalet and the Capital Region of Denmark about in my consultation responses (appendices 4 and 5; it is the region that fires officials, on the recommendation of Rigshospitalet), it was also a completely unacceptable interference with another country's internal affairs, which Denmark should not have complied with. It was about an employee on Danish government money, which Wilson should have had no influence on.

Wilson had no plausible reason to demand me fired. The prehistory is that Wilson found that, in two trivial cases, I should not have used my centre's stationery because people might think that what I was expressing was also Cochrane's official position. His claim was that I had not complied with Cochrane's spokesperson policy. I did not agree and therefore appealed Wilson's decision to the Cochrane Governing Board, in April 2018, which it was my right to do according to the cooperation agreement I had with him. Wilson is a journalist and does not understand research, and he had harassed me for years, also in public statements, in which he denounced both my research and my evidence-based books by stating that I had not made it clear whether my conclusions were my own, or whether they expressed Cochrane's official positions. There was never any doubt whatsoever about this (which I described in my book about the Cochrane affair, published on February 2, 2019), and in the end I had had enough and decided to ask the board, of which I was a member, to evaluate the two cases in order to stop Wilson's harassment.

That should have been an easy matter. But instead of assessing the case, the chairman of the board, Martin Burton, ordered an attorney investigation into my work 15 years back in time. This was so inconceivable that even Cochrane's attorney hired for the purpose in his report noted that he did not think it was okay to go back just 3 years in time, because what there might have been of disagreements had found their solution earlier (see my book; Wilson wasn't even employed 15 years ago; he was hired in 2012).

Wilson has total control over the board, though it should be the other way around, and he has a very close relationship with the chair who is the director of the UK Cochrane Centre. There is no doubt that the two men jointly started a show trial, the purpose of which was to get me removed, even though I had done nothing else than using my right to ask the board to assess two specific cases. I document this assault in detail in my book that quotes leaked recordings of a 6-hour secret board meeting on September 13, 2018, which ended with my expulsion, both from the board and as an individual member of the Cochrane Collaboration, with the narrowest possible majority, 6 votes for and 5 against, which even is a minority because there are 13 members of the board.

Counsel's investigation exonerated me from having violated the spokesperson policy. The case should have ended there, but Burton spent the 6 hours manipulating seriously the other board members who were unprepared and had not been informed that a "process" would take place, or that the meeting could end with my expulsion from the board and from Cochrane. After all, Counsel's investigation, which they only received 12 hours before the meeting started (!), had exonerated me. In the end, the reason for my expulsion invented for the occasion was "bad behaviour," which the board never explained what was, quite as in Kafka's "The trial." I am the only person ever expelled from the Cochrane Collaboration, and it caused considerable outrage in the international research community. I am a recognized researcher and there were articles in Science, Nature, BMJ, Lancet and many other places. Over 10,000 signatures were sent to the Minister to prevent my firing, after Rigshospitalet had announced it; among them were the founder of the Cochrane Collaboration, Sir Iain Chalmers.

It did not matter that Cochrane's own hired lawyer exonerated me and thus overruled Wilson because Wilson was determined that I should be removed and even required this of the board, which I document in my book. Of course, he grossly overstepped his mandate. Wilson wanted me removed because I had become a threat to his almost autocratic power. As part of the preparations for Counsel's investigation, I was therefore charged with everything one could imagine in a 330-page statement prepared by Burton with input from Wilson, but not from me. In my 66-page reply to Cochrane's lawyer, I pointed out, as it was my duty to do as a democratically elected board member, serious mismanagement, which, among other things included that Wilson had tampered with meeting minutes, including those from board meetings. Cochrane's board is above the CEO, so it should not at all be possible for the CEO to manipulate with the board minutes so that they fit himself in the best possible way, but this is a fact I document in my book.

Cochrane is a voluntary organisation that is largely based on people's altruism, and I have donated, for example, 30 million kroner over the years to Cochrane's IT development, which took place in my centre, which I had no obligation to do. On the whole, I have been one of the biggest contributors, also to the good scientific reputation both Cochrane and the Nordic Cochrane Centre have, and also administratively. For example, I have set up branches of my centre in Norway, Sweden, Finland, Poland and Russia. If you generally accept that a leader in a foreign country can get a person fired for no reason, who is employed and paid for elsewhere, then you completely undermine the basis for voluntary organisations and cause irreparable harm, but the Ministry, Rigshospitalet and the Capital Region paid no attention to this.

### **The Ministry of Health withholds the Bill of Finances appropriation for no reason**

On October 12, the Ministry of Health sent a letter to Rigshospitalet announcing that the payment would be withheld from the 4th quarter of 2018, until Rigshospitalet has created the necessary basis for compliance with the prerequisites in the text for the Bill of Finances appropriation, including that the Centre may be part of the international Cochrane Collaboration (Appendix 6). There was no reason at all for the Ministry to send this message to Rigshospitalet, escalating a situation that could have been resolved quite peacefully. I repeatedly approached the Ministry to explain the situation, but I was rejected.

It is not good management that both the Ministry and Rigshospitalet repeatedly refused to speak to me, which my lawyer and I encouraged them to do again, in our December 11 consultation response (Appendices 3 and 4), to find an amicable solution, but which continued to not be accommodated.

I informed the Minister, the Head of Cabinet and Rigshospitalet several times that the necessary basis had been present all the time, because the Centre had always been part of the international Cochrane Collaboration and because my continued employment at the Centre - now no longer as Cochrane director, but as chief physician - could in no way justify Wilson throwing the Centre out of the collaboration. He was not allowed to do so, and it has nothing to do with whether I continue to work in the centre or not, because the centre has a Deputy Director, Karsten Juhl Jørgensen, who, according to Cochrane's own rules, must carry out the tasks on my behalf if I cannot or must not. The Ministry therefore created an artificial problem that did not exist at all and used this to put pressure on Rigshospitalet to fire me.

As noted, I repeatedly asked Per Okkels, Head of Cabinet, and Rigshospitalet's Deputy Director Per Jørgensen for a meeting but did not succeed; Okkels didn't even respond to my emails. Our access to documents shows that the Ministry and Rigshospitalet have worked closely together on the case and with Wilson and have pleased him, whereas I have not been heard, although it is well documented that Wilson does not always give a complete and accurate picture of things, which I warned Rigshospitalet about and also exemplified in the appendices to my consultation response to Rigshospitalet (Appendix 4). Such an example can be found in a note from a telephone conversation with Lene Brøndum Jensen, Head of Department, in the Ministry on September 28, in which Wilson claims that I "did not live up to the obligations in the Memorandum of Understanding agreed between Cochrane and the Nordic Cochrane Centre" (Appendix 3). This is not correct. In his report, Cochrane's own hired lawyer (Counsel) does not agree with Wilson's claim that I did not comply with our cooperation agreement (Appendix 4). Unlike Wilson, I have always complied with it.

The telephone note also states: "Regarding the question what is required for the NCC [the Nordic Cochrane Centre] to remain a member of Cochrane, MW [Mark Wilson] emphasized that it requires a new director and that PG [Peter Gøtzsche] is not involved with the NCC." This is not true. Wilson lied to the ministry to promote his own power politics interests. As I elaborate on below, Wilson has no authority to demand that I do not work at the Centre, only that I am no longer Cochrane Director.

Wilson's unauthorized demands of my firing have nothing to do with my attempt at withdrawing the Cochrane Centre from the Cochrane Collaboration on September 28 at 4.35 p.m., in an email to Wilson

(Appendix 7), this being after Wilson sent his emails to the Ministry and Rigshospitalet earlier the same day, demanding my firing (Appendix 3).

The reason why I tried to withdraw my centre from the Cochrane Collaboration was that I discovered through a journalist that Wilson had taken control of our website behind our backs; had put a profoundly defamatory statement from the board about me up on the frontpage; and had even deleted me as a staff member, even though I was still employed at the centre. On the same day, I briefed both Rigshospitalet (also by telephone) and the Ministry on my attempt at withdrawal. When I called Per Jørgensen on September 28, he was very friendly, as always, as he has always appreciated my work. His only concern was whether it could affect our grant on the Bill of Finances. I assured him that I had carefully examined this. Many people and institutions contribute to Cochrane without being members, and since I could not see anywhere that the grant assumes that we are members of Cochrane, our work could continue unchanged, only with greater freedom and with control of our own website (Appendix 4).

Already on the first workday after this, on October 1, Wilson informed both the Ministry and Rigshospitalet that he did not approve my withdrawal, as I could not make it as I was no longer the centre director (Appendices 3 and 4). The Ministry and Rigshospitalet therefore knew all along that the Centre had not been withdrawn from the Cochrane collaboration, but they kept that knowledge to themselves.

### **Official call on October 29**

My firing was announced at my only official call ever, on October 29, without any factual justification. Rigshospitalet did not take minutes from the meeting (Appendix 3, page 4), which is a big mistake. In attendance at the meeting was, besides myself, Deputy Director Per Jørgensen, Human Resources Manager Mette Risak and my union representative, lawyer Lene Christensen from the Association of Specialist Physicians.

I wrote a note to myself the same day, which should prove very revealing considering the subsequent events in my case (Appendix 1). It says, among other things:

*We have no idea what the real cause is, but something must be covered up. It didn't matter that the grant on the Bill of Finances was secured because we are still a part of Cochrane. At one point, Mette suggested to Per that they could clarify this with the ministry, but he wouldn't do this either. Incidentally, this was also unnecessary, as the documentation I have downloaded clearly shows that CEO Mark Wilson never accepted my withdrawal of the Centre on September 28.*

*Furthermore, Karsten [my Deputy Director at the Cochrane Centre] also spoke to him in Edinburgh in mid-September about Karsten's takeover of the Centre, because I was "purged" from the Cochrane Collaboration, where one does not accept people thinking differently to Wilson himself.*

*Maybe Mark Wilson has told lies in the Ministry, at RH [Rigshospitalet], or in both places. He has already lied in an email he sent to Lene Brøndum on September 28. Perhaps they have become nervous about the possibility of closing the Centre if they do not please Wilson in everything he wants: Some of the possible sanctions are set out in Paragraph 25: Cochrane ... may impose additional measures, including ... suspension or removal of Cochrane's endorsement of the Director, dissolution or transfer of the Centre to another location or organisation, or deregistration as a Cochrane Group. In this case, Cochrane's endorsement of the Director has been removed through the termination of his membership.*

*It was agreed that the planned firing of me could not have anything to do with my withdrawal of the Cochrane Centre on September 28 [this attempt at withdrawal was never effectuated], and I had already been blamed for this in a letter from October 1 [from Per Jørgensen], which was not a warning but more of a "reprimand"*

*(this term was used by FAS [Association of Specialist Physicians] Director Karsten Axel Nielsen at a meeting we had on October 1 where Lene also participated).*

*Lene talked about the lack of proportionality and that there was no history that I had made service errors. It didn't make the slightest impression on Per and Mette.*

*Written October 29th. Added November 3: Risak asked Jørgensen if they should not contact the ministry with the information that the Centre after all was not withdrawn from Cochrane, which is very important for the case, but Jørgensen rejected this without any justification.*

Jørgensen's rejection of Risak's proposal to tell the Ministry that there were no problems in getting the Bill of Finances appropriation is extremely striking, and the whole process strongly suggests that my firing was political, staged by the Head of Cabinet in the Ministry of Health, Per Okkels, and that Rigshospitalet dared do nothing else than to obey.

My union representative and I asked several times what the reason was but were only told by Deputy Director Per Jørgensen that he had lost confidence that I could continue to run the Cochrane Centre. As noted above, this is not a factual justification and contradicts the fact that I have created a world-class research centre.

At a meeting with my staff on November 5 (I was not present, being dismissed during the official call on October 29 and told that I was not allowed to go back to my office), Per Jørgensen said that the hospital is only the host for the Centre. Jørgensen tried to explain why I was going to be fired, but the staff did not understand his explanations and did not accept them either. On November 15, I spoke with Jørn Wetterslev, a chief physician who was present at the meeting, and I took notes. During the meeting with Per Jørgensen, Wetterslev had pointed out that it all was one big unfairness and that they slaughtered the victim instead of those who had acted in a despotic manner, namely the minority in Cochrane's board. Wetterslev also said: *I can understand what situation Per is in and he was unreachable at the meeting. After all, he should tell the Ministry how it should be. The ideal solution would be to rename the Centre as the Centre for Evidence-based Medicine.* Several of my PhD students confirmed Wetterslev's perceptions. They described the meeting with Jørgensen, which Human Resources Manager Mette Risak also attended, as absurd.

Jørgensen told my staff that he would report back as soon as he had received confirmation from Cochrane that we were a member of the collaboration. This is serious misinformation that was detrimental to the staff, which unnecessarily feared for their jobs for more than two months. It must be considered unacceptably poor management, both for the Ministry and Rigshospitalet, to fabricate this non-existent problem. The last time my researchers brought up the subject after having contacted me in early January, they still did not know that there was no problem in getting the Bill of Finances appropriation. This was despite the fact that Human Resources Manager Mette Risak wrote to my lawyer on November 15 (Appendix 3):

"Deputy Director Per E. Jørgensen, Rigshospitalet, later informed the Cochrane Collaboration's CEO, Mark Wilson, on the phone that professor, chief physician Peter Gøtzsche is exempt from service so far and that Karsten Juhl Jørgensen is acting director till further notice. At the same time, Deputy Director Per E. Jørgensen asked for a written confirmation that, under these conditions, the Nordic Cochrane Centre was again a full member of the Cochrane Collaboration. We received this confirmation (attached) in an email on November 9. Against this background, the current status of the Nordic Cochrane Centre is that, with Karsten Juhl Jørgensen as acting leader, the Nordic Cochrane Centre is a full member of the international Cochrane Collaboration". Furthermore, on December 19, the Minister wrote to me that the payout had been resumed, but my staff continued to be kept in ignorance and feared for their jobs.

The artificially created uncertainty about the future of the Centre was most likely part of a plan to get me fired. According to the Parliamentary Health Committee Chairman, Liselott Blixt, with whom I spoke several

times and corresponded, not even the Minister knew that the conditions for the payment of the Bill of Finances appropriation were met. Blixt didn't know either until I told her about it.

Later, questions were asked of the Minister from politicians trying to prevent my firing and consultations were held. But nothing helped. The Minister evaded the whole thing. Okkels had already passed the buck to Rigshospitalet with the expectation that Rigshospitalet would execute the order.

### **What was my firing about?**

My firing was not about collaboration issues. It was the result of a power struggle between two wings. One wing is headed by Wilson, employed in 2012, who advocates that everyone in Cochrane should speak with the same voice; he opposes open scientific debates on the quality and reliability of concrete Cochrane reviews; he puts more emphasis on "brand", "our product" and "business" than on getting the science right; and allows financial conflicts of interest in relation to the pharmaceutical industry. Many in Cochrane and outside Cochrane believe this is devastating for a scientific organisation.

The other wing wants to bring Cochrane back to the values that created the organisation in 1993 and which are crucial to its justification and survival: free scientific debate; no financial conflicts of interest for the researchers who do Cochrane reviews in relation to the companies whose products they evaluate; and openness, transparency, democracy and cooperation.

As an elected member of the Cochrane Governing Board with the largest number of personal votes of all 11 candidates, despite the fact that I was the only one to criticize the Cochrane leadership in my election statement, I did my best to change the circumstances. Wilson felt his almost unparalleled power was threatened, which is why I was subjected to a coup where the Chair of the board violated all the most important rules for charities and Cochrane to comply with Wilson's demand to have me purged.

It is reprehensible that Rigshospitalet did not make any assessment of the basis for dismissal, but merely used external demands from another country, on top of this from the counterparty in the case, Mark Wilson, whom we know is untruthful for his own benefit. In my response to the Capital Region (Appendix 5), I stated that Wilson requested that the Governing Board had to choose between him and me, and that he threatened the board with legal action because I had documented his mismanagement of Cochrane, which I subsequently reported to the Charity Commission, on October 9, 2018. It is well known that Wilson's leadership style is Management by Fear, which several board members have pointed out. All four people who resigned from the board in protest the day after my exclusion have criticized Wilson's bullying behavior (see my book).

Despite great support, I lost the power struggle because of the plot. Only 4 days after my expulsion, the Chair of the board tried to explain, in a 10-minute speech at the Annual General Meeting, why I had been expelled. This speech has the character of a "hate speech". It is on YouTube,<sup>1</sup> starts after 36m20s, and can also be found on Cochrane's website. I have commented on it.<sup>2</sup> It is grossly defamatory and started rumours that echoed throughout the world (see my book). Many people thought I had sexually abused women or had committed repeated, serious crime. Therefore, I had to defend my reputation afterwards. For the same reason, it was impossible for me to accept a so-called voluntary severance agreement (which was definitely not voluntary) with Rigshospitalet, even though it would have given me 10 months extra salary. The agreement states:

*There is agreement between the parties that the content of the agreement is not communicated to third parties. Information to employees and relevant internal and external partners is agreed with the Directors of Rigshospitalet. The agreement is for the full and final determination of any claim between the parties without*

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<sup>1</sup> <https://www.youtube.com/watch?v=cLG5NKphXq0&feature=youtu.be>

<sup>2</sup> <http://www.deadlymedicines.dk/wp-content/uploads/2018/09/G%C3%B8tzsche-comments-on-Statement-by-Cochrane-Governing-Board-from-17-Sept-1.pdf>

*prejudice.*

If I accepted the confidentiality clause inserted in the draft agreement, everyone would think that I was covering up something, especially because the Chair of the board in his "hate speech" had said that he could not say anything for privacy reasons. It was seen by the audience as a protection of the "victims", but there were no victims at all, except me. The allegations were so horrendous that no less than three board members, including Wilson's ally, Martin Burton, drew completely irrelevant parallels to the *Me Too* movement during the secret board meeting which I was not allowed to attend, and I could therefore not defend myself against the false charges (see my book).

The Ministry and Rigshospitalet would have taken care of the interests of both Denmark and the Cochrane Collaboration if they had supported me and not pleased Wilson in his unacceptable demand that I be fired. They knew full well that Cochrane's reputation had suffered a great deal of damage due to my expulsion and that they would make it worse by firing me, as I am much respected as a researcher, for my integrity, and for my work for the benefit of patients, which is precisely what the core mission is for Cochrane. A former chair of the board, Adrian Grant, wrote to the then CEO, Nick Royle, in 2008: *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.*

On October 9, 2018, I notified Cochrane's management to the Charity Commission for "serious mismanagement" and subsequently submitted my book. I believe to have conclusive evidence that the process that led to my expulsion was invalid, which is another reason why I should never have been fired. The Charity Commission has not yet had time to process my complaint. I pointed out, among other things, that it does not provide any legal protection that it is Wilson who writes the laws, investigates whether they have been violated, and imposes sanctions if he finds this to be the case. In every civilized society, we have separated these functions.

I have good reasons to assume that my firing was about making an important and credible voice in the debate silent, and I know that my expulsion from Cochrane had this cause. Strikingly many of the documents we have received from the Ministry through the Freedom of Information Act are articles in which healthcare stakeholders - for example, psychiatrists, doctors with conflicts of interest, the National Board of Health, the Medicines Agency, and editors of journals financed by the pharmaceutical industry - try to portray me as untrustworthy to promote their own interests.

The facts are that no one has ever been able to show that we were wrong in our research; that I am the only Dane ever to have published over 70 articles in the "Big Five" (BMJ, Lancet, JAMA, Annals of Internal Medicine and the New England Journal of Medicine); and that my works are cited about 50,000 times. That is why the world's leading health researcher, the most cited of all, Professor John Ioannidis from Stanford University, in his letter to the Minister of November 16, among other things, writes:

*Peter is undoubtedly a giant, one of the greatest scientists of our times and one of the most influential, impactful, and useful voices in medicine at large. I cherish enormously his contributions. I believe he is the most recognizable and prominent scientist that Denmark currently has. His dismissal from the Cochrane board two months ago came as a total shock to me. The possibility of compounding this shock with his dismissal also from the Rigshospitalet would deal a severe blow to medicine, democracy, freedom of thought, and justice. I believe that basic respect for scientific discourse requires that you do not eliminate your opponents through administrative machinations. Ousting Peter from the Rigshospitalet damages the reputation of Denmark as a free country. Conversely, supporting him will demonstrate forcefully that not all is lost for human dignity. I trust that you will decide not to be on the wrong side of history and that you will take pride that your ministry continues to support one of the greatest investigators of our times.*

## Rigshospitalet's arguments

Rigshospitalet has always emphasized that the hospital is only our host, which I have in writing, and will not interfere with my dispositions (except of course if I violate the hospital's internal rules and regulations). Therefore, in my wildest imagination, I had not expected that my disinterested work as a democratically elected board member in Cochrane could lead to my firing. Even the Ministry has previously assured me that Rigshospitalet has no instructional powers towards me. By firing me by instruction from another country - without hearing me about the case - Rigshospitalet suddenly broke in a decisive way the principle of not interfering with my work, which I believe raises some procedural and legal considerations, including the complete lack of job security and legal protection for me that I could not foresee.

In its consultation response (Appendix 8), Rigshospitalet states that it has an institutional host function and therefore is responsible for the operation of the Centre, but that, for reasons of principles, it chose not to go into the conflict between me and the senior management of the international Cochrane Collaboration. But it does just that by pleasing Wilson's power-political desire to fire me; the hospital even acts like his executioner, without asking questions.

Rigshospitalet agrees with me that the conflict can be described as a power struggle between two wings, which they call organisational-political and strategic, but then adds that over a number of years, a real personal conflict between me and Mark Wilson has also developed. It is incorrect to see it that way. Both cannot be argued at the same time, and the case was purely about Wilson's desire to preserve and expand his almost total power in Cochrane. Therefore, he has also harassed other centre directors substantially. At least 9 of the 12 oldest Cochrane centres are very dissatisfied with his management, and Wilson has gotten rid of people other than me who enjoyed great respect for their scientific efforts (see my book). The US Cochrane Center chose to close in 2018 after Wilson had harassed its two directors for two years, and three years earlier, the French Cochrane Director had severely criticized Wilson in a letter to the board announcing his departure in protest. It is therefore not about a personal conflict between Wilson and me. Wilson's bullying management style is a general problem, and Rigshospitalet knew this well because I had explained it in my consultation response (Appendix 4) and in the appendices to the same.

It is striking that Wilson has repeatedly publicly denounced my very thorough research on the crimes in the pharmaceutical industry and the harmful effects of psychoactive drugs. My research is greatly appreciated by the patients and has led to awards, such as the first prize from the British Medical Association for the best book in the *Basis of Medicine* category.<sup>3</sup> This has raised suspicions that Cochrane is in the pocket of the powerful pharmaceutical industry and its political backers. For this reason, it is also obviously wrong for Rigshospitalet to describe it as a personal conflict. I had to be purged because I was gaining too much influence and support, which threatened Wilson's autocratic rule and failed strategy for Cochrane. Wilson's strategy has met widespread international criticism, e.g. from BMJ (British Medical Journal; one of the world's most influential medical journals) whose editor-in-chief wrote about Cochrane, just a week after my expulsion: *The board's statement cites bad behaviour, but beyond the personalities lies a deep seated difference of opinion about how close to industry is too close.*<sup>4</sup>

Rigshospitalet fails totally to mention that Counsel's investigation exonerated me of what the conflict was about, even though it was paid for by Cochrane, and even though the lawyer had no doubt what conclusion Cochrane's management wanted him to reach (see my book). I have been a spokesperson on behalf of many people, such as the centre directors, for several years and in various contexts, where the directors have

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<sup>3</sup> Gøtzsche PC. *Deadly medicines and organised crime: How big pharma has corrupted health care*. London: Radcliffe Publishing; 2013. Winner of the BMA Medical Book Award (first prize) 2014 in the category *Basis of Medicine*.

<sup>4</sup> Godlee F. Reinventing Cochrane. *BMJ* 2018;362:k3966.

disagreed completely with Wilson's ideas, which have often been detrimental to the centres and thus to Cochrane (see my book).

Rigshospitalet also did not take into account what I wrote in my consultation response about the virtually total support I had from the other centre directors (Appendix 4):

*All 31 centre directors in Spain and Latin America have asked Cochrane to conduct an independent review of the process that led to my expulsion from Cochrane's board and from the Cochrane Collaboration on September 13. The board has rejected this, knowing full well that such an investigation will lead to its demise. The 31 directors are preparing for another protest and many others are doing the same. For example, the German network of evidence-based centres were so unhappy with the board's arrogant rejection of their requirement for an independent investigation that the network has submitted an even sharper protest. I have become the symbol that something is totally wrong in Cochrane, which is why the organisation is in deep crisis due to the actions of the board and Wilson towards me.*

Rigshospitalet has failed completely, also considering the patients, by not backing me up but pleasing Wilson's power-political desire, which is definitely not in the patients' interest.

According to Rigshospitalet, the Ministry refers to a "collaboration conflict" between Cochrane's international management and me. This reasoning was not made during the official call and, as mentioned, this is not a conflict of collaboration. When an authority needs to justify a firing that cannot be justified, it often resorts to the trick of calling it a "collaboration conflict" because then they feel they are on safe ground and do not have to inform the baffled world about anything because it is a "personnel matter". Furthermore, it is required that the main fault for a collaboration problem used as the reason for a dismissal must be attributed to the person who it is sought to dismiss, and this was neither documented nor the case. In Cochrane, it is Wilson who is the problem. As I document in my book, he has often violated the collaboration agreements with the centres he has drawn up and entered. I even gave several examples of this in my consultation response to Rigshospitalet (Appendix 4). Grotesque conditions prevail and everyone is afraid of Wilson, including the Chair (see my book), except me, but it cost me my job. I write in my book: *Nancy Santesso burst into tears during the boarding only time in Lisboa and said that Burton [Chair of the board] was afraid of Wilson* (board only time means Mark Wilson is not allowed to attend; this free space represents a very small part of the total number of hours at board meetings).

It is a distortion of the facts when Rigshospitalet writes to the Capital Region that it is expected that I, as an official and head of the Centre, will avoid engaging in power struggles over organisational-political and strategic conflicts of such a nature that they - as has been the case - evolves into real personal conflicts, and thus gets in the way of the Centre's work. After all, the position of Rigshospitalet would block anyone in a position like mine from ever daring to run for a board election in Cochrane or other non-profit, international organisations because by working politically for what they believe is right, they risk ending up with a firing note in their home country. Incidentally, I did not engage in a power struggle; I've done my duty as a board member on behalf of those who elected me, so maybe it was wrong of me to call it a power struggle.

It is extremely misleading that Rigshospitalet writes that I was obliged to take care of the Centre's interests in such a way that the basis for its existence was not jeopardized, "indeed in such a way that personal interests were not taken care of at the expense of the Centre's interests."

The basis for the existence of the Centre has not been jeopardized at any time. Per Jørgensen knew this well, and he has known it all along. And this is not about personal interests, but about my role as an important spokesperson for the many who are very dissatisfied with the fact that the Cochrane management has de facto introduced scientific censorship, which Rigshospitalet should also be dissatisfied with, and which threatens to destroy the organisation (see my book, or some of the numerous articles others have written

about the Cochrane affair). I have looked after the interests of my Centre, Denmark and the patients in the best possible way, which Rigshospitalet should have supported. My own interests and Cochrane's cannot be separated; they coincide. As mentioned, I have through my research, my contribution of 30 million kroner and other activities benefited Cochrane exceptionally much.

Rigshospitalet denied that I could be moved to another suitable position because there were no suitable vacancies. I have not received information showing that Rigshospitalet has investigated whether there could be suitable positions in the Capital Region, and our access to documents has not shown any action taken by Rigshospitalet in this regard. Moreover, a relocation does not require a vacancy. Many would have been interested in taking me over as an employee, for no cost even, as I was already paid through the appropriation under the Bill of Finances. For example, I could have worked for Copenhagen Trial Unit, which is on the same financial grant as the Cochrane Centre, and clinical trials are within my area of expertise. I could also have continued in my position as chief physician at the Cochrane Centre, for example as head of our research. An appropriate position could also have been created. As I mentioned, my research has saved Danish taxpayers for billions of kroner over the years. With the special expertise I have, I could have continued to help save billions on healthcare and ensure that better and less harmful treatments were being used.

Rigshospitalet's firing of me has been very harmful to my Centre. On November 20, my 5 PhD students wrote to the Minister and Per Jørgensen inter alia:

*We have been instructed not to talk to Peter about our research projects, but we do not understand this requirement from Rigshospitalet's board of directors. There is no obvious connection between Peter's exemption, the Ministry of Health's demand that the Nordic Cochrane Centre should continue to be part of the Cochrane Collaboration and our continued collaboration with Peter. The requirement is highly inappropriate and has already affected our ongoing projects. We know that the PhD school at the University of Copenhagen has become involved and that they have announced that they are committed to helping solve our challenges, such as finding new supervisors. Of course, this is reassuring, and we really appreciate that we do not run the risk of being squeezed administratively.*

*However, one thing is to solve specific formalities and tutoring tasks, another is that our concrete research projects cannot just be taken over by external supervisors. We would therefore like to know how long this prohibition of cooperation with Peter will last. We prefer to find a solution as soon as possible, and preferably a solution which means that we can continue our projects with Peter as undisturbedly as possible.*

*We have all had Peter as supervisor and manager for several years and therefore have an in-depth knowledge of him. We are all far more than happy with Peter, both as supervisor and manager. Hardly anyone can doubt Peter's professional competences; Peter has invaluable knowledge in many areas, both clinical, methodological, statistical and linguistic, which means that you can always ask for his advice and you can always be sure to get a useful answer. Peter has a management style that emphasizes the importance of freedom under responsibility where you take responsibility for your temporal dispositions and specific tasks. At the same time, Peter has an incredible overview of our ongoing projects, even at a level of detail that we can still be surprised about.*

*Peter spends all the time needed on our projects and he is always available. Although he has just flown across the Atlantic and has not slept for a full 24 hours, you can still call him, privately, and have him look through a draft if, for example, there is a deadline to be met. None of us have experienced the same commitment and accessibility of those tutors and professors we previously worked with. Peter is also very keen to teach, and it is not uncommon to spend several hours looking through manuscripts and drafts next to him to discuss content, structure and linguistic details.*

*This is partly an indication that Peter is so committed and passionate about his work, but it also says a lot about how seriously he takes his supervisor role. It is a personal concern for him that we learn something and become better scientists. This is exactly why Peter is also more than just a supervisor. He is a mentor that several of us have used as a counselor and advisor in personal and career considerations.*

*Peter is a committed leader who is approachable and welcoming to everyone at the Centre. This is perhaps best illustrated by the fact that the door to his office, literally, is always open. Peter's struggle for more transparency around our medicines is thus reflected in his management style and the way we work at the Centre. Therefore, we have never doubted Peter's ability to lead the Nordic Cochrane Centre.*

It takes many years to build a successful research centre but only a moment to destroy it by an unwise administrative decision. Every researcher's nightmare is a lack of understanding and appreciation from those who have the formal power. It hit me fully in Cochrane and subsequently also in Denmark.

At a meeting I had with the Minister, Head of Cabinet Per Okkels, and the directors of the Danish National Board of Health and the Medicines Agency on August 14, 2018, the Minister said several times that she was pleased to have the Nordic Cochrane Centre and appreciated there was a "naughty boy in class" who dared speak up against the authorities. Rigshospitalet should therefore have done nothing other than wait for the planned international evaluation of the Centre, which, according to the Minister, includes the possibility that the Centre can be located elsewhere than at Rigshospitalet. But there are many indications that the Head of Cabinet initiated an unnecessary process, which he expected Rigshospitalet to execute, and since the hospital had recently been seriously reprimanded (which a trustee informed me about), I believe the hospital did not dare go against the Ministry. As Per Jørgensen has always appreciated my work, just as the former directors at Rigshospitalet have, I believe it is a political firing because Okkels did not want a watchdog anymore that could criticize the National Board of Health, the Medicines Agency and the pharmaceutical industry.

### **Rigshospitalet's recommendation to the Capital Region from January 7, 2019 of my dismissal**

This recommendation contains a lot of untrue and misleading information (Appendix 8), for example: "As a result of the expulsion, Peter Gøtzsche chose to withdraw the DNCC [the Centre] of the international Cochrane Collaboration on September 28, 2018." It is untrue, and Per Jørgensen knew that it is untrue. My action was due to Wilson's hostile takeover of our website, which was an unprecedented gross breach of the cooperation agreement I had with him. Nor do I believe that I acted outside of my mandate or created any uncertainty about the basis for the Centre's continued work, which Rigshospitalet claimed. Moreover, Rigshospitalet has acknowledged to me that this action was not the reason why I was fired. This was evident from the official call, which I summarised the same day (Appendix 1), and Rigshospitalet also writes, for example, in its recommendation: "The fact that Peter Gøtzsche had notified DNCC of the international Cochrane Collaboration was not in this connection crucial for the prerequisites in the text for the Bill of Finances appropriation, as Peter Gøtzsche's withdrawal had not been effectuated as Peter Gøtzsche had no competence to make the withdrawal."

Rigshospitalet's arguments are contradictory. It is an intriguing question as to why both the Ministry and Rigshospitalet - in that order - made something a problem for the Centre and its appropriation, which was no problem at all? It can't justify firing me.

As already mentioned, before my decision, I had thoroughly investigated the matter and had found nothing in the Bill of Finances about that the Centre should be a member of Cochrane to contribute to the Cochrane Collaboration. In an email from October 1, I informed both Rigshospitalet and the Ministry that we could just re-enroll if they did not agree with my decision. The Nordic Cochrane Centre has for many years been the Cochrane Centre in the world that has the largest and most important research production, so it would be

very attractive for the Cochrane management to bring us in again.

It is untrue and is postulated against better knowledge when Rigshospitalet claims that my expulsion from Cochrane made the Centre's continued participation in the international Cochrane Collaboration impossible. Many people work in Cochrane Centres, also with research, without being members of Cochrane. This also applies to the Nordic Cochrane Centre. Former board member David Hammerstein, who resigned in protest after my expulsion, wrote to both the Minister and Per Jørgensen on December 12:

*We are aware (see attached documentation) that Cochrane's CEO in London has required that Gøtzsche be dismissed from the Nordic Cochrane Centre. This is a totally inappropriate interference with another country's internal affairs, and Wilson has no authority whatsoever to require this, or to make it a requirement for his continued support of the Nordic Cochrane Centre. Furthermore, he cannot deregister the Centre on this basis. I know this because I was on the Governing Board till recently.*

Hammerstein is right. It takes a lot to unregister a Cochrane Centre, and this is something you only do when all other options are exhausted. It also requires the approval of the board and assumes that the Centre does not live up to its commitments, which my Centre has always done, even far beyond what was expected.

Per Jørgensen describes a "problem" that has never existed. The is of great concern for the legal protection and the job security in an official's employment. It is also unacceptably bad management.

Rigshospitalet claims that during the official call on October 29, it was confirmed "that there was no prospect of a normalisation of the conflict between Peter Gøtzsche and the top management of the international Cochrane Collaboration - rather the opposite." This is untrue. It was not discussed at all in the official call (Appendix 1), which my union representative can attest, and Rigshospitalet was not confirmed in its claim that that there was no prospect of a normalisation. It is deeply regrettable that Rigshospitalet did not prepare a summary of the official call and even claims something that is not true in relation to this meeting.

Incidentally, a normalisation could easily have been achieved by allowing me to continue with my scientific work, including my contributions to about 20 existing and ongoing Cochrane reviews, as chief physician at the Centre. As an ordinary chief physician without responsibility for the Cochrane activities, I would have had nothing to do with the Cochrane management, so, also for this reason, Per Jørgensen's deliberations are misleading. I was treated rudely during the official call and was told that I was suspended and was not even allowed to go back to my office, as if I had committed serious crimes. It is very difficult to understand why the hospital treated me so badly after having been very satisfied with my efforts for 25 years, which has greatly benefited the hospital and the Danish society.

Rigshospitalet's immediate assessment was that the situation around the international Cochrane Collaboration had developed to such an extent that the Centre's continued existence was threatened. This is a fabrication. Per Jørgensen tries to justify a firing that cannot be justified by claiming something that is not true. Against better knowledge, Per Jørgensen claimed five times that I had endangered the Centre or could do so (implying that he therefore had to fire me), but this is not correct, as I pointed out in my consultation response (Appendix 4). I had done nothing wrong but had been subjected to an outrageous assault by the Cochrane leadership.

It is a big mistake that Rigshospitalet regarded my relationship with Cochrane as an ordinary employment relationship, where I have to do what I am told, no matter what I am exposed to. It wasn't. I was not employed by Mark Wilson; the Cochrane Centres are independent entities; the "process" against me was illegal; and I was a democratically elected board member who was allowed and even obliged to criticize the Cochrane leadership, if there was reason to do so, which there certainly was.

Rigshospitalet opines that I have not lived up to my leadership responsibility, having put myself in a situation where "the Cochrane Collaboration has found it necessary to discontinue the collaboration and has refused any further cooperation with Peter Gøtzsche, all with the consequence that the basis for not only the Bill of Finances appropriation was endangered, but that it was de facto put to a halt. As responsible for the operation of the DNCC, Rigshospitalet has been obliged to respond to this situation and take the necessary consequences."

Rigshospitalet's announcement is extremely misleading and made against better knowledge. Cochrane has not "found it necessary to discontinue the collaboration." A very weak board over which Wilson exerts total control has complied with his demand that I be purged so that he could undisturbedly expand his own power base. Many have realised and written that Cochrane has evolved from a democracy to a dictatorship (see my book).

Rigshospitalet writes that there was no financial basis for establishing a new position. This is not true. As I had accumulated a fortune of over 8 million kroner in the Centre, there was ample opportunity to create a new position in the Centre also considering that the tenure of my five PhD students would expire in a relatively short time. Incidentally, there was no need to create a new position at all; I could have kept the chief physician position job I had, which was provided for in the budget, even though the acting director might not be employed as the future director after announcing the vacancy.

Rigshospitalet did not trust that I would not pursue the conflict in a position without management responsibility, thereby "risking re-endangering the appropriation" and "expectedly also make it difficult for the new manager to re-establish the cooperation with Cochrane."

As stated in our consultation response, an official's firing cannot rest on hypothetical assumptions about the future. I stated that I had every reason to let the conflict rest, because I was interested in retaining my job, and since I was no longer a member of Cochrane, I could not exert any influence. It was now the fifth time Per Jørgensen in his letter to the Capital Region wrote that the Centre was or could come in danger, although there has never been any real uncertainty about the basis for the Bill of Finances appropriation or about the Centre's continued existence. This was something the Ministry and Rigshospitalet had fabricated jointly.

The actions of Rigshospitalet have been very detrimental to the Cochrane Centre. My employees were very upset that Per Jørgensen forbade them to contact me. My researchers have contacted me anyway and they have said that it has harmed the research of the Centre a lot that Rigshospitalet issued this ban. I am engaged in most of the research that is being done and have started most of it, so it is clear that it will have major consequences when the hospital issues a ban on conversations. One must also wonder how this harmful conduct can be defended, taking into account the principle of free research? On top of this, Per Jørgensen wrote: "Rigshospitalet, in order to ensure the free research in any way and avoid possible accusations of inappropriate caring for interests, has chosen to respect a so-called arm's length principle for the DNCC." This agrees poorly with the hospital's ban on conversations, which caused our research at the Centre to be partially halted.

Rigshospitalet states that our consultation response does not give rise to a change in the hospital's perception. Per Jørgensen disregards that we mentioned that he had contradicted, both orally and in writing, information he himself had, which he does even more in his letter to the Capital Region in his attempt to depict an unjustified firing as if it is justified.

In fact, the status has always been that the Cochrane Centre's membership of Cochrane has not been terminated or threatened at any time, and that Mark Wilson has used my employment relationship to threaten Danish authorities to divorce me. These are bullying methods Rigshospitalet should have resisted.

There is a joint responsibility for the Ministry of Health and Rigshospitalet (as well as the Capital Region) for my firing. The process is initiated by the Ministry, and the same applies to the basis for it, and it is executed by Rigshospitalet and the Region. The Ministry initiated the process by withholding the Bill of Finances appropriation on the grounds that Rigshospitalet should ensure that the conditions for the grant were fulfilled, even though these conditions were in fact fulfilled.

Despite the Ministry's considerable co-responsibility, the Minister evades this in her letter to me on December 19: "As you know, Rigshospitalet is responsible for the Nordic Cochrane Centre, whereby the Ministry of Health is not a party to the current dismissal case about firing you as director of the Nordic Cochrane Centre."

There is nothing that can justify the wish of Rigshospitalet - imposed by the Ministry - to fire me. By firing me, Rigshospitalet directly entered as a party to the Cochrane conflict over the scientific freedom of speech for Cochrane members on Mark Wilson's side, which contradicts Per Jørgensen's argument that the hospital will not interfere in scientific matters. In doing so, Rigshospitalet also supports Cochrane's new line of a unified voice, lack of scientific debate - in reality scientific censorship - and too close relations with the pharmaceutical industry, which is very worrying.

The politicians in Parliament have always been very positive towards the Centre, which the current Minister also is, but apparently they have all been misled by Okkels, because they have believed that the conditions for the payment of the grant were not met. The chair of the Health Committee, Liselott Blixt, told me this. As already mentioned, Blixt also said that not even the Minister knew the conditions were met.

This process is not worthy of a country respecting the rule of law, and the outside world is well aware of what has been going on, as evidenced by countless articles at home and abroad and letters to the Minister to prevent my firing. Many suspect it was about making one of the world's most important critics of the pharmaceutical industry silent, and this in a country whose largest export revenue comes from the pharmaceutical industry.

In her letter to me from 19 December, the Minister expressed great satisfaction with my efforts:

*I and the government give high priority to independent research in Denmark. Because with research and a critical eye on the effect of different treatments often comes better treatment of patients, which is one of the foundations for continuing to offer Danish patients the highest quality treatment. With your help, the Nordic Cochrane Centre was established in 1993, and for the past 25 years, the Centre has made a very positive contribution to the development of healthcare by producing high quality independent research and systematic reviews. However, despite its longevity, the Bill of Finances appropriation has never been evaluated. Therefore, in August 2018, I - as you and I have also talked about - decided to initiate an independent evaluation of the Bill of Finances account regarding the Nordic Cochrane Centre. The evaluation will be carried out in 2019. The evaluation will include an assessment of the magnitude of the research production and the research quality at the Nordic Cochrane Centre and the Copenhagen Trial Unit, as well as identify the Centre's impact and collaborative relationships. I can also inform you that the funds for the Nordic Cochrane Centre are no longer being withheld, but that the payment has been resumed. Finally, I would like to take this opportunity to thank you for your efforts in building and managing the Centre over the years and wish you the best in future.*

Why on earth should I then be fired? On November 21, I wrote to Per Jørgensen: "Gitte Moos Knudsen, President of the Professor's Association, told me that she had spoken to you this Monday and had stated that the professors had followed my case with concern and that it was very important for them that a professor who had been employed at RH [Rigshospitalet] for so long should be treated properly. You assured Gitte that I would be heard and that all relevant matters would be taken into consideration. You answered, on Gitte's question, whether a meeting with Okkels, you and me could be established, that you would of course like to attend if such a meeting could be arranged." I also wrote that, "My lawyer, Poul Heidmann, and I would very

much like to meet with you as soon as possible, even if Okkels may not have time. We have various suggestions on how to resolve the current situation with the best possible outcome for all parties, including Cochrane. Could you say when you are available? Then we or you may ask if it also fits Okkels?"

Per Jørgensen replied that he told Moos Knudsen that Rigshospitalet will comply strictly with the applicable rules in relation to my opportunities to be heard in the case, and that he will of course show up, "if Head of Cabinet Per Okkels wants to meet with me/us. In the current situation, we are waiting to receive your consultation response."

Per Jørgensen's response, as well as the unnecessary withholding of the Bill of Finances appropriation, is pretty telling. It is unacceptably poor staff management that I could not get a meeting with my boss after he summoned my firing for no reason. The course of the case strongly suggests that it was the Ministry that wanted me fired; that the case with Cochrane was a welcome occasion; and that Per Jørgensen was just a puppet for Per Okkels, which Jørgensen and the other directors of Rigshospitalet did not dare go against. If that's true, I think it is a manifestation of gross abuse of power. I was not employed by the Ministry and Rigshospitalet had never had any reason to fire me.

In order to be valid, the basis for a dismissal must be transparent to both the appointing authority (the Region and Rigshospitalet) as well as to the employee. This requirement was not met. I asked the Capital Region to read my book and reject Rigshospitalet 's recommendation of firing, and I stated that a clarification of the issues required a reading of my book, which shows that it is not Wilson, the Region should support, but me. My letter to the Region from 24 January ended thus (Appendix 5):

*I expect to be able to send the book next week. Furthermore, as mentioned, it is very likely that Cochrane's expulsion of me will be declared invalid, either by the new board, by the Charity Commission or through a lawsuit, which is why I hope the Region will cancel the firing also for this reason.*

### **The Region's account of the firing**

I sent my book to Birgitte Baattrup in the Capital Region on January 31 at 12:41. On the same day, at 2:23 p.m., Baattrup sent a 12-page statement confirming my firing to my lawyer, but not to me (Appendix 9). Only on February 6 did I receive a short email from Baattrup with the statement attached. Inside the mail it says well enough January 31, but there is no time, and I received nothing until February 6. Baattrup writes, "For good measure, please note that the attached decision was made prior to receipt of your book." Thus, my request that my book was needed to understand the case was not respected, but the firing was carried through in a haste, on the last weekday of the month, arguably to save one month's salary for an official who has saved billions for the community.

Like Rigshospitalet 's report, the Region's report was also full of false and misleading information. It supported Rigshospitalet in one and all, despite the fact that I had shown that many of the things Rigshospitalet claimed were untrue or grossly misleading. It almost seemed as if the Region had not read our detailed refutation of the hospital's claims. I shall give some examples:

1.1.1 The Capital Region states that the dismissal is based on the fact that I did not live up to my leadership responsibilities, having "put myself in a situation whereby the international Cochrane Collaboration has found it necessary to discontinue the cooperation. Rigshospitalet had to respond to this situation when the Bill of Finances appropriation was brought to a halt." This is extremely misleading, see above. It is also misleading to say that, "The crucial thing is that you, as the leader of the DNCC, have embarked on a power struggle that has escalated to a level, after which the collaboration with you has been brought to a halt." As stated above, no one is able to participate meaningfully in the Cochrane board work if one is not allowed to criticize the leadership, and I did not start any power struggle but was subjected to a show trial of the worst kind with a

pre-planned outcome where I was defenseless.

"1.2.2 Even in the event that there had been a vacancy at the DNCC, the Capital Region has noted that Rigshospitalet does not trust that you will not pursue the conflict, including among other things the manner in which you have acted and communicated in connection with the decision to suspend you and during the consultation process. The Capital Region has also noted the way in which you have communicated about the conflict with Mark Wilson on social media, just as - as the Capital Region understands - that you will also publish a book on the conflict. In addition, you are also considering a litigation against Cochrane for libel and unjustified expulsion. Against this background, the Capital Region entirely agree with Rigshospitalet's assessment, according to which there is nothing to indicate that you will not continue to pursue the conflict with the means that you find appropriate."

These are grotesque justifications. Cochrane exposed me to a kind of judicial murder, which was also a character assassination with freely invented rumours, which is why I was in my good right to defend myself against the profoundly defamatory allegations. The Region should have considered how it could be that I have received tremendous support from the international research community and from the Cochrane Centre Directors. A lawsuit is the only way I can stop the rumours, so it's wrong that the Region criticizes me for mentioning this as a possibility. It is as if the Region does not respect at all that we live in a country respecting the rule of law. In February 2019, there was even a professor from Oxford who claimed in an article that I was fired because I had abused public funds for private purposes. Rigshospitalet, after a thorough review of the accounts, denied that I had used public funds for private purposes when a Danish dishonest journalist made such claims in 2017 and 2018 in articles in a pharmaceutical industry-funded magazine. He got a reprimand from the Press Board after I complained about his many mendacious stories. However, he never went so far over the line that he claimed I was fired because I abused public funds. The region exposes me to a catch-22 where it would hurt me no matter what I did, whether I started a lawsuit or didn't start it, whether I was defending myself or not.

"2.1.1.2 The fact that, on October 12, 2018, the Ministry of Health requested Rigshospitalet to provide the necessary basis for the DNCC to continue to comply with the text in the Bill of Finances appropriation regarding grants to the DNCC, should be seen in the light that the Ministry in the given situation had no authority to continue the payment. The Ministry has in no way interfered with - let alone expressed its position on - how Rigshospitalet would ensure that the DNCC continued to live up to the text in the Bill of Finances appropriation."

This is untrue. The Ministry was authorized to continue the payment, and the Ministry knew this very well. And Okkels interfered greatly in fabricating a situation that did not exist.

"2.1.1.3 As stated above, the dismissal is based on the fact that you have put yourself in a situation whereby the international Cochrane Collaboration found it necessary to discontinue the cooperation and whereby the basis for the Bill of Finances appropriation was not only endangered but in fact was brought to a halt." As I have already explained, this is extremely misleading.

2.1.1.4 The region shares Rigshospitalet's view here that the conflict has developed into a personal conflict. That is not the case, but if one pursues that avenue, it is not me who is the culprit, but Mark Wilson. I have complied with Cochrane's rules of the game, for example by appealing his decision that I had violated the spokesperson's policy to the board, whereas he and his ally, Martin Burton, broke all rules (see my book). Wilson had even harassed me for years with his spokesperson policy, which I have never violated, despite his claims to the contrary.

The region is turning things around completely, and apparently it is perfectly okay to protect and please law offenders and thugs like Mark Wilson. Why? The region overlooks that it is me who is the victim and not the

culprit and has added insult to injury by firing me.

The region finds it imperative that, by engaging in power struggles, I have ignored the interests of the Centre. This is also totally wrong. As an elected board member, I am expected to fight for Cochrane's interests on behalf of those who elected me, and this is what I did. It is also in the interests of the Centre and Denmark to challenge the current management, see above.

The Region writes: "Whether or not your expulsion from the Cochrane Collaboration may be rejected by a complaint processing procedure, this does not change the situation that arose in 2018 and which Rigshospitalet, given the situation, has been obliged to respond to."

Again, the Region does not appear to respect general principles of law. Rigshospitalet and the Region could have chosen many other options, such as sending me on leave for a while, until it was clarified whether the Charity Commission upheld me and resolved that the show trial against me was invalid because it violated virtually all rules for charities (see my book). I mentioned during the official call that I was willing to take leave without pay, but all my suggestions were firmly rejected by Per Jørgensen. It is profoundly shocking that a public authority does not care whether a sanction against an official established by a "foreign power" is valid or not, especially when the authority knew that Cochrane was grossly violating the rules of the game in relation to my expulsion, and that Wilson lied about the conditions for the Cochrane Centre's continued existence, which I repeated in my consultation response (Appendix 5).

The Capital Region opines that there must be a personal conflict because I refer to Mark Wilson as power hungry. This cannot be concluded. I was just trying to describe the situation, as not only I, but the vast majority of other centre directors see it. I explained in my consultation response (Appendix 5):

*A very weak board over which Wilson has total control has accommodated his desire for me to be purged. Many have realised and written that Cochrane has evolved from a democracy to a dictatorship (see [www.deadlymedicines.dk](http://www.deadlymedicines.dk) and my book), which can happen when hiring a person with extreme power ambitions as the supreme leader of an idealistic organisation where very few are trained to understand the power game and are too naive to prevent the power from becoming absolute. The French Cochrane director called Wilson "power hungry" when he resigned as Cochrane director in protest over Wilson's failure to comply with the rules he had written himself (see my complaint to the Charity Commission, Appendix 7 and my book).*

2.1.2.2 The region states that I withdrew the Centre from the Cochrane Collaboration, but this is not true since the withdrawal was never effectuated.

"The Capital Region wishes to note that Rigshospitalet, as explained in more detail in the recommendation, received information that, as a result of the expulsion, you could no longer be recognised as the head of the DNCC, and that the DNCC's continued association with the international Cochrane Collaboration required a new leader. Therefore, the Capital Region does not agree that your expulsion from the Cochrane Collaboration did not pose a problem for the DNCC and its appropriation under the Bill of Finances."

This is untrue. As Deputy Director of the Centre, according to Cochrane's rules, Karsten Juhl Jørgensen will be responsible for the Director's duties if I am unable to do so. It would have been exactly the same situation if I had been killed in a car accident. Therefore, under no circumstances was this a problem for the Centre's appropriation under the Bill of Finances. I can't imagine that Okkels would have withheld the payment of the grant if I had died in a car accident.

The Capital Region opines that I had created uncertainty about the Centre's continued association with the Cochrane Collaboration. This uncertainty lasted for less than one working day and therefore cannot be used as an argument. Rigshospitalet has even acknowledged that it cannot be used as an argument for my firing,

which is why it is inappropriate that the Region continues to do so. The Region does not comment on the fact that I had to respond to Wilson's outrageous violation of our cooperation agreement when he took control of our website without our knowledge. The Region laments that, after my expulsion, I communicated that I continued to be the head of the Centre, which I actually was. I avoided to say in interviews with the media that I continued to be the director, but I continued to be chief of my employees, so also here, the Region uses a straw man's argument. Thus, in my letter to Mark Wilson dated September 28, I describe myself as department head (Appendix 7), which is correct as I was still the head of the department. When my Deputy Director was appointed acting head of the Centre after October 29, I loyally did not mention that I continued to be the chief. So, I did nothing wrong.

The Region maintains that the Centre's continued participation in the international Cochrane Collaboration was impossible due to my expulsion. It is untrue and I have explained several times why, also above, so I do not need to repeat it. It is totally unacceptable that a public administration in a firing case involving an official keeps claiming things it knows very well are untrue.

The Region disregards three essential things when it claims that I, "like other staff at Rigshospitalet am subject to a duty of loyalty, etc., and thus cannot independently make decisions of such a nature that it - as was specifically the case - brings DNCC's work in jeopardy." First, the Ministry had acknowledged that Rigshospitalet does not have any instructional powers over me. I therefore acted in good faith. Second, the work of the Centre has never been endangered. Third, Rigshospitalet has informed me that my attempt to withdraw the Centre has no bearing on my firing. Why on earth does the Region mention it then?

"2.1.2.3 It is furthermore stated that you did not indicate to Karsten Juhl Jørgensen that he was disloyal in his communication with Mark Wilson." Neither have I. As the Region itself writes, I wrote to Karsten that I had no reason to doubt that his face-to-face contacts with Mark Wilson, just after my expulsion at the Cochrane meeting in Edinburgh, were intended to dampen the conflict. Karsten was afraid of losing his job, not knowing that Wilson did not have the powers to close the Centre. I added that he could also have his own interests in being on good terms with Wilson, for example if he was interested in taking over the leadership of the Centre. Indeed, many people suspected this who had observed Karsten's gentle, not to say heartily conversations with Wilson, even though Wilson had purged his boss a few days earlier. That's why I allowed myself that comment, also to tell Karsten he should be careful. Karsten had repeatedly spoken to the Danish media in a way that did not benefit the case, which I had to respond to.

"2.1.2.4 The Capital Region has noted that you do not believe that you have escalated the conflict in your letter from November 5, 2018 to Health Minister Ellen Trane Nørby, Head of Cabinet Per Okkels, as well as Per Jørgensen. Referring to what was stated by Rigshospitalet in the recommendation, the Capital Region agrees completely with Rigshospitalet 's view." My lawyer and I rejected the claim that I escalated a conflict in this letter. I did not, which one can see by reading my letter. It was the Ministry and Rigshospitalet that escalated the conflict, as the case could have been resolved quite peacefully. Again, the Region turns things upside down to find a fig leaf that can "justify" my firing. I wrote to the Minister, inter alia because Liselott Blixt had told me that the Minister did not know that the conditions for the Bill of Finances appropriation were fulfilled:

*Of course, I want to continue my work in the Cochrane Centre. As it was the Ministry's letter of October 12 that led to the official call with the firing notification, it is important for me to state that there are no problems regarding the Bill of Finances appropriation, as the conditions have always been met.*

2.1.2.5 Rigshospitalet had used the argument that the notified evaluation of the Centre is associated with significant additional costs for the Centre, which the Region reiterates. That is an irrelevant argument. First, this evaluation was planned by the Minister long before my expulsion from Cochrane, in fact, already in the spring of 2018, which she told me at our meeting on August 14, 2018, and has nothing to do with it. Second,

as already mentioned, I had ensured that the Centre had accumulated a considerable wealth of around 8 million kroner, so also for this reason, the argument is irrelevant.

I wrote in my consultation response to Rigshospitalet (Appendix 4) that, "The Ministry, Denmark and Rigshospitalet will have a key role in the documentary broadcasts and books on scientific freedom and the fate of whistleblowers that are under preparation. It has created attention abroad that in Denmark, you will not be reappointed, even if you win a case of unjustified firing." The Region perceives this as if I implicitly threaten the Ministry and Rigshospitalet with negative publicity: "The Capital Region agrees, that in principle it is not a threat to convey factual information, as you state, but the Capital Region does not agree that this is what the above quote expresses."

It was not a threat. I had not been able to arrange a meeting with my boss and so I tried to get Rigshospitalet to wake up and realise that it would be inconvenient for themselves to please a bully like Wilson and fire me because the research community was already in uproar that something like this could happen. The Region also completely overlooked that I would never have made such statements if the Ministry and Rigshospitalet had handled my case decently. You are allowed to defend yourself and point out if you are subjected to judicial murder, which the Cochrane show trial against me exemplified, and which several film directors are working on documenting

It is an important principle in conflicts of all kinds that someone tries to mediate. It is striking that this was deliberately avoided, even when my lawyer suggested it in the consultation response (Appendix 3). Instead, the authorities resorted to the worst possible sanction, a firing. It is contrary to the principle of proportionality to dismiss an official without prior warning, without sufficient consideration of alternative placements, and without examining the facts of the case. Nor is it authorised in the law of civil servants - or the principles of discretionary dismissal - to attach decisive importance to the views of an external actor. Furthermore, my lawyer stated (Appendix 3): "It is unreasonable not to offer Peter Gøtzsche employment in the Nordic Cochrane Centre as a researcher without staff responsibility. There is no basis for assuming that Peter Gøtzsche cannot function in such a position."

I was fired discretionarily, as it is called when there is no good reason to fire anyone. If an Ombudsman's inquiry is successful, I hope that the Capital Region will feel obliged to rectify this injustice "discretionarily." According to the dictionary, the term means something that is based on an estimate, and not on a rule. It says it all, since I have not violated any rules.

**In summary and in addition to the above, I hereby claim the following:**

#### Legality and factuality

It is up to the Capital Region and Rigshospitalet to make decisions that are based on a legal and factual basis. As stated in the Capital Region's decision on dismissal of January 31, 2019 (Appendix 9), Rigshospitalet has in principle refused to deal with the conflict between my person and the Cochrane management, including that the exclusion of my membership is illegal and disputed. In addition, the Capital Region expressly states that even a refusal of my expulsion in a complaint process would not lead to a different assessment. This is despite the fact that the real reason for the dismissal is based on my personal membership of the Cochrane Collaboration and the illegal expulsion.

In addition, the dismissal is repeatedly justified on the grounds that the Bill of Finances appropriation should have been endangered, as the conditions for this were not fulfilled. Even though I have repeatedly and explicitly stated that a formal membership of the international Cochrane Collaboration is not a prerequisite for the Nordic Cochrane Centre to "participate in the international Cochrane Collaboration." There is - and has

always been - the necessary legal basis to maintain the financial allocation.

Thus, there is neither a factual nor a legal basis for the assessment of the Capital Region of Denmark and Rigshospitalet, which contravenes basic principles of administrative law and principles of legality and factuality.

#### The official maxim

Furthermore, it is contended that the Capital Region of Denmark/Rigshospitalet is subject to the official maxim and therefore also has a duty of self-administration to ensure that the basis for the decision is duly informed and to include the relevant and correct facts in its discretion. Irrelevant considerations, such as unauthorized and unjustified claims by outsiders (including Mark Wilson or the Chair) regarding my employment in the Cochrane Centre should not be included as legal criteria in the Capital Region/Rigshospitalet's assessment.

Thus, it is neither factual nor consistent with the official maxim that the Capital Region/ Rigshospitalet de facto attaches decisive importance to Mark Wilson's statements and demands without examining the facts, including the fact that they are unauthorized and illegal.

The Nordic Cochrane Centre (and the Bill of Finances appropriation) is, moreover, a national matter and the Cochrane Collaboration is not a party in this regard or in relation to my employment in the Centre.

#### The principle of proportionality

I find it has not been demonstrated that a less restrictive decision cannot be made in the present case.

Rigshospitalet rejects the possibilities for another suitable position, noting that no other existing research or administrative position is vacant. In this connection, it is stated that, "it is not up to the Capital Region or Rigshospitalet to create a new position in order to enable a transfer."

It cannot be fair or factual that my employment relationship can be terminated on an unlawful basis, while the framework for the Capital Region/Rigshospitalet's obligations to find - and if necessary - create another suitable position must be so limited.

It should be noted that, as mentioned, Rigshospitalet characterizes itself as a "host" for the Centre, which has since de facto been fully autonomous in relation to the organisation of operations, including the creation or closure of posts at the Centre. It is my clear view that a change in my position to an ordinary chief physician could not only be defended from an operational point of view, but also financially.

In light of the overall circumstances of the case, it must be concluded that the Capital Region/Rigshospitalet has not initiated any real investigations in order to study the possibilities of relocation. This is based on a conclusion that in no way can I be affiliated with the Cochrane Centre in the future, as it will be detrimental to the Centre. While such a conclusion is particularly intrusive and lacks the necessary basis, it is also without any consideration of whether there is a legal basis for my expulsion from the Cochrane Collaboration - which, moreover, has no bearing on the continued international cooperation because a new manager has been deployed.

#### Formal procedural requirements

It is contended that Rigshospitalet did not adequately comply with the procedural requirements of administrative law in its case processing. This refers to the non-observance of the note obligation in an official

call on 29 October. I find it highly questionable that Rigshospitalet does not ensure documentation for this conversation when at the same time they claim it was confirmed at this meeting that there was no prospect of me being affiliated with the Cochrane Centre in any way.

Furthermore, I doubt Rigshospitalet's handling of the case as a discretionary dismissal. Neither the inability to perform my work professionally, nor collaboration difficulties at the Centre have been demonstrated. As there is an element of reproach, I believe that the dismissal basis should rightly be characterized as disciplinary and the procedural requirements for this should have been complied with.

#### Legal protection and freedom of speech for public employees

Overall, I see the dismissal as a violation of my fundamental rights as a civil servant and citizen. I am blamed for insisting on my legal protection and using my constitutional right to freedom of speech in relation to public authorities (the Ministry and Rigshospitalet) to point out defective and erroneous assessments and unlawful conduct of Rigshospital's personnel management.

As the consequences are particularly devastating to me, not only for my future employment, but also destructive to my reputation in both a national and an international context, special attention must be devoted to this - including my right to exercise my rights and express myself freely as a public employee.

The Capital Region has stated in its decision that the fact that I speak "is not in itself [a] problem." This is meaningless as the dismissal must be regarded as a direct - or at least an indirect - consequence of my having exercised my extended right as a public servant to express myself on matters that are crucial to my employment. The dismissal is justified by a hypothetical and erroneous assumption that my continued affiliation with the Cochrane Centre cannot happen without it posing a risk to the entire Centre's existence.

Respect for my freedom rights and legal protection should overrule any doubt as to whether I will be able to carry out my work at the Cochrane Centre in future, including in particular an appropriate position without formal leadership responsibilities. This applies not least to a situation such as the present one where illegal and extraneous considerations have been taken into account in the dismissal assessment and where the authority has expressly stated that no proper examination of the material content of the case will be undertaken.

Sincerely



Peter C. Gøtzsche