

Department of Psychological Medicine
Cardiff University
Hergest Unit
Ysbyty Gwynedd
BANGOR
Gwynedd LL57 2PW
Tel : (01248) 384452
Fax : (01248) 371397

3rd March 2006

Sir Graeme Catto
General Medical Council
Regent's Place
350 Euston Road
London
NW1 3JN

Dear Dr Catto,

I am not in a position to address you as informally as Dr Nutt did in his letter of 26th January but at least you are not being addressed in the way that I was in a February 23rd letter from the GMC that began 'Dear Healy'.

Before responding fully, I would need a much clearer indication of the basis of Dr Nutt's complaint about me, and I request you to contact him to ask for this essential clarification. Please would you also provide me with a copy of your reply to his letter to you dated the 26th of January.

As things stand, the basis of Dr Nutt's complaint and the GMC's investigation are far from clear. Dr Nutt attached to his letter to you one published paper and referred to another. Goodwin's editorial on conflict of interest makes no direct reference to me or my work; by contrast, the article by Coyne is a broad-ranging personal attack. The implication is that Dr Nutt concurs uncritically with everything in these papers, and he picks out one specific allegation – that I acted unethically in failing to withdraw treatment promptly from a participant in a clinical trial who had reacted badly to the trial drug.

In the remainder of this letter, I will comment on these points, and outline some broader concerns.

Conflict of Interest

I have no idea whether Dr Nutt in addition to sending you the Goodwin editorial also sent you my response to this editorial. I enclose it. He almost certainly will not have sent you the page of notes, also enclosed, taken by a representative of Pfizer in the course of a conversation with Dr Goodwin following a lecture I gave at Oxford several years ago, having been asked there to speak by Dr Goodwin.

This lecture covered the issue of antidepressants and their hazards. From my recollection of conversations before the lecture, and later during a meal in Dr Goodwin's college, I had the impression that Dr Goodwin agreed that these drugs have hazards. It was a surprise to find, therefore, the enclosed page of notes in Pfizer's archives in New York. Many might be alarmed at the idea that the host of a lecture corresponds with pharmaceutical companies afterwards if some of the content of that lecture raises concerns about drugs in widespread use. Many might feel that this behaviour on the part of an academic host raises serious scientific and ethical issues and may be something that the GMC should be concerned about.

Pursuing the theme of conflict of interest Dr Nutt may not have told you that he was involved in an assessment panel for my promotion to a Personal Chair. This assessment panel concluded that a promotion was not warranted. A further panel constituted not too long afterwards faced with much the same information concluded the opposite. Following this I have asked Cardiff University to consider the question of conflicts of interest that assessors on such panels may have that I suspect universities rarely if ever ask them to disclose. I will follow up this letter to you with a letter to the Provost in Cardiff to find out whether anything has been done about this matter.

Dr Nutt also may not have told you that at the time he was sitting on my promotion panel, MHRA were setting up an expert panel to look at the adverse effects of SSRIs. Dr Nutt was a member of that panel. This panel of experts was dissolved by the MHRA. I am not certain of the circumstances of this dissolution, but apparently one of the experts, not Dr Nutt, had an undisclosed conflict of interest. It is quite possible that this episode, which unfortunately had the capacity to reflect poorly on all of those who were linked with it, may have been seen by Dr Nutt or others as being in some way linked to me - that I had raised this issue of conflict of interest. I had nothing to do with it.

Before leaving the issue of conflict of interest, let me note one thing further. A meeting was held on October 10th 2005 by the Royal College of Psychiatrists to discuss links between the College and the pharmaceutical industry. College members present first heard from industry representatives how it was expected that academics and clinicians would welcome a partnership with industry. The clinicians, including the current and the most recent past-president of the College, then made it clear that a great number of clinicians and academics felt a deep sense of betrayal following revelations that companies and associated academics had concealed hazards regarding the antidepressant group of drugs. The College – as represented by the group

present that day – appeared inclined to tighten up its conflict of interest policies in an effort to minimise comparable crises to the one we have just passed through regarding antidepressants and their hazards.

Far from being apologetic, company representatives present indicated that College efforts to move in this direction were unwelcome to them. In what I thought was a breathtaking moment, a Dr Pdraig White of GlaxoSmithKline told those present that 25 academic psychiatrists in Britain earn more than £150,000 per year for their work for pharmaceutical companies and invited us to consider how these academic psychiatrists would view proposals to tighten College conflict of interest policies. You might wish to ask Dr White who these 25 academic psychiatrists might be. I imagine many people would feel this information raises ethical and scientific questions and that GMC might appropriately be concerned with such details. Aside from a general relevance, the point may be specifically relevant in this case.

Dr White went on to inform the room that 40% of the shares of life assurance policies in Britain are invested in pharmaceutical company shares and implied that College policies that might in any way restrict pharmaceutical companies might involve us shooting ourselves in the foot.

All of these matters would appear germane to the topic of conflict of interest that Dr Nutt suggests you are now interested in and inclined to think may fall within GMC's purview. It is difficult to think of a more clearcut instance for you to get your teeth into.

Dr Coyne's article

Dr Nutt may have done you a considerable disservice, if he omitted to provide you with background information relating to the article by Dr Coyne. I shall briefly do so.

At the end of 2000, in circumstances that proved newsworthy, I had a job contract with the University of Toronto rescinded. I had little option for a number of different reasons to bring the issues into the media spotlight. When I did so the U of Toronto were approached by the media asking for their side of the 'Healy Affair'. The university directed the media to Dr Coyne.

This was the first I had heard of Dr Coyne. As I understood it from media people at the time who contacted Dr Coyne, and others since, his tone and points were strange and disturbing. Not disturbing because of what he had to say about me, but rather disturbing in the light these shed on him. The Canadian *Globe and Mail*, the main Toronto outlet to carry the story, did not use any of Dr Coyne's points. Dr Coyne later put his point of view in letters to the *Globe & Mail*. He also posted correspondence on the *BMJ* website. I will happily make all of this available to you.

The correspondence posted on the *BMJ* website was picked up by a spokesperson for the Royal College of Psychiatrists who on the basis of this suggested to *Which?*, who at the time were investigating the issue of antidepressants and their hazards, that there may be concerns about Dr

Healy's research. The upshot of this was that the then President of the Royal College of Psychiatrists, John Cox, once appraised of the finer points at stake, visited me in North Wales to express his concerns at what had happened. The College spokesperson involved has personally indicated his regret at not being more aware of the background issues.

Unbeknownst to me, Dr Coyne had also been posting numerous posts about me and the study that he refers to in the article Dr Nutt has sent you, to a SSCP psychology listserve. His communications at times appear extraordinarily intemperate and perhaps defamatory about several people – not just me. On a CD I enclose with this letter, I have given you the contents of the SSCP listserve from 1998. This comes to 1,731 KB of rich text file material – 847 pages if dumped into a Word document. This will give you a feel for Dr Coyne. You may not be surprised to know that he has been debarred from posting to at least one other listserve.

I was aware that Dr Coyne had intended to write an article of the sort that you have been sent by Dr Nutt. Posts that go back two years or more to this SSCP listserve before publication indicate his intention to write an article along with a co-author. The co-author did not materialise. The article in question, both you and Dr Nutt may be interested to know, has never been published in hard copy. It is only available in electronic form. The journal in question would not allow a response.

In any event I must confess that I found the article woolly and found it difficult to isolate any specific points to which I could respond. There is a later much more specific communication to which I have responded – see below. The main target of this article possibly is Professor Carl Elliott rather than I. I am sure that Dr Elliott would be happy to respond to you on issues related to Dr Coyne and the background to this article.

As regards this article, there are essentially only two sources for the specific material that Dr Nutt has drawn to your attention. The most important source is material that I have published in a book and peer reviewed article. I enclose the relevant chapter from the book '*Let them Eat Prozac*', and the article from Primary Care Psychiatry that outline the details of this particular healthy volunteer study. In so far as Dr Coyne's article deviates from these two sources, he is putting his own interpretation on the accounts put in the public domain by me – and has done so without ever consulting me or any of the participants in this research.

A second possible source of information on this case is Pfizer who have a copy of all the documents relating to this particular study. Pfizer appear to me to have misrepresented the facts of this study in a number of different forums. It is quite possible that things Pfizer have said about me and my conduct of the study, as well as about participants in the study, were defamatory.

In general I have not been inclined to pursue the issue of defamation as I have regarded it as highly likely that Pfizer and other companies producing antidepressants would stand to gain more by provoking me into a legal action

than I would ever gain from winning such an action. This would be a diversion of energy and resources from the more important issue of trying to ensure that clinicians using these drugs have the best possible information about both their benefits and their hazards. Perhaps, given that I have thought it a mug's game to seek to correct any misrepresentations, Dr Coyne and others may have thought they can say what they like about what happened in this study with impunity.

The study mentioned by Dr Nutt took place in 1999. As regards, the specific point raised by Dr Nutt I think if you read Dr Coyne's articles you will see that Dr Nutt has misread what is there. Dr Coyne's article is replete with mistakes of fact and interpretation but he did not say what Dr Nutt now claims he said. Dr Nutt seems have added a layer of misinterpretation of his own to the original misinterpretations. To make a complaint on this basis seems to me to be scientifically and ethically dubious and something that the GMC might be concerned about.

Whatever you think Dr Coyne's article does say, the facts of the matter are that the volunteer in question was terminated from the study once I became aware of the difficulties she was having. I was completely unaware of the possible risk that she might not pay heed to the study instructions and might seek to continue anyway. Once I became aware of this latter risk all medication was immediately removed from her – one day later.

This is a study that was approved by the local ethics committee. It is a study that I believe was conducted ethically. It is a study that has been reviewed in the course of legal proceedings by a number of outside experts who have not cast doubt on either the validity of the findings or the conduct of the study.

Two healthy volunteers became suicidal in this study – this is the serious adverse event Dr Nutt's letter alludes to. Both agreed several years ago to be deposed by Pfizer should Pfizer have so wished. You may be interested to know that Pfizer did not seek to take up this offer. You might have imagined if Pfizer truly thought there was any chance of unearthing significant misconduct on my part, they would have leapt at the chance to depose these study participants.

Both of these volunteers continue to live and work in North Wales. The one referred to in this article is a professional whom I liaise with regularly. I would imagine that she would be more than happy to talk to you either formally or informally about the conduct of the study and her particular experiences. I am withholding this volunteer's name for the moment, as I have no idea what part of this correspondence might end up in the public domain.

The day to day running of the study was in the hands of a research officer who is also working professionally here in North Wales. She also I would imagine would be happy to talk to you.

You might also like to know that Pfizer have a healthy volunteer study in which more than two volunteers appeared to have comparable reactions to

the volunteers in this study. This study also conducted in the UK raises all the issues that Dr Nutt appears to think my study raises, with an extra ethical problem thrown in – unlike the study in North Wales where I have tried to get the details published and the main problem has been getting them published, the Pfizer study has never been published and the data for the most part are not in the public domain. The key medical and research personnel involved in the study however work in the UK. Perhaps this should be a matter of scientific and ethical concern for the GMC.

There are other materials that I need to withhold from you for the moment. For example I have further material on Dr Coyne, that for his sake should not appear in the public domain, but whose content you should probably know something about, before deciding how you might best move forward from here.

There are other things regarding Dr Coyne that are in the public domain that I am happy to share with you. After this article came out you may wish to know that some of my critics in the world of psychopharmacology had it brought to their attention, possibly in much the same way that Dr Nutt may have had it brought to his attention. The president of an organisation of which Dr Nutt is a member – the CINP – investigated the claims made in the article. This was not an investigation to which I was privy. Nevertheless the responses the CINP received on the issues in this article and on Dr Coyne in general appear to have laid the matter to rest.

This article also led members of the Columbia Department of Psychiatry/ Public Health and Rutgers Department of Social Medicine to set up a debate between myself and Dr Coyne on the very issue of my conduct and possible conflicts of interest. A date and venue for the debate – Columbia October 2005 - was agreed but Dr Coyne failed to show.

I attended and outlined a series of points that had been made over the years by Dr Coyne regarding my behaviour. I made Dr Coyne's article available to all those who were present at the lecture - including the media. Indeed, from the week it came out, I have used Dr Coyne's article as a handout in a number of different forums in which I have lectured and invited questions on the issues it may raise. At the Columbia lecture, the floor was open to any questions based on Dr Coyne's assertions regarding my behaviour or conflicts of interest that anyone chose to raise. Dr Coyne's contribution was disregarded in this forum.

I have since posted this Columbia lecture along with its key slides on the Internet, and enclose both text and slides with this correspondence. (Psychopharmacology in Turmoil: a scientific or ethical crisis? Columbia October Slides). You will note the presentation included a number of Dr Coyne's listserve posts, as well as a sampling of the things Pfizer and other pharmaceutical companies have to say about me. I include on the CD an audio file of the actual lecture in Columbia last October, called Columbia.Oct, with a complete set of slides used on the day that should correspond with the audio feed (Columbia2.ppt).

Dr Coyne gave a lecture in another venue a week later. One of the organisers of that meeting has since confirmed that a later posting by Dr Coyne on the SSCP listserv contained the key points that Dr Coyne raised in his later lecture. I have included his posting along with my detailed response to the points he makes in a document with this letter (Questions for J Coyne). Dr Coyne is aware of the website on which this material was posted but has not chosen to respond to any of the points.

Perhaps of greatest interest to the specific issue at stake here, Dr Coyne in his email didn't touch on my supposed mishandling of the volunteer subject that Dr Nutt has now raised. You might have imagined if this was so egregious or he was so confident about the grounds for his claim that this would have featured as centrally in his email as it has done in Dr Nutt's letter.

Overarching Issues

If you or Dr Nutt care to read all of *'Let Them Eat Prozac'* you will find that it praises Dr Nutt significantly as someone who is prepared to hold open a forum for academic debate when editors for the *BMJ* and other major journals haven't. I repeated this point in the response to Dr Goodwin's editorial as you will see. I do not know whether this overture from Dr Nutt to you suggests that I should revise my view.

Dr Nutt knows me well. We have been on first name terms for twenty years and shared many platforms together – as recently as last Summer. Indeed in between the time Dr Nutt wrote to you and you wrote to me, I was invited to present on a platform with Dr Nutt at a London meeting largely organised for pharmaceutical company personnel. I had a prior commitment to an International Society of Philosophy, Psychology and Psychiatry meeting in Holland that precluded me from attending the London meeting,

It would not have been difficult for Dr Nutt to have telephoned, written or emailed to enquire further about this claim by Coyne. On the basis of the response he got, he could then have decided whether to take the matter further. If he was reluctant to do this, I have to say that the Coyne material is so widely available on the net and elsewhere that with a little research he could have satisfied himself as to just what is going on here.

I find it extraordinary that he did not contact me and apparently has not attempted to research the issues. It is unfortunate, as I believe having proceeded the way he did, a number of those viewing these events may begin wondering about an academic Stalinism and the use of the GMC to effect such an agenda.

There are concerns at present about the adequacy of the regulation of doctors. The public have however I would respectfully suggest a more pressing concern about the undue influence of pharmaceutical companies and other powerful interest groups on healthcare. While you address yourself to the former issues, I have been concerned with the latter ones and to this

end have attempted to expose practices such as ghostwriting and data manipulation from clinical trials.

While a lack of professionalism or ethics on the part of a practitioner may pose some risk to your immediate family members should they have to seek medical treatment, again I would suggest most people would see a greater risk from the fact that any practitioner is likely to be treating your family members with drugs whose efficacy is overblown and whose hazards have been concealed. While there may be occasional unethical and unprofessional practitioners, there are very few uncompromised drug datasets.

As part of my efforts to address some of these issues, I have attempted to catalogue phenomena such as my Coyne difficulties, and the efforts by some companies to block my efforts to bring problems to light and it would appear to smear me. At least one major PR company has had a brief to handle the Healy problem. This may explain why colleagues all over the world tell me that senior figures in the field who've never met me or corresponded with me advise them to have nothing to do with me because "Healy is trouble and will be in trouble". Email material purporting to have been composed by me – but that I have never written - that in tone and content shows me in an unflattering light has been widely distributed. Senior figures have attempted to get me barred from speaking at meetings where I was listed on the programme. In such instances these figures although later present in the audience raised no questions or objections to either substantive or personal issues. You will see from the material that I enclose that at least one of the companies also thinks it a good idea to have people in the audience to challenge me on things I say.

I raise these issues in talks because many in the field seem to know "these things" happen but no-one can ever point to solid examples of "these things", and without solid examples it is difficult to effect change.

I would envisage including the correspondence between yourself and Dr Nutt in presentations to illustrate the ramifications of "these things" – the first presentation will be in a few weeks time. The Dear Healy and Dear Graeme letters will sit just before or after a series of Coyne slides.

Clearly I am not always in a good position to determine whether certain events are innocent mistakes or reflect either an active or passive conflict of interest or a witting or unwitting conspiracy. When I present this material in a few weeks time, I may be asked for a view as to what has been going on. Although I think the issues in this case are extremely straightforward, it may take you and Dr Nutt some time to assess the material and as such neither of you may be in a position to offer me your considered view as to how I should respond in a few weeks time. Until I get a response from you, my response will be to tell any questioners that I have asked both of you the same question and am awaiting your answer.

I also raise Coyne related material in sections of talks dealing with interpersonal dynamics to bring out the point that these interactions can be far more potent than any monetary conflicts academics have. Pharmaceutical

companies are perhaps the best players in the medical field at generating and using ties of this sort. Both Dr Nutt and I and our respective wives have in the past been invited to share the same company table at Highgrove. This can have very potent dynamic effects.

Although there must be some possibility that this overture from the GMC may be little more than an automatic checkbox exercise, and Dr Nutt may be more embarrassed than anyone at the light it casts on him, I feel I have little option but to respond as vigorously and comprehensively as current facts permit for two reasons. First there are a number of ongoing issues regarding which it would suit some parties to see me compromised. Second, any scrutiny of the materials I enclose here makes it clear that there are a raft of claims made about me, e.g. from the 41 page Pfizer authored billet-doux, that could be picked up by Dr Nutt or his colleagues and sent with a Dear Graeme letter asking whether this is something that the GMC should be concerned about.

I would find a sequence of such events vexatious, and it would risk making the GMC look ridiculous or worse. Whatever you think about my case, it would seem to me that you may need a strategy for minimising the scope for abuse of GMC processes that clearly exist in this domain. If you are considering the domain of conflict of interest, this is clearly an aspect of that domain to take into account. You perhaps need to take particular care with letters that start Dear Graeme.

If the GMC truly are thinking about taking on new areas, you could probably do worse than consider establishing a version of Academic Relate. What I take from this sorry state of affairs is that in the absence of any forum for debate and dialogue quite bitter resentments can build up perhaps based in part on false or misleading information. Unfortunately in the medical field there appear to be forces who may find it convenient to stoke such resentments.

Yours sincerely

Professor David Healy

cc
Ref KM/FPD/2006/0458

Encl. CD with Columbia 2.ppt, Columbia 4.ppt, Columbia.Oct, Coyne listserve 05, Coyne listserve 05 Word. (The Columbia Oct audio file is misdated owing a recorder setting I am unable to change.)

Let Them Eat Prozac, Chapter 7

Primary Care Psychiatry article

Psychopharmacology in Turmoil plus Columbia October slides

Questions for J Coyne