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12th October 2004

Professor Guy Goodwin
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Dear Guy

In the wake of the recent Panorama programme the BMJ ran an editorial by John Geddes, as it has previously run commentaries by Phil and others after previous programmes. The editorial, and a further piece in that edition of the BMJ by Patrick Waller, suggests that the harm the media may be doing in this area may outweigh any good.

The problem, John's editorial suggests, if it exists at all, is small. However, even a very small problem multiplied up by 50-100 million people can become the biggest drug problem of all time. It is a matter of some importance therefore to establish whether there is a problem or not, or perhaps a problem on balance or not.

Patrick Waller's piece complained that distinguished voices gave rise to concerns but no data was presented. Programmes like Panorama however are not well suited to the presentation of data. They do not pretend to offer an academic forum.

To this end I am writing to you to propose a public airing of the issues. A debate is one format but the volume of available data that needs to be presented may make this unrealistic. Also, my experience of other debates in this area is that this format can become quite ad hominem, owing to canvassing by some of the companies who have attempted to cloud the issues by planting questions aimed at impugning my motives and otherwise throwing sand in the eyes of any audience.

A better format might involve a somewhat lengthier exposition of the clinical trial and epidemiological evidence than a debate would allow in a manner that might

then be thrown open to a range of commentators who had prior access to a manuscript and slides.

Whatever format, it would be a good idea if the audience included representatives of the major academic media such as the BMJ, the Lancet and the British Journal of Psychiatry. It would also be useful to have representatives of Panorama, the Guardian and other media of your choosing, as well representatives from the regulatory apparatus and even formal company representation. If the issues have been blown out of all proportion by the lay media, I would imagine it should be pretty clear at the end of the evening that this was the case and that this might dispel undue media frenzy. I agree fully that, if I am wrong on the issues, dispelling misconceptions would be for the best. For this reason I would invite you to set up a presentation/encounter. Editorials and comments even in the BMJ are no substitute for a proper and open debate.

I will also be writing to Robin Murray on this issue, as even before this latest fuss I had proposed such an idea to Simon Wessely.

Yours sincerely

Dr David Healy
Director of the North Wales Department of Psychological Medicine

cc.

Professor John Geddes, Senior Clinical Research Fellow, Dept of Psychiatry,
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Dr Kamran Abbasi, Acting Editor, British Medical Journal, BMJ Publishing Group,
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Professor Alastair Breckenridge, Medicines and Healthcare Products Regulatory
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Dr P Waller, Consultant in Pharmacoepidemiology, Southampton

>>> David Healy <healy_hergest@compuserve.com> 13/10/2004 10:50:32 >>>

Guy

attached a letter

David

Dear David,

Many thanks for your message. It was good to hear from you.

I am afraid I missed the Panorama programme, but I can understand your desire to see a balanced public understanding of the question of SSRI safety. However, in my opinion, the issue is a scientific one - in other words, a question of establishing reliable knowledge based on appropriate evidence. The place for informed public debate is the MHRA: the truth is best served by respect, and strong political support, for its status as an independent institution, which can balance the various competing interests.

The British Association for Psychopharmacology, for its part, maintains a strong academic and practical interest in the question of efficacy and safety of psychotropic medicines in general and antidepressants in particular. You participated in a symposium on Psychopharmacological aspects of Suicide at the summer meeting in 2000 and the topic of withdrawal effects will be revisited at your suggestion in 2005. While I accept that the profile of BAP is professional rather than popular, it prides its independence also, and no doubt you will be participating in discussions there * as I hope to.

With best wishes,

Guy

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Guy

I can't say I was hugely surprised by your reply. I think though it is a pity that given that many of you in Oxford are rather in favour of appropriate use of SSRIs, in taking on this issue you might have been able to ensure it was handled in the best possible way.

But I was astonished by your suggestion of the MHRA as a forum for such a debate. If you've ever tried to get into the building or tried to get information out of them, I can't believe you would ever have come up with such an idea. The independence of MHRA or lack thereof has very much been the focus of recent media interest, with little emerging that would lead anyone to think this is an organisation that should be supported rather than reformed.

As for the BAP, there is little chance that any forum in which these issues could be taken on could be organised within 18 months, given the timeframe for scheduling BAP symposia.

Both of these suggestions, therefore, look like efforts to kill off discussion. This is unfortunate. The BAP symposium on suicide and antidepressants you refer to wasn't organised anonymously by BAP. I organised it and invited a who's who of those who claim there are no problems with SSRIs and suicide - viz David Baldwin and Goran Isacson, adhering in the process to what was then a BAP recommendation that anyone organising a symposium would not themselves speak at it.

David