





BMJ helping doctors make better decisions


[Advanced search](#)

Rapid Responses to:

OBSERVATIONS:

Trisha Greenhalgh

▶ [Rapid Responses: Submit a response to this article](#)

Why did the *Lancet* take so long?

BMJ 2010; 340: c644 [Full text]

Rapid Responses published:

▼ **Statistical lessons to be learned as well**

S. Stanley Young (4 February 2010)

▼ **Re: Statistical lessons to be learned as well**

John Stone (4 February 2010)

▼ **Unfounded and unjust**

Mark Struthers (8 February 2010)

▼ **Re: Re: Statistical lessons to be learned as well**

Peter J Flegg (8 February 2010)

▼ **Judgement on what's good for science?**

Mark Struthers (8 February 2010)

▼ **Re: Re: Re: Statistical lessons to be learned as well**

John Stone (8 February 2010)

▼ **The good, the bad and the ugly side of medical science**

Mark Struthers (8 February 2010)

▼ **Evidence, statistical lessons and bias.**

Peter J Flegg (9 February 2010)

▼ **The unexplained puzzle of the GMC verdict (and reponses to Peter Flegg)**

John Stone (10 February 2010)

▼ **Trisha Greenhalgh: competing interests**

John Stone (24 February 2010)

▼ **Research**

Michael I Boulton (24 February 2010)

▼ **Statistical lessons to be learned as well.**

Bill Welsh (26 February 2010)

▼ **How Unfortunate!**

F. Edward Yazbak MD, FAAP (2 March 2010)

▼ I paid the price

Raymond Gallup (3 March 2010)

▼ Re: How Unfortunate and Short Sighted.

Michael D Innis (3 March 2010)

▼ Justice delayed - not only justice denied but patients harmed

Peter T Wilmshurst (4 March 2010)

▼ Re: How Unfortunate!

wendy a satterthwaite (4 March 2010)

▼ Did retracting the paper matter?

F. Edward Yazbak (4 March 2010)

▼ Re: Did retracting the paper matter?

Raymond Gallup (6 March 2010)

▼ Re: Re: Did retracting the paper matter?

Michael D Innis (7 March 2010)

▼ Dr Yazbak's claims

Brian Deer (8 March 2010)

▼ The goodness of medical scientists

Mark Struthers (8 March 2010)

▼ Re: Brian Deer's claims

Michael D Innis (9 March 2010)

▼ Brian Deer's viewing of medical files.

Hilary Butler (9 March 2010)

▼ Response to Mr. Deer's remarks

F. Edward YAZBAK (9 March 2010)

▼ Patient Confidentiality

John A. Dodge (10 March 2010)

▼ Grave concerns

John Stone (10 March 2010)

▼ Re: Patient Confidentiality

John Stone (12 March 2010)

▼ Patient Confidentiality

Bill Welsh (12 March 2010)

▼ Re: Re: Patient Confidentiality

Joan Campbell (13 March 2010)

▼ MMR Toxicity Explained

Michael D Innis (14 March 2010)

▼ Response to Brian Deer's comment

Isabella Thomas (23 March 2010)

▼ The question of confidentiality in Brian Deer's reporting, Prof Greenhalgh and Dr Harris

John Stone (23 March 2010)

Statistical lessons to be learned as well

4 February 2010



S. Stanley Young,
Assistant Director of
Bioinformatics
National Institute of
Statistical Sciences

Send response to
journal:

Re: Statistical lessons
to be learned as well

There has been and will be much examination and reconstruction of the circumstances in and around the Lancet paper of Wakefield. I add that there are statistical lessons to be learned as well. There were relatively few children in the two groups and though we can not count accurately from the paper, it has come out that there were a very large number of variables measured on each child, hundreds at least. With the large number of variables you will have small p-values, so their reported p-value of 0.003 is not unusual at all, even though it is likely to induce a “deer in the headlights” effect on most readers.

There is another statistical point. With the relatively small number of children in each group, the mean values for the groups will fluctuate widely. The resulting situation is that there will be small p-values with large estimated effects. It is doubtful that Lancet sent the paper to a real statistician, but a thinking statistician would not have passed the reported p-value in this paper.

Even after the authors did not divulge the biased sampling of the children, among other problems, could statistical problems have been identified? The editors and referees should have asked how many characteristics of the children were examined. A simple Bonferroni adjustment of the reported p-value would have given them serious pause. IF the data set had been public On Publication, knowledgeable readers could have made a strong case to kill the authors’ claim. These statistical arguments are not meant to detract from the other objections to this paper, but to point to the general problems with small sample size/large number of variables observational studies.

Competing interests: None declared

Re: Statistical lessons to be learned as well

4 February 2010



John Stone,
Contributing editor: Age of
Autism
London N22

Send response to
journal:

Re: Re: Statistical
lessons to be learned
as well

While I bow to S Stanley Young's superior statistical expertise I would point out that there is no control group in the so-called Lancet study [1]: and there was never any intention that a statistical inference could be drawn from it. It was published as an early report of 12 children with somewhat similar problems, seen in order of referral - a case series study [2] - even if some of the facts behind it stand officially disputed.

I think this illustrates the danger of paying too much attention to media or even professional reports, and jumping on bandwagon without looking where you are going.

[1] Wakefield et al, 'Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive development disorder in children, THE LANCET, Vol 351, p.637-41, February 28, 1998 637

[2] Ben Goldacre, 'Don't dumb me down', Guardian 8 September 2005, <http://www.guardian.co.uk/science/2005/sep/08/badscience.research>

Competing interests: Autistic son

Unfounded and unjust

8 February 2010



Mark Struthers,
GP and prison doctor
Bedfordshire,
mark.struthers@which.net

Send response to
journal:

Re: Unfounded and
unjust

I think it is now established that the study design was a small case series report and a perfectly good one, according to Dr Ben Goldacre. [1] But the Wakefield et al paper did not state a hypothesis, a flaw considered serious enough for Trisha Greenhalgh to invent one,

“The administration of MMR vaccine to infants increases their risk of developing (a) a particular pattern of inflammatory damage in the gastrointestinal tract and (b) autism or an autism-like syndrome.” [2]

In her 2004 critical appraisal of the paper, Professor Greenhalgh then asks herself whether this design was an appropriate way to test the hypothesis. No, she says, “if the hypothesis was that there is a causal link between MMR and autism-bowel syndrome, this study design was incapable of proving that link one way or the other.” And the knowledge that case reports do only provide weak scientific evidence for such causal links, was probably why, in their paper, Wakefield et al stated,

“We did not prove an association between measles, mumps, and rubella vaccine and the syndrome described.”

And why, in the last paragraph, they wrote,

“We have identified a chronic enterocolitis in children that may be related to neuropsychiatric dysfunction. In most cases, onset of symptoms was after measles, mumps, and rubella immunisation. Further investigations are needed to examine this syndrome and its possible relation to this vaccine.” [3]

[1] Ben Goldacre. Don't dumb me down. We laughed, we cried, we learned about statistics ... 8 September 2005. <http://www.guardian.co.uk/science/2005/sep/08/badscience.research>

[2] Professor Trisha Greenhalgh. Analysis of Wakefield MMR study asks why flaws weren't spotted by Lancet editors. April 2004. <http://briandeer.com/mmr/lancet-greenhalgh.htm>

[3] Early report. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. A J Wakefield, et al. THE LANCET • Vol 351 • February 28, 1998 637. http://www.theoneclickgroup.co.uk/documents/ME-CFS_docs/The%20Wakefield%20Paper,%20THE%20LANCET,%20Vol%20351,%20February%2028,%201998.pdf

Competing interests: None declared

Re: Re: Statistical lessons to be learned as well

8 February 2010



Peter J Flegg,
Consultant Physician
Blackpool, UK FY3 8NR

Send response to
journal:

Re: Re: Re: Statistical
lessons to be learned
as well

The difficulty arises because Dr Wakefield himself drew the conclusion that vaccination was associated with enterocolitis/autism, and declared at a press conference that MMR might be causal. Yet we are now to believe that the publication was not meant to be a comparative study and represented merely a series of consecutively referred anecdotal problems. So on what possible evidence basis did Wakefield come to his bizarre conclusion?

We also now know that the cases were not actually consecutively referred through normal channels, and there was considerable deliberate selection bias in favour of children with autism in whom there was a specific concern about symptoms linked to vaccination. Whilst Wakefield might have been impressed by their clinical stories, he should have realised that this bias should have made him even more circumspect about drawing any conclusions about MMR's causal role.

Competing interests: None declared

Judgement on what's good for science?

8 February 2010



Mark Struthers,
GP and prison doctor
Bedfordshire
mark.struthers@which.net

Send response to
journal:

Re: Judgement on
what's good for
science?

In 2003, Richard Horton, editor of the Lancet, wrote these words about the 1998 Wakefield et al paper,

"The MMR vaccine paper was published not because peer review indicated that the findings were true - peer review can never prove truth, only indicate acceptability to a few experts, as was indeed the case with Wakefield's findings - but because the issue raised was so important for public health and so in need of urgent verification that not to publish with appropriate caveats would, in my view, have been an outrageous act of censorship." [1]

And even Ben Goldacre, in 2005, said that he thought "the paper always was and still remains a perfectly good small case series report." [2]

And yet in 2010, Trisha Greenhalgh, professor of primary health care at UCL, believes that the recent retraction of the peer reviewed paper, published in 1998, "can only be a good thing for science."

Why? Professor Greenhalgh doesn't provide a credible explanation.

However, it is more than obvious that that what has happened to Andrew Wakefield will have taught scientists that it's safer not to rock the boat. Many doctors will be scared to speak for fear that what happened to Andrew Wakefield could happen to them. Can this state of affairs really be good for science? Andrew Wakefield doesn't think so, and I, for one, would strongly agree with him. [3] Over to you, Professor Greenhalgh.

[1] Richard Horton glorifies Wakefield, with "no regrets" over discredited MMR paper. Richard Horton, Second Opinion, Granta Books, 2003 <http://briandeer.com/mmr/horton-wakefield.htm>

[2] Ben Goldacre. Don't dumb me down. We laughed, we cried, we learned about statistics ... The Guardian, 8 September 2005. <http://www.guardian.co.uk/science/2005/sep/08/badscience.research>

[3] Sally Beck. Judgement day for MMR rebel: an investigation that has blighted doctor's life for 12 years finally approaches conclusion. Daily Mail, 23 January 2010. <http://www.dailymail.co.uk/news/article-1245518/Judgement-day-MMR-rebel-investigation-blighted-doctors-life-12-years-finally-approaches-conclusion.html>

Competing interests: None declared

Re: Re: Re: Statistical lessons to be learned as well

8 February 2010



John Stone,
Contributing editor: Age of
Autism
London N22

Send response to
journal:

Re: Re: Re: Re:

Statistical lessons to be
learned as well

I do not see how Peter Flegg can hope to recuperate the ill-informed remarks of S Stanley Young. I could only conclude that Young had not even seen the paper he was criticising since it referred to "two groups" when there was only ever one.

This was not a statistical paper. I note Flegg's extreme and unscientific bias against the possibility that MMR or measles vaccination could be implicated in autism/Pervasive Development Disorder or bowel disease. On what principle would even a single child be denied investigation if their medical history indicated it?

Regardless of what the GMC panel claim to have found it is beyond credibility that a doctor of Prof Walker-Smith's experience and seniority would have ordered invasive tests on children with no symptoms. I note that that the histopathology results were positive for inflammation in 11 out of 12 cases. Perhaps, if we are to have a real doctors' purge the GMC ought to go after the signatory histopathologists now?

And, I don't know what conclusions we can draw about referral - is Flegg suggesting that there ought to have been other children that he knows about included in the sequence, and on what basis? It was never supposed to be a random group.

Competing interests: Autistic son

The good, the bad and the ugly side of medical science

8 February 2010



Mark Struthers,
GP and prison doctor
Bedfordshire
mark.struthers@which.net

Send response to
journal:

Re: The good, the bad
and the ugly side of
medical science

Dr Ben Goldacre, sometime correspondent for the BMJ and author of the 'Bad Science' column in Guardian once wrote,

"Now, even though popular belief in the MMR scare is - perhaps - starting to fade, popular understanding of it remains minimal: people periodically come up to me and say, isn't it funny how that Wakefield MMR paper turned out to be Bad Science after all? And I say: no. The paper always was and still remains a perfectly good small case series report, but it was systematically misrepresented as being more than that, by media that are incapable of interpreting and reporting scientific data." [1]

While acknowledging that the case series provides weak scientific evidence, Professor Greenhalgh, in her widely acclaimed book on the basics of evidence-based medicine, gives a good example of the case report providing an early warning of vital importance to science and public health,

"A doctor notices that two babies born in his hospital have absent limbs (phocomelia). Both mothers had taken a new drug (thalidomide) in early pregnancy. The doctor wishes to alert his colleagues worldwide to the possibility of drug-related damage as quickly as possible." [2] Professor Greenhalgh goes on to say that "anyone who thinks 'quick and dirty' case reports are never scientifically justified should remember this example." I am therefore somewhat surprised that Professor Trisha Greenhalgh should have considered the retraction of a perfectly good small case series report a good thing for science.

[1] Ben Goldacre. Don't dumb me down. We laughed, we cried, we learned about statistics ... 8 September 2005. <http://www.guardian.co.uk/science/2005/sep/08/badscience.research>

[2] Trisha Greenhalgh. How to Read a Paper. BMJ Publications, Third edition 2006 Sections 3.7 & 3.8, Pages 52-53.

Competing interests: None declared

Evidence, statistical lessons and bias.

9 February 2010



Peter J Flegg,
Consultant Physician
Blackpool, FY3 8NR

Send response to
journal:

Re: Evidence, statistical
lessons and bias.

John Stone has plainly failed to understand my point, so I will try again:

He and others are at great pains to point out that Andrew Wakefield's Lancet study is merely a small, hypothesis-generating series of illustrative cases. This being so, what on earth was the evidence for Dr Wakefield's claims following its publication that MMR vaccine should be avoided? An answer to this question would be appreciated.

Mr Stone seems particularly churlish when he accuses Stanley Young of being "ill informed" about statistics when he discusses the relevance of statistical differences between 2 groups of study subjects and of not reading the Lancet paper. It actually appears to be Mr Stone who has not read the paper, for in the "Laboratory tests" section it clearly refers to the statistical differences in laboratory biomarkers including urinary methylmalonic-acid levels between a study group of 8 children and a group of age-matched controls. Clearly these are 2 different groups, and they are what Stanley Young was referring to.

It is worth emphasising that the cases were not "consecutively referred" through normal channels, but the majority were specifically referred to the Royal Free either at the behest of Wakefield himself after parents had contacted him directly or because of their involvement in vaccine damage litigation. This means the study subjects were massively affected by selection bias towards children whose symptoms were allegedly due to MMR vaccine. This should have made Dr Wakefield extremely circumspect in drawing any causal inferences about the vaccine's role.

I note that in 8 of the cases symptoms were allegedly temporally related to MMR vaccine, and in one case to natural measles infection. Unlike Stanley Young (and like Mr Stone) I am no statistician, but I wouldn't mind knowing the statistical odds of Dr Wakefield encountering a case of measles-linked as opposed to vaccine-linked autism when in 1996 there were only 112 cases of measles documented nationally(1), yet there would have been

approximately 570,000 thousand MMR vaccines administered (92% of 620,000 infants).

To me it would seem that having natural measles appeared to be a far, far riskier prospect than having an MMR vaccine, so I am surprised that Dr Wakefield didn't alert people to this finding when he spoke at his press conference after the release of his Lancet study, and that he didn't take the opportunity to reinforce the importance of MMR vaccination.

(1) http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733833790

Competing interests: None declared

The unexplained puzzle of the GMC verdict (and reponses to Peter Flegg)

10 February
2010



John Stone,
Contributing editor: Age of
Autism
London N22

Send response to
journal:

Re: The unexplained
puzzle of the GMC
verdict (and reponses
to Peter Flegg)

The panel stated in the short version of their findings on fact read out to journalists at the GMC last month [1]:

“The Panel has heard that ethical approval had been sought and granted for other trials and it has been specifically suggested that Project 172-96 was never undertaken and that in fact, the Lancet 12 children’s investigations were clinically indicated and the research parts of those clinically justified investigations were covered by Project 162- 95. In the light of all the available evidence, the Panel rejected this proposition.”

However, it is my understanding that 162-95 was not a "project" in any normal sense but the ethical approval granted Prof Walker-Smith on his arrival at the Royal Free Hospital in September 1995 - as probably the most senior figure in British paediatric gastroenterology - to retain biopsy samples from colonoscopies for research purposes. If this is the case it would seem a basic criticism of the panel, that in reaching their view, they did not explain why this ethical permission did not obtain in this instance. We are also confronted by the oddity that the panel having concluded that the study was in fact project 172-96 then found the three doctors to be in breach of its terms at every twist and turn, instead of drawing the more obvious inference that it wasn't 172-96 at all, but an "early report" as stated. (And this, incidentally, is why several of us think that Ben Goldacre had it right in the first place.)

It is still baffling what is at stake over referral. It is common experience that when getting a specialist referral from a GP the patient is asked to which hospital they would like to be referred - an elective aspect is inherent in the

system, as is reputation - and in this instance this was no ordinary department, so it is not clear what anyone would expect: it wasn't supposed to be "a scientific sample" or a statistical measure of anything, which is why I cannot make any sense of S Stanley Young's comment [2]. You do not need to be a senior statistician to conclude that the group in the paper have little or no statistical significance, but this does not tell you why or how they are ill, and doesn't answer the parents' legitimate concern about adverse vaccine reactions and their sequelae. Nor could epidemiology tell you anything certain about that.

It seems to me that with Peter Flegg's [3] response, as so often with vaccination, ethics are being turned upside down. The instant position of those confronted with reports of adverse drug reactions is not to record them, or investigate but simply to retreat behind denial - which is what Andrew Wakefield conspicuously didn't do.

So we move to the next stage, which is that the doctor who did express concern about the safety of a vaccine and took parents on trust is as a matter of policy turned into a public enemy - and eventually a gigantic fishing expedition is mounted to see whether anything can be found against him. And all the time no parent has ever complained!

What we get is neither the practice of ethics or science but the exercise of social repression. Nothing ensures the unsafety of the system more certainly than the refusal to investigate sympathetically adverse reports - and why should a single child be denied investigation if their medical history indicates it? This is something that Flegg does not seem to be able to explain. Meanwhile, we get the resort to statistics which cannot show that it hasn't happened in individual instances, and probably also don't show that it hasn't happened en masse [4, 5]. Accompanied by total lack of curiosity as to why autism incidence figures continue to spin out of control (at the last count 1 in 64)[6].

I think it should be remembered in fairness that Andrew Wakefield supported the then vaccine programme in 1998, endorsing the use of single vaccines, and the government promptly polarised the issue by making them unavailable. Also, I believe Flegg is being naive in contrasting confirmed cases of measles in 1996, when there was probably only limited laboratory testing capacity and nothing like the active monitoring, with the present time.

About the GMC there is a huge problem of transparency - they publish the allegations and the findings but nothing in between. If you actually want to

find out what the defence case was from the official transcript it will cost you upwards of £100,000 [7].

[1] Findings of Fact - Summary. General Medical Council, 28 January 2010. <http://www.theoneclickgroup.co.uk/documents/vaccines/GMC%2C%20Findings%20Of%20Fact%20Summary2.pdf>

[2] S Stanley Young, 'Statistical lessons to be learned as well' BMJ Rapid Responses 4 February 2010, http://www.bmj.com/cgi/eletters/340/feb02_4/c644#230877

[3] Peter Flegg, 'Evidence, statistical lessons, and bias' BMJ Rapid Responses 9 February 2010, http://www.bmj.com/cgi/eletters/340/feb02_4/c644#231116

[4] Demicheli V, Jefferson T, Rivetti A and Price D, 'Vaccines for Measles, Mumps and Rubella in Children', The Cochrane Library, Wiley 2005, <http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004407/frame.html>

[5] John Stone, 'Re: Evidence is not bullying', http://www.bmj.com/cgi/eletters/339/sep09_1/b3658#220537

[6] Baron-Cohen et al, 'Prevalence of autism-spectrum conditions: UK school-based population study', Br J Psychiatry. 2009 Jun;194(6):500-9, <http://www.ncbi.nlm.nih.gov/pubmed/19478287>

[7] GMC Publication Scheme, http://www.gmc-uk.org/publications/right_to_know/publications_scheme.asp

Competing interests: Autistic son

Trisha Greenhalgh: competing interests

24 February 2010



John Stone,
Contributing editor: Age of
Autism
London N22

Send response to
journal:

Re: Trisha Greenhalgh:
competing interests

Prof Greenhalgh [1] does not disclose any competing interests. She has, however, contributed a controversial article [2,3] attacking the 1998 paper [4] to journalist Brian Deer's website. Although not disclosed here by Greenhalgh or in the accompanying article by Deer [5], Deer was named as a complainant against Andrew Wakefield in the High Court by Mr Justice Eady, who stated [6]:

"Well before the programme was broadcast [Mr Deer] had made a complaint to the GMC about the Claimant. His communications were made on 25 February, 12 March and 1 July 2004. In due course, on 27 August of

the same year, the GMC sent the Claimant a letter notifying him of the information against him."

Since 2003 Greenhalgh has benefitted from more than £1.4m in research grants from the Department of Health [7]. When Deer's original allegations were published in the Sunday Times in February 2004 he was supported by the then Prime Minister, Tony Blair, who told ITV [8]:

"There is absolutely no evidence to support this link between MMR and autism. If there was, I can assure you that any government would be looking at it and trying to act on it. I hope, now that people see that the situation is somewhat different to what they were led to believe, they will have the triple jab because it is important to do it."

and by Chief Medical Officer, Sir Liam Donaldson, who told the BBC [8]:

"I don't think that spin and science mix. If they are mixed, it is a very unfavourable position for children's health. Now a darker side of this work has shown through, with the ethical conduct of the research and this is something that has to be looked at."

and Jeremy Laurance reported in the Independent [9]:

"At the Department of Health, which has striven for the past six years to bolster public confidence in the vaccine, joy is unconfined at the discrediting of Andrew Wakefield, as the researcher responsible for the scare."

Meanwhile, Health Secretary John Reid asked the GMC to investigate [10].

I express concern that conflicts that go up to the highest ranks of government are still conflicts, that the government itself is not a disinterested player, and has not behaved like one. At the same time Prof Greenhalgh's research has benefitted handsomely from its largesse. I believe there should be an inquiry.

[1] Trisha Greenhalgh, Why did the Lancet take so long? BMJ 2010; 340: c644

[2] Professor Trisha Greenhalgh. Analysis of Wakefield MMR study asks why flaws weren't spotted by Lancet editors. April 2004. <http://briandeer.com/mmr/lancet-greenhalgh.htm>

[3] Mark Struthers, 'Unfounded and Unjust' BMJ Rapid Responses 8 February 2010 http://www.bmj.com/cgi/eletters/340/feb02_4/c644#230993

[4] Wakefield et al, 'Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive development disorder in children, THE LANCET, Vol 351, p.637-41, February 28, 1998 637

[5] Brian Deer, 'Reflections on Investigating Wakefield' Published 2 February 2010, doi:10.1136/bmj.c672

[6] Melanie Phillips, 'A deer in the headlights', The Spectator 16 February 2009, <http://www.spectator.co.uk/melaniephillips/3362116/a-deer-in-the-headlights.shtml>

[7] Profile: Prof Trisha Greenhalgh: Funding Received: <http://myprofile.cos.com/P243302GRa>

[8] James Meikle, 'Claim that MMR work mixed science and spin', Guardian 24 February 2004, <http://www.guardian.co.uk/uk/2004/feb/24/science.sciencenews>

[9] Jeremy Laurance, 'Ministers temper their triumphalism but delight spreads at Whitehall', 24 February 2004, <http://www.independent.co.uk/news/uk/politics/ministers-temper-their-triumphalism-but-delight-spreads-at-whitehall-571091.html>

[10] BBC NEWS, 'Top doctor wades into MMR debate', <http://news.bbc.co.uk/1/hi/health/3512195.stm>

Competing interests: Autistic Son

Research

24 February 2010



Michael I Boulton,
semi-retired and carer
BH24 3DZ

Send response to
journal:

Re: Research

My response is to all who are not parents or relatives of a child who regressed after the MMR vaccination, to all the experts and doctors who deny the possibility, who are so critical that it becomes suspicious-my gp believed and sent yellow card, let me ask why no research, only foreign quoted studies basically statistics have been in the media? can anyone dispute over a million parents? whose fear and worry over the years has been ignored or browbeaten by the status quo? NO. Mr clegg tut tut.

Competing interests: Regressed Autistic daughter

Statistical lessons to be learned as well.

26 February 2010



Bill Welsh,
President
Autism Treatment Trust,
Edinburgh. EH3 7BJ

Send response to
journal:

With regard to Stanley Young's observation that "there were relatively few children" and Professor Greenhalgh's "his tiny skewed sample" it is important to remember that there was an addendum to the 1998 paper.

Re: Statistical lessons to be learned as well.

The report in the Lancet was on the FIRST 12 children. The addendum to the paper says:

"Up to Jan 28, a further 40 patients have been assessed; 39 with the syndrome'.(1)

Hundreds more followed.

Perhaps this also goes some way to answering Peter Flegg's point regarding evidence.

(1) Wakefield et al, 'Ileal-lymphoid-nodular hyperplasia, non- specific colitis, and pervasive development disorder in children, THE LANCET, Vol 351, p.637-41, February 28, 1998 641. Addendum: Up to Jan 28, a further 40 patients have been assessed; 39 with the syndrome.

Competing interests: Grandfather to an autistic boy.

Editorial note: Reposted 26 February 2010.

How Unfortunate!

2 March 2010



F. Edward Yazbak MD,
FAAP,
Pediatrician
Falmouth, Massachusetts
02540

Send response to
journal:

Re: How Unfortunate!

The question is really not "What took the Lancet so long?" The question is: "Why did the GMC take so long and spend all this money and effort without interviewing all available parents and grandparents of the children who supposedly were tortured and traumatized at the GI unit at the Royal Free Hospital?"

Take me for example. I am the grandfather of one of those children. I am a pediatrician, a former assistant clinical director of a teaching hospital and a former director of pediatrics in a community hospital. I know and understand "Quality of Care" inside out: I taught it to residents and required it from staff.

I certainly can state without hesitation that we were always treated with utmost courtesy and that our boy received outstanding care at the Royal Free. Thanks to Professor Murch, who was his doctor, the awful GI difficulties subsided gradually and never recurred. Sometimes Professor Walker Smith would see him in coverage and help us immensely. Both gentlemen were at all times caring, kind, courteous and as everyone knows most knowledgeable.

I also met Dr. Wakefield at the time and was thoroughly impressed with his on-going research and his prior achievements. I have yet to find a single valid reason for his persecution.

Our family was simply jubilant when our big boy was accepted in the “study” and we can attest that all his testing was justified, fully and clearly explained and expertly carried out. He was never hurt or injured in any way. In fact he looked forward to his trips to Hampstead.

If after all this time we were asked to summarize in one word our Royal Free experience that word would be “SPECTACULAR”.

Now if I had to describe in one word my perception of the GMC hearings, that word would have to be “OUTRAGEOUS”.

What is happening to Professor Walker-Smith, Professor Simon Murch and Dr. Andrew Wakefield, three dedicated and wonderful physicians is unjust, unfair and unforgivable.

Competing interests: Grandfather of a child with regressive autism

I paid the price

3 March 2010



Raymond Gallup,
Accounting
Lake Hiawatha, NJ, USA
07034

Send response to
journal:

Re: I paid the price

I agree with my friend, Dr. Yazbak.

I would like to add the following because it is outrageous and shameful what has happened to Dr. Wakefield and his colleagues. More research on the subject of vaccines and autism should be the order of the day and not denials. Denials do not help our kids with autism since treatments need to be introduced.

Our son Eric was born normal in January 1985 but regressed into autism after receiving the MMR vaccine in April 1986. After receiving 3 hepatitis B vaccines in 1992/1993 Eric developed aggressions where he would bite, head-butt, kick, scratch and pull hair. He is in an out of state residential center because at home he broke two doors and attacked his sister, mother and father. He tested positive in blood tests for myelin basic protein antibodies and elevated measles antibody titers. A videotape shows Eric having speech and then regressing into autism after getting the MMR vaccine.

Eric broke my left index finger in 2002 and in October broke my right thumb and ripped off the fingernail with his teeth. We know Eric is in pain but has no language skills to tell us what is wrong. If vaccines are not causing autism then what is? Studies out there say autism is caused by televisions, better diagnosis, etc. Please!!!! Do the science!!!! Provide the research and stop the autism epidemic, not poor excuses that vaccines are safe. They aren't safe as long as we have this autism epidemic!!! By the way, why are only 1/3 of doctors (MD's) getting vaccinated across the US??? All doctors

should get the full vaccine schedule adjusted upward for their body weight if babies get all these vaccines. If vaccines are so safe, every doctor in the country should be vaccinated....no excuses!!! Especially the MD's that deny an autism epidemic and want all kids to be vaccinated saying that vaccines are safe.

Raymond Gallup
 Lake Hiawatha, NJ USA
 raygallup@optimum.net

Competing interests: I have a son with autism who was born normal and regressed into autism after getting the MMR vaccine

Re: How Unfortunate and Short Sighted.

3 March 2010 ▲▼▲

Michael D Innis,
 NA
 NA
 Send response to
 journal:
 Re: Re: How
 Unfortunate and Short
 Sighted.

Editor,
 What Wakefield and his collaegues showed was "urinary methylmalonic acid was significantly raised in all eight children who were tested compared with age matched controls".

Methylmalonic acid is a neurotoxin and it "may contribute to neuronal injury in human conditions in which it accumulates". [1]

Instead of discrediting his work researchers should be concerned with reducing the toxic effect of methylmalonic acid following MMR vaccination.

Reference

1. Narasimhan P, Sklar R, Murrell M, Swanson RA,Sharp FR. Methylmalonyl-CoA Mustase Induction by Cerbral Ischemia and Neurotoxicity of the Mitochondrial Toxin Methylmalonic Acid. Journal of Neuroscience;1996: vol16; pp7336-7346

Competing interests: None declared

Justice delayed - not only justice denied but patients harmed

4 March 2010 ▲▼▲

Peter T Wilmshurst,
 Consultant Cardiologist
 Royal Shrewsbury Hospital,
 SY3 8XQ
 Send response to
 journal:
 Re: Justice delayed -
 not only justice denied
 but patients harmed

Professor Greenhalgh asked "Why did the Lancet take so long (to retract the paper by Wakefield and colleagues)?"[1, 2] Editors want "process" to ensure certainty before a paper can be retracted and reputations of researchers impugned, but do not apply similar rigour to the process of publication, though more than reputation is at stake for patients.

There are many examples where responsible institutions have informed journals that published research was fraudulent and the journals have

failed to retract the articles.[3] Institutions have also failed to withdraw higher degrees and honours when they were awarded for dishonest research.[4]

Journals do not want to admit that they were gullible in accepting dishonest research. Most of all, they do not want to be sued for libel by authors of retracted articles. Yet fear of a libel action caused the BMJ to removed from its website honest articles, which have not been retracted. Some BMJ editors are also aware that a publication in the BMJ was dishonest, but it cannot be retracted because, in a libel case, the English High Court sanctioned a settlement that prevents discussion of the documents that confirm the dishonesty.

In the final analysis, journal editors are more concerned with the finances of their publishers than they are about morality or patient care. They are also aware that there is no public interest defence to a libel claim.

1. Greenhalgh T. Why did the Lancet take so long? *BMJ* 2010;340:294.
2. Wakefield AJ, Murch SH, Anthony A, et al. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet* 1998;351:637-641.
3. Sox HC, Rennie D. Research misconduct, retraction, and cleansing the medical literature: lessons from the Poehlman case. *Ann Intern Med* 2006;144:609-613.
4. Wilmshurst P. Dishonesty in medical research. *Medico-Legal J* 2007;75:3-12.

Competing interests: I was co-principal investigator in the MIST Trial. I refused to be an author of the resulting publication in *Circulation*, because it was inaccurate and because important information had been omitted. Because of my complaints, *Circulation* subsequently published a 700 word correction, a four page data supplement and a new version of the paper. I maintain that the correction is incorrect. I am currently being sued for libel by NMT Medical Inc, the sponsor of the trial, for speaking about my concerns about the trial. I am defending the action.

Re: How Unfortunate!

4 March 2010



wendy a satterthwaite,
nurse/therapist
KT12 1EF
Send response to
journal:

Yes, how unfortunate, and the GMC, they left a dangerous doctor on the prowl for years trying to find parents who thought their children were sick with a new bowel disease, Goodness me, I think all in all 50-60 children got through to this callous and uncaring doctor and his dedicated team. Almost

Re: Re: How
Unfortunate!

up to Harold Shipmans level. What about Dr. Jane Barton and the deaths at Portsmouth, but nobody has died for the last ten years!! Strange then that all the parents found that the children were treated with the utmost care, patients often tolerate inferior care but not for their children. In my experience medicine for children has risen to a higher level because parents are more searching and dedicated. Wendy Satterthwaite RGN

Competing interests: None declared

Did retracting the paper matter?

4 March 2010



F. Edward Yazbak,
Pediatrician
Falmouth, Massachusetts
02540

Send response to
journal:

Re: Did retracting the
paper matter?

It is clear that many were pleased when the Lancet retracted “the paper”. The question is: Did that accomplish much? Did it change the fact that "Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children" are related? Did it wipe out the brilliant observation by the GI team at the Royal Free that a gut- brain connection existed? The answer is obviously NO.

Dr. Wakefield, Professor Simon Murch and others elaborated further on the autism-related gastro-intestinal findings when they published a review article in 2002, titled “The concept of entero-colonic encephalopathy, autism and opioid receptor ligands”. The authors proposed that it was plausible that exogenous, gut-derived neurotoxins entered the systemic circulation “during a critical window of vulnerability”, damaged the central nervous system and caused autism.

They also mentioned that the gut-brain axis is central to certain encephalopathies and that opioid peptides may mediate some aspects of autism. Most importantly, they gave hope to the rapidly increasing population of parents with affected children by pointing out that modification of the diet was likely to reduce the toxicity of certain opioids and improve symptoms.

Obviously Wakefield’s opponents were not too happy. They went on discrediting his theory that the brain injury and deficits in regressive autism were related to very specific GI findings and they claimed that his findings had not been reproduced by others, when indeed they were in multiple centers in the U.S. They also never mentioned how effective the gluten-free and casein-free diets were in improving symptoms in many affected children.

In late 2009, just when the GMC was getting ready to reveal its “verdict”, a team from Norway published an important and very carefully conducted study. At any other time, the reported findings would have and should have

caused world-wide interest. They did not, probably because they would have vindicated Wakefield and shown that the GMC was “on a collision course with reality” as a good friend put it.

In a review article titled "The possibility and probability of a gut- to-brain connection in autism" and published in the Annals of Clinical Psychiatry, Reichelt and Knivsberg reported that “In autistic syndromes, we can show marked increases in UV 215-absorbing material eluting after hippuric acid that are mostly peptides. We also show highly significant decreases after introducing a gluten- and casein-free diet with a duration of more than 1 year. We refer to previously published studies showing improvement in children on this diet who were followed for 4 years and a pairwise matched, randomly assigned study with highly significant changes.”

The authors added that the literature now showed abundant data pointing to the importance of a gut-to-brain connection in autism and concluded: “An effect of diet on excreted compounds and behavior has been found. A gut-to-brain axis is both possible and probable.”

The Lancet paper didn't matter after all!

Competing interests: Grandfather of a child with regressive autism

Re: Did retracting the paper matter?

6 March 2010



Raymond Gallup,
Accounting
Lake Hiawatha, NJ USA
07034

Send response to
journal:

Re: Re: Did retracting
the paper matter?

My friend, Dr. Yazbak makes a very good point. The Lancet and any other medical journal can never get rid of science even if they retract an article. Hitler burned books in Nazi Germany but he didn't really destroy forever the books he burned. The same can be said for the Lancet, they can't destroy the science.

My challenge to the MD's and people like Brian Deer that have a vendetta against Dr. Wakefield and his colleagues is this. If you think vaccines are safe, then take the vaccine challenge. Get all the vaccines babies are required and make sure they are adjusted upward in dosage for your body weight.

If vaccines are so safe then why are a large majority of physicians avoiding vaccination? The following makes my point:

"It's not only the public that needs educating. Wexler can't believe how few health professionals get vaccines themselves, particularly flu shots. "I was so shocked that only 34 percent of M.D.s and R.N.s get vaccinated annually," she says. "They think they don't get sick, but you can have a mild case of the flu and spread the disease to somebody and make them really

sick."-- "Giving Vaccines a Boost" Family physician-turned-publisher, Deborah Wexler, M.D.

<http://www.mmaonline.net/publications/MNMed2002/February/Whisnant.html>

And this.....

<http://www.dailymail.co.uk/health/article-179088/Doctors-children-avoid-MMR.html>

Some MDs Decline Certain Vaccinations for Their Own Children

NEW YORK (Reuters Health) Nov 09 - Nonpediatric physicians in Switzerland often decline having their own children immunized against measles, mumps, hepatitis B, and Haemophilus influenzae type b, according to a report in the November issue of Pediatrics. In addition, they may postpone DTP or MMR vaccination.

The report indicates that 10% of nonpediatricians would not follow official immunization recommendations for their children, compared with 5% of pediatricians. According to the study authors, these findings suggest that many physicians are misinformed about the benefits and risks of vaccination and are "unlikely to answer parental concerns adequately."

In the new study, Dr. Claire-Anne Siegrist, from the University of Geneva in and colleagues sent a Web-based survey to 2070 Swiss physicians in October 2004 to gauge their feelings about vaccinations for their own children.

The overall response rate was 49.1% and just over half of the respondents were pediatricians. Ninety percent of respondents had at least one child.

The nonpediatricians included 317 general practitioners, 144 internists, and 95 physicians from other specialties. Compared with pediatricians, nonpediatricians were more likely to be male, but less likely to work in private practice.

As noted, nonpediatricians were less likely than pediatricians to have their child immunized against measles, mumps, hepatitis B, or Haemophilus influenzae type b and more likely to postpone DTP and MMR vaccination.

Both groups of physicians advocated the use of vaccines not included in current recommendations, such as vaccines against hepatitis A, influenza, and varicella.

Pediatricians were more than twice as likely as nonpediatricians to give pneumococcal and meningococcal C vaccine to their own children. Conversely, nonpediatricians were more likely to give tick-borne encephalitis virus vaccine.

"Despite their scientific training and education, (nonpediatricians) express the same concerns as those that prevail in the public," the authors conclude. "Unless additional vaccine education and information efforts targeted toward these physicians eventually prove successful, the control of communicable diseases such as measles may prove impossible in Switzerland and other countries."

Pediatrics 2005;116:e623-e633.

Raymond Gallup Lake Hiawatha, NJ USA RayGallup@optimum.net

Competing interests: I have a son with autism who was born normal and regressed into autism after getting the MMR vaccine

Re: Re: Did retracting the paper matter?

7 March 2010



Michael D Innis,
NA
NA

Editor,

Send response to
journal:
Re: Re: Re: Did
retracting the paper
matter?

I agree with Raymond Gallup - the Lancet withdrawal of the Wakefield paper is of no importance. As he says "Hitler burned books in Nazi Germany but he didn't really destroy forever the books he burned. The same can be said for the Lancet, they can't destroy the science."

The science they seek to destroy is the crucial observation "urinary methylmalonic acid was significantly raised in all eight children who were tested, compared with age-matched controls".

This means the MMR vaccine, while raising the levels of methylmalonic acid, also causes a reduction in Cobalamine the typical signs and symptoms of which in infancy are "failure to thrive, movement disorders, developmental delay, regression, and megaloblastosis, but neurological symptoms and signs can develop even without hematological abnormalities.
[1]

One can understand Editors being reluctant to acknowledge MMR vaccine may cause pervasive developmental disorder in children. Big Pharma is watching.

Michael D Innis MBBS;DTM&H;FRCPA;FRCPPath

Reference

1. BJORKE MONSEN AL; UELAND PM. Homocysteine and methylmalonic acid in diagnosis and risk assessment from infancy to adolescence. *American Journal of Clinical Nutrition* 2003; vol 78:7-21.

Competing interests: I have warned my family of the hazards of MMR and other vaccines.

Dr Yazbak's claims

8 March 2010   

Brian Deer,
Journalist
London E1 9XW
Send response to
journal:
Re: Dr Yazbak's claims

I am very concerned by the e-letter from Dr Edward Yazbak, a retired paediatrician of Falmouth, Massachusetts, claiming to be a grandparent of a child enrolled in the Wakefield Lancet study of February 1998. With this apparent credential, he lauded praise upon Wakefield, as he has done at public meetings which they have addressed together.

I know the names and family backgrounds of all 12 of the children enrolled in the study, including the child enrolled from the United States. I don't believe that Dr Yazbak has a family relationship with any of them.

If what Dr Yazbak ought to have said was that a grandchild of his received clinical care at the Royal Free at some time subsequent to February 1997, then it's an additional concern that he should indicate, as he did, a belief that the boy was taking part in a study. He might clarify the position, and also indicate what service the north London hospital offered to his grandson that was not available in New England. The Royal Free had no department or reputation for evaluating developmental disorders, and ileocolonoscopy, if indicated, would have been available on his doorstep. As the GMC has made clear, Dr Wakefield had a non-clinical research contract, and so it's not clear what service he could have offered any child.

Dr Yazbak's claims have been widely disseminated on anti-vaccine websites, as something accorded the additional credibility of being apparently published at a BMJ site.

Competing interests: My investigation of Wakefield led to the GMC hearing and the Lancet's retraction

The goodness of medical scientists

8 March 2010   

Mark Struthers,
GP and prison doctor
Bedfordshire, UK
Send response to
journal:
Re: The goodness of
medical scientists

"Neurotoxicology. 2009 Oct 2. [Epub ahead of print] WITHDRAWN: Delayed acquisition of neonatal reflexes in newborn primates receiving a thimerosal-containing Hepatitis B vaccine: Influence of gestational age and birth weight." [1]

The paper had cleared all those successive hurdles necessary for a paper to be published. The paper had passed eligibility screening, peer review and gained statistical, technical and editor's approval for publication in a prestigious international journal. It had been disseminated in electronic format and with the designation "in press", it stood in line for publication in the print version of 'Neurotoxicology'. On 12 February the paper was quietly withdrawn.

Was the topic area important and relevant to the 'Neurotoxicology' readership?

Yes. Questions have long been asked about the possible link between mercury in vaccines and neurodevelopment outcomes. Since vaccines containing the preservative thimerosal, (Th) including neonatal hepatitis B (HB) vaccine, continue to be used routinely in developing countries, continued safety testing is important, particularly for premature and low birth weight neonates. Exploration of the neurotoxicity of mercury containing vaccines would certainly have been appropriate for the readership of 'Neurotoxicology' and highly relevant to a general medical readership, so long as it was scientifically robust.

In summary, the researchers concluded that their primate study provided "preliminary evidence of abnormal neurodevelopmental responses in male infant macaques receiving a single dose of Th-containing HB vaccine at birth and indicates that further investigation is merited." Birth weight and GA (gestational age) appeared to be important variables that predicated susceptibility. [2]

Having jumped all the hurdles to publication, one can only assume that the science was robust. Why then was the paper withdrawn? Can erasing this paper from the official record be a good thing for science? Could Professor Greenhalgh please explain?

[1] PubMed.gov. US National Library of Medicine, National Institutes of Health. <http://www.ncbi.nlm.nih.gov/pubmed/19800915>.

[2] Accepted Manuscript. Title: Delayed Acquisition of Neonatal Reflexes in newborn Primates receiving a Thimerosal-containing Hepatitis B Vaccine: influence of gestational age and Birth weight. Authors: Laura Hewitson, Lisa A. Houser, Carol Stott, Gene Sackett, Jaime L. Tomko, David Atwood, Lisa Blue, E. Railey White, Andrew J. Wakefield. <http://www.rescuepost.com/files/hewitson-et-al-09-primate-hbv-study.pdf>

Competing interests: None declared

Re: Brian Deer's claims

9 March 2010



Michael D Innis,
NA
NA

Editor

Send response to
journal:
Re: Re: Brian Deer's
claims

I, for one, am disgusted at the Lancet, GMC and Medical Profession who are apparently blind to the fact that Wakefield and his colleagues discovered raised methylmalonic acid in the MMR vaccine treated group.

The obvious conclusion is some ingredient of the vaccine, when given to a genetically susceptible child, causes Cobalamin deficiency with all the signs and symptoms of pervasive developmental disorder.

Stop vaccinating children until the offending ingredient is identified and removed. The lives of these children must be considered before the profits of Big Pharma

Michael Innis

Competing interests: As previously declared.

Brian Deer's viewing of medical files.

9 March 2010



Hilary Butler,
freelance journalist
home 2121 New Zealand.

Dear Sir,

Send response to
journal:
Re: Brian Deer's
viewing of medical files.

There are several UK medical studies relating to vaccines where I suspect that the authors are up to no good, so I would like unrestrained access to all key documents to see if I can confirm my suspicions, but can't quite work out how to do this.

Could Brian Deer please let the BMJ know the means by which UK legislation allows free lance (or any other) journalists, to view original research files, and compare them with Royal Free (or any other hospital or private practice) medical files of children with full identities available, all test results available, without parental consent; the studies' authors consent; privacy restraints or hospital ethics committee approval?

Could Brian Deer also let the BMJ know the means by which a freelance journalist initiates proceedings with the GMC? As he so graphically stated on Radio New Zealand, (1) such fraudulent behaviour is but the tip of medical fraud iceberg.

Sincerely,

Hilary Butler.

(1) http://www.radionz.co.nz/audio/national/ntn/2010/02/11/feature_guest_-_brian_deer

Competing interests: None declared

Response to Mr. Deer's remarks

9 March 2010



F. Edward YAZBAK,
Pediatrician
Falmouth, Massachusetts
02540

Send response to
journal:

Re: Response to Mr.
Deer's remarks

Mr. Deer is absolutely correct: My grandson was not one of the 12 children enrolled in the original Wakefield study that was published in the Lancet in February 1998. If he had been, I would have certainly mentioned that among my competing interests for the last 10 years. Had Mr. Deer written earlier, I would have made that clear.

It almost seems that Mr. Deer is less upset about what I wrote than about the fact that some web site somewhere had picked it up. I certainly have no idea where my remarks were circulated and by whom and I have no control of that.

In any case: If anyone else misunderstood my statement (s), I sincerely apologize for the confusion. No deceit was ever intended!

I must say that I am troubled that Mr. Deer was able to obtain the names and family backgrounds of the 12 original study patients. I am also surprised that he finds it fair to censor my defense of Dr. Wakefield after he subjected him to public flagellation for so long. Maybe it is time for Mr. Deer to take a deep breath and relax.

From everything I have read, it seems clear that the accusatory claims related to pain, suffering and unwarranted risky investigations that were discussed in the last few years were not limited to those original twelve children. They certainly seemed to be about the many others who were later seen and "studied" for autistic entero-colitis at the Royal Free GI unit and whose cases were reported in subsequent publications and presentations. When I mentioned "all available parents and grandparents of the children..." I certainly had in mind those hundreds of parents and grandparents that were never interviewed by the GMC committee. Whether they were inside the hall or on the sidewalk, outside of London or outside of the United Kingdom, many of them would have been elated to testify. It is regrettable that they were not allowed to.

When we took our boy to the Royal Free, we wanted to find out what was wrong with him. We just could not see him suffer and cry all day anymore. It was our understanding that while many children with autism and GI problems were being treated at the unit, only few could be fully investigated because of a multitude of reasons. We were therefore most elated when my grandson was selected. That is what I meant when I mentioned the

“study”. We still count our blessings that my daughter and her family were living in London at the time.

It is no secret that I have been and will always be a supporter of Dr. Wakefield. Yet, I would point out that I did not submit a single rapid response to the BMJ in nearly two years and that I did not criticize the GMC ethics hearings while they were going on. Dr. Wakefield’s attackers on the other hand never hesitated to publish defamatory remarks about him throughout that same period of time.

Mr. Deer is fortunate not to have a child, a relative or a friend with regressive autism. We were not so lucky and when we were down and out, we received comfort and extra good care from three wonderful physicians who unfortunately are still being subjected to a living hell.

Competing interests: Grandfather of a boy with regressive autism

Patient Confidentiality

10 March 2010



John A. Dodge,
Hon. Professor of Child
Health
*University of Wales
Swansea*

Send response to
journal:
Re: Patient
Confidentiality

Like Hilary Butler, I was surprised that the journalist Brian Deer apparently holds names and addresses of autistic patients, as well as the details of their clinical histories.

As the former director of a national disease registry, I am well aware of the difficulty bona fide medical researchers often encounter, and of the great lengths to which hospitals and Trusts go to ensure confidentiality, and where possible anonymity, for patients before they will release any information, for fear of violating the Data Protection Act.

It is particularly surprising that a journalist for a lay newspaper under orders to find a big story (Mr Deer's own words) could persuade a respected teaching hospital to give him such data. Did the request go to the research ethics committee? Did he obtain written consent from the parents? Was he not given instructions to destroy all information which could possibly identify individuals as soon as he had extracted what he needed, in which case he should no longer hold names and addresses?

Remembering the threat of litigation if journalists should try to reveal the immunisation status of the child of the then Prime Minister, I can only conclude that Mr Deer either covered his back and went through the correct procedures, or else that he assumed that the parents would have no appetite, or money, to take him, his newspaper or the hospital Trust to court for violating their privacy. I await his clarification with interest.

Competing interests: Occasional frustration at inability to obtain information from medical records for epidemiological research

Grave concerns

10 March 2010 ▲▼▲

John Stone,
Contributing editor: Age of
Autism
London N22

Send response to
journal:
Re: Grave concerns

I would just like to echo the concerns of Hilary Butler and Dr F Edward Yazbak that Brian Deer should have been allowed to access the confidential records of patients without permission and even received the support for his activities of senior members of the medical profession such as Prof Greenhalgh and Dr Evan Harris MP - a former member of the BMA Ethics Committee - not to mention NHS websites, and this journal.

I believe there should be a full investigation.

Competing interests: Autistic son

Re: Patient Confidentiality

12 March 2010 ▲▼▲

John Stone,
Contributing editor: Age of
Autism
London N22

Send response to
journal:
Re: Re: Patient
Confidentiality

Prof Dodge raises some interesting questions. It might be one kind of issue if Mr Deer had legal access to the documents and possibly misused them, but what if he did not have legal access? Would this still be a matter for the civil courts, or something else? I think we need clarification.

Competing interests: Autistic son

Patient Confidentiality

12 March 2010 ▲▼▲

Bill Welsh,
President
Autism Treatment Trust.
Edinburgh EH3 7BJ

Send response to
journal:
Re: Patient
Confidentiality

Professor Hodge, Hilary Butler and John Stone touch on probably the most alarming aspect of the already disturbing MMR debacle: The provision of the medical records of vulnerable children to a tabloid journalist.

Unless 'medical ethics' is a one-way street applicable only to Dr Wakefield and his colleagues there was apparently a monumental breach of ethics at the Royal Free Hospital. One assumes a criminal investigation was instigated (with full police involvement) by Dr Ari Zuckerman and Dr Michael Pegg (senior witnesses against Dr Wakefield) because anything less would be totally unacceptable to the British public and one hopes to the medical community.

In today's pervert laden Britain there have been far too many examples of slipshod attention by medical supremos to the safety of children. Perhaps Ari Zuckerman or Michael Pegg would be kind enough to enlighten us regarding what action was taken.

But what about Richard Horton, Lancet Editor, surely he knew earlier than anybody that the journalist had obtained confidential records. Why did he personally not actuate a police enquiry?

The list of doctors who knew but were content to do nothing is becoming endless.

It would appear that the destruction of Dr Andrew Wakefield et al was paramount. Ethics, integrity, rectitude and even common sense lost out in the race to destroy the careers of three fine physicians.

Competing interests: Grandfather to an autistic boy.

Re: Re: Patient Confidentiality

13 March 2010



Joan Campbell,
Teacher
G64 3EU

Send response to
journal:

Re: Re: Re: Patient
Confidentiality

I would also like to know how a journalist like Brian Deer is allowed to see children's medical records never mind having a list of the MMR/MR UK Group Litigation children whose legal aid was cruelly taken away.

I sent an open letter that was published in the Scottish Daily Mail to Tony Blair asking him did he give Leo his son the MMR and his secretary replied saying that the Prime Minister could not answer that question as Leo's medical files were confidential.

It is a crying shame the way children who were damaged by the MMR have never had their day in court. This is a total disgrace when the citizens of this country deserve the truth regarding the MMR vaccine and why it is harming hundred of thousands of our children.

Competing interests: Mum of MMR vaccine damaged son

MMR Toxicity Explained

14 March 2010



Michael D Innis,
NA
NA

Send response to
journal:

Re: MMR Toxicity
Explained

Editor,

Joan Campbell says, and I agree with her, "it is a crying shame the way children who were damaged by the MMR vaccine have never had their day in court. This is a total disgrace when the citizens of this country deserve the truth regarding the MMR vaccine and why it is harming hundred of thousands of our children".

The truth is it is harming the children because as Wakefield and his colleagues have shown, some ingredient in the vaccine causes methymalonic acidaemia followed by cobalamine deficiency and consequently neurological lesions in genetically susceptible children.

The government is blind to this and one way out of this dilemma it seems is for doctors to forgo the five pieces of silver and refuse to vaccinate children on the grounds that the oath they have sworn, "first do no harm" forbids such an action.

Alternatively, appeal to the International Court of Justice.

Michael Innis

Competing interests: I have warned my family to beware of all vaccines.

Response to Brian Deer's comment

23 March 2010



Isabella Thomas,
Parent
BA5 2FG Wells

Send response to
journal:

Re: Response to Brian
Deer's comment

Brian Deer had the names of the Lancet Children and dates they entered the Royal Free hospital on his web-sit for all to see long before the GMC hearing. His view was that some of us parent were in the media. The problem with that is that I did not tell the media that my boys were part of the Lancet study until Brian Deer let it be known. I have e-mailed him on numerous occasions asking him how he got hold of my children's medical notes without my permission. He has never interviewed me or my family and has not replied to this question. I believe Brian Deer got hold of confidential information on our children and want to know how this can happen. He told me in an e-mail that he managed to prise confidential documents from the Royal Free Hospital. This question below has not been answered by Brian Deer: Could Brian Deer also please let the BMJ know the means by which UK legislation allows free lance (or any other) journalists, to view original research files, and compare them with Royal Free (or any other hospital or private practice) medical files of children with full identities available, all test results available, without parental consent; the studies' authors consent; privacy restraints or hospital ethics committee approval?

Competing interests: Sons part of the Lancet study

The question of confidentiality in Brian Deer's reporting, Prof Greenhalgh and Dr Harris

23 March
2010



John Stone,
Contributing editor: Age of
Autism
London N22

Send response to
journal:

Re: The question of
confidentiality in Brian
Deer's reporting, Prof
Greenhalgh and Dr
Harris

The question of confidentiality has often arisen in Brian Deer's reporting of the Wakefield/Lancet affair. It arose implicitly in the allegations he made about the referral of patients (which seem to me to be of no account) at the outset of this affair but which involved the complicity of responsible parties, if only by their silence on the matter. It arose when Deer published names of patients on his website (links supplied), it arose last year when he made claims in the Sunday Times about the medical status of the children in the Lancet study, which were unverifiable from published documents [1] and it has also arisen from his apparent access to legal documents on which he reports, for instance as here (some might think the rancorous tone inappropriate for a professional journalist):

"Call me old fashioned, but I think JABS should know better than to invoke poor Mrs xxxxx saying - presumably out of ignorance - that "legal aid was mysteriously taken away". There was no mystery, as Jackie surely knows.

It followed the exchange of reports. In fact, having read them, I defy anyone with an IQ greater than their waist measurement to study those documents and not come to the conclusion that the Wakefield case was a bust. Even I was shocked - and I thought I was past that - by the calibre of much of the work. For the huge sums paid - in amounts I revealed last Christmas - the material for the children was, well, shocking."

This is a real question for the government and the medical profession, when the confidentiality of patient records are already a major political issue. It cannot be right - and this would be a striking example - for everyone to turn a blind eye because it was considered politically expedient (which is exactly why we need patient confidentiality). And it surely poses a particular problem to Prof Greenhalgh, who has contributed to Deer's site [3] and Dr Harris who accompanied Deer to the Lancet offices to make his accusations and subsequently led a House of Commons debate on the matter under the cloak of privilege [4]. People need to ponder this matter deeply, whatever their views on MMR and autism.

[1] Brian Deer, 'MMR doctor Andrew Wakefield fixed data on autism' Sunday Times, 8 February 2009 http://www.timesonline.co.uk/tol/life_and_style/health/article5683671.ece

[2] Brian Deer, 'The Cruelty of JABS', 3 June 2007, <http://web.archive.org/web/20070717061423/http://briandeer.com/wakefield/jabs-cruelty.htm>

[3] Professor Trisha Greenhalgh. Analysis of Wakefield MMR study asks why flaws weren't spotted by Lancet editors. April 2004. <http://briandeer.com/mmr/lancet-greenhalgh.htm>

[4] John Stone, 'Kafka Dreamt it II', 14 December 2004, BMJ Rapid Responses, <http://www.bmj.com/cgi/eletters/329/7477/1293#88915>

Competing interests: Autistic son