

Brave New World of Zero Risk:
Covert Strategy in British Science Policy

Martin J Walker

Slingshot Publications

September 2005

For Marxists and neo liberals alike it is technological advance that fuels economic development, and economic forces that shape society. Politics and culture are secondary phenomena, sometimes capable of retarding human progress; but in the last analysis they cannot prevail against advancing technology and growing productivity.

*John Gray*¹

The Bush government is certainly not the first to abuse science, but they have raised the stakes and injected ideology like no previous administration. The result is scientific advisory panels stacked with industry hacks, agencies ignoring credible panel recommendations and concerted efforts to undermine basic environmental and conservation biology science.

Tim Montague²

A professional and physician-based health care system which has grown beyond tolerable bounds is sickening for three reasons: it must produce clinical damages which outweigh its potential benefits; it cannot but obscure the political conditions which render society unhealthy; and it tends to expropriate the power of the individual to heal himself and to shape his or her environment.

*Ivan Illich*³

Groups of experts, academics, science lobbyists and supporters of industry, hiding behind a smoke screen of 'confidentiality' have no right to assume legislative powers for which they have no democratic mandate. The citizens and their elected representatives are ethically competent to democratically evaluate and shape their own future.

*Wilma Kobusch*⁴

¹ *The New Yorker*. Volume 52, Number 13 · August 11, 2005. John Gray, 'The World is Round'. A review of *The World Is Flat: A Brief History of the Twenty-first Century* by Thomas L. Friedman Farrar, Straus and Giroux.

² Tim Montague. 'Honest Science Under Siege: Conflicts of interest, "seeding results" and a broken monitoring system erode the public's trust'. Internews. July 22, 2005. Citing 'Scientific Integrity In Policymaking; Investigation Into The Bush Administration's Misuse Of Science' (Cambridge, Mass.: Union of Concerned Scientists, February 2004). And 'Scientific Integrity In Policymaking; Further Investigation' (Cambridge, Mass.: Union of Concerned Scientists, July 2004), both available at: http://www.ucsusa.org/global_environment/rsi/index.cfm

³ Ivan Illich, *Medical Nemesis: The expropriation of health*. Calder & Boyars, 1975

⁴ Founder member of the 1994 International Initiative Against The Planned Bio Ethics Convention with Erika Feyerabend, Jobst Paul and Ursel Fox

Because I believe that technological development is the last remaining historical force abroad in the world that could plausibly be described as potentially revolutionary, and because I believe that we might make of technological development our most tangible hope that humanity might truly and finally eliminate poverty, needless suffering, illiteracy, exploitation, inequality before the law, and social injustice for everyone on earth I am often mistaken for a **technophile**.

And because I believe that whenever technological development fails to be governed by legitimate democratic processes, whenever it is driven instead by parochial national, economic, or ideological interests, that it will almost always be a profoundly dangerous and often devastating force, exacerbating existing inequalities, facilitating exploitation, exaggerating legitimate discontent and thereby encouraging dangerous social instabilities, threatening unprecedented risks and inflicting unprecedented harms on individuals, societies, species, and the environment as a whole I am often mistaken for a **technophobe**.

*Dale Carrico*⁵

⁵ 7/01/2005 <http://cyborgdemocracy.net/2005/07/technoprogessivism-beyond.html#comments>

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Chapter Five

Dr Michael Fitzpatrick

Michael Fitzpatrick has played a leading role in expressing the views of the ex RCP Network in the area of science and health. He touches many of the organisations that the group has set up, such as Sense About Science, the Science Media Centre, *spiked*, and the Institute of Ideas (IOI), which is funded by chemical giant Pfizer.

A look at at Mike Fitzpatrick and some of his ideas gives us a virtual tour of the New RCP Network's mindset in the area of health. Other members of the group and their affiliations mentioned in this essay are listed in the footnote below.⁶

⁶ This list of names of ex-RCPers, which numbers 50 or so in its original version, appears on the Living Marxism (LM) profiles page of GM Watch. <http://www.gmwatch.org/profile1.asp?PrId=78> I have edited it, to include only those people who appear to be relevant or mentioned in this essay.

KEY IoI : Institute of Ideas. UKC: individuals known to have studied or taught at the University of Kent at Canterbury where Frank Furedi is based. CMC: Science Media Centre. SAS: Sense about Science. Living Marxism. LM. *spiked*.

Tracey Brown, Global Futures, LM, *spiked*, IoI, UKC. Martin Durkin, director of *Against Nature* (see page 50). Bill Durodié, Living Marxism, LM, *spiked*, IoI. Martin Earnshaw, Living Marxism, LM. John Fitzpatrick, Living Marxism, LM, *spiked*, IoI, IFM, UKC. Michael Fitzpatrick (aka Mike Freeman), Living Marxism, LM, *spiked*, IoI, Global Futures. Claire Fox (aka Claire Foster), Living Marxism, LM, IoI's director. Fiona Fox (aka Fiona Foster), IFM, Living Marxism, LM, IoI. Frank Furedi (aka Frank Richards), Living Marxism, LM, IoI, *spiked*, UKC. Ann Furedi (aka Ann Bradley, Ann Burton), Living Marxism, LM, *spiked*, IoI. Tony Gilland,

Dr Michael Fitzpatrick was in the Revolutionary Communist Group for most of his adult life. Like his comrades, until the mid-Nineties, he was seriously intent upon the working class turning Britain into a communist state based on the ideas of Leon Trotsky.

Dr Fitzpatrick is a General Practitioner in Hackney, London. He is a Trustee of *Sense About Science*,⁸ which is funded by a number of the major pharmaceutical and biotech companies. Sense About Science has shared its telephone number with Global Futures, of which Fitzpatrick has been a Trustee, and in which Sense about Science workers Tracey Brown and Ellen Raphael have also played a part. Global Futures is supported by, among other groups, the Association of British Pharmaceutical Industries (ABPI), Amersham Biosciences plc, GlaxoSmithKline, AstraZeneca plc and Pfizer plc. In the past, Fitzpatrick frequently contributed to *Living Marxism* and had a regular column in *LM*. Sometimes, as was the custom with the RCP cadre, his writing appeared under an alias.

LM, spiked, IoI. Chris Gilligan, spiked, IoI. John Gillott (aka John Gibson), *Living Marxism*, LM, spiked, IoI. James Heartfield (aka James Hughes), LM, spiked, Audacity (a campaigning company that advocates developing the man-made environment, free from the burden of 'sustainababble' and 'communitwaddle'). Mick Hume, editor of *Living Marxism*, LM and spiked. Eve Kaye (aka Eve Anderson), LM, assistant producer, *Against Nature*, married to James Heartfield. Pandora Kaye, sister of Eve Tiffany Jenkins, LM, IoI, spiked. Ellen Raphael, LM, IoI, Global Futures, UKC. Juliet Tizzard, LM, spiked, IoI, Novo

GM WATCH's investigative work is undertaken by a loose alliance of independent researchers co-ordinated by its founder, Jonathan Matthews. The standard of the writing and research on the GM Watch site is very high.

⁷ Showing their professional commitment to the poor and the working class, a number of physician members of the Socialist Workers Party, Trotskyite and other aligned groups, went to work in the East End of London in the 1970s and 1980s. The most impressive of these individuals was David Widgery, who had been involved in left politics since the upheavals of 1968. At the time of his accidental death in 1992, Widgery was working at a practice in Limehouse, and writing about it and his patients, most of whom were under siege from the massive docklands development underway at the time. See the Bob Light obituary at <http://www.dkrenton.co.uk/light.html>

⁸ All the following groups are analysed briefly in the next section of the essay.

Fitzpatrick makes regularly contributions to *spiked*, which is supported by Hill and Knowlton, which handles the accounts of a number of pharmaceutical companies, including the three main vaccine producers. Fitzpatrick has spoken at events organised by both *spiked* and the Pfizer-funded IoI. He was a member of the *Joint Forum of the Social Issues Research Centre*⁹, and of the *Royal Institution*, which drew up the *Guidelines on Science and Health*. The Social Issues Research Centre is indirectly funded by PR company clients, including pharmaceutical companies, and by a number of the major food and drink companies.

As a physician, Fitzpatrick has been outspoken in two medical matters in recent years, both of which involve the interests of pharmaceutical companies as well as those of the public. These are the campaign supporting ME as a psychiatric illness, and the campaign in support of the government-backed MMR vaccine. Despite having a much thicker veneer of intellectual plausibility than his predecessors in HealthWatch, Fitzpatrick's writing is a boilerplate version of most Quackbusters material. The pharmaceutical companies have now had 20 years, since the setting up of the American National Council Against Health Fraud in 1985, to 'refine' their 'philosophy' and arguments about prescription drugs, undiagnosed illnesses and alternative medicine.

Dr Fitzpatrick And MMR

The issues involved in MMR are relatively straightforward. Increasingly, the government has been working with vaccine manufacturers to plan and produce vaccines. The New Labour

⁹ Other members of the Forum included Professor Sir John Krebs FRS, the chairman of the Food Standards Agency; Lord Dick Taverne QC, founder of sense About Science the co-directors of The Social Issues Research Centre and the Baroness Susan Greenfield, Director of The Royal Institution.

government has agreed the premise that an increased number of combined and genetically modified (GM) vaccines will be produced in the coming years. These combined vaccines, the pharmaceutical companies argue will rid society of most known diseases.¹⁰ They will, as well create a bridge between the old and ailing chemical drugs industry, and the future, expanding, biotech, person-altering products industry.

There is a well recorded history of adverse reactions to many different kinds of vaccination. There is, too, a deep-seated moral and political argument, which has ranged back and forth through society over the past century-and-a-half, about the right of the State to enforce medication on citizens.

MMR was introduced in 1988; it replaced single vaccines for these illnesses. Andrew Wakefield, a research gastroenterologist, had been throughout the late Eighties and early Nineties a 'golden boy' of medical research. The pharmaceutical companies showered funding on him as he gradually uncovered a new and fundamental mechanism of Crohn's disease, of Crohn's disease, one that was strongly suggestive of an infectious cause. In 1995 Wakefield and his colleagues, published the first of a series of papers relating Inflammatory Bowel Disorders (IBD) to an infectious cause - measles virus. This culminated in 2002 with the molecular identification of measles virus in the bowels of children with a novel form of inflammatory bowel disease and a regressive autism. In a published presentation by colleagues at Trinity College Dublin this was subsequently identified as being of vaccine strain.

The possible causative effect of measles virus in IBD was also researched in Japan, where peer reviewed papers were published, that potential linked measles virus to IBD. During the same period, the Japanese Government withdrew MMR after a significant

¹⁰ Op cit. Walker, The Ghost Lobby.

number of adverse reactions. and paid out compensation to damaged children. In Sweden, researchers at the Karolinska Institute had also observed a connection between the virus and Crohn's disease

These observations, and where they led Wakefield's scientific investigations were to prove highly unpopular with his funders, and with some of the academic medical hierarchy at the Royal Free Medical School, where he did his research. In 1992 Wakefield wrote to the Department of Health, giving his findings with respect to a potential link between IBD, including Crohn's disease, and the measles virus. He asked for a meeting and argued his case for further research. In 1993, when Wakefield heard that there was to be a renewed re-vaccination programme in 1994, he again wrote to Dr. David Salisbury Principal medical Officer for communicable diseases and immunisation, and other concerned individuals at the DoH. Again he drew the Department's attention, especially to the work of Dr Anders Ekblom in Sweden.

Although his letters to the DoH were met with bland reassurances, and the re-vaccination programme went ahead, the then chief medical officer, Dr Kenneth Calman¹¹ (See Part Five), did grant Wakefield a meeting in 1995, three years after he had first asked. At the meeting, Wakefield made a case for government-funded research, and for a proper review by a meeting of the Medical Research Committee (MRC) of his and the other scientific research. It would be *another* three years before the MRC meeting

¹¹ Calman was the person who first instigated the CMO's Inquiry into ME and CFS, which ultimately, being part-funded by one of the Lord Sainsbury's charities, awarded even more research funding to the psychiatric lobby without conceding a penny to research into the organic causes of the illness. Calman was rewarded for his work as Chief Medical Officer by both the pharmaceutical companies and David Sainsbury's Office of Science and Technology, with a position alongside two major vaccine company executives, on the pharmaceutical industry funded Advisory Committee (Ghost Lobby) to Associate Parliamentary Health Group, and with a position on the Chemistry Leadership Council.

was organised, and then it did not conduct an independent review. As for the research funding, this was never considered.

A second meeting took place in September 1997, between the research team and the solicitor acting for the 12 children among others, Tessa Jowell and Kenneth Calman. The discussion focused on the developmental pattern of 1,200 children whose parents the solicitor represented, and another 500 cases, which the vaccine concern group JABS brought to the meeting. An agreement was reached, that Calman and Wakefield would co-operatively draw up the names for an international forum, which would review the papers on MMR, IBD and autism. 'Co-operation' was not, however, to be the name of the game.

In February 1998, *The Lancet* published a study authored by Dr Wakefield and 12 other researchers, which looked at 12 children¹² who had attended the Royal Free Hospital during 1996-1997, with digestive problems and degrees of autism. After a series of clinical tests and observations in 1997, the research team had concluded that all of the children had developed normally, then had lost acquired skills and had developed severe stomach pains and diarrhoea. But perhaps the most serious finding was that 11 of the 12 had inflammation of the colon, while seven of them had swollen lymph glands in the intestine. The researchers had also found virus protein from measles. Again, concerned by what they had found, the team had asked to meet with Tessa Jowell, then New Labour's Junior Health Minister.

When the *Lancet* piece appeared, it put forward the suggestion that what the researchers had found was a new disease process, which they named 'autistic enterocolitis'. The paper

¹² Wakefield AJ, Murch SH, Anthony A, Linnell J, Casson DM, Malik M, Berelowitz M, Dhillon AP, Thompson MA, Harvey P, Valentine A, Davies SE, Walker-Smith JA. Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *The Lancet* 1998; 351: 637-641.

considered the onset of the illness in the children and, noting its proximity to MMR vaccination, called for further research into the new syndrome and the vaccine.¹³

At a press conference called to coincide with publication of the paper, Wakefield was asked what he would do about the MMR vaccination. He suggested that it might be better to offer three separate single vaccines until further research had been carried out.

In March 1998, apparently spurred on by Wakefield's *Lancet* cases, the MRC finally organised the review meeting for which Wakefield had asked three years previously. It took the form of a one-day seminar, and involved 37 experts, all chosen by the government. After a nine-hour discussion – with Wakefield and an epidemiologist colleague, Dr Scott Montgomery, being the only ones present to report favourably on their research – the meeting dismissed out of hand the suggestion that MMR might be related to autism or that any further research was needed.

Dr Wakefield's work at the Royal Free Medical School, threw into a panic, the government and the vaccine manufacturers together with those pressing for the uninterrupted progress of genetically modified vaccines and other GM pharmaceuticals. Their crisis management of Wakefield's research had been devastatingly bad, organised to engender hysteria about falling immunisation, rather than demonstrate a confident conclusion about the science while backing an honest need for further research.

Over the second half of the Nineteen Nineties, Dr Wakefield's life and work began to fall apart. Articles appeared about him, questioning his character and his science; his phones were tapped, and he suspects that his mail was opened. His funding from

¹³ Heather Mills. MMR Measles, Mumps, Rubella The Story So Far: A comprehensive review of the MMR vaccination/autism controversy. May 2002. *Private Eye*.

pharmaceutical companies dried up, and, in 2001, he was asked to leave the Royal Free. Unable to raise any more funding, and concerned about his own safety and that of his family, he was forced to begin commuting to North America, where his research has continued in a more open environment.¹⁴

In 2002, a part of the BMJ publishing group, *Clinical Evidence* published a government-organised review study of MMR and autism.¹⁵ A study review - not original research - which, inevitably, because there was little comparative research, found not even a suspicion of any link between MMR and IBD or any similar condition. The publication of this paper was accompanied by a press release from the Science Media Centre (See Part Four). Included in this under the guise of 'a London GP and father of an autistic child' - rather than a member of the Science and Media Centre well known for his anti-Wakefield stance - were these views of Dr Fitzpatrick.

The Clinical Evidence survey is yet another authoritative review which confirms that there is no scientific basis for *scaremongering* accounts linking MMR to autism and bowel disease. It is time that Dr Andrew Wakefield and his supporters either came up with evidence to substantiate their claims or publicly repudiated allegations against MMR that have caused great anxieties among families with autistic children as well as reducing the uptake of MMR.

Of course, Dr Wakefield *had* come up with evidence linking measles vaccine to IBD, and had requested research money from the government to pursue the meaning of this in relation to autism. It is interesting that Fitzpatrick plays the 'anxiety of families with autistic children' card. Not only pandering to irrationality (we

¹⁴ In July 2005, Wakefield et al published their latest peer reviewed work. The significance of ileo-colonic lymphoid nodular hyperplasia in children with autistic spectrum disorder AJ Wakefield, P Ashwood, K Limb, A Anthony, European Journal of Gastroenterology July 2005

¹⁵ Donald A, Muthu V. MMR links with autism and inflammatory bowel disease. *Clinical Evidence* 2002;7:331-340.

surely don't give up on the science because it might upset people?), but it is completely illogical.

Perhaps Fitzpatrick had done some research into the matter, and had found at least 2,000 anxious parents of autistic children, to compare with those who willingly supported Dr Wakefield's research in the hope that it would uncover treatments for their children's condition and so relieve them of their terrible anxiety.

In February 2004, the *Sunday Times* splashed across its front page, an article, 'MMR Research Scandal', by Brian Deer.¹⁶ This apparently independent article discussed Wakefield's research, focusing almost wholly on the *Lancet* paper of six years before.

Deer presented the case against Wakefield in sensational terms, as if Wakefield were a quack or a charlatan, and as if, he, Deer, had just discovered, astoundingly, that Wakefield's research was biased, unethical and untrustworthy. It accused Wakefield of failing to disclose that legal aid money – to be used in a civil action against the vaccine manufacturers – had been used to fund the research into the twelve children. Deer followed his *Sunday Times* article with a *Dispatches* programme¹⁷ in November 2004.

The Government's position on MMR, following Blair's dissembling over his own son's vaccination, strengthened around Deer's article and the evident decision once and for all to finish Wakefield's career as a doctor. On the morning of Thursday, March 4, 2004, just a week after the article, the official spokesman for the Prime Minister gave a statement that exactly reflected the views of the Dr Fitzpatrick, Sense About Science and the Science Media Centre.

¹⁶ Brian Deer, MMR Research Scandal. *The Sunday Times* (London) February 22, 2004.

¹⁷ MMR: *What they didn't tell you* - Channel 4 Television, *Dispatches*, November 18 2004.

Asked if the issue of MMR had been raised in Cabinet this morning, the prime Minister's Official Spokesman (PMOS) said only in the context of a discussion on GM issues in which the importance of the *primacy of science* had been underlined. Asked to explain the 'primacy of science' argument, the PMOS said that in relation to MMR, for example, it was clear that on one side of the scales stood a vast body of scientific opinion which stated that the vaccine was safe. On the other side, however, stood one research report - about which we now knew even more - which claimed otherwise. The important thing was not to assume an immediate equivalence between two differing points of view when that was not borne out by the overall weight of opinion.¹⁸

If the statement itself is far from transparent, its disingenuous nature surely is. In fact the statement is a downright lie, worthy of the worst and most corrupt State machines. To say that only one 'research report' (or scientific paper) stood against a vast body of scientific opinion was a patent dishonesty. The British government knew this statement to be untrue, because even if they were incapable of drawing on the papers themselves, Dr Wakefield had told them about a growing body of scientific work, from Harvard and elsewhere, roughly corresponding to his own. As well, one would have hoped that the British government knew about the research carried out by the Japanese government, or maybe that was *bad Japanese science*.

Six months after the *Sunday Times* article appeared, and a month before the television programme, apparently with the connivance of the New Labour Minister for Health, the General Medical Council (GMC) served notice on Dr Wakefield. He was to appear before the Council's Preliminary Proceedings Committee (PPC), a necessary step before possibly being brought before the Professional Conduct Committee.

¹⁸ Downing Street, no not the Soap, the cabinet web site.
<http://66.102.9.104/search?q=cache:w6JGDAAlxIYJ:www.downingstreetsays.org/archives/000300.html+GM+MMR&hl=en&ie=UTF-8>

From the onset of the attack upon Wakefield, his character, his competence and his ethics have been in the forefront of the campaign. There has been a wide range of articles, television programmes and internet texts claiming that Wakefield is a 'maverick' and a quack. There have, however, been no independent scientific studies using the same protocols as he and his colleagues used, which have come to contrary conclusions.

Dr Michael Fitzpatrick, and the organisations inhabited by his Liberal mate, Lord Dick Taverne, have been most outspoken in the criticisms of Dr Wakefield. They have lent considerable support to the government, the NHS and the ABPI over the issue. Never once have vested or conflicting interests been made clear.

Fitzpatrick was fortunate to receive a contract from Oxford University Press for a book on MMR entitled *MMR and Autism*.¹⁹ The book, which pursues the government and pharmaceutical side of the debate against Dr Wakefield, was lavishly praised by Brent Taylor, Professor of Community Child Health at the Royal Free and University College Medical School and the person primarily responsible for asking Wakefield to leave. 'Every health worker parent, politician and journalist concerned with these issues must read this brilliant book,' proclaimed Taylor.²⁰

The book is typical of the work of an ex-Revolutionary Communist Party member and corporate publicist. It talks science but never brings any to the table to be discussed. It regurgitates the corporate view in a sickeningly weak, visceral liquid of pharmaceutical marketing leftovers. Even the introductory blurb is gibberish, which somehow contrives to suggest that the medical

¹⁹ I say fortunate because Oxford University Press is a prestigious publishers and as Fitzpatrick has no special qualifications to write about vaccination, one wonders why he was given the contract and of course, as many of the groups he now works with are funded by pharmaceutical companies, how, and how much, he was paid. Or is this being too conspiratorial?

²⁰ Quoted on Amazon April 2005

world has a monopoly on science and sense, while the 'public world' - a lesser world - has been subverted by irrationality.

The MMR controversy has been characterised by two one-sided discourses. In the medical world, the weight of opinion is overwhelmingly in favour of MMR. In the public world, the anti-MMR campaign has a much greater influence, centred on the fears of parents that the triple vaccine may cause autism in their children.

In order for this paragraph to make any sense at all, we would have to know what the medical world is, in this context. Is it GPs, specialist paediatricians or, for example, medical ex-members of the Revolutionary Communist Party? Then we would have to know how large a group of parents had failed to get their children vaccinated specifically because they were afraid that MMR might induce autism in their children.

In the eyes of any rational person, the great majority of general practitioners who agree with MMR vaccination, probably match the great majority of British parents who have agreed to have their children vaccinated with MMR. Far from there being 'two one-sided discourses', there is actually one main establishment and orthodox medical discourse, and one minority or dissident view about MMR. An 'anti-MMR campaign' is a figment of Fitzpatrick's imagination

Paul O'Neill, the father of an autistic child, wrote a review of Fitzpatrick's book on the internet, under the heading' *What is Fitzpatrick's agenda?*²¹

Fitzpatrick makes bold statements claiming Wakefield is totally discredited but as usual only focuses on the 1998 paper while declining to mention or discuss the research work by Buie (Harvard), Krigsman (NY) and others who have completely replicated Wakefield's research and in fact taken it much further. He also fails to mention that vaccine

²¹ August 7, 2004 reviewing the book on Amazon.

strain measles has been found in the GI tracts of many of this sub-set of autistic children and more recently published research by Bradstreet *et al* has found vaccine strain measles RNA in the cerebral spinal fluid.

What I fail to understand is why people like Dr. Fitzpatrick want to stand in the way of such researchers who at best will prove a causal link and ultimately a cure, or at worst waste a lot of their own time and reputation.

One last comment to Dr. Fitzpatrick - just because the UK Govt has its head stuck in the sand (or coffer of the Pharmaceutical companies) does not mean their position is correct. During your prolonged commentary on Govt opinion it would have been more balanced to have mentioned that the Japanese Govt withdrew MMR in 1992 because of safety concerns and then paid compensation to more than 1,000 children damaged by the vaccine.

While the pro-science lobby detractors of Dr Wakefield have essentially failed to follow their own remit of transparent reporting of scientific trials and the replication of research work, a number of those commentators who have seen the configuration of vested interests have produced excellent journalism.

One of the best pieces which tried to present a clear narrative explaining the way in which the pharmaceutical companies were orchestrating the evidence against Wakefield was 'MMR RIP' by Robert Sandell.²² This appeared in the Sunday Times Magazine of December 2003, at which time, we must suppose, Brian Deer had his head down, working on his expose of Dr Andrew Wakefield's ethics, so that Sandell's rigorous investigations passed him by and gave him no pause.

Sandell's story followed parents and autistic children involved in the action for damages against three pharmaceutical companies, across Europe and to North America, in their search for biophysical tests, the results of which would, they hoped, add to their evidence.

²² Robert Sandell. MMR RIP? *The Sunday Times Magazine*, December 14, 2003. London.

Pharmaceutical company lawyers in a parallel caravan blocked their access to tests at every pit stop.

At a later date Robert Sandell attended a conference organised by the American research group Defeat Autism Now! (DAN!). Having flown back to England, Sandall attended quite a different kind of meeting in London. Describing the energy and openness of the DAN meeting, Sandell reported one of the last presentations by Rick Rollens, formerly secretary to the California state senate. Despite being clearly biased, said Sandell, at least the presentation 'dealt in what looked like hard facts'. He then reported on the London meeting.

Shortly after returning from DAN!, I attended a public seminar in London that addressed the MMR/autism issue in ostrich-like fashion. It was hosted by the PR company Hill & Knowlton, whose clients includes the three drug companies that manufacture the triple vaccine, and it was introduced by an online magazine, *spiked*, one of whose columnists, the east London GP Michael Fitzpatrick, led the discussion. The audience was chiefly composed of health professionals, DoH representatives and media types. Two things stood out.

One was the meeting's concern that anxieties about MMR had been hyped by our old enemy the media. The other was its refusal to address the evidence that aroused public distrust in the first place. For these people, immunisation was an incontrovertible religious doctrine. Fitzpatrick rubbished the work of Wakefield, whose research papers currently outnumber his own by 128 to 0, as a superstition on a par with astrology. When somebody mentioned the divergence of scientific opinion, Professor Brent Taylor interrupted, again announcing that 'the scientific debate is over'.

Dr Fitzpatrick and ME

If the public is misinformed about the interests involved in the battle around MMR, they are even more confused about myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS). Having been assured in the late Eighties and early Nineties that

they should castigate and ridicule those with 'Yuppie flu', they have more recently been informed that ME/CFS is indeed 'a real illness'. In fact, no one had ever said that it was not a 'real' illness, only that it was a real illness that had its roots in the mind, rather than a 'real' *physical* illness.²³

Semantics play a considerable role, as they often have in covert operations, in the struggle of powerful vested interests to stop ME becoming a diagnosed physical illness. The fact that the argument could still be carried by psychiatrists, despite the fact that the World Health Organisation has for many years defined ME as a neurological – that is, physical condition originating in the tissue of the brain – is testimony to the power of these semantics.

ME was an illness of some proportion, which appeared to develop following certain viruses or after contact with chemicals. A number of outbreaks of the illness had been observed since the second world war in different countries. In the Seventies and Eighties, it appeared that it was on the increase. There was no pharmacological treatment for ME.

Up until the late 1980s, there existed a specific disease entity, which had been called, for want of a better title, myalgic encephalomyelitis (ME). In the United States, in 1988, following an outbreak of ME on the shores of Lake Tahoe²⁴ (coincidentally the year that the Campaign Against Health Fraud was set up in England) an 18-strong panel of medical scientists and clinicians formulated a new case definition - the Holmes definition - and a new name for the illness: chronic fatigue syndrome (CFS). Two of the most experienced clinical members of the panel refused to sign a final document, and withdrew from the panel because the

²³ Op cit, *SKEWED*, Walker.

²⁴ See. Hillary Johnson, *Osler's Web, Inside the Labyrinth of the Chronic Fatigue Syndrome Epidemic*, Crown Publishers Inc. (Random House), New York. 1996.

proposed definition and new name were too different from the historical cases of ME with which they were familiar.

Three years later, in 1991, at a self-appointed meeting in Oxford, a group of mainly 'Wessely school' supporters adopted the new US definition for use in Britain. Two of this group, Wessely himself and Dr David Pearson, were leading members of the Campaign Against Health Fraud (CAHF), which propagandised against ME and all kinds of environmental illness. The British definition was adapted slightly, to define the new chronic fatigue syndrome as a psychiatric illness of which ongoing fatigue was a prominent symptom. In 1994, the US CDC produced a revised case definition - known as the Fukuda criteria - which emphasised unequivocally that there need be no physical signs present. 'We dropped all physical signs from our inclusion criteria [and] we agreed that multiple symptoms criteria increased the restrictiveness of the 1988 definition'²⁵. Wessely and one of his colleagues, Dr Michael Sharpe, were both advisors to the National Institutes of Health in drawing up this definition.

In the 1980s, things began to happen, beyond the medical world of case definitions, which pointed to an organised campaign by doctors, science organisations and media pundits, downgrading ME as a specific disease entity and recasting it as a popular urban myth, generated by neurotic victims of mental illness or people hyping their illness in order to claim sympathy, insurance payouts or benefits. It was then, and is now, difficult to analyse which individuals and organisation were behind this determination to liquidate ME. Some people have, however, firmly embraced the idea that those with the most to lose in the perpetuation of the

²⁵ The Chronic Fatigue Syndrome: A comprehensive approach to its definition and study. Keiji Fukuda et al. *Ann Intern med* 1994; 121; 953-959.

classification of ME as an organic illness are the insurance and chemical companies.²⁶

Gradually, throughout the Eighties and Nineties, battle lines became distinct. On the one side are thousands of sufferers and carers, together with their advocate organisations.²⁷ On the other is a small handful of doctors and psychiatrists, who, by lobbying, entry into important committees and authorship of countless papers, officially control the view that the only thing wrong with people who claim to have ME is that they 'think they have an illness called ME'.

One of the interesting things about Professor Wessely and his campaign to enlarge the population of the mentally ill in Britain, is that he probably would have more easily got away with it had he stuck to ME.²⁸

Professor Wessely, however, did not stick to ME. Eschewing all possibilities of epidemiological studies, he turned his psychiatric gaze to those who had been in the first Gulf War and later fell sick he observed the cognitive behaviour and illness presentation of people who used mobile phones, and reassured the public that these, too, produced 'false illness' beliefs. Finally, as if no alchemical challenge was too great, he even hinted that the tragedy of widescale chemical poisoning in Camelford, Cornwall, could actually have been a hysterical outburst related but only partially to the 20 tonnes of chemicals tipped into the wrong tank and the

²⁶ The cost of the illness to the state and other organisations is estimated at 4 billion pounds.

²⁷ Estimates of numbers of people with ME in Britain, suggest between 400 and 500,000, 3 to 2 in favour of adults.

²⁸ Even this has been inflated by the psychiatric lobby, who not only claim that the illness comes as a consequence of the depression but also depression is very high in those with ME. In fact, a number of studies not carried out by psychiatrists have shown that the percentage of clinically depressed individuals with ME is the same as, if not lower than, that of the general population.

water supply by a water authority worker (See Part Four for Wessely's latest 'every UK public health illness' challenge)

Inevitably, the beliefs of even the most sceptical begin to flag when apparently knowledgeable experts decide irrationally that large percentages of the common people are prone to undiagnosed psychiatric conditions. Most interesting, however, as this battle has heated up, are the implied demands behind the arguments of the two sides. Sufferers and helpers are asking for just two things: recognition of scientific research that evidences the fact that ME is a neurological illness, and consequent continued scientific research into its biological causes.

The demands of those in the psychiatric camp are equally simple: that patients should not be given bio-medical tests when they report with the symptoms of ME, that there should be no further scientific research into ME as a physical illness, and that a varied selection of failed psychiatric 'treatments' should be imposed on those reporting ME.²⁹ For adults and some children, these 'treatments' involve anti-depressant drugs, graded exercise therapy (GET), and cognitive behavioural therapy (CBT), which involves trying to disabuse the patient of their 'false illness beliefs'.

After a great deal of time, wallowing in the Liberal shallows, while patients advocacy groups were increasingly infiltrated by pharmaceutical companies and Quackbusters, those who demand more scientific enquiry have formed a serious opposition to the psychiatric lobby.³⁰

²⁹ These 'treatments', for children, have involved physical challenges, designed to force the child to respond; such as throwing paralysed children into water.

³⁰ See Part Four of this essay. The leading organisation in this increasingly vociferous political opposition in the One Click Group, which now comes under attack almost weekly.

In 2002, the chief medical officer, Sir Liam Donaldson, reported on the four-year deliberations of the CFS/ME working group. For the first time, there had been lay representation on some panels of the Inquiry, and it was hoped by many sufferers that this would mean that they and their carers would get both recognition of ME as a physical illness, and government money for scientific research into the biological basis of the illness.³¹

As it was, the psychiatric lobby managed to control some aspects of the committee's work, and those aspects that they did not manage to control, they influenced at the post-recommendation stage. The CMO's Report concluded that ME was a 'real' illness – of course, no one had ever argued about this in the first place – and suggested that the MRC should be funded for a research programme into ME. Although some sufferers drew scant comfort from finding out that they had 'a real illness', no one held their breath about research funding. In fact, with indecent haste, money was turned over to the MRC, and then to Wesselyites to research cognitive behavioral therapy and graded exercise therapy.

Some physicians reacted to the Report as if it had suggested that psychiatrists should be banned from dealing with ME and CFS patients – not a wholly unreasonable idea. In *The Guardian*, a paper frequently poor in its analysis of medical issues involving pharmaceutical or professional medical interests, Mike Fitzpatrick wrote a plaintive, almost whining piece of rhetorical propaganda, meant to make you weep for doctors bullied into diagnoses with which they did not agree, by ignorant, if not mentally disturbed, patients.³²

³¹ Op cit, Walker. SKEWED

³² The following paragraphs are reproduced from SKEWED with some editing.

This article which had first appeared in *spiked*, ran in the Guardian with a sub head proclaiming that the 'medical profession's latest ruling on ME (or chronic fatigue syndrome) is nothing short of disastrous.'

The problem was, of course, that the latest ruling was almost identical to the medical profession's old 'ruling', hinging on the perception that ME originated in the mind, which appeared to have been compromised a tad by the introduction of patients and patients groups. However, it was the fact that lay sufferers, patients and their representatives, had been involved in the CMO's Report, which apparently infuriated Dr Fitzpatrick. This idea flew directly in the face of all the principles of ex- RCPers, that on no account should the public be involved in any debate about medicine and science.

Fitzpatrick, no different from the worst of old-school physicians, quoted the chief executive of Action for ME, who had suggested that patients might now use the CMO Report in arguing with GPs if they insisted that they were imagining their illnesses. That patients might bring this kind of evidence to bear on GPs, and even in the final recourse report GPs who failed to acknowledge the illness, Fitzpatrick found disturbing. In the usual manner of the psychiatric lobby, he turned the world on its head: to act in this way would be, he said, to use a 'dogmatic and authoritarian approach'.

In a following soliloquy about the labels ME and CFS, Fitzpatrick places himself clearly in the psychiatric camp and makes some alarming statements. In his surgery, he says, ME is always a self-diagnosis:

Somebody comes in, sits down and says: 'I think I've got ME, doc.'

This is what we in general practice call a 'heartsink' encounter. Once a patient has accepted the ME label, it

seems to become a self-fulfilling prophecy, and it is very difficult to deflect them from a course of prolonged incapacity, with all its adverse consequences.'

Fitzpatrick's assertion that everyone who comes to his surgery and ponders whether or not they might have ME is actually seeking acquiescence in a course of prolonged, and presumably undeserved, 'incapacity', is simply a re-run of the ME-patient-as-malingerer story. Would he, one wonders, take the same cynical approach to a patient who turned up at his surgery to tell him, 'I think I might have a cold coming on because, I've got a sore throat'?

Fitzpatrick then goes on to repeat another old chestnut, in defiance of all the research, describing nearly all patients who suggest that they might have ME as 'young, female and middle class; teachers, nurses, social workers'. He follows this statement with a less comprehensible but no less questionable one: 'In more recent years, ME has appeared in the children of the above, and, unlike wealth, it has shown a tendency to trickle down into less affluent sections of society.' Does this mean that, while working-class adults do not get ME, their children have begun to claim to have it? One wonders what Fitzpatrick is insinuating, and what he tells these children and their parents when they attend his surgery.

Dr Fitzpatrick accuses the Report, and by implication patients who insist that they have organic illnesses, of setting medicine back 300 years. This is the time, he says, that it has taken medicine to piece together the philosophy that illnesses are a delicate conjunction of mind and body. In other words, people who believe that ME is an organic, biomedical illness and demand further scientific research, are forcing medicine back into the dark ages! Others might argue that to refuse research into an illness, and to describe it, without material evidence or even a theoretical model, as a psychiatric condition, is the incantation of a profession trying hard to disguise its ignorance.

But perhaps Fitzpatrick adopts a similar routine in relation to those who come to his surgery with broken limbs: 'The cause of this break in your leg,' he might say, 'is clearly a conjunction of your cognitive perception and the concrete block that dropped on you at work. Before we even think about x-rays or anything like that, I think you should go and see the cognitive behavioral therapist and as well take some mind- altering drugs. I want you to think really seriously about how you would feel if you didn't have a broken leg.'

Unfortunately, Dr. Fitzpatrick doesn't stop with his accusation of mediaevalism; he berates those who believe in an organic aetiology of ME and CFS for 'endorsing the stigmatisation of mental illness'. Again with the most perverse logic, he argues that if you say ME and CFS have an organic or biomedical aetiology, you are in fact arguing that the illness has no psychological dimension, and denying mental illness its proper place in culture and medicine. You could only be doing this because you believe that admitting to a psychological dimension to any illness stigmatises the sufferer. Clearly, it is much better for everyone concerned if patients just admit to mental incapacity, take their anti-depressants and go along to be re-educated at a cognitive behavioral therapy centre.

As if all this weren't enough, Dr Fitzpatrick throws together all the usual suspects in presenting his picture of contemporary mentally-ill patients:

Others complaining of symptoms for which no cause can be found are offered labels such as 'irritable bowel syndrome,' 'repetitive strain injury,' 'fibromyalgia', 'food allergy' or even 'multiple chemical sensitivity.' The new diagnostic labels are descriptive rather than explanatory. Far from opening up the prospect of treatment, they merely confirm the hopelessness of the sufferer.

How many doctors share Dr Fitzpatrick's opinion - hopefully only as many as shared his view that there would be a Trotskyite revolution in Britain - it is impossible to know. Dr Fitzpatrick's views must be seen, at best, as ideological, and at the worst as utterly irrational.

And Alternative Medicine

In *Put alternative medicine back in its box: In the battle against disease, reason is the best weapon we've got*,³³ Michael Fitzpatrick glances briefly and irrationally at alternative medicine.³⁴ Like all good quackbusters, whose speeches are informed if not written for them by the ABPI, Fitzpatrick doesn't actually focus on any particular therapeutic practice, but skitters all over the whole grand subject, making irrelevant asides.

He begins by extolling the intellectual and rationalist virtues of the dead journalist, John Diamond. Why Quackbusters and others sing the praises of John Diamond, I'll never know. His main claim to recognition, aside from his marriage to a domestic goddess, is that he died, horribly, painfully, from cancer, without a tongue, unable to speak, unable to eat, while in print proclaiming personal prejudices against unspecified treatments of which he was completely ignorant.

Michael Fitzpatrick says of him, 'Though four years of surgery and radiotherapy robbed him of his voice and much else, he remained to the end an implacable enemy of alternative medicine'. And however long you hold your breath you will never read the rest of the sentence which explains why this perverse dogmatism should be applauded.

³³ If I didn't know better I would swear that this was a Maoist slogan.

³⁴ Dr Michael Fitzpatrick. *Put alternative medicine back in its box:: In the battle against disease, reason is the best weapon we've got*. 26 June 2002spiked-health

Let's face it, who cares a monkey's about John Diamond's assessment of alternative medicine. Are we supposed to think that the importance of his views was enhanced because he recorded them while he was dying of cancer from which allopathy could give him no respite? By what distorted logic does this make him an expert of alternative medicine?³⁵

Fitzpatrick expects us to immediately comprehend the wisdom of Diamond's philosophy, simply because he has died of cancer. On this basis, we should ensure as a matter of national record that all dying motor mechanics make clear their views on brain surgery, all dying confectioners reveal their thoughts on the collapse of Communism, and nuclear scientists leave to posterity their dying views on dress-making – perhaps we could enter such views into learned journals.

Still, this speciousness is like much else that drug-company-patronised quackbusters spout about alternative medicine. Far from the rationalism and reason that they claim to espouse, Diamond's comments on alternative medicine are simply non-sequiturs. Why do people apparently in favour of rationality have to call upon the bitter, pain-infused, subjective invective of a dying hack to prove their case?

Having lionised the dead Diamond, Fitzpatrick then dismisses as irrational, the eloquent, erudite Michael Gearin Tosh,³⁶ who was diagnosed with 'terminal' myeloma in 1994, and, embracing alternative therapies and a holistic approach, survived

³⁵ Journalist John Diamond, died in 2001 of cancer of the tongue at the age of 47. *C: Because Cowards Get Cancer Too*, John Diamond, Vermilion, 1999.

³⁶ Michael Gearin-Tosh, *Living Proof: A medical mutiny*. Scribner, London, 2002. Michael Gearin-Tosh who died on August 3rd 2005, wrote the book *Living Proof*, about his self-treatment of his bone marrow cancer, mainly with Gerson therapy.

and thrived until his death 11 years later, from unrelated causes. From this absurdity (Gearin-Tosh was in the pink of health when Fitzpatrick so characterised him), Fitzpatrick moves on to a political analysis of mystical treatments that have passed on from ancient and recent ruling elites to disillusioned radicals of the post-industrial era. He takes a good page to propound a solidly Marxist analysis of alternative medicine, and while it appears to make sense at first reading, when you analyse it, it's the usual bunk.

In the 20th century, upper-class reactionaries and their followers provided the natural base for conservationist and environmentalist causes. They also patronised mystical cults such as theosophy and alternative healing systems such as homeopathy.

This doesn't actually apply to acupuncture or cancer treatments such as Gerson therapy, or for that matter to ideas about nutritional medicine, but for the sake of argument, let's waive these errors of fact.

There is clearly a good reason why, in the modern world, only the rich were able to use homeopathy. Once doctors formed professional associations in the middle of the 19th century, they refused to adopt the spirit of rational enquiry on which Fitzpatrick is so keen, and threw out from their number anyone who practised certain forms of medicine.

Inevitably, these under-the-counter therapies became available only to those who could pay for them. After bitter wars within the medical profession, in the case of homeopathy, the medical establishment finally relented, and until recently, the greatest number of trained homeopaths were medically-qualified doctors. In relation to homeopathy, at least, when Fitzpatrick asks 'Have we all lost our marbles?' he is referring to himself and his professional colleagues.

Fitzpatrick's analysis of how alternative therapies get passed on from rich conservatives to disillusioned radicals is so senseless that the ABPI should drum him out of their cabal. Take acupuncture, for example, a therapeutic practice used in China today as it has been for hundreds of years. The simplest reason for its spread to the West is globalisation, in its strictest economic sense as well as its wider senses. The introduction of acupuncture to the Western canon of medicine is not a conspiracy of tree-hugging hippies, more the exchange of cultural and medical ideas, brought about by migration and the opening up of international trade – something of which Fitzpatrick and his comrades are usually profoundly in favour.

Fitzpatrick argues that modern mystics fall upon alternative medicine because they are against humanism and rationalism, because they accept ideas without thought, act primarily on their feelings and have no consciousness about the history of scientific thought. Fitzpatrick's 20 years in an authoritarian Communist clique led by a University of Kent guru, has seriously eroded his intellectual capabilities. His thinking is so limited that it never gets near to the core of anything it describes. Take this drivel:

Anti-humanists collapse the dialectical interactions between humanity and the natural world, between the individual and society, into unmediated unities: from their perspective, humans are at one with nature and with one another. This approach results in the degradation of individuality, selfhood and rationality. Further consequences are the abolition of history (or its replacement with a mythical descent from a Palaeolithic golden age) and the repudiation of progress (in favour of a series of chronicles of regress).

I find that it's best not to bother with the massive assumptions implicit in this kind of writing. Better just to put the alternative view. I would suggest that it is scientific medicine and professional physicians who have robbed present generations of any consciousness of history or medical progress. Most doctors no

longer understand what they are prescribing, so how are patients expected to grasp the chemical intrigue that stands for healing in the modern world.

Dissenting against this cauterisation of knowledge about our own bodies, our illnesses and our health, many people have reacted by returning to basic ideas, which make sense to them and their bodies. This model of how people who are made sick by the industrial world turn to simpler principles by which to live their lives, is nowhere clearer than in the massive turn towards new and healthier patterns of nutrition.

The industrial revolution and its aftermath introduced chemicals and techniques of intensive farming to every aspect of food production in the search for productive efficiency and maximum profit. Fitzpatrick agrees with this historical process, in public at least; whether he eats McDonald's in private I know not. But why are these people so insistent on telling us that we all have to eat chemically-laced foods?

It is actually hard for any thinking person to read the whole of this article, because it wanders off in such casual and unthinking ways. You have to keep reminding yourself that you are in the company of someone whose whole Communist world view has collapsed and been replaced by the detritus of culture awash in the slip stream of capitalism. Take this paragraph:

Medical science has proven dramatically effective in the treatment of a wide range of diseases, from infections (*such as MRSA!*) to endocrine disorders (*like Crohns disease!*), in which the pathological processes are fairly well understood. This success of modern scientific medicine is the key reason why it prevailed over diverse ancient competitors (many of which have now re-emerged under the alternative health umbrella).

How are we to understand the assertion that scientific medicine 'has prevailed over diverse ancient competitors'? It's complete

bollocks. From the 18th century, modern scientific medicine, measured by most parameters, has developed in an almost completely upwards curve; it has not had any 'diverse ancient competitors'. Modern scientific medicine was developed sometimes by amateurs, sometimes by professionals, but always by the ascending class of the industrial revolution.

Physicians of one kind or another gradually replaced daft ideas with less daft ideas, which fitted a more cohesively scientific system. Diverse ancient practices never got a look in, the only extensive craft medicine was herbalism, and far from being a competitor to scientific medicine, it provided its very foundation. In many countries just as rational as England but more economically libertarian, the use of unadulterated herbs is still advocated by professionally-trained doctors who practice scientific medicine.

One wonders sometimes, reading Fitzpatrick's moronic prose, how anyone with an education can retail such nonsense. After telling us that modern scientific medicine has still got a lot of questions to answer, he says: 'The judgement of the value of any particular treatment is made with reference to a body of scientific knowledge, which is, *at least in theory and increasingly in practice, available to the patient as well as to the doctor.* (By contrast, the client of the alternative practitioner relies on faith alone in an inherently unequal and undemocratic relationship.)' The idea that the denizens of the modern inner city, leisurely swap medical and scientific knowledge with their doctors would be funny if Fitzpatrick hadn't written it.

When Fitzpatrick so wishes, for instance at the beginning of this article, he invokes the Marxism of his failed revolutionary years, but he is just as capable of forgetting the simplest theoretical propositions and replacing them with extravagant whimsy.

In the quote below, for instance, he chooses to forget completely that up until the staggered introduction of a National Health Service, beginning in the second decade of the twentieth century, no one but the rich could afford to see a professionally trained doctor. Then, following the introduction of the complete NHS in 1948, people got apparently free treatment - although it was paid for in taxation - which can be a very effective motivator when choosing medical treatment.

Why [patients in the past] chose orthodox medicine rather than diverse alternatives decades before medical science first began to yield effective treatments has long been a matter of controversy among historians. Some have attributed the success of orthodox medicine to the political and organisational skills of the early medical profession. A more likely explanation is the common commitment of doctors and patients to the advance of medical science.

Just as often as he forgets these small points, Fitzpatrick forgets seminal and vital issues that don't suit his case. Many of his libertarian compatriots of even 60 years ago, were strongly opposed to the introduction of the NHS, because they said it meant the introduction of treatment without choice, foisted upon the patient solely by dint of the more powerful position of the State-employed doctor.

It is in relation to matters such as this that we can see how Fitzpatrick is forced to produce an argument for his corporate backers, which is at odds with his apparent newly adopted liberalism. But we all know that Fitzpatrick's libertarianism is not real, anyway. From his heart he's still bleeding the same authoritarian Communism that he believed ten years ago, but now the corporations are footing the bill, and their philosophy, though no less authoritarian in practice, has to be disguised as libertarianism. This is why, when it comes to the all-pervasive question of whether or not patients should have choice, based on

their own intelligent appraisal of the options, Fitzpatrick's libertarianism slips off like a velvet glove.

In his article, he makes it clear just how far he is willing to travel in the company of libertarianism. He is not even willing, he says, to see any integration between different forms of therapeutic approach; for him and his patients, it's drugs or nothing.

Just as reason cannot be reconciled with irrationality, so orthodox medicine cannot be integrated with alternative medicine.

Not only should patients not get choices - what about those cosy chats? - but, actually, when it comes down to it, all scientific research into alternatives should stop now cease, desist, finish. (Of course it could, if allopathic medicine were to recognise the results of the trials that have taken place over the past 50 years). Fitzpatrick's argument in this respect, however, is truly bizarre and irrational.

If I have followed him correctly - and it's not easy - he says that there is no point in carrying out double-blind placebo research into alternative medicine, because the results *always* find that it does not work, and just as inevitably, those who believe irrationally in alternatives *always* deny these findings. Here, read it for yourself and mull it over as something which passes for rationality in the overheated mind of an ex-Revolutionary Communist, now corporate technophile.

Indeed, this is why the project of subjecting alternative therapies to randomised controlled trials and other scientific methods, now underway on both sides of the Atlantic, is doomed. Though numerous trials have already revealed that such treatments do not work, these results are simply denied or ignored: faith in alternatives cannot be challenged by such methods. These researches lead only to the demand for more researches.

Hmm, good argument that, Mike, but I think I can see a man in a white coat coming up the path. Hey, take this copy of the *Telegraph* with you, there's an interesting article about a trial, in it.

Homeopathy has been proved more successful and cost-effective than conventional medicine in the first comparison of the two approaches. Proof of its effectiveness has emerged from an extensive study of its use in treating chronic disorders such as back pain. The study ignored the question of how homeopathy might work and focused on how well it performs. Researchers in Germany recruited more than 400 adults and children with long-term health problems ranging from sinusitis to insomnia and depression. Half were treated using conventional therapy; the other half were treated homeopathically. After six months, the condition of the patients treated homeopathically had improved significantly more, and more quickly, than the others while the cost for each was similar.³⁷

³⁷ Robert Matthews, Homeopathy wins in test with medicine, *Sunday Telegraph* 24 July 2005