

GPs and junk science

he had taken out my *appendix* which had been on the point of bursting. He drew me a little diagram to show where they found it (just near my liver), and why the pain wasn't in the usual place for an appendix. In the afternoon who should come to visit me but Dr Teacher himself! I felt very honoured that he should take the trouble to come and see me in spite of being so busy.

'You know, Norman,' he said as helped himself to a grape, 'I ought to have spotted that appendix of yours. I feel I have rather let you down.'

'Please, Dr Teacher, 'I said, 'you must not reproach yourself. How were you to know that I had an undescended caecum with the appendix in the high retrocolic position? Mr Cutler says it is very rare and only occurs in two per cent of cases. Naturally you assumed the pain was coming from my liver and thought no more about it.' I think he felt better after that. And now I must get some sleep ...

We are grateful to John Salinsky for these extracts from Norman Gland's diary.

According to the 'first law of bullshit dynamics' propounded by Ben Goldacre in his 'Bad Science' column in the *Guardian*, 'there is no imaginable proposition so absurd that you cannot find at least one person, somewhere in the world with a PhD or professional post, who is happy to endorse it.'¹ It may be stated as a rider to this law that any such absurd proposition can readily attract the enthusiastic support of several GPs.

Take, for instance, the campaign against the MMR vaccine, currently reaching its grim terminus at the GMC. Although it may be expected that doctors would be uniformly hostile to the anti-MMR campaign, it has not been without its GP supporters. The most notorious was David Pugh, who ran clinics providing separate vaccines before he was convicted for fraud and sentenced to 9 months in prison. In July 2006 he was struck off the medical register, and he was reported to have taken up residence in Runaway Bay, Queensland, Australia. (Like much of the MMR saga, you couldn't make it up).²

Then there was South London GP Jayne Donegan, whose evidence as an expert witness in a court case involving MMR in 2003 was dismissed by the judge as 'junk science'. She was accused of 'being confused in her thinking, lacking logic, minimising the duration of a disease, making statements lacking valid facts, ignoring the facts, ignoring the conclusion of papers, making implications without any scientific validation, giving a superficial impression of a paper, not presenting the counter argument, quoting selectively from papers, and of providing in one instance, no data and no facts to support her claim'.³ Following the judge's criticism, Dr Donegan too has been referred to the GMC.

A third primary care crusader against MMR is Holborn GP Richard Halvorsen, whose anti-vaccine book, commissioned by the *Sunday Express* in 2000, has just been published.⁴ Like Pugh, Halvorsen first came to prominence as a purveyor of separate vaccines to the chattering classes of North London. Like Donegan, he too was retained as an expert witness by anti-MMR campaigners — in the class action that collapsed in 2004.

Many of the criticisms made of Donegan's anti-vaccine tirade in court could equally be levelled against Halvorsen's book. Just to take one example: he cites in five separate places claims that the measles virus has been identified in the guts and other tissues of children with autism and bowel symptoms — but never mentions the authoritative studies that have refuted these findings — in publications coming exclusively from one laboratory, that of John O'Leary in Dublin. (In the same month his book was published, definitive evidence was produced in a US court showing that the results from this laboratory were unreliable).⁵

How can we explain the way that some doctors have come out in support of such an irrational and irresponsible campaign? For Pugh, a turnover of £17 500 a week at the height of the scare may provide some explanation.

But it is hard to believe that cash is the key motivation — there are easier ways to make money in medical practice. Perhaps these doctors relish the notoriety conferred by their status in the anti-MMR campaign; if they are regarded with some disdain by their medical colleagues, they are lionised by the anti-vaccine campaigners and their numerous supporters in the media, where they are guaranteed prominent and sympathetic coverage. Yet, reading the writings of Donegan and Halvorsen leads to an even more disturbing conclusion: some doctors endorse junk science because they believe it to be true.

REFERENCES

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