Letters

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GPs and junk science

I was disappointed by the article by Mike Fitzpatrick, 'GPs and junk science'.[1] He crticises Dr Donegan, who gave expert evidence at the High Court and was criticised by the judge,[2] and was also criticised subsequently by judges in the Court of Appeal.[3]

In fairness to Dr Donegan, it must be recognised, whether one agrees with her or not, that her evidence has been considered by the GMC and she has been exonerated.[4]

I also note that Dr Fitzpatrick makes controversial statements, with references in footnotes, but in two of five instances his references are in fact to his own work! I strongly believe that this detracts from the academic coherence of his article, and would recommend that he cite the original sources — presumably he has in fact done the research?

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3. Re B (a child) [2003] EWCA Civ 1148 http://www.bailii.org/ew/cases/EWCA/Civ/2003/1148.html (accessed 11 Oct 2007).
4. Dyer O. GMC clears GP accused of giving court 'junk science' on MMR vaccine. *BMJ* 2007; **335(7617):** 416–417.

Author's response

It is true that, some 3 weeks after my column was submitted, the GMC found that, though on a number of points Dr Donegan's evidence had been incorrect or misleading, these faults were 'insufficient to amount to a finding of serious professional misconduct'.

To anybody familiar with Dr Donegan's views on immunisation, the GMC's judgement that her aim was 'to direct parents to sources about immunisation and child health safety to help them make informed choices' is in itself worthy of debate. Space here, as in my column, restricts references. However, if Dr Gooderham doubts whether I have done my research, could I refer him to my book which provides several hundred references (as well as a detailed account of the case in which the judge criticised Dr Donegan for advancing junk science in the guise of expert evidence).[1]

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Article missed published papers on GPAQ validity

We read the paper by Hankins *et al* in the recent *BJGP* with interest.[1] We accept that published psychometric data concerning GPAQ is relatively limited, and are committed to further research and development of the questionnaire. However, the situation is as bleak as they make out.

Forms of validity such as face and content validity are an important aspect of questionnaire development, and GPAQ more than adequately meets these criteria. Hankins *et al* also failed to discuss four papers all of which include results from GPAQ or its precursor questionnaire GPAS.[2–5] These are clearly relevant to the question of whether GPAQ is measuring important domains of patient satisfaction.

We agree with Hankins that validity testing is best done against an external criterion, but with a complex construct like patient satisfaction there is no obvious candidate criterion, and we note that Hankins *et al* do not suggest one either. In terms of predictive validity, the Primary Care Assessment Survey (PCAS), on which GPAQ is based, has been shown to predict patients' voluntary disenrollment from US primary care physicians.[6] Hankins *et al* dismiss studies showing an association between GPAS scores and patient sociodemographic characteristics as evidence of validity. Formally they are correct, since there is a danger that such results demonstrate bias rather than validity. However, such results need to be considered in the context of the wider literature. As other validated questionnaires show associations between patient characteristics like increasing age and satisfaction score, and as there are theoretically cogent reasons why such associations would occur, then GPAS data demonstrating similar associations can be taken as evidence of validity

We feel that the authors' suggestion that 'it is not clear that the questionnaires measure satisfaction at all' is a serious overstatement that does not accurately reflect the considerable conceptual and empirical work that has been completed to date. That work was the basis for an independent group of academic advisors recommending that GPAQ and IPQ should be selected for use in the GP contract.

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