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**Is this input submitted as an organisational or individual response?** Individual

**Are you happy for your response to be published by the Academy?** Yes

*Submitted using the online form, now formatted into a PDF.*

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**1. The overarching aim of the workstream is to better understand how society uses evidence to judge the risks and benefits of medicinal products. In your view, what are the key factors underpinning this process that the Academy should consider?**

society always looks at issues from a personal view - this includes emotions and the Drama Triangle (Karpman), so these are key factors to understand

<http://www.medicalprotection.org/uk/practice-matters-issue-5/the-drama-triangle>

Emotions often outweigh rational judgment (depending upon which of Myers-Briggs psychological types one is so this should be taken into account when considering using medication or not. Society also uses perspectives that change with time and fashion, and which are influenced by big forces and vested interests.

Therefore it is important to unpick these. Currently, there is little learning or research by individuals or institutions about HEALTH as a concept which is the antithesis of illness - but a great deal on palliating disease processes

**2. When evaluating the risks and benefits of medicinal products, what are the strengths of evidence that originates from different sources?**

Man trained to use a hammer sees many things as a nail (Chinese proverb)

A profession trained to use pharmacology may use these agents rather than seek to help patients with exercise and nutritional approaches - especially when the patient says 'but what are you going to do for me doctor?'

much evidence is provided by Pharma companies, who are well aware of all aspects of Marketing, including fear-based, embarrassment-based,

**3. When evaluating the risks and benefits of medicinal products, what are the limitations of evidence that originates from different sources?**

Please see 'Doctoring data' by GP and researcher Dr Malcolm Kendrick for a full and excellent analysis of this issue.

'Lives saved' can never be true - death is merely postponed. An effective intervention is treating meningitis or malaria in a child - death may be postponed by 60 or 80 years. Giving statins to 75 year olds (with no trial evidence to support this) might postpone a cohort' death by an average of a few weeks at best ( and prolong the life spent in a nursing home....)

**4. Please provide details of any further examples or case studies that it would be useful for the project to consider.**

Statins have almost become a religion - yet precious little data supports their use in women at all, or in Primary prevention in men, when one obtains all the data from the Jupiter and other trials and analyse it anew (se Kendrick as above)

Yet the profession, led by well-intentioned enthusiasts such as Sir Rory Collins of the Oxford trials UNit, who declined to either publish original data or share all his overt and subtle vested interests from pharmaceutical companies, might be being led up the garden path into the role of Rescuer for society with a tablet. No wonder that he took the other role of Persecutor from the Drama Triangle against Dr Fiona Godlee editor of BMJ, when challenged over the issue.

<http://www.bmj.com/content/348/bmj.g3306/rr/699239>

An analysis of the drama that unfolded on Radio 4 is that....

Well intentioned doctors wish to help patients  
patients wish to be helped.

A dynamic of Victim - Rescuer may sometimes arise (Karpman's Drama Triangle)

Man trained to use a hammer sees many thanks as a nail - so doctors prescribe medication.

Doctors are not trained to think of nutrition - we learnt less than a day at medical school (though increasing evidence that refined sugar in quantity contributes to chronic disease and cardiovascular disease)

Doctors therefore help patients (using medication)

It is easy for some to leave 'Health' to the doctors rather than take responsibility (power given away).

"Doctor, what are you going to do for me?" - and doctors may take the lead on this, and take the power - and prescribe not exercise but a tablet.

Some vested interests would rather prescribe medication than concentrate on the food we eat, exercise we take, etc. The NNTs for exercise are impressive for many illnesses - and safer than most medications!

Some vested interests see doctors as their sales force and market heavily, lightly, subtly and for an end game of sales, not just (or sometimes even) for patient benefits - so a drug for heart disease prevention, a drug for weight, a drug for.... (rather than society and individuals making healthier choices....)

A specialist may become seduced into being particular enthusiast in prescribing drug X

The studies on positive benefits of statins, if framed as NNT (numbers needed to treat) are not nearly so impressive as '30% risk reduction'

The BMJ is utterly correct in raising doubt about the claimed benefits and claimed minimal side effects

Dr Godlee was involved on Radio 4 in the classic drama triangle, where someone else takes the role not of victim or rescuer, but of persecutor. She responded well, but it is a shame when a

fellow health professional, well-meaning on behalf of his/her patients, is attracted to move into the Persecutor role. [www.medicalprotection.org/uk/practice-matters/issue-5/the-drama-triangle](http://www.medicalprotection.org/uk/practice-matters/issue-5/the-drama-triangle)

Tamiflu is also a classic case of millions spent by a Government seduced or fuddled by fear-based marketing

**5. Please highlight any broadly applicable principles that should govern the presentation, interpretation and weighting of evidence about medicinal products.**

please look at the Drama triangle to gain perspective

[www.medicalprotection.org/uk/practice-matters/issue-5/the-drama-triangle](http://www.medicalprotection.org/uk/practice-matters/issue-5/the-drama-triangle)

**6. Concerns have been raised about how industry funding impacts on the validity, or the perception of validity, of evidence. For example, the ability of academic researchers funded by industry to remain impartial when evaluating evidence has come into question. How should conflicts of interest be addressed? How important is industry funding in generating and analysing evidence? Other than industry sponsorship, what are other potential sources of conflicts of interest?**

please look at Doctoring data by Dr Malcolm Kendrick

also, this may be of interest

In life, we ought to take responsibility for our own issues. However, it's only too easy to give away the responsibility (and our power) to someone or something else in return for the promise of a (quick) fix.

Anyway, most of us are just a bit lazy, and would always rather take an easy option than make hard long term efforts. Take the issue of health: making sure we take exercise, eat wisely and learn about food and nutrition and above all, make up our own minds wisely takes time, effort and long term learning and commitment. Exercising daily, not using fast food, or other health promoting activities take effort and commitment.

When it comes to illness, since the wonderful onset of antibiotic use, and the cure of people from what would otherwise have killed them (sepsis in pre-antibiotic era) many people expect a quick cure or fix for their ailments especially if someone else is going to provide this. Modern medicine IS excellent for acute illnesses but often fails to provide cures for long-term conditions, often palliating the symptoms, without addressing the underlying disease mechanisms. Medicine forgets that bodies are designed to be healthy and self-correcting- given the right nutrition, conditions and environment

Unsurprisingly, when ill we may take the easy option and listen to those who know better. Unfortunately, those who know better may include not just the knowledgeable, but also enthusiasts, and even those with a vested interest. So whole messages about say healthy eating can get distorted.

The mantra for the last 40 years has been eat lots of carbohydrates and cut right down on animal fat and what has happened?

1.2.3.4.5. So people will accept an easy message uncritically

The Drama Triangle (Karpman) is relevant here it has 3 roles one Child (the Victim who gives away their power) and two parents mother Mother who Rescues, and dominator Father who persecutes. Since Pasteur's germ theory, many people see illness (sometimes propagated by bacteria or viruses) as Persecutors, themselves as helpless Victims, and look to health professions to Rescue them. Doctors in turn, having learnt virtually nothing about either health, nutrition, trace element importance, or the relevance of environment during their Medical Studies but having learnt a great deal of Pharmacology are inclined to prescribe a fix often a long term one without cure of underlying condition.

Edwards insight into the drama triangle was that a secular society which sees death as the persecutor, inevitably wishes to be rescued in any way possible by any material means and will look for quick fixes for many ailments delivered, of course, by someone else. (Can't you give me a pill for it)

Pasteur, essentially, was an unwitting early proponent of the Drama Triangle (the germ as persecutor, the vaccine as rescuer, the patient as victim) and the whole antibiotic industry has taken on this argument, as have the public. Yet on his deathbed, Pasteur said Bernard was right, it is not the microbe, it is the soil that is important recognizing in essence that although pathogens are important, that the host resilience and resistance is the key factor

The Pharmaceutical industry takes advantage of this, and may now see doctors as their salesman, and recruit opinion formers, meanwhile sometimes drawing attention to often minor illnesses to fit a product (ie the recent restless legs syndrome, female arousal dysfunction syndrome and others).

Marketing medicines, as in the rest of the marketing industry, is often fear-based, envy-based, jealousy-based, or embarrassment-based and unfortunately many in the medical profession are wooed by this marketing without detecting the distortions behind it.

Take the flu arguments have been recently rehearsed in the BMJ however the flu vaccine in 2014-15 actually did not hit the relevant strain but we saw no great evidence of any higher morbidity.

And to take tamiflu again see the BMJ this has been a fear-based marketing coup for companies. Does it actually do any good probably no Does it do harm well, as a GP I saw at least one severe bacterial pneumonia which had been missed because the patient had taken tamiflu for several days (handed out in the frenzy that occurred several years ago). And there is the hidden harm of opportunity cost people who think someone else can bail them out will not take so much care of themselves). And the whole tamiflu episode cost the Government hundreds of millions of pounds - which could have been spent elsewhere instead of being spent on an ineffective medicine as Rescuer

NNT (numbers needed to treat in order that one person should benefit) are another big issue they are rarely published by NICE (despite being the people who look at the evidence) NICE only published NNTs on statins for primary prevention after considerable pressure last November. And if one carefully looks at statin original data, even the Jupiter trial pas nil benefit (see Doctoring Data by Dr Malcolm Kendrick for a careful analysis of this).

NNTs of 30, 50 or 100 have to be very carefully thought about. We currently have GPs persuaded and performance managed into persuading people to say take statins, when the NNTs may be hundreds (and there is actually virtually no evidence of any benefit for primary prevention of women) this takes time and effort. Meanwhile, people who are ill today (NNT=1 to be seen) are denied access because the NHS system is swamped- by all the people being treated for things they haven't yet got. It is sad that eminent persons such as Sir Rory Collins, defend the secrecy of the Drug Industry's hiding of Data, and attack Fiona Godlee of the BMJ so vociferously (lives will be lost) surely a case of roles of Rescuer and Persecutor switching rapidly. No wonder the general public becomes disengaged with science when it can see a confusion (a confusion not discouraged by those who wish people to buy products and take long-term prescriptions rather than responsibility)

Even when faced with a rational argument for NNTs, many patients will actually ask but what would you do, doctor? thus avoiding the responsibility of choice

A wise geriatrician recently said that unless the NNT is 2, then it is probably worth avoiding intervention in the elderly (to avoid inadvertent harms)

Society has been medicalised and conned into thinking that someone else will save them and that medication will give the answer whether for a minor cold they have had for just a few days (canyou give me antibiotics doc and I'll complain if you don't) to minor mood disturbance (I'm depressed doc and need a pill How long have you been depressed? I was fine last week, but I've had a bad few days)

Notice on Australian GP's door:

Your Health is our Concern, but your Responsibility

So society has been partly trained to become entitled demanders of treatment provided by somebody else, and in the NHS, at someone else's expense, forgetting that prevention is better. Yet there are some people who use healthcare system wisely and take responsibility for their own health as much as they can. They are aware of the limitations of medicine and medication

It all comes back to the drama triangle which most scientists are unaware of, but which marketing agencies are acutely careful to use in order to maximize profit.

Scientists are sadly often unaware of either popular psychology, or of the way in which vested commercial interests are able to seduce them out of balance

The only way forwards to address the difficulties are and encourage society to learn about health for themselves, and not to be conned by fear-based, envy-based or other sorts of marketing

**7. Please outline any past, current or planned initiatives to examine how patients, citizens and healthcare professionals (and those who seek to inform them) evaluate scientific evidence about medicinal products.**

The only way forwards to address the difficulties are and encourage society to learn about health for themselves, and not to be conned by fear-based, envy-based or other sorts of marketing

**8. What are the most effective ways of communicating evidence to various stakeholders and engaging with them about such evidence?**

education, education and education, and examination of system biases

(see Six System problems in Scientific Thinking, <http://www.drAndrew.co.uk/articles/25/six-system-problems>)