What is the moral collapse in the Cochrane Collaboration about?

Peter C. Gøtzsche, Professor

MD, DrMedSci, MSc

Institute for Scientific Freedom

Copenhagen

Denmark

E-mail: [pcg@scientificfreedom.dk](mailto:pcg@scientificfreedom.dk)

Word count: 4205

Key words: Cochrane Collaboration, bias, evidence-based medicine, censorship, drug industry

**Abstract**

Many people have wondered why one of the founders of the Cochrane Collaboration was expelled from the organisation in 2018 as the first person ever. Many see this as a moral collapse in what was once a magnificent grassroots organisation, guided by ethical principles about transparency, openness, democracy, collaboration, avoiding conflicts of interest, minimizing bias and helping people make better decisions about healthcare interventions.

I am the excommunicated person. I review here the essential issues and discuss a recent paper that purported to have analysed the current Cochrane crisis in a disinterested fashion, which it didn’t.

Leaked recordings reveal that the board’s official reasons for my expulsion were defamatory and mendacious. I was expelled because, in my capacity as a board member, I had challenged the CEO’s virtually total control over the board, his mismanagement of Cochrane, and his direction of travel, focusing on brand, product and business, and on having a unified voice rather than on getting the science right. It also played a role that I had criticised psychiatric drugs and the highly prestigious Cochrane review of the HPV vaccines. Freedom of Information requests revealed that the CEO had required of the Danish Ministry of Health and my hospital that I must no longer work at the Nordic Cochrane Centre, which resulted in my sacking, although the CEO had no mandate for such a requirement.

Cochrane has become too close to industry and has introduced scientific censorship, which is detrimental for a scientific organisation.

The board announced last fall that they will have a “zero tolerance” policy for repeated, seriously bad behaviour. It would benefit the Cochrane Collaboration if its leaders applied this principle on themselves. They have harmed the collaboration substantially by their concerted, undemocratic actions. I am just the symbol of how wrong it currently is.

Many people have wondered why one of the founders of the Cochrane Collaboration was expelled from the organisation - on 13 September 2018 at the Cochrane Colloquium in Edinburgh - as the first person ever. Many see this as a moral collapse in what was once a magnificent grassroots organisation, guided by ethical principles about transparency, openness, democracy, collaboration, avoiding conflicts of interest, minimizing bias and helping people make better decisions about healthcare interventions.

I am the excommunicated person and have described the events in a book.1 I shall review the essential issues here and also discuss a recent paper that purported to have analysed the Cochrane crisis in a disinterested fashion, which it didn’t.

The affair started with two petty complaints related to psychiatry levelled against me by Cochrane’s CEO, Mark Wilson, about my use of the letterhead of the Nordic Cochrane Centre, of which I was the Director.1,2 Both cases involved deaths likely caused by psychiatric drugs. Ryan Horath, a lawyer unbeknownst to me, described one of them this way: JESUS CHRIST, WHAT IS WRONG WITH YOU PEOPLE? A researcher is making inquiries about the suppression of information regarding children who died in a clinical trial and everyone is worried about what letterhead it is written on?1

As I disagreed with Wilson that I had broken his Spokesperson Policy, I appealed his decision to the Cochrane Governing Board, which it was my right to do according to the agreement I had with him. The whole affair should have ended with the board’s arbitration, but a decision was never made. Instead, Wilson and his close ally, Martin Burton, co-chair of the board and Director of the UK Cochrane Centre, launched a full-scale assault on me.1

Cochrane hired a law firm, and Counsel was asked to investigate my actions going fifteen years back in time based on a 330-page binder produced by Burton with input from Wilson, but not from me. The board called the investigation independent although Counsel was paid for by Cochrane. I rejected the allegations in a 66-page report.1,2 Counsel found it inappropriate to go just three years back in time and did not find I had broken the Spokesperson Policy.1,3 In a morally intact organisation, the affair would have ended there.

I was a board member, but at the board meeting, I was allotted only five minutes to defend myself, where after the board used six hours to conjure up a spurious excuse to expel me, which became so-called bad behaviour.1 This process had all the hallmarks of a secret show trial with a pre-planned outcome,1 although Wilson is not supposed to wield any power over the board. I was out the room and did not get an opportunity to reject the many falsehoods that escalated during the meeting.1

No traces of the meeting were meant to be left behind but I insisted that the meeting got recorded.1 When four of the remaining 12 board members resigned the next day in protest over my expulsion, they were asked to hand over their recordings on a memory stick and to delete them on their computer. However, recordings were leaked and they reveal that what was said at the meeting contrasts sharply with the board’s official announcements.1

The two co-chairs, Martin Burton and Marguerite Koster from Kaiser Permanente, broke all essential rules for charities and for Cochrane along the way.1 During the secret proceedings, Burton mentioned that I could say what I wanted “within the bounds of decency, defamation and hate speech.”1 However, only four days later, Burton delivered a formidable hate speech about me at Cochrane’s Annual General Meeting on 17 September, which was identical to a defamatory board statement issued the same day.4 Cochrane headquarters ensured that the more than 10,000 Cochrane contributors wouldn’t miss it because they sent it out via their group email lists, pasting the statement in the body of the email. Later, they put up another defamatory statement on the frontpage of the Nordic Cochrane Centre’s website behind my back and stripped us from our administrative rights without informing us.1

Burton’s hate speech is worth listening to. It is on [YouTube](https://www.youtube.com/watch?v=cLG5NKphXq0&feature=youtu.be)5 (starts after 36 minutes and lasts 10 minutes). It was inspired by inappropriate comments during the secret board meeting about the “Me Too” movement by three board members, Burton included.1 Burton shocked and paralyzed the audience making many people believe that I had sexually harassed women or committed serious crimes repeatedly, even though they could not reconcile this with their knowledge of me. But Burton was smart. He said that, for “confidentiality” reasons, he could not give any details, which added fuel to the defamatory rumours his speech created because some people thought he protected the “victims” when in fact the only victim was me. The insinuations were so horrible that the remnants of the board sheepishly needed to state at a webinar on 4 October where they tried to explain why I had been expelled, that there were “NO allegations of sexual or physical misconduct, or any other criminal activity.”6

No examples of my alleged harassment of colleagues or bad behaviour were provided, even though questions about this were raised during the Annual General Meeting, whereas I have documented numerous examples of Wilson’s harassments over many years of me and other centre directors.1,2 During the secret board meeting, several board members mentioned his harassments, and at a board meeting in Lisboa in March 2018, a board member burst into tears when she said that Burton is afraid of Wilson. This is the only time I have seen a board member cry. In Lisboa, Wilson shouted and called me a liar although I had spoken the truth,1,7 and he assaulted another board member when he agreed with me.1 Both these board members resigned in protest.

Burton’s hate speech and my unjustified and basically illegal expulsion led to turmoil and Cochrane went into damage control. The board spent the next few weeks trying to justify its actions, issuing mendacious and defamatory statements against me during carefully staged public events.1,4,6,8 It did not work but set off a chain reaction of protests by scientists and members of the public, and later, a letter was sent to the Danish Minister of Health with over 10,000 signatures requesting that my sacking be prevented.1

Via Freedom of Information requests, my lawyer found out that Wilson had required of the Ministry that I must no longer work at the Nordic Cochrane Centre, which is funded by the Danish Government. This resulted in my sacking,1 although Wilson overstepped his mandate and should not have been allowed to exert any influence on internal affairs in another country.

Cochrane reacted the way any business with a dishonest leadership would react. It hid behind confidentiality clauses and continued to defame me, misleading millions of people, including its own members, about what really happened on 13 September in Edinburgh.

The 31 Centre Directors in Spain and Latin America called for an independent investigation of the process leading to my expulsion,1,9 but the board refused, likely because they knew it would lead to their demise. The investigation is no longer needed, as my book, with its numerous verbatim accounts of what was said at the secret board meeting, says it all.1

As an elected board member - with the most votes of all 11 candidates although I was the only one that criticised the Cochrane leadership in my election statement - it was my duty to point out any irregularities in the government of Cochrane. I documented that the CEO and the co-chairs of the board tampered with meeting minutes,1 and I filed a complaint with the Charity Commission about serious mismanagement on 9 October, which is still pending.6

The real reason for my expulsion was that I, in my capacity as a board member, had challenged the CEO’s virtually total control over the board, his mismanagement of Cochrane, and his direction of travel, focusing on brand, product and business, rather than on getting the science right and having open debates about what it shows. “It’s about having a unified voice,” as one board member expressed it.1 Many have interpreted this as scientific censorship. It also played a role that I had criticised psychiatric drugs and the highly prestigious Cochrane review of the HPV vaccines published in May 2018.1

The board has fiercely denied that my expulsion has anything to do with the HPV review, but the leaked recordings show that this is not true.1 HPV appears 48 times in the transcript of the board meeting. Furthermore, it is extremely likely that Burton orchestrated remarkably similar letters of complaint that all called for my expulsion from the board because I had criticised the Cochrane HPV vaccine review; these letters arrived immediately after I had submitted my report to Counsel.1

It was also unpopular with the Cochrane leadership that, soon after I became elected to the board, I criticised that up to half of Cochrane authors are allowed to receive financial support from the company whose product is being reviewed.10 Cochrane’s motto is “trusted evidence,” and if we don’t trust guidelines authored by people with financial conflicts of interest, why would we then trust Cochrane reviews authored by such people? *BMJ’s* Editor-in-Chief wrote that it would mean fewer but better systematic reviews; that Cochrane should be committed to holding industry and academia to account; and that my expulsion reflects “a deep seated difference of opinion about how close to industry is too close.”11

The other board members were positive to my proposal that people with financial conflicts of interest should not be allowed to be authors of Cochrane reviews. I rewrote the commercial sponsorship policy in an afternoon and sent it to the board, but after a year, the proposal had not progressed at all.1 As one resigned board member said, there is stronger and stronger resistance in Cochrane to say anything that could bother pharmaceutical industry interests.1

After my expulsion, there were many articles in medical journals and elsewhere, e.g. in *Science*, *Nature*, *BMJ*, *BMJ Evidence-Based Medicine*, and *Lancet*.7,11-16 Most of them were critical of Cochrane. *Lancet* noted that no examples were given in Edinburgh of my alleged bad behaviour and that, “There was a total lack of transparency at the annual general meeting; no one knew what was going on … Cochrane declined *The Lancet's* repeated requests for an interview.”7 Richard Smith, previous Editor-in-Chief for the *BMJ*, wrote: “I’ve known Peter for many years, and despite his capacity for speaking out in extravagant terms he’s a gentle lovable man.”17 He repeated the beginning of his foreword in my 2013 book about organised crime in the drug industry:18 “There must be plenty of people who shudder when they hear that Peter Gøtzsche will be speaking at a meeting or see his name on the contents list of a journal. He is like the young boy who not only could see that the emperor had no clothes but also said so. Most of us either cannot see that the emperor is naked or will not announce it when we see his nakedness, which is why we badly need people like Peter.”

**The “disinterested” analysis by Greenhalgh et al.**

In a paper from 18 March 2019, a Professor from Oxford, Trisha Greenhalgh, and three colleagues (TG) purported to have analysed the Cochrane crisis in a disinterested fashion.19 However, they failed to address the crucial issues, even though all the essential facts, including Counsel’s report, have been up on my website, [www.deadlymedicines.dk](http://www.deadlymedicines.dk), since the fall of 2018. TG quote a *Lancet* article that alludes to these documents,7  but TG ignored them, although the *BMJ* pointed out that the board ignored the report from its own Counsel15 (which, in my view, exonerated me of all charges raised, in contrast to the board’s official announcements).1 TG cite the board’s announcements as if they were true but not any of my demonstrations that some were mendacious,4,8 and they ignored Counsel’s report totally.

Instead of discussing the undeniable facts, TG construct two mutually exclusive narratives where they rather consistently use positive terms about Cochrane and negative ones about me and my supporters, and they repeatedly ascribe views to us that we don’t have. Our views on conflicts of interest and academic freedom are called monastic and fundamentalist, respectively; we are moral entrepreneurs that may occasionally fall short on critical self‐reflection; and those 10,000 who signed the letter to the minister to prevent my sacking are intellectually rigid and suffer from moral and philosophical immaturity. I think it will amuse the world’s most cited medical researcher, Professor John Ioannidis from Stanford University, who also wrote his own letter to the Danish Minister of Health to prevent my sacking,1,20 that TG call him morally and philosophically immature.

TG use many of the tricks described in philosopher Arthur Schopenhauer’s booklet, “The art of always being right:”21 “False premises;” “Postulate what has to be proven;” “Use seemingly absurd propositions;” “Choose metaphors favourable to your position;” and “Put his thesis into some odious category” (also known as name calling). In addition, their essay is pompous, e.g. my “considerable scientific authority” is said to be the product of historical and cultural forces. In my humble view, it is simply the deserved result of producing good science.1

TG postulate a lot that simply isn’t true. My supporters never said I was fully entitled to speak for the Nordic Cochrane Centre because I “was such an exceptionally good scientist,” and the reference TG quote provides no support for this claim.19 I was entitled to speak for the centre, also according to Cochrane rules, because I was its director.1 Plain and simple.

We have never argued that a “systematic review is essentially a technical task rather than a broader analytical and critical process” or that “content experts may not be required on systematic review teams since assessing methodological quality is an almost exclusively technical task.” TG quote a paper by Ioannidis and me, but we said nothing to that effect.22 We are well aware that content experts can be helpful and that highly skilled researchers can reach different results even when using the same meta-analysis protocol and rigorous methods, which I and my co-workers have demonstrated empirically: Ten researchers performed the same ten meta-analyses independently of each other, and disagreements were common and often larger than the effect of commonly used treatments.23

It is pure fabrication and libellous when TG say that, “In a further strand in the ’bad behaviour’ narrative, Gøtzsche was suspended in October 2018 from his position at the Rigshospitalet and University of Copenhagen, allegedly for mixing his private expenses with those of the Nordic Cochrane Centre and failing to comply with independent financial audits.” They give a reference that says absolutely nothing to this effect and they also got one of the authors wrong.24

The facts are these: A Danish journalist and editor, Kristian Lund, who publishes drug industry supported journals on the web, got access to my financial records three years back in time. When he and his team did not find anything of value for their benefactors, they lied about it.1 They sent drafts for the first five of their ca. 20 articles for my review where I counted 63 untruthful statements. I therefore explained, which was published in one of their articles:25 "I have observed that, according to §267 of the Criminal Code, the (articles, ed.) are libellous and express slander. They are affected by so many untruths, speculations, and distortions that it would make no sense to comment specifically on them. They are basically not source-based. On this background, I do not wish to contribute with concrete comments.” The lies continued unabated even after my hospital had declared that they had not found any confusion of private money, government grants and other funds, which they also printed in one of their articles.26

I informed Mathew Mercuri, the editor of *Journal of Evaluation in Clinical Practice* where TG published their paper, that they had lied about the reason for my sacking and that this was very serious and libellous. The journal wanted to react by publishing a corrigendum that only said that TG’s paper “was edited to remove a statement that was not directly supported by its stated source.” After my protest, that the word “directly” indicated that, after all, it might be true what TG had written, they removed this word.27 However, despite my protests and despite being against international guidelines for medical publishing, they removed the original paper and uploaded a version without the libelous statement. Not even if an article is retracted, can it be removed from the public record. The International Committee of Medical Journal Editors notes: “The text of the retraction should explain why the article is being retracted and include a complete citation reference to that article. Retracted articles should remain in the public domain and be clearly labelled as retracted.”

Since there are now two versions of the paper in circulation and the editors did not say what was removed and why, the defamation of me can continue unabated.

TG allege that I presented a distorted version of the truth in my books and lectures and reacted in a hostile way towards both academic and financial oversight of my work. This is also untrue, and the two references TG offer say absolutely nothing about what they claim.24,28 One is to a blog28 by Hilda Bastian whom they consider “a leading scholar,” which trick Schopenhauer calls “Appeal to authority rather than reason.”21 Ryan Horath commented on Bastian’s blog:28 “Given the personal history you have with Dr. Gøtzsche … particularly over mammography, I think you could have disclosed that to readers … Hate distorts the personality of the hater ...” The blog by Bastian is about our critique of the Cochrane review of the HPV vaccines.28 She calls our research group “anti-vaxxers,” which one would not expect from “a leading scholar.” We acknowledge that vaccines have saved millions of lives, and I have just repeated this in an evidence-based book about vaccines.29

Horath commented on another of Bastian’s blogs.30 To her opinion that I should refrain from harassing staff, he asked why she trusted the board’s clearly slanderous language and noted that Counsel’s report did not describe harassment although he was “bending over backwards to please the board.”1,30

According to TG, I have been accused of scientific bias and am an intellectual maverick who has taken extreme positions on mammography screening programmes, depression pills, and the HPV vaccines. It is irrelevant for Cochrane’s moral collapse what I have concluded based on the science I have studied carefully. And it is not about being extreme but about being honest, telling people what I found. TG say I have been criticized for having “allegedly ignored or dismissed evidence that did not support his chosen position,” and have “put pressure on the Danish government to change policy in line with his views.” I would put it this way: If you speak truth to power, you will be criticised; people come up with all kinds of flawed research and complain you did not cite it; and lobbying governments for introducing evidence-based policies is a good thing.

TG say that I and my supporters define good systematic reviews in terms of methodological rigour and elimination of bias whereas most of board and their sympathizers incorporate factors such as attention to relationships among reviewers and reflexivity and dialogue around scientific and other judgements. But science is not a consensus exercise or about feeling good together. Everyone in Cochrane ascribes to methodological rigour and elimination of bias, which is why there is a Cochrane Handbook of over 600 pages telling people what to do. What relationships, reflexivity and dialogue really mean is scientific censorship, the “unified voice.”1 The recordings clearly reveal that it is more important not to upset colleagues who did a poor job with the HPV vaccine review than to get the science right.1 This clubbiness is detrimental for a scientific organisation.

The selective and sloppy way TG use the literature is also apparent when they discuss the HPV vaccines. They provide a reference to our second criticism of the Cochrane review, but the title is wrong, Doshi was not a co-author, the link does not work, and the publication date is wrong.19,31  What is worse, they do not tell their readers with one word what our paper was about.31 Instead, they give Cochrane's Editor‐in‐Chief and his deputy the last word. As our paper was a reply to their article, this is yet another example of “Appeal to authority rather than reason,” or “eminence-based medicine.” The Cochrane editors “ruled that what had been described as ‘omissions’ were actually the result of defensible judgements that took account of clinical, scientific, and policy realities.” This is plain wrong, and in our second criticism, from 17 September,31 we explained that:

The Cochrane review should have included at least 35% (25,550) additional eligible females; the authors reported serious adverse events incompletely and gave an incorrect number of deaths; their considerations of the trials’ adjuvant and vaccine comparators was ambiguous, opaque, and inaccurate; they used the word “placebo” throughout the review and in all its meta-analyses although no included trial used a placebo comparator; several important conflicts of interest and important evidence of bias were ignored; and the Cochrane editors appeared to advocate scientific censorship.

TG assert that the board had no objection to me publishing my views as an independent scientist. The truth is that they spent much of the secret board meeting condemning this.1

TG say that I resisted the Collaboration's governance mechanisms and could not effectively govern my own Centre. This is not true.1 Counsel misunderstood what centres are free to do, as he thought they are only allowed to do Cochrane work.1 They do other things, including non-Cochrane related research, and if they didn’t, few of them would survive.1

TG say I have “accused” the board (and Wilson) of discrimination. It is more than an accusation. I have proved it, with numerous examples, and other board members testified about this at the secret board meeting.1 Worst of all, Wilson exonerated a member of his own staff for having done exactly the same as he had harassed me for doing for years, presenting his own views without a disclaimer that these are not official Cochrane views, and Burton prevented me from presenting this incriminating evidence to the board.1

Instead of describing the horrific abuses of power,1 which have caused some Cochrane volunteers to worry that they might be next in line to become expelled, TG lead their readers astray by saying that, “recent events in Cochrane can be framed as an epic struggle for the organization's scientific, philosophical, and moral soul ... the schism between a procedural and expert‐centred approach to best evidence and an alternative approach that is more ‘socially distributed, application‐oriented, trans‐disciplinary and subject to multiple accountabilities.’” Yet again, a lot of empty plus words favouring Cochrane.

All of a sudden, by the end of their paper, TG abandon their philosophical mumbo jumbo that includes a discussion of “postnormal science” and become highly pragmatic: “Systematic reviews are expensive. Furthermore, only a tiny fraction of senior researchers can boast no industry connections at all.” Ethics is a branch of philosophy, but TG does not seem to worry about the ethical problem – or its consequences for patients - in having authors of Cochrane reviews with close ties to the drug industry.

So, how do TG propose to resolve the Cochrane crisis? By sticking the head in the sand: “we suggest that one way out of Cochrane's current crisis is to stop trying to resolve it … Articulating Cochrane's challenge in terms of an incommensurable tension between two philosophical perspectives allows us productively to harness the conflicts that gave rise to it, since both versions may provide insights when making complex judgements ... we believe that the crisis in Cochrane is epistemic.” I wonder what it is they are trying to say here.

Greenhalgh seems to have changed her mind about Cochrane. She wrote to me on 15 September 2018, the day after I had explained on my website that Cochrane had expelled me two days earlier:32 “I am interested in this story NOT because I take the line ‘Peter is right, the CC is wrong’, but because the CC seems to be taking the view that they have a monopoly on the truth ... By throwing you out, CC are saying they no longer want dissent, disagreement, debate.” Perhaps she was just double-tongued. The same day she wrote this to me, she tweeted: “Does Cochrane need help from its many friends? If so, just ask.”

In a letter to the journal, TG’s paper is described as “highly problematic. The authors claim that their analysis is neutral; instead, it appears to privilege one perspective over the other and to support the inclusion of pharmaceutical and device industries in the production of scientific knowledge and in science policy.”33

I was invited to submit a comment on TG’s paper, but the editors did not like it.

People who wish to read a truly disinterested analysis of the Cochrane crisis are better served by reading the *BMJ* paper, “Has Cochrane lost its way?”34

**Conclusion**

The board announced last fall that they will have a “zero tolerance” policy for repeated, seriously bad behaviour.4 It would benefit the Cochrane Collaboration if its leaders applied this principle on themselves. They have harmed the collaboration substantially by their concerted, undemocratic actions. I am just the symbol of how wrong it currently is.

**Conflict of interest**

I have dedicated my book about Cochrane’s moral collapse to the thousands of unpaid Cochrane volunteers that create Cochrane’s wealth and I have cited it in this paper.

**References**

1 Gøtzsche PC. Death of a whistleblower and Cochrane's moral collapse. Copenhagen: People’s Press; 2019.

2 Gøtzsche PC. Gøtzsche’s 66-page report submitted to Cochrane’s law firm 30 August. 2018; 30 Aug. <http://www.deadlymedicines.dk/wp-content/uploads/2018/10/G%C3%B8tzsche-Reply-from-Peter-G%C3%B8tzsche-to-Cochranes-law-firm-66-pages.pdf>.

3 Grant T. STRICTLY CONFIDENTIAL TO THE GOVERNING BOARD AND MR MARK WILSON. NOT TO BE DISSEMINATED ANY WIDER. Re The Cochrane Collaboration. PRELIMINARY REPORT ON CERTAIN

COMPLAINTS/ISSUES. 2018; 12 Sept. <http://www.deadlymedicines.dk/wp-content/uploads/2018/09/Counsel_s-report.-12-Sept.pdf>.

4 Peter C. Gøtzsche’s comments on: Statement from the Cochrane Governing Board about alleged bad behaviour of “one individual.” 2018; 17 Sept. <http://www.deadlymedicines.dk/wp-content/uploads/2018/09/G%C3%B8tzsche-comments-on-Statement-by-Cochrane-Governing-Board-from-17-Sept-1.pdf>.

5 Cochrane Annual General Meeting. 2018; 17 Sept. <https://www.youtube.com/watch?v=cLG5NKphXq0> or <https://www.youtube.com/watch?v=cLG5NKphXq0&feature=youtu.be>.

6 Gøtzsche PC. Complaint about serious mismanagement of the Cochrane Collaboration, charity number 1045921. 2018; 9 Oct. <http://www.deadlymedicines.dk/wp-content/uploads/2018/10/G%C3%B8tzsche-complaint-to-Charity-Commission-about-the-Cochrane-Collaboration.pdf>.

7 Burki T. The Cochrane board votes to expel Peter Gøtzsche. Lancet 2018;392:1103‐4.

8 Gøtzsche’s comments on Statement from Cochrane’s Governing Board about why his appeal was rejected. 2018; 26 Sept. <http://www.deadlymedicines.dk/wp-content/uploads/2018/09/G%C3%B8tzsches-comments-on-Cochrane-Statement-26-Sept.pdf>.

9 Letter to the Cochrane leadership from 31 centre directors in Spain and Latin America. 2018; 8 Oct. <http://www.deadlymedicines.dk/wp-content/uploads/2018/10/8-October-Statement-by-Ibero-American-Cochrane-Network.pdf>.

10 Gøtzsche PC. Cochrane authors on drug industry payroll should not be allowed. BMJ Evid Based Med 2019 Apr 11. pii: bmjebm-2018-111124. doi: 10.1136/bmjebm-2018-111124. [Epub ahead of print].

11 Godlee F. Reinvigorating Cochrane. BMJ 2018;362:k3966.

12 Enserink M. Evidence-based medicine group in turmoil after expulsion of co-founder. 2018; 16 Sept. <http://www.sciencemag.org/news/2018/09/evidence-based-medicine-group-turmoil-after-expulsion-co-founder>.

13 Demasi M. Cochrane – A sinking ship? 2018; 16 Sept.

<https://blogs.bmj.com/bmjebmspotlight/2018/09/16/cochrane-a-sinking-ship/>.

14 Vesper I. Mass resignation guts board of prestigious Cochrane Collaboration. 2018; 17 Sept. <https://www.nature.com/articles/d41586-018-06727-0?utm_source=twt_nnc&utm_medium=social&utm_campaign=naturenews&sf197859021=1>.

15 Hawkes N. Cochrane director says his sacking was flawed and came after "show trial".

BMJ 2018;362:k4008.

16 Hawkes N. Cochrane director's expulsion results in four board members resigning. BMJ 2018;362:k3945.

17 Smith R. Is Peter Gøtzsche the boy who sees that the emperor has no clothes and says so? 2018; 17 Sept. <https://richardswsmith.wordpress.com/2018/09/17/is-peter-gotzsche-the-boy-who-sees-that-the-emperor-has-no-clothes-and-says-so/>.

18 Gøtzsche PC. Deadly medicines and organised crime: How big pharma has corrupted health care. London: Radcliffe Publishing; 2013.

19 Greenhalgh T, Ozbilgin MF, Prainsack B, Shaw S. Moral entrepreneurship, the power-knowledge nexus, and the Cochrane "crisis". J Eval Clin Pract 2019; Mar 18. doi: 10.1111/jep.13124. [Epub ahead of print]

20 Letters to the Danish Minister of Health. Uploaded 21 Dec 2018. <http://www.deadlymedicines.dk/wp-content/uploads/2019/01/21-December-Letters-to-Danish-Minister-of-Health-about-preventing-G%C3%B8tzsches-dismissal.pdf>.

21 Schopenhauer A. The art of always being right. London: Gibson Square; 2009.

22 Gøtzsche PC, Ioannidis JP. Content area experts as authors: helpful or harmful for systematic reviews and meta‐analyses? BMJ 2012;345:e7031.

23 Tendal B, Higgins JP, Jüni P, Hróbjartsson A, Trelle S, Nüesch E, Wandel S, Jørgensen AW, Gesser K, Ilsøe-Kristensen S, Gøtzsche PC. Disagreements in meta-analyses using outcomes measured on continuous or rating scales: observer agreement study. BMJ 2009;339:b3128.

24 Løntoft S, Toft ONM. Ellen Trane: Nordisk Cochrane Center skal granskes. Altinget 2018; 19. december.

25 Lund K. Rigshospitalet gransker Peter Gøtzsches regnskaber. Sundhedspolitisk Tidsskrift 2017; 24. april. <http://sundhedspolitisktidsskrift.dk/nyheder/10-etik/127-rigshospitalet-gransker-peter-gotzsches-regnskaber.html>.

26 Brejner MLS. Region beder regionscentre tage afstand fra Peter Gøtzsches holdning til psykofarmaka. Sundhedspolitisk Tidsskrift 2018; 23. februar.

27 Corrigendum. J Eval Clin Pract (in press). DOI: 10.1111/jep.13227.

28 Bastian H. The HPV vaccine: a critique of a critique of a meta‐analysis. 2018; 25 Aug. <https://blogs.plos.org/absolutely-maybe/2018/08/25/the-hpv-vaccine-a-critique-of-a-critique-of-a-meta-analysis/>.

29 Gøtzsche PC. Vaccines: truth, lies and controversy. Copenhagen: People’s Press; 2019 (in press).

30 Bastian H. Scientific advocacy and biases of the ideological and industry kinds. 2018; 24 Sept. <https://blogs.plos.org/absolutely-maybe/2018/09/24/scientific-advocacy-and-biases-of-the-ideological-and-industry-kinds/>.

31 Jørgensen L, Gøtzsche P, Jefferson T. The Cochrane HPV vaccine review was incomplete and ignored important evidence of bias: Response to the Cochrane editors. 2018; 17 Sept. <https://ebm.bmj.com/content/23/5/165.responses#the-cochrane-hpv-vaccine-review-was-incomplete-and-ignored-important-evidence-of-bias-response-to-the-cochrane-editors>.

32 Gøtzsche PC. A moral governance crisis: the growing lack of democratic collaboration and scientific pluralism in Cochrane. 2018; 14 Sept. <http://www.deadlymedicines.dk/wp-content/uploads/2018/09/G%C3%B8tzsche-Moral-crisis-in-Cochrane.pdf>.

33 Ulucanlar S. Letter in response to: Greenhalgh T, Ozbilgin MF, Prainsack B, Shaw S. Moral entrepreneurship, the power‐knowledge nexus, and the Cochrane “crisis”. J Eval Clin Pract

2019; DOI: 10.1111/jep.13173.

34 Newman M. Has Cochrane lost its way? BMJ 2019;364:k5302.