**Activism, academic bias and argument without nuance is harmful and potentially dangerous**

**Abstract:**

Peter C Gøtzsche and Anders Sørensen in their article titled “Systematic violations of patients’ rights and safety: Forced medication of a cohort of 30 patients” alleged violation of patient rights by psychiatrists with the use of force and thereby causing immense harm(1). In this commentary I try to understand their motivation, expose their bias, make an evidence based counterpoint, explore real life consequences of their views and make a case for nuanced discussion on complexities in mental health.

**Understanding motivations**

Peter C Gøtzsche and Anders Sørensen are from Institute of Scientific Freedom, which according to their website works to preserve honesty and integrity in science and to help develop a better healthcare where more people will benefit; fewer will be harmed; and more will live longer in good health (2). The vision is very noble and shows that they value interests of patients. Their other associated website has blog posts which argue against overdiagnosis of psychiatric disorders and over prescription of drugs (3).

**Academic bias**

Peter C Gøtzsche has long held beliefs against psychiatry especially regarding the validity of psychiatric diagnosis and efficacy of psychiatric treatments. His two books have term ‘deadly medicines’ and ‘deadly psychiatry’ in their title. He lost his position in Cochrane Collaboration for "ongoing, consistent pattern of disruptive and inappropriate behaviours ..., detrimental to the charity’s work, reputation and members”(4). He has however held on to his beliefs despite their cost. He is prone for academic bias being heavily invested in his ideology, academic bias being the bias or perceived bias of any scholar allowing their belief to shape their research and the scientific community.

**Methodological issues**

In their study, Peter C Gøtzsche and Anders Sørensen studied the records for 30 consecutive patients who appealed decisions about antipsychotic medications to the Psychiatric Appeals Board in Denmark. They do not give the time period during which these 30 patients had made those appeals and also do not give the number of patients who were treated for mental illness in Denmark during that time. This denominator was necessary to show the extent of the problem that the authors allege. In the introductory section they assert that benefits from antipsychotics are uncertain by citing three books from ‘antipsychiatry’ literature and one paper which looked at data from new drug trials (5)! They not only think that doctors are abusing power but they allege that they are hand in glove with their oversight body. Do they forget that it is the same body which gave them access to data for the current study? The content of the material which they studied was written down by the doctors whom the authors are trying to discredit. If the doctors were trying to play foul would they document the information which will incriminate them? The authors have other blind spots too.

**Blind spots**

The authors describe instances of patients having adverse drug reactions which were recorded by the psychiatrists, who decided to continue with those drugs for reasons which were considered acceptable by the regulatory authority. Even in an audit, specialists of the field review the files and ask the treating doctors for explanations but here the authors who are not psychiatrists themselves have passed judgement on clinical decisions of psychiatrists.

They also recommend benzodiazepines and psychotherapy as options to be considered. They fail to note even these interventions can be harmful. Even meta-analyses on the efficacy of psychotherapies suggest that up to half of the patients do not show significant change, and in about 5–20% of patients, adverse events could be expected (6) and that guidelines emphasize that benzodiazepines are not the first choice of treatment (7).

They also question the diagnosis of delusions by competent personnel who examined the patients, when they themselves did not examine the patient. Is this not as unethical as diagnosing without examination?

Most importantly the authors are totally blind to realities of mental illness. There is loss of insight in psychosis (8). Patients who have the condition do not believe that they have any problem. They suffer a lot because of their beliefs and can pose threat to themselves and others. They are not to be punished for their behaviours but should be provided care. For example the person who threatened to kill people in their description, should not be tried in a court for threats but should be given treatment so that he could regain sense of reality and control. Ignoring common knowledge about severe mental illness, the authors seem to take the content of the speech of the patients as ‘truth’. It is as wrong as dismissing everything that a patient says as false.

The authors are also blind to the timeline of illness evolution and time lag in treatment response. When treatment starts early in the course of illness, there is possibility of worsening of symptoms after start of treatment. This is not the effect of medication but it is despite the medication being given due to evolving illness and time lag in response to the medication.

**A look at evidence**

The authors claim that there is no scientific basis for the use of antipsychotics. They cite some recognized methodological challenges in studies in psychiatry. However, they also try to conflate the issue by bringing up placebo controlled studies. It is important for us to know that doing placebo controlled studies in serious mental illness is not easy. In 2006, *Indian Journal of Medical Ethics* discussed a controversy about a placebo controlled study in India (9). The questions raised were addressed by the principal investigator (10). In that study, at the end point the proportion of patients whose severity of illness (CGI scale) was rated as “not ill,” “mild,” or “very mild” in the placebo arm, increased from 1 per cent at baseline to 37 per cent. This does make a case for the presence of placebo response. However, in the drug arm the increase was from 0 per cent to 72 per cent, clearly showing much greater effect due to treatment with the drug (11). Scientists recognize the adverse effects of drugs can affect blinding and that improvement can be because of the natural course of illness. However, the overwhelming evidence is in favour of antipsychotics.

It is considered unethical to include patients with severe illness like severe depression into placebo controlled trials and therefore participants in clinical trials are of mild to moderate severity. The placebo response in these patients is likely to be greater than in those with severe illness. This leads to underestimation of efficacy in the literature. However, clinicians treating patients with severe depression witness the efficacy of antidepressant drugs.

**Deadly consequences**

I am an able bodied middle aged male with old parents, middle aged wife, sister and two young children. In the event of severe mental illness, I am capable of causing immense damage to them if I am not taken control of. I hope my friends and extended family would move me to a psychiatric facility. The doctors might have to coerce me to be admitted and take medication. I am likely to oppose this vehemently and might even complain to the mental health tribunal. I only hope they would recognize that what I am doing is because my illness and would give me an opportunity to get better with appropriate treatments. I do not mind if I am coerced, as I hope to recover and gain my capacity back to live a fulfilled life. Studies done in India on perspectives of remitted psychiatric patients and caregivers about use of physical restraints showed a widespread acceptance for restraints over seclusion and involuntary treatment with admission and injections with consent of family member and presence of family member near the patient during the interventions(12) (13) . If someone took the authors seriously and abandoned provision of care for psychiatric patients under special circumstances, it would be a travesty of justice even though it is shrouded as coming from ethics and human rights.

**Matters of language and the need for nuance**

The authors have been extreme in their use of language throughout the article. Their negative attitude towards psychiatry as a discipline and psychiatrists as professionals is palpable. The content that they present from the perspective of patients is likely to be accurate. However, the sweeping generalizations, unfair criticism, condescending judgementality and baseless recomm

endations are more indicative of their bias than being dependent on the data. It is clear that they want to advocate for patients. Their critique on overdiagnosis may have value. Issues of mental health like diagnosis, insight, judgement, capacity, risk, assessment and treatment are complex. These need nuanced discussion not simple slogans from either social constructionists or biological reductionists. The authors should continue to do advocacy for psychiatric patients by being with them and learning from them in psychiatric hospitals, nursing homes, outpatient departments, day care facilities and community not from ivory towers of advocacy and academic institutes. In doing so they may gain a different perspective about the challenges faced by mental health professionals and thereby bring nuance into their argument.

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