

## **BRITISH MEDICAL JOURNAL PUBLISHES FALSE CLAIMS ABOUT MMR DOCTOR**

### **Journalist Brian Deer's Allegations about Dr. Andrew Wakefield fails to disclose press complaint**

LONDON, ENGLAND, April 16, 2010 --- Today the British Medical Journal (BMJ) has published an online commentary authored by journalist Brian Deer in which he makes further allegations against Dr. Andrew Wakefield and the doctors involved in the 1998 *Lancet* study that first reported possible links between MMR and autism, without affording Dr. Wakefield an opportunity to respond simultaneously to these serious allegations online. Deer's latest claims follow his February 2009 *Sunday Times* article accusing Dr. Wakefield of "fixing data" for which there is a pending complaint to the UK's Press Complaints Commission (PCC). The BMJ's press release regarding this latest published "special report" by Brian Deer, along with Dr. Wakefield's point-by-point response, is below:

*This week, the BMJ questions the existence of a new bowel condition in autistic children dubbed "autistic enterocolitis" by Dr Andrew Wakefield and colleagues in a now infamous and recently retracted paper published by the Lancet in 1998. In a special report, journalist Brian Deer tries to unravel the journey of the biopsy reports that formed the basis of the study, while an accompanying editorial asks does autistic enterocolitis exist at all? In 1996, Dr Andrew Wakefield was hired by a solicitor to help launch a speculative lawsuit against drug companies that manufactured MMR vaccine to find what he called at the time "a new syndrome" of bowel and brain disease caused by vaccines.*

**FALSE. I was not hired by a solicitor to find a new syndrome of bowel and brain disease caused by vaccines. I acted as a medical expert in respect of two matters: first, to provide a report on safety studies of measles-containing vaccines; and second, to look for evidence of measles virus in intestinal tissues of children with Crohn's disease, and children with regressive developmental disorder and intestinal symptoms who were undergoing investigation for possible bowel disease.**

**The proposed "new syndrome" was not what Deer claims. At the material time, the "new syndrome" consisted of gastrointestinal symptoms (not disease) in children with developmental regression. Prior to the clinical investigation of these children, the presence of intestinal disease had not been determined.**

*Deer reveals that biopsy reports from the Royal Free Hospital's pathology service on 11 children included in the Lancet study showed that eight out of 11 were interpreted as being largely normal. But in the paper, 11 of the 12 children were said to have "non-specific colitis": a clinically significant inflammation of the large bowel.*

**FALSE. The findings were correctly reported in *The Lancet* paper. The meticulous process by which the diagnoses were made in the children reported in that paper has been described on numerous occasions, including in published papers, in Mr. Deer's presence at the GMC, in the complaint filed against him to the PCC that is published online<sup>1</sup>. For the avoidance of doubt, the**

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<sup>1</sup> [http://www.cryshame.co.uk//images/stories/complaint\\_to\\_uk\\_pcc.pdf](http://www.cryshame.co.uk//images/stories/complaint_to_uk_pcc.pdf)

clinical process involved two stages: routine reporting of the pathology by the duty pathologist, followed by a combined review by Professor Walker-Smith's team and Dr. Sue Davies. During this clinical review, it was recognized that significant disease was being overlooked. It was decided to have all biopsies reviewed by the senior pathologist with greatest experience in bowel disease, Dr. Paul Dhillon. This research review was undertaken in a blinded, unbiased manner such that Dr. Dhillon was not aware of the diagnosis in any child. Dr. Dhillon's diagnosis formed the basis for the findings reported in *The Lancet*. Dr. Dhillon's review is referred to in *The Lancet* and is described in detail in subsequent papers that confirmed the presence of bowel disease in many more children with autism. Mr. Deer was aware of these facts when making his false allegations but does not appear to have disclosed this to the BMJ..

*So how did the mismatches occur? Apparently, the biopsies were first reported on by Dr Susan Davies, a consultant histopathologist and co-author on the study, but they were also seen and interpreted by three other co-authors before final publication. When Dr Davies was cross examined before the General Medical Council she said that she had initially been concerned about the use of the term "colitis" in the Lancet paper because she herself had found nothing abnormal in the biopsy sections. But she was reassured, she said, by the "formalised review" of the biopsies by her three colleagues.*

**FALSE. This is not what Dr Davies said. Mr Deer fails to mention that Dr. Davies was referring, in her evidence, to her use of the term *colitis* only in terms of *active colitis* (involving an increase in pus-forming cells) rather than *chronic colitis* which was present in many children, In his selective misrepresentation of the evidence he also fails to mention that, later in her evidence, Dr Davies clarified how, as a distinct pattern of disease emerged in the autistic children (particularly following an unbiased review she undertook with Dr. Murch) this disease came to be termed 'autistic enterocolitis'.**

*This apparent concurrence of four pathologists gave strength to the finding of a new bowel disease, writes Deer. But there is no suggestion in the paper that the second assessment caused findings to be substituted or changed. How many peer reviewers would have felt comfortable approving the paper if they had known that the hospital pathology service reported biopsy specimens as largely normal, but they were then subjected to an unplanned second look and reinterpreted, he asks?*

**FALSE. A *planned* "second look" was undertaken routinely by Professor Walker-Smith and his team at the weekly clinical meeting he held with Dr. Davies for this purpose. This planned review has Is been part of Professor Walker-Smith's clinical practice, and is essential for quality control. It was at this point that discrepancies were found, and it was these discrepancies that led to a further planned review by Dr. Dhillon.**

Professor David Candy, paediatric gastroenterologist at St Richard's Hospital, Chichester, who reviewed the paper in 1997, said "no": he wouldn't have felt comfortable. "That's an example of really naughty doing – to exclude the original pathology findings."

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**It is highly unlikely that Deer informed Dr. Candy of the extensive evidence refuting his false claims, or that on the basis of these false claims, Mr. Deer is the subject of a formal complaint to the PCC.**

*So what should we make of all this, asks Deer? The biopsy slides are no longer available, and cannot be re-assessed. All we have are Dr Davies' pathology reports, and independent specialists seem to agree that she regarded what they showed as largely unremarkable.*

**FALSE. Contemporaneous reports based upon Dr Dhillon's formal assessments are available that confirm the findings described in The Lancet.**

*Professor Tom MacDonald, dean of research at Barts and the London School of Medicine and co-author of Immunology and Diseases of the Gut said: "If I was the referee and the routine pathologists reported that 8/11 were within normal limits, or had trivial changes, but this was then revised by other people to 11/12 having non-specific colitis, then I would just tell the editor to reject the paper." In an accompanying editorial, Sir Nicholas Wright also from Barts and the London points out that all histopathological interpretation is a matter of opinion, but we should always ask how reliable that opinion is.*

**CORRECT. It was precisely for this reason that the final diagnosis was left to the most senior pathologist with the most experience in bowel disease who assessed the tissues in an unbiased fashion.**

*In terms of whether autistic enterocolitis exists, several studies have shown an association between inflammatory pathology and autistic spectrum disorder, but he believes that, in view of the limited data, any firm conclusion would be inadvisable.*

**CORRECT. The finding of inflammatory disease of the intestine of autistic children has now been confirmed in 5 different countries.**

**Dr Wakefield said "It is extraordinary that a journal like the BMJ should have reduced itself to this sort of tabloid medicine from an entirely unqualified and biased source. The egregious errors in Deer's report should cause embarrassment to the BMJ's editors. In a relentless and misguided effort to distract attention from vaccine safety issues, agenda-driven journalism has once again made a mockery of medicine."**

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