



David.Healy@wales.nhs.uk
August 21st 2018

Vaughn Gething
Minister for Health,
Welsh Assembly Government

Dear Mr Gething

The situation....

The primary aim [of this letter] is to point out structural issues both BCUHB and Welsh Government should be aware of – if only to offer both of you a Get-out-of-jail-free card should something go wrong.

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I will deal with the overarching structural issues first. To do so comprehensively has taken me 160,000 words in draft book form. If you, your office, or the Board want to make sure you fully understand this context to local issues, I would be happy to meet.

I will then outline local difficulties. It's likely that you, the Board and I have differing views about what is going wrong at a local level. I see input from structural factors where you won't...

Structural Issues

The running of a health service is a complex undertaking, at present made more difficult by problems that no-one at a political or managerial level in the services today, whether public or private, has addressed.

The structural issues outlined here should shock you. I routinely lecture about these issues, write about them, repeat them under oath in legal or coronial cases, which I shouldn't be doing if what's in this letter is not right – so I welcome feedback.

1. Since 1990, there has effectively been no access to the data from the vast bulk of clinical trials undertaken on the treatments that consume the most resources in healthcare. Not even the regulator (MHRA) has access.
2. Since 1990, close to all academic publications about on-patent drugs have been ghost or company written to the extent of portraying negative trials as positive and dangerous treatments as safe.
3. As a consequence, NICE guidelines on the most commonly used treatments in mental healthcare or the conditions they treat are junk.
4. NICE refuses to engage on this issue.
5. In large swathes of clinical care, those keeping to guidelines or pathways put patients on less effective, riskier and costlier treatments than they should.
6. This also leads to a polypharmacy, which seems a likely contributor to the recently reported dip in life expectancies in the UK and US.
7. It also has economic consequences. From children's mental health to osteoporosis services, an impression of treatment efficacy and safety has led to service

developments which pour money down the drain of screening programs, auditors and managers as services fail to deliver and management respond.

A common response to these points is to concede some merit to them but assume there are checks and balances in the system. There aren't. A failure to appreciate this means politicians and managers make the following predictable mistakes.

1. You view a report like this as an insider or whistleblower account when it isn't. Insiders blow whistles about rotten apples in a barrel. This is a rotten barrel problem. A broad light of day problem.
2. You respond (as you have done) by saying it's important for doctors to stick with guidelines and on-label treatments when it's doctors who stick to guidelines and prescribe on-label only who now pose the greatest risk.
3. You respond (as you have done) by promising money for non-drug services – counselling or therapy services in children's mental health - unable to appreciate that this is a recipe for increasing drug use.
4. You have no answer for families and coroners facing Root Cause Analyses of a death where a Trust gives themselves top marks for meeting all standards and ticking all boxes but fails to explain why a death has happened - because their processes do not contain a box for treatment induced death.
5. Having the requisite boxes would bring services up against missing data and a ghostwritten literature.
6. You have no ready way to solve this problem, which has been caused by doctors accepting Fake Science for 3 decades.
7. On paper BCUHB and other organizations see themselves as ticking all boxes, and so when faced with structural issues like this and linked local difficulties it is easier to default into Healy is a crank mode.
8. This likely underpins BCUHB failure to respond to concerns raised.
9. For clinical staff and patients, the mismatch between what seems rational to a Health Board and what happens on the ground is creating a hostile environment. The Health Board can only blame staff, for whom it's like having a weather forecast tell us the sun is shining when its clearly raining – as would happen if the forecasts were based on fake data.

Where there is decent research to support a clinical pathway and staff see patients benefit, a process driven model of care in some areas of care can be rewarding for both staff and patients, but this cannot happen where the structural factors outlined above come into play.

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Yours sincerely

A handwritten signature in cursive script that reads "David Healy". The signature is written in black ink on a white background.

David Healy MD FRCPsych

cc. F Atherton, XYZ.