



David Healy <david.healy54@googlemail.com>

Phone Call?

David Healy <david.healy54@googlemail.com>

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To: Richard.Adams2@wales.nhs.uk

Dear Dr Adams

Following the death of their son Samuel, the Morgan family got in touch with me as part of their efforts to work out what happened. I am one of the leading experts on SSRIs and suicides and families often get in touch. More often than not, I figure the drug has not caused the death.

It sounded to me from what the Morgans told me that the citalopram their son was put on caused him to commit suicide. The medical records and toxicology reports that have since been sent to me make it possible to argue a strong case for this.

I understand the family have also met with you. Looking for some way to make the system answerable, they had found NICE guidance indicating that people should be reviewed a week after starting treatment and Sam wasn't reviewed. This seemed to them – and its easy to see why – to point to some culpability.

I've explained to them that from everything I've seen you didn't put a foot wrong. I've also explained that you are potentially their greatest ally in moving forward rather than the source of their problems.

The problem lies with the NICE guidelines – these are based on a ghostwritten literature without NICE or the MHRA having any access to the clinical trial data that leads to their recommendations. The actual data shows, as both NICE and MHRA know, an excess of suicides and suicidal acts on SSRIs compared with placebo. The healthy volunteer trials of these drugs in the 1980s showed the same thing – many of which were run in Cardiff and others elsewhere in the UK.

I've put Vaughan Gething on notice about this several years ago saying that it was not just producing outcomes like the one that led to Samuel Morgan's death but it was costing a huge amount of health monies for treatments that are less effective and more dangerous than hyped – in ghostwritten articles etc. Frank Atherton, the CMO in Wales, wrote back saying he recognised the issues being raised but that he was not clear what he could do. (I now work in Canada but up to a few months ago I was in N Wales. I can give you the correspondence).

This is where you, allied with the family, come in. A statement on your part – in response to the report that I will write – something to the effect that if the things Healy is saying are half way correct the matter should be investigated further in order to reduce the risks of trauma to families like the Morgans and to doctors like yourself.

I had figured on phoning you to run through what some of the possibilities might be but thought that before doing so it might be prudent to give you a heads up.

If you are willing to talk, I have no problems with you having all your colleagues on the line, and a representative of your defence union or whoever as well.

My position is were anyone to take an action against you, as things stand you could recruit me to be an expert on your behalf in that I am the person best placed to make a case that doctors generally have been left in the dark about the known hazards these drugs pose.

I hope you will be willing to take a call. I'll do the talking in response to any questions you or your colleagues have – you don't otherwise have to say anything.

David Healy

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