

In reply to [David Healy](#).

Prof,

That is a harsh criticism of MHRA and I don't question the strength of your upset but I do wonder if it is misplaced and that we, by that I mean the UK general public, are being given the full picture on this sad event by the surviving people involved, including yourself as the expert witness..

We are told Tom had worries at work but also that these had passed and they were no longer to be considered a factor. We are expected to take his two partner's word for it (one personal, the other business) yet the evidence now freely available online points to that being very much not the case.

Chris has the sort of certainty that many of us don't share, leaning instead more towards the "common sense" interpretation that something circumstantial rather than something chemical tipped Tom over the edge that Sunday afternoon a year ago.

I expect the authors of the two responses agree with me but are not prepared to challenge the coroner in public, if at all. But if you and others repeatedly assert in public that the relevant regulatory bodies "played a part in killing him" then that could well change, The GP, who lost a patient, might eventually feel the same way too.

From the above, you will recognise that I don't share your view that the case is clear cut but then, unlike you, I didn't hear the evidence in court. Perhaps it addressed the extent and nature of those worries but I haven't found any reporting to suggest that they were even classified let alone discussed..

Gary

Gary

You are missing the point. The issue is not do we know with absolute certainty that his meds killed Tom Kingston. We do know with close to absolute certainty that

- 1/. The meds can kill people - even healthy volunteers.
- 2/. We Know Pfizer have terminated healthy volunteer trials with sertraline when all of those on sertraline became agitated around 4 days like Tom Kingston and Pfizer said our drug can cause this - drugs like this can cause this.
- 3/. We know there is an excess of suicidal events in clinical trials of SSRIs drugs.
- 4/. We know companies broke regulations in their efforts to hide this and committed fraud.

The issue is whether the labelling of these drugs should give the impression that it is only depression that cause cause suicide. The issue is why does the labelling not clearly indicate the drugs can cause suicide in their own right?

A medicine is a chemical we can all expect to be hazardous along with information that we used to think would help to keep us safe when using this chemical. The current labels of these drugs put

people like Tom Kingston at greater risk than if people bought the drug over the counter and you used natural caution and stopped the drug when you began to feel worse - as he did - but then was essentially put back on the same drug.

Perhaps there were other factors but the chemical and its unfortunate labelling increased the risk the outcome would be death whether or not he had no other worries in his life, no other factors of any sort, or whether he had some heavy duty other worries (which no-one has told me about).

David

Prof,

I take your points but I ask myself a similar question: (Perhaps) the risk was increased but if he had not gone to the GP and struggled on or had their RCGP joint decision making led to a non-chemical treatment plan would he, on the balance of probabilities, still have taken his own life?

To answer that we would have needed to learn more detail about his personal and professional life than many would consider seemly for a coroner's court involving a grieving family and friends.

The responses from the three authorities suggest to me that the Coroner's concerns, legitimate as they are, were about a singular and complex circumstance and were arrived at in a selective way that together mean they won't be allowed to tip the scales against the existing policies (both informational and switching within treatment lanes) on their own.

Having said that, I think RCGP were a bit insensitive in their response. I for one got an uncomfortable feeling there may have been some patient blaming/GP protecting going on in the author's mind when drafting and releasing it.

Gary

Gary

You are still missing the point I think. Of course if he never got put on one of these drugs or if he did get put on one but had a good response so he felt no need to stop it because it was clearly making him feel worse, attention would focus on other factors. There do not appear to have been significant other factors in this case.

These are hypotheticals. The details that need to be explained in this case are that all sides agree he became malignantly agitated after going on sertraline - and pfizer say sertraline can cause this in healthy volunteers who are under no known stress - and not just an occasional healthy volunteer but 100% of the volunteers in one study - and then after he stopped sertraline and went back to his doctor she put him on essentially the same drug although not called sertraline.

Do you not think that the most likely factor causing his death was his SSRI drugs. No one has said there are no other possibilities but with the current state of the evidence everything else appears much less likely and much less contributory.

D

In reply to [David Healy](#).

Below you ask “Do you not think that the most likely factor causing his death was his SSRI drugs. No one has said there are no other possibilities but with the current state of the evidence everything else appears much less likely and much less contributory”

As I have suggested previously, while it is clearly true that no evidence was presented to the coroner in open court, either by her officer or on behalf of any other interested party, that is not to say there weren't facts, readily discernable between February and December 2024, that pointed to ongoing problems in his life. Here is not the place to try to correct the record but I hope a simple example will suffice.

Look at the Devonport Capital entry at Companies House (link at end), as the coroner's officer must surely have done. You will see immediately that the last set of accounts for this “credit granting by non-deposit taking finance houses and other specialist consumer credit grantors” company were filed back in 2023 for 2022 and that the next are now overdue by a month. This despite the remaining director being granted an additional three months leeway in August 2024. Download the last accounts and you will see that this two man team had made or borrowed and then lent out £23m as at January 2023. This was a red flag waving over the business partner's testimony that there were no longer any financial worries to be explained. In late December 2024 this was risk was substantiated in the first of two Devonport related Regulatory News Service announcements by GoldStone Resources Ltd.

Then there is the very human question of why it was that a middle aged man was moving stuff, without his wife, from a house in London to his parents' home for storage. A more risk averse coroner's officer might also have asked why a borrowed gun and ammunition were available together in the back of a car, even in an off-road property, just before a planned departure. To be frank, I think there were at least equal grounds for a coroner's report to the Home Office, BASC and CLBA on that one.

But, yes, you are right. In the absence of evidential disclosure of any other of the usual factors for middle age male ideation and action (eg the Samaritans personality traits, masculinity, challenges of mid-life, relationship breakdown, emotional illiteracy and socio-economic factors) the use of SSRI drugs does indeed provide the most likely explanation.

<https://find-and-update.company-information.service.gov.uk/company/09741181>

Gary

Decades back Eli Lilly approached me about some cases they had on their books. I made it clear to them about some of these cases that I was likely the best expert they could have – something who believed Prozac could cause suicide but was willing to say that in the case of this or that person who had committed suicide or homicide that it was unlikely that it had caused the problem and even unlikely that it had played a part.

If someone goes on an SSRI and has a clearly beneficial effect – usually apparent within 48 hours, certainly in the first week, as one colleague put it when they seem happy as a clam on it if under the kinds of stress you hint at they commit suicide – I'd be happy to be a witness for the company.

I've repeatedly made it clear I'd be happy to be an expert for a Doctor in a negligence case where someone commits suicide on an SSRI the doctor has prescribed – I find it hard to blame doctors who don't realize NICE Guidelines are based on a largely fraudulent literature, that MHRA have not seen the data from the trials done on drugs they license – that they have licensed a drug without warnings for suicide and homicide that with a little bit of digging they could have found the company and lots of folk knew could cause homicide – a mother killing her children and trying to kill herself.

Its worth reading the posts on the Lemak case on RxISK. There are a lot of other homicide cases of mothers killing children and trying to kill themselves and succeeding or not. You can as the prosecutor did in the Lemak case say this was a women seeking revenge on a husband who was leaving her rather than a homicide caused by the drug she was on – sertraline. But again if you look at the details of the case, this was not a happy as a clam on this pill woman, it was a woman who had all the stigmata of a drug induced state at high risk of eventuating in the outcomes we had – a women unlikely to do anything like this had she not been on the drug. The prosecutor had little option in this case but to pursue a revenge story because she was clearly not insane. The defense could not raise the drug because Illinois law didn't allow,

Coroners in the UK are in the same bind. The law does not allow them to finger the drug as the likely trigger to death – even those these drugs are more likely to cause suicide or homicide that pretty well anything available on the street when coroners can finger the drug as the cause.

In this case I knew about the business dealings, and chased them. I chased other possibilities also. But I also looked at the medical record which did not seem constructed a priori to lead someone like me to come to the conclusion I came to. There was an unambiguous fingerprint of hypnotic and later SSRI induced problems. These were unambiguous enough and severe enough to be able to separate them from any other stressors that might have led TK to see input for something that initially he figured would resolve with a few nights good sleep.

There was the account by his business partner – not about the financial state of the business which has problems now because TK out of character didn't put things in place that would have prevented later problems had he accidentally been run over by a bus – but about an episode his partner and a business colleague witnessed that they could have had no idea would be important to me in coming to a view as to what was happening.

Still with very clear evidence of drug induced problems, I remained open to the possibility that I was being mislead. Getting s 'smell' of the people involved – parents, partner, lawyer – were all important. 'Smell' like this is an important part of my job and I didn't detect anything that added to suspicions I should have and you clearly have.

The case throws up things you aren't dealing with. First why do lawyers for doctors, like Dr Morgan's in this case advise their clients never to blame the drug. We can set aside anything extra you think

Dr Morgan might have known about but is not telling us for the sake of the family – all doctors are advised by all defense lawyers not to blame the drug.

Why do the warnings for these drugs not tell doctors that you should be able to tell in the first week if an SSRI is suiting your patient and if its not you should stop it and not prescribe another SSRIs. Why do the warnings not say these drugs can cause suicide and have done so even in healthy volunteers?

If you think I have some agenda and am part of a conspiracy to mislead people – spell it out,

David

I should add that I wrote my last comment before discovering that Companies House had been updated earlier today to reflect an announcement that Devonport Capital commenced insolvency proceedings on 27 February.

I think it's probably best to leave it at that.

Gary

Prof

In response to your challenge and without being at all snide I offer you and others a single factual counter to TK's business partner PB's stating there was very little problem with the business prior to 25 February 2024.

<https://www.mincom.gov.gh/category/press-releases/>

As you can see by reading the press release above, by August 2023 there was already a problem developing over the loans to Blue International Holdings Limited/Future Global Resources. These had been advanced by Devonport in January 2021 and 2022 just as its turnover was starting to fly. It was also in the public domain that Blue/FGR had themselves loaned funds to another gold miner in Ghana, GoldStone Resources, in January of 2023. It's not unreasonable to suggest that Blue/FGR were already experiencing operational difficulties at their mine by then and that Devonport's directors were fully aware of the developing threat to both the likelihood of repayment and the security on which their investment in Prestea-Bogoso rested. Subsequent events confirmed that the concerns were well founded.

This is the Devonport loan series (there were four loans to the Blue/FGR group as declared to Companies House) with the clearest evidence of associated problems available to the public. Other investments also appear to have developed problems between August 2023 and February 2024 but rather than speculate about those here and now I thought it more appropriate to draw a line in order to wait for the statutory report to identify them with all the authority and independence of the office of an insolvency administrator.

If the phrase I used earlier sounded snide then I do apologise but it wasn't intended to. I also regret that you detected a personal and adversarial tone in my comments. although it does appear to have

led to you quoting PB's testimony extensively. For that and for your other detailed explanations I am very grateful to you.

Gary

Gary

It is difficult for me or any reader to know if you are a conspiracy theorist or whether you have genuine information that needs taking into account. So far you haven't mentioned anything. It was very clear to me that TK was in a risky business but also that he had gone into it because the prior very well compensated business role he had was much less entrepreneurial - risk taking. The new business was one where some loans were almost certain to fail without failures being catastrophes. You either don't know this and are not in a position to factor it into account when considering the point you have just made - or you do know it and are choosing not to factor it into account - or are mentioning this as a conspiracy theorist seeking to influence readers here and others - to induce a Holy Shit reaction in them - yes of course that would make me suicidal.

I don't know how much else you know about the man but he had a track record of seeking out risks prior to this and things going wrong leaving him with consequences that did not lead to suicide or attempted suicide or mood disorders of any sort - and I should stress he did not have a mood disorder of any sort on this occasion. There are other elements to his life that I am not prepared to delve into here as they are none of the business of readers.

I mention this only to repeat that when looking at a case like this or any case, I take as full a picture into account as I can get hold of and in many more cases - inquests and others - I have given a view that the drug likely did not play a part or at least it is not at present sufficiently obvious from the details made available that a case can be made that would persuade a coroner or many other reasonable folk - including me.

In contrast, there are many people who term themselves critical psychiatrists, or such like, who mostly do not have the nerve to get involved in a medico-legal case but if they do are all too likely to blame the drug - this man was on a drug that can cause suicide and he committed suicide therefore the drug likely caused it. Even when colleagues I otherwise respect have offered views like this, I have said that I was pretty certain the drug did not cause this suicide or homicide.

I gave the Kingston family a blunt message about retaining me, that from a skim through the initial material sent to me I was quite likely not to implicate the drug in this case. I changed my mind on digging deeper. The coroner was initially not inclined to credit the drug as playing a part from toxicology reports which said there was no or almost no SSRI in TK's body and it could not therefore be playing a part.

Why mention this? I do so in order to allay fears some readers may have in the light of details you've brought into the frame that I took into account - I do not want the case that SSRIs can cause suicides or worse homicides to be compromised in some eyes by innuendo.

What neither readers nor I know is whether you are a conspiracy theorist feeding on details which you can always find in a case involving a well-known person. Or whether you have grounds to think

the drugs in this case did not play a significant role in this death - likely the critical role in this death happening at this time.

Another option is you are someone who like our suicide Tsar Louis Appleby simply doesn't believe the drugs can cause problems like this. There are many doctors and large sections of the public who believe this. I could be here till the cows come home and not be able to persuade them. Is this the case with you?

The business factors you bring up are pretty well irrelevant when the drug is the primary factor in a suicide. The business factors may be relevant in cases where there is no drug or for people who think a drug cannot do something like this. Do you think these drugs can't do this? If they can do it they will do it in some healthy volunteers under no stress and in some other people who may be under stress (healthy volunteers like TK). The stress may contribute in these latter cases but mostly would not, absent the drug, have caused this outcome at this time.

In this case the stigmata of drug induced suicide are present to see. This man had a relatively minor problem before being put on what turned out to be a poor choice for him and the situation escalated from there. I wonder Gary if you have any expertise or biases in this area?

Whether you have expertise or not or are biased or not, this case whether it is a drug induced suicide or not sheds light on regulatory communication close to dictated for the UK regulators by GSK 20 years ago - a company who at the time were charged with Fraud. A regulator who went on to appoint Ian Hudson an ex GSK employee as its CEO - a man who stated under oath that paroxetine has no adverse effects at all. How acceptable do you find this - should the wider public find this?

It sheds light on the fact that the NICE guidelines for close to all drugs are based on a ghostwritten, likely fraudulent in many cases, literature with neither you nor I nor the guideline makers having access to the data from the studies they are purporting to synthesize into guidance. How acceptable do you find this?

In their submissions to regulators for these drugs, most of the companies in this area breached regulations - a matter that was pointed out by staff in FDA, MHRA etc - but those in charge turned a blind eye. Senior regulators put their names to articles based on regulation breaching manipulations of the data. How should we view this?

The upshot is probably innocent doctors like Dr Morgan faced with someone who appears to have a disastrous response to sertraline instead of knowing that she should applaud him for having stopped it and should not have put him back on essentially the same drug goes ahead and does just this.

We both might think perhaps Dr Morgan knew more and her view at the inquest might have fed into the points you are making but what you perhaps haven't know is that doctor's lawyers in cases like this tell them not to blame the drug and if it seems all too obvious the only way to explain this is that the drug did it and the doctor is uncomfortable denying this, they advise her not to be present - advice she took.

Why are we in this situation when the man who created SSRIs, Arvid Carlsson, believed SSRIs can cause suicide and the way to avoid this is to listen to patients - they are not supposed to feel worse

after starting an SSRI. But MHRA listening to GSK rather than Carlsson have wording in the label which will say to many if you feel worse keep on taking the drug because it doesn't start working for up to 6 weeks.

Carlsson would have told you that TK might have done a lot better on nicotine than an SSRI – in his case this was an evidence based rather than an idiosyncratic view. He tested it out.

How have we managed to stray so far from basic common sense? Can you answer some of these points or do you prefer celebrity gossip?

David

Your assertion: "The business factors you bring up are pretty well irrelevant when the drug is the primary factor in a suicide."

It seems, from my perspective, to come down to an irreconcilable difference of opinion on the nature and impact of the worries facing two very different people, PB and TK, before 25 February 2024. The first insolvency report should shed some light, on the former at least.

My counter assertion: "The past use of a drug is pretty well irrelevant when a noxious cocktail of personal worries combined with ready access to a firearm and ammunition is the primary factor in a suicide".

Gary

This is not a matter of an irreconcilable difference of opinions. You are completely avoiding serious and genuine (honest) engagement for whatever reason.

I've suggested you might be a conspiracy theorist but contrarian may be a better word. Another option is you are a front for MHRA, or NICE, or Britain's supposed Suicide Czar - Louis Appleby - all of whom in my opinion have played a dismal, sometimes shocking, part not just in this case but for several decades that has in my opinion led to many more deaths than would otherwise have happened.

The issue is not - was there a business stress. There appears to have been some stress, part of which may have been linked to the business, but whatever the cause TK initially figured a few nights better sleep would sort it. The first treatment aggravated things further. A second treatment dramatically aggravated things. A third preceded the suicide. This is all very clear in the medical record and is not a matter of some distant prior history but is a continuous series of events where each intervention ramped up the problem.

In one sense no surprise – these are not treatments for business stress. And no surprise in that the treatments given do not suit more than 50% of those who get them. There was a 50-50 chance there might have been some help and very clear evidence that this possibility of help was not being realized in TK's case.



A declaration of insolvency nearly a year later is irrelevant to all this. I'm linked to RxISK.org and one of my business partners has been pushing for us to declare insolvency for some years. What many readers here may not realize is insolvency is very different to bankruptcy. Technically amazon could have filed for insolvency for a period of a decade or more. Businesses can be insolvent in order to avoid paying taxes. Or may end up insolvent some time later because of a run on the bank that TK's death triggered - as his partner outlined but also outlined that he never envisaged TK ordinarily doing anything like this, even under stress - so what happened remained inexplicable to his partner without invoking another factor.

In the case of RxISK, my accountant resisted the efforts of my business 'partner'. Just as well. It turns out he appears to have been breaching his fiduciary duty to the rest of us for several years and his suggestion about declaring insolvency now looks like one more instance of this.

This constituted a profound betrayal of a group of us who otherwise were primarily aiming at helping people survive and better again avoid treatment induced injuries. A shocking betrayal also in that this partner had a son whom he claimed was killed by treatment.

I've got good grounds to know about the stress business factors like this, including the betrayal element, can cause but it hasn't caused me to attempt to kill myself and I am much less battle-hardened than Tom Kingston was. I didn't get into this figuring risk taking was better than a quiet life as he did, and I have far less resources to call on than TK.

Unlike your disregard of a drug-induced element, I haven't for one minute disregarded a stress element.

You haven't given any indication you have a health background, so let me explain. Likely close to every day in the week, certainly every week of the year, doctors dealing with nervous problems - either mental illness or stress - are called on to decide if the worsening picture they are witnessing is stress or illness linked in which case the answer might be to increase the dose.

If it is treatment related, the answer is to reduce the dose or stop the treatment - a reasonable option if you bear in mind that 50% of us are unlikely to have a good response to the treatment we have been put on.

This is not a matter of an irreconcilable difference of opinion. Doctors and ideally patient and doctor together have to choose against a background where making the wrong choice can cost a life. Medicine cannot work unless they mostly get this right.

From the very start many patients were often forced to get it right on their own - they smiled sweetly at their doctor when he asked if the pills were helping, saying yes they were when in fact the patient, like TK, figured they weren't and had stopped them.

TK was more open and made it clear sertraline had made things worse in the clearest way he could possibly have made it clear - this was long before the final events so there is no reason to believe he was part of a conspiracy. The accounts of his business partner and wife all support a view that there was some business stress but a dramatic change in TK after starting the meds that appeared out of all proportion to the business stress.

There is no indication you have any sense as to the high stakes game that can be involved with some of these drugs. You are sounding like a scratched record returning to the business factors alone.

Unless you are willing to engage with the treatment issues we are left with a situation where you are making no effort to reconcile different observations – efforts that good clinical practice and all of science requires you to make. This is why your input does not look genuine – for whatever reason.

It casts aspersions on a man not here to defend himself. Why not cast aspersions on me who can respond - other than your snide approach of suggesting I didn't know what I was doing?

Which of the many Gary Bullivants who can be found on the web are you? Do you have any background in assessing medication induced problems? Are you being fed lines?

You are making this a non-conversation. I think you need to start answering questions.

David