Complaints to GMC about senior Fellows and Members of the Royal College of Psychiatrists:
Dr Carmine Pariante MRCPscyh, Spokesperson
Dr Wendy Burn FRCPscyh, President
Dr David Baldwin FRCPscyh, Chair of Psychopharmacology Committee

Core arguments:

1. Most sections of ‘The Duties of a Doctor’\(^1\) do not explicitly confine those duties to interactions with individual patients, relatives and colleagues. Therefore ‘public statements’ which influence those interactions in multiple ways are part of those duties and accordingly regulated by the GMC.

2. ‘61. You must respond promptly, fully and honestly to complaints and apologise when appropriate.’ These doctors, senior officers of the Royal College of Psychiatrists, are legalistically using the College complaints framework to avoid responding ‘promptly’. By spinning their response in the Mail on Sunday (MoS) they are not responding ‘fully and honestly’.

A central concern of my 15\(^{th}\) March complaint was publication bias: Dr Pariante repeated a narrower version of his ‘ends doubts’ claim with ‘what the study showed definitively was that, overall, all of the 21 pills available are more effective than a placebo, or dummy pills’. To say ‘definitive’ is false, and does not answer my complaint on the issue. Publication bias is not an academic issue for a registered doctor making a public statement about a meta-analysis of antidepressants. (See also 59, below)

3. ‘65. You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.’ I can provide wide-ranging evidence that trust

\(^1\) [https://www.gmc-uk.org/Good_medical_practice___English_1215.pdf_51527435.pdf](https://www.gmc-uk.org/Good_medical_practice___English_1215.pdf_51527435.pdf)
in psychiatric doctors, among those who are sceptical about antidepressants, or have
experienced harm from them, has been further eroded by this incident.

4. By promoting overprescription of antidepressant medication, and silencing sceptics
and critics, these doctors should have their licences to practise reviewed.

If they continue to contravene Good Medical Practice, proceedings to remove them
from the register should be initiated, for professional misconduct. Precedent exists
for such proceedings arising out of a variety of settings which do not involve direct
clinical care, for example the cases of several doctors giving medicolegal expert
advice, often in public hearings.

Dr Pariante’s Statements in the Mail on Sunday, 26th March

‘Carmine Pariante is...a spokesman for the Royal College of Psychiatrists.

He says: ‘Last month, the largest-ever study into the efficacy of anti-depressants concluded
that they do work, with the effectiveness ranging from small to moderate for different
drugs. At the time, I was widely quoted as saying this was the “final answer” on the subject
– a comment that was taken very much out of context.

‘To clarify, what the study showed definitively was that, overall, all of the 21 pills available
are more effective than a placebo, or dummy pills.

‘The people not covered in this study because the data isn’t available were the 20 to 25 per
cent of depression patients who don’t respond to any anti-depressant medication at all. This
is a huge problem. The outlook for these people can be very bleak and something we
urgently need to address. Some of these people get by on a combination of medication,
others respond to ECT [electroconvulsive therapy], some just battle on and others,
tragically, take their own lives.
‘We still don’t know exactly how anti-depressants work in the brain, but we do know that some people respond to them better than others, for reasons that aren’t clear. Research shows between 50 and 60 per cent of patients respond well; for them, the drugs really are life-changing and they can get back to normal over the space of a few months.

‘Contrary to popular belief, anti-depressants won’t make you “happy”. In those who respond to them, however, they can help you cope better or take the “edge” off depression, even if it is due to an ongoing chronic stressful life situation.

‘They will give you the extra energy and motivation to get back to some kind of normal life.’

Key relevant sections of ‘The duties of a doctor registered with the GMC’

Introduction: Professionalism in action
1. Patients need good doctors. Good doctors make the care of their patients their first concern: they establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity...

It is well known that many individual patients, relatives, psychiatrists and other doctors, and groups of all those, are very concerned about overprescription of antidepressants. The senior officers of the College, which has a monopoly and, I believe, statutory responsibility for psychiatry as a whole, should not seek to restrict public statement-making in a way which can only worsen such ‘relationships’.

2. Good doctors work in partnership with patients...

The ‘partnership’ should not solely be with pro-antidepressant patients.

Domain 2: Safety and quality
Respond to risks to safety

24. You must promote and encourage a culture that allows all staff to raise concerns openly and safely.

My 15th March complaint number 7: ‘It simply false to state that Cipriani et al significantly addresses drug safety. Their claims are in regard to ‘acceptability’. This remains unanswered. It seriously degrades the reputation of all doctors if a Royal Medical College cannot promptly and honestly admit and correct a falsehood like this.

Domain 3: Communication, partnership and teamwork

Communicate effectively

31. You must listen to patients, take account of their views, and respond honestly to their questions.

I am not aware of any efforts by the College to do this with patients who are sceptical about antidepressants. I am in contact with at least one patient, and I believe testimony from many others will be available, who describes a long history of being ignored, belittled and distracted by psychiatrists keen to increase antidepressant prescribing, including in relation to Dr Pariante’s 21st February statement.

32. You must give patients the information they want or need to know in a way they can understand

This overlaps with 31

33. You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.

The same applies to relatives and others.
Working collaboratively with colleagues

35. You must work collaboratively with colleagues, respecting their skills and contributions

Dr Burn has been President for six months and she was Dean for six years before that. This is no stumble by someone who does not ‘know the ropes’. It is clear that these three doctors are actively non-collaborative, because they have no respect for the ‘skills and contributions’ of ‘colleagues’ who are sceptical about antidepressants.

36. You must treat colleagues fairly and with respect.

While Dr Burn was Dean, the then President Dr Susan Bailey described College members who are sceptical about antidepressants (and other medication) as ‘zealots’: that has not been retracted, even partially. To respond to a complaint by a member of the public, let alone a member of the College, by spinning in the Mail on Sunday, is to treat not with respect, but with contempt.

Establish and maintain partnerships with patients

49. You must work in partnership with patients, sharing with them the information they will need to make decisions about their care, including:

a. their condition, its likely progression and the options for treatment, including associated risks and uncertainties

Dr Pariante’s statements, and the nature of the College’s response, indicate that these three doctors reject any ‘partnership’ with patients concerned about the ‘risks and uncertainties’ of antidepressants.

2 https://www.bmj.com/content/357/bmj.j2714
3 James Davies, Cracked: Why Psychiatry is Doing More Harm Than Good (London, Icon, 2013), Ch 13
Domain 4: Maintaining trust

Treat patients and colleagues fairly and without discrimination

Discrimination against antidepressant-sceptics has clearly occurred.

59. You must not unfairly discriminate against patients or colleagues by allowing your personal views to affect your professional relationships or the treatment you provide or arrange. You should challenge colleagues if their behaviour does not comply with this guidance, and follow the guidance in paragraph if the behaviour amounts to abuse or denial of a patient's or colleague's rights.

Doctors are not free to promote ‘personal views’ by silencing the voices of others. Those doctors who are also academics can enjoy such freedom only if they give up their GMC registration.

61. You must respond promptly, fully and honestly to complaints and apologise when appropriate.

‘Core argument 2’. See above.

65. You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.

‘Core argument 3’. See above.

67. You must act with honesty and integrity when designing, organising or carrying out research, and follow national research governance guidelines and our guidance.

Doctors Pariente and Baldwin are active researchers into psychiatric medication, and Doctor Burn is also a researcher. ‘Public statements’ about research, including that published by
others, are part of peer review and therefore part of ‘carrying out research’. They have not acted with reasonable honesty and integrity.

**Communicating information**

68. You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.

Dr Pariante failed to make a ‘reasonable check’ before his 21st February statements. Many patients, relatives, doctors and other professionals, including myself, believe that these three doctors have not been ‘honest and trustworthy’.

**Honesty in financial dealings**

77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.

78. You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.

79. If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally...

I have been unable to find any declaration of interest by Dr Pariante on the website of the Maudsley Hospital, where he does his primary clinical work in the NHS. There appears to be an incomplete declaration in relation to his academic work, on a fairly obscure KCL webpage, but that is wholly insufficient. I have not explored in relation to the other two doctors.

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Conflicts of interest

19. When you post material online, you should be open about any conflict of interest and declare any financial or commercial interests in healthcare organisations or pharmaceutical and biomedical companies...

Dr Pariante, who posts on Twitter regularly, has not done so. Neither has Dr Burn. Dr Baldwin appears not to use Twitter.

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5 https://www.gmc-uk.org/static/documents/content/Doctors_use_of_social_media.pdf