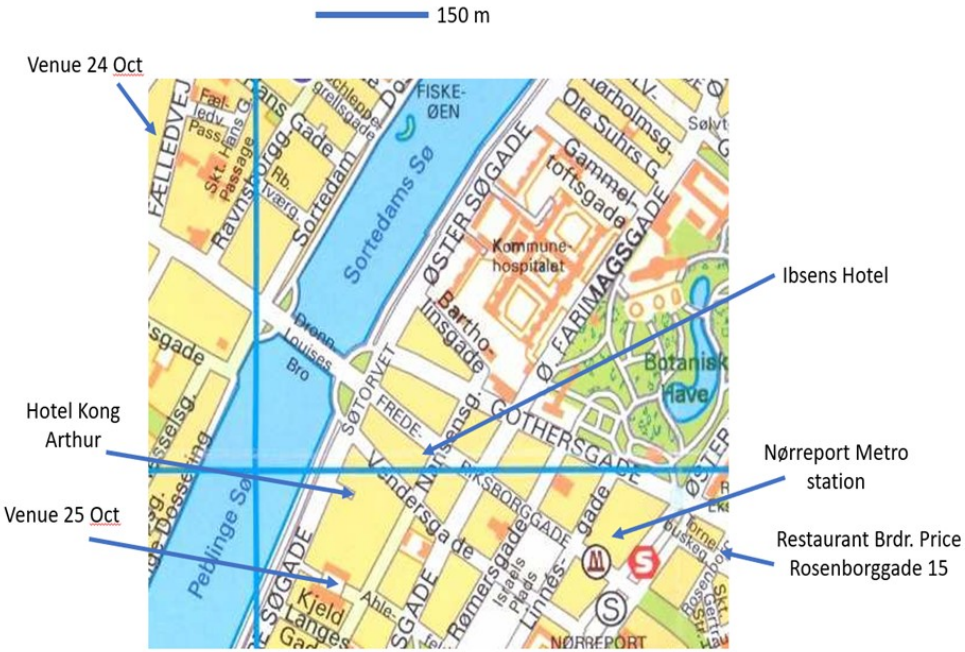
The Lack of Scientific Freedom: Causes, Consequences & Cures

Copenhagen, Denmark
24 & 25 October 2022

Hosted by the Centre for Evidence-Based Medicine in Oxford and the Institute for Scientific Freedom in Copenhagen

24 October 2022: Community Hall (1st floor)
Mellemfolkeligt Samvirke, Fælledvej 12
25 October 2022: Mødelokale 1, Kulturhuset,
Charlotte Ammundsens Plads 3



Informal dinner (at your own cost) on Monday at 18:00 at **Brdr. Price** (https://brdr-price.dk/brdr-price/en/). When making a booking let them know you are with “Scientific Freedom”; this way we can all sit together.

Day One Monday 24 October

08:30 Registration & Coffee

08:50 **Welcome & Introduction**
Peter C Gøtzsche
Institute for Scientific Freedom, Copenhagen, Denmark

09:00 **What does the current system look like? Is it evidence-based medicine**
Carl Heneghan
Centre for Evidence-Based Medicine, Oxford, UK

09:35 Four presentations based on abstracts

Charles Bennett – Davids versus Goliaths: Case series of 26 clinicians and scientists who were intimidated and threatened by academia and pharma after communicating findings contrary to corporate interests
Pawel Zagozdon – Paradigms shifts in public health during COVID-19 pandemic
Harald Walach – How the Covid-19 pandemic generates censorship – A case study of two falsely retracted studies and insights from interviewing media experts
Manfred Horst – clinical relevance of the Covid-19 vaccine trials

10:35 Coffee

11:00 **The "three legged stool" of the prevalent COVID 19 narrative: numbers of cases, hospital admissions and deaths**
Tom Jefferson, Professor, Oxford, UK

11:45 Four presentations based on abstracts
David Doat – The misuse(s) of scientific consensus in Covid-19 pandemic
Sara Gandini & Andrea Miconi – The attack on children. The attack on schools. The attack on Gandini.
Harvey Risch – Mass messaging of plausibility instead of scientific evidence
Manfred Horst – US mortality in the "pandemic" year 2020

12:45 Lunch

Day One continued

13:30 **Scientific censorship and pervasive corruption in psychiatry**
Robert Whitaker, Science Journalist, Boston, USA

14:15 **Failure of drug regulation: declining standards, lack of transparency and institutional corruption**
Maryanne Demasi, PhD and journalist, Sydney, Australia

14:55 Coffee

15:10 Four presentations based on abstracts

Leemon McHenry – On Censorship and Retraction: Pharmaceutical Industry Sponsored Psychiatric Clinical Trials
Robert Freudenthal & Matteo Pizzo – The forced abandonment of relational mental healthcare
Nicolas Vermeulen – Fear simplifies the world by distorting cognition and rational thinking
Peter Gøtzsche – Much of what is claimed in psychiatric textbooks is dangerous and amounts to scientific dishonesty

16:20 **Silencing whistle-blowers and refusing to retract fraudulent papers**
Peter Wilmshurst, Cardiologist, Stoke-on-Trent, UK

18:00 Informal dinner at own cost
Brdr. Price
Rosenborggade 15
DK-1130 Copenhagen K
T +45 3841 1020
Please make your own booking ref: “Scientific Freedom”

Day Two Tuesday 25 October

08:30 Coffee

09:00 **The Chinese-US joint cover up of the origin of COVID-19**
Peter C Gøtzsche
Institute for Scientific Freedom, Copenhagen, Denmark

09:40 **What happens when a scientist gets results about COVID-19 that are unwelcome?**
John PA Ioannidis
Professor, University of Stanford, California

10:20 Coffee

10:40 **The deadly consequences of ignoring drug utilization data**
Joan-Ramon Laporte,
Founder and Director, Butlletí Groc, Barcelona, Spain

11:20 Comfort break

11:30 **Opening company archives in lawsuits and exposing the fraud in clinical trials**
Kim Witczak
Drug Safety and Consumer Advocate, Los Angeles, California

12:10 Lunch

13:00 **What might a totally new system look like?**
David Hammerstein
Director, Commons Network, previous MEP, Valencia, Spain

13:40 Coffee — Safe journey home

14:00 **Faculty Meeting** (Closed)

The Lack of Scientific Freedom: Causes, Consequences & Cures

Focussing on the decline in scientific freedom which has been particularly visible during the COVID-19 pandemic

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Submitted Abstracts

Davids versus Goliaths: Case series of 26 clinicians and scientists who were intimidated and threatened by academia and pharma after communicating findings contrary to corporate interests

Charles L Bennett MD PhD MPP, Adjunct Investigator, Center for Outcomes Research, Beckman Research Institute/ City of Hope National Cancer Institute Designated Comprehensive Cancer Center. Duarte, California and the University of South Carolina, Columbia, South Caroline.

Charles L Bennett MD PhD MPP, SmartState Professor and Director of the SmartState Center for Medication Safety and Efficacy, a pharmacovigilance center that has been funded by the National Institutes of Health in the United States, has been responsible for identifying and reporting serious and previously unreported adverse drug reactions for 50 drugs and devices. After reporting tumor growth and cancer-related deaths following administration of the multi-billion dollar pharmaceutical agents, epoetin and darbepoetin in 2007 and 2008 in JAMA, he was subsequently the focus of criminal and civil investigations and a whistleblower lawsuit focusing on his use of federal grants to identify this toxicity. The end-result is that the findings were supported by the FDA and the European Medicines Agency. Bennett lost his endowed chair at Northwestern University, paid $500,000 to settle with the US Department of Justice, lost 25 years of NIH funded research, and was unable to regain any academic position at a medical school or public health school ever. He has held an endowed chair at a College of Pharmacy since leaving Northwestern University in 2010.

Objectives: to report threats experienced and economic/clinical impacts of these threats after clinicians/scientists publicly communicated drug safety, efficacy, or data integrity concerns involving pharmaceuticals/ devices.

Design: qualitative and quantitative analyses of publicly available reports of public communications from these individuals and follow-up by academia/pharmaceuticals.

Setting: 26 collaborators of two National Institute of Health funded pharmacovigilance centers were identified as having publicly communicated findings contrary to corporate interests. Publicly available texts of comments, governmental hearings, university reports, and media interviews; and economic and clinical impacts were available.

Participants: all had publicly communicated findings on drug/device safety, efficacy, or data integrity.

Davids versus Goliaths—continued

Main outcomes: personal comments by clinicians/scientists; rationale for studies; and clinical and economic impacts.

Results: Twenty-six individuals who communicated 27 safety, efficacy, or data integrity concerns contrary to corporate interests were targets of threats/intimidation from corporate employees (23 individuals) or regulatory personnel (3). Scientist/clinician communications were followed by drug/device withdrawals (8 drugs/2 devices) or black box warnings (6 drugs). Actions mainly occurred after persons communicated with pharmaceutical employees (14 individuals). Intimidation from corporation executives included lawsuit threats (18), private investigators (9), and disparagement at conferences (11). Intimidation by academia/regulatory agency superiors Included threats of: position loss (6), grant loss; (2), delayed tenure (2); or downward reassignment (1). Academic harms included lost: hospital/university appointments (9 and 6, respectively), grants (2), international clinical trial group chairmanship lost (1), and journal editorial board position (1). Financial harms included $1 million payments to defense attorneys defending against corporate lawyers.

Conclusions: Threats, intimidation, and harms from by corporate employees and/or academic supervisors may follow communication of findings contrary to corporate interests. The most common threats/harms were carried out by academic or regulatory agency superiors. The majority of public communications described safety, efficacy, or data integrity concerns with pharmaceuticals or device corporations.

Paradigms shifts in public health during COVID-19 pandemic

Pawel Zagozdzon, Medical University of Gdansk

Professor Pawel Zagozdzon is a researcher at the Medical University of Gdansk, Head of the Department of Hygiene and Epidemiology, and a psychiatrist in his clinical work. He undertook observational research which includes national surveys of mental health in the Poland, research using clinical databases, drug registries, and large cohort studies on unemployment and mortality in diverse populations to understand the risks for disorders. He also has >10 years of drug development experience from Pharma and CRO organisations across many therapeutic indications during phase III-IV of clinical trials.

Public health research has gone through paradigm shifts during the pandemic.
Paradigms are widely recognized scientific achievements that, for a time, provide model problem solving approaches to a community of practitioners and scientists.
The paradigm of public health practice is based on the assumption that the provision of well-planned services produces favourable results for health of the population that are supported by good quality epidemiological data.
During the pandemic public health practice has been dominated by new regimes of social distancing, face masks, massive testing, lockdowns, mandated vaccinations, and altered online education. The aim of this presentation is to review and examine the paradigmatic validity of those recommendations within medical sciences and epidemiology.
Epidemiological evidence for benefits of lockdowns, school closures, and travel restrictions are not based on valid scientific data.
Massive testing to detect COVID-19 with PCR tests became the operational gold standard during pandemic but the growing inclusion of asymptomatic people affects the reliability of this diagnostic test. Vaccines against COVID-19 were supposed to block a transmission of virus but data showed that it was not true. Nevertheless vaccines are still considered as a necessary prophylactic measures for all. Those paradigms were not evidence-based and were imposed by dominant mass-media narratives.
There were no reliable risk-benefit analysis that took into account all other aspects of human condition except statistical data on positive test results or “asymptomatic illness”. According to Thomas Kuhn, paradigms can also impede scientific progress by protecting inconsistent finding until a crisis point is reached: these crisis points lead to scientific revolution.
A paradigmatic shift we observed during pandemic was not related to a fundamental change in the understanding of a phenomenon but it was the consequence of the change in social relations and the power structure that governs access to information and valid scientific publication.

How the Covid-19 pandemic generates censorship – A case study of two falsely retracted studies and insights from interviewing media experts

Harald Walach, Next Society Institute, Kazimieras Simonavicius University, Vilnius, Lithuania

Harald Walach has been a health researcher for 30 years with some 200 peer reviewed papers and more than 100 book chapters published. He holds a PhD in Clinical Psychology and a PhD in History and Theory of Science. He has become interested in the Covid-19 crisis, when discovering worrying discrepancies between scientific data and public information in the media, and has since started to research some aspects of this crisis.

During the Covid-19 pandemic “science” has become a buzzword in the media. Never before has the public discourse of what is “scientifically” proven been streamlined by media of all kinds into a compulsory mainstream narrative.
Solid data that challenged this mainstream narrative were difficult to publish and once published often retracted due to pressure. I provide two case studies and insights from interviews with media specialists.
The two studies have been retracted and republished after thorough re-reviews. The first was a risk-benefit ratio calculation of the potential risks and benefits of Covid-19 vaccines. Its purpose was to provoke authorities into setting up a prospective active monitoring of vaccination side effects. The data used were those of a passive vaccination side effect monitoring system and published data of large cohorts of vaccinated persons.
The second study was an experimental measurement study of carbon dioxide under face masks in 45 children. The protests and criticisms were factually unfounded, and an “additional review” was never forwarded to us. The paper was subsequently submitted to two other journals and was finally republished after a thorough and competent re-review.
I embarked on a large interview study. During the course of this study my interview partners from the media shed some light on the problem.
Print media have shifted allegiance from business and industry to polities and reigning politicians, because this is what sustains them economically, as well as to non-governmental charities. Fact-checking sites have sprung up, sponsored by governments or non-governmental entities. Journalists have changed work-ethics. It is not facts they are interested in any longer, but ideological posture: to promote what is thought to be right and politically correct. The collusion between politicians and media has become the generator of politically correct, but not necessarily factually correct, narratives.

Clinical relevance of the Covid-19 vaccine trials

Manfred Horst, MD, PhD, MBA

Manfred Horst MD, specialist in allergic diseases and immunology Career in the pharmaceutical industry (most recently within the R&D department of Merck & Co./MSD) Currently independent consultant (www.manfred-horst-consulting-com) Since April 2020, several articles on Covid-19 (for Daily Sceptic, TCW, Browstone Institute and Achse des Guten, see https://manfred-horst.com/publications-covid-19/)

Background: The Covid-19 vaccines obtained conditional approval on the basis of percentage efficacy claims, published with great fanfare in the world's leading medical journals.

Objectives: Analyze endpoints and results of the vaccines' pivotal trials and draw conclusions as to their factual clinical relevance Methods: Simple, common sense analysis of data presented in NEJM and LANCET publications and FDA submlssion documents

Results:
1- The pivotal trials of all vaccine manufacturers showed a significant reduction of test-positivity for SARS-CoV-2 in people presenting with non-specific common cold or flu symptoms.
2- They did not show a reduction in the total number of common cold and flu symptoms.
3- They did not show a significant reduction in severe forms of Covid-19 or in Covid-19-mortality.
4- They did not even attempt to demonstrate a reduction in all-cause atypical pneumonias ("severe forms") or overall mortality.
5- The clinical relevance of these trials is at best.questionable.

The misuse(s) of scientific consensus in Covid-19 pandemic

David Doat, Associate Professor of Philosophy, ETHICS Lab, Catholic University of Lille (UCLille, France)

Co-authors
Christine Dupont-Gillain, University of Louvain (UCLouvain), Full Professor, Faculty of bioscience engineering ; Pierre-François Laterre, University of Louvain (UCLouvain, Belgium), Head of the intensive care unit at St Luc Hospital ; Olivier Servais, University of Louvain (UCLouvain, Belgium), Full Professor in Anthropology ; Vinciane Debaille, Free University of Brussels (ULB, Belgium), FNRS Researcher in Geochemistry

David Doat is Associate Professor of Philosophy at the ETHICS laboratory of the Catholic University of Lille (France). He is also an associate researcher at ESPHIN, the Institute of Philosophy of the University of Namur (Belgium), and a member of Covidrationnel, an interdisciplinary collective, mainly composed of professors and researchers from Belgian universities, free of any conflict of interest, concerned with fostering contradictory scientific debate. His fields of research and teaching are philosophy of science, philosophy of technology, health ethics and philosophical anthropology. During the pandemic, David Doat co-led an international multidisciplinary study (France, Belgium, Canada) entitled "Technological governance in times of crisis", and was the author of several publications on the scientific and ethical issues raised by anti-COVID measures taken or planned in Belgium during the pandemic.

Background: The notion of "scientific consensus" is subject to numerous debates as to its definition, its conditions of formation and its criteria of social recognition. In general, the use of the concept in a scientific community presupposes the adhesion to certain ethical and epistemic values, including the freedom to express a substantiated doubt or a scientific disagreement. These values make it possible to distinguish agreements in science from other forms of social agreement.

Objectives: By looking at tangible cases, we aim at showing how the invocation of the "scientific consensus" in the narrative of experts, authorities and media during the COVID-19 pandemic, disregarded the concept of “consensus” in science, thus hampering the exercise of scientific freedom. Methods We gather the relevant literature on pre- and post-COVID consensuses, as well as on the non-scientific mechanisms at work in scientific consensus building processes. We apply a rigorous epistemological and philosophical analysis to this corpus.

The misuse(s) of scientific consensus in Covid-19 pandemic - continued

Results: We analyze three pre-COVID well-established scientific beliefs, which have been challenged by new ones during the pandemic regarding surgical masks, child vaccination and vaccines. We show how claims around these new scientific consensuses were made regardless of their legitimate epistemological, social and ethical conditions. We identify several hypotheses on the mechanisms, as well as on the philosophical and cultural beliefs underlying the misuses of the "scientific consensus" narrative during the pandemic, and highlight the two following problems: Firstly, when "scientific consensuses" are proclaimed by scientific authorities or institutions that immediately give them a normative force, the epistemic and ethical conditions necessary for scientific debate are neglected. Yet, only the latter can legitimize the formation of a consensus and its status as credible information for political decision. The second issue concerns the unique normative narrative about solutions to the pandemic that has been politically constructed from the new scientific pseudo-consensuses. Instead, in a crisis situation, we need a diversity of scenarios to foster substantiated, informed and accountable policy decisions. From this point of view, scientific dissensus may be as important as true scientific consensus.

Conclusion: The misuses of the "scientific consensus" argument during the pandemic have seriously affected the conditions for rational debate, as well as the exercise of critical thinking and scientific freedom. We need to reflect urgently on the social and institutional organization of future scientific, interdisciplinary and public dialogues.

The attack on children. The attack on schools. The attack on Gandini.

Sara Gandini & Andrea Miconi

Sara Gandini is epidemiologist biostatistician working mainly in cancer prevention since 20 years. She is Tenure Group Leader at the Department of Experimental Oncology in IEO (Milan), adjunct professor in medical statistic at University “Statale di Milano” (National Academic Qualification as Associate Professor in medical statistics in 2017) and faculty member of System Medicine PhD (SEMM) University (“Statale di Milano). Nominated as one of the Top Italian scientist: Over 300 publications in peer-reviewed journals. ~100 publications as first or last name or corresponding author, 57 publications in 2021. H-index=60 SCOPUS.

Background: Based on the Italian experience, and on Sara Gandini’s work on school closure, the paper discusses the state of scientific freedom in the Italian debate.

Objectives: Parallel analysis of scientific and media debate, which have cooperated in marginalizing evidence-based analyses of Covid-19 pandemic.

Methods: In order to verify results found in the Italian study regarding infections in schools, a meta-analysis was conducted. The manuscript was held up by the editors, without being sent to the referees, for more than 3 months, with various excuses, until we withdrew the article and it was immediately published elsewhere, in a journal with a similar impact factor. We performed a wide-scale analysis on the contents of 2,555 TV news for detecting the framing strategies used.

Results: When the study on SARS-CoV-2 infections in schools in Italy was made available as a pre-print, the first author, Sara Gandini, was publicly attacked by science communicators and professors in newspapers saying that the article would never be published by a scientific journal. The attack showed an impressive level of aggression, as well as misogyny, towards those who were trying to bring critical sense: "...in front of Sara Gandini's horrendous obscenities, one can only be vulgar. Sloppy is Gandini'. "...it's enough to give a damn about the ridiculousness. Unfortunately, not many people understand the absurdity of such stuff”. "Deep embarrassment for those who invited Gandini to illustrate rambling analyses of unreliable data" "...with Gandini being the epitome of bad faith...". Some scientists, all male, even wrote to the journal's editors to ask for retraction of the study in such a brutal way that the editors then wrote to the authors expressing solidarity.

Mass messaging of plausibility instead of scientific evidence

Harvey Harvey A. Risch, Professor Emeritus of Epidemiology, Yale School of Public Health, New Haven, Connecticut, USA

After completing his medical education, Dr. Risch's PhD dissertation from 1980 was on mathematical models of infectious epidemics and he has published on that topic. Dr. Risch has published more than 400 peer-reviewed scientific research papers that have been cited more than 46,000 times by others, and has a research h-index of 102. Dr. Risch is a Fellow of the American College of Epidemiology and an elected Member of the Connecticut Academy of Science and Engineering. He is an editor of the Journal of the National Cancer Institute, the International Journal of Cancer, and a past Member of the Board of Editors of the American Journal of Epidemiology. Dr. Risch has taught courses on introductory, intermediate and advanced epidemiologic methods and on pharmacoepidemiology to MPH and PhD students for almost 40 years.

"Evidence-Based Medicine" (EBM) set out to improve the scientific basis on which agents for disease prevention and treatment were established and validated. While plausible, it was largely a misrepresentation even at its outset. Medical knowledge was not cargo-cult science until the triallists appeared on the scene. Medical evidence is continuously validated and refined by observations of success and failure in patients, and this evolution has been so for a thousand years. Physicians using harmful treatments risk legal exposure, thus incentives are generally aligned with patient benefit. EBM proclaims that only randomized controlled trials (RCTs) provide "high-quality" scientific evidence. This plausible claim, that randomization automatically solves all causation inference problems, has misled generations of credulous physicians and scientists as well as the general public. Many RCTs are not nearly large enough for the randomization to provide effective control of confounding in the small numbers of outcome events in their treatment arms, yet are published in the most authoritative medical journals. Plausibility is also apparent in the image of masks supposedly filtering out exhaled virus particles, however empirical clinical studies have not demonstrated significant, appreciable benefit of mask wearing for virus source control. Vaccines are popularly understood to create immunity—plausibility again--so they must be beneficial, no matter that the Covid genetic vaccines have shown increasing evidence of the inability to reduce transmission as well as the development of immune system and general health damage. Conclusion: Physicians, scientists and the general public seem fairly unable to distinguish technical, plausible-sounding theories from the clinical and epidemiologic scientific studies and evidence needed to support them.

US mortality in the "pandemic" year 2020

Manfred Horst

Manfred Horst MD, specialist in allergic diseases and immunology Career in the pharmaceutical industry (most recently within the R&D department of Merck & Co./MSD) Currently independent consultant (www.manfred-horst-consulting-com) Since April 2020, several articles on Covid-19 (for Daily Sceptic, TCW, Browstone Institute and Achse des Guten, see https://manfred-horst.com/publications-covid-19/)

Background: The CDC presents Covid-19 as the "third leading cause of death" in 2020.

Objectives: Analyze general population and Covid-19 mortality by age groups, in order to examine truthfulness of CDC's claim Methods: Simple mathematical analysis of percentage distributions, based on CDC's own numbers

Results:
1- The mortality attributed to Covid-19 is part of normal, inevitable population mortality.
2- 2020 saw a signficant mortality increase in younger age groups which cannot possibly be attributed to Covid-19.
3- Institutionalized epidemiology and the public at large seem currently unwilling to analyze these findings further.

On Censorship and Retraction: Pharmaceutical Industry Sponsored Psychiatric Clinical Trials

Leemon McHenry, California State University, Northridge

Leemon McHenry is a bioethicist and Emeritus Professor of Philosophy at California State University, Northridge, Adjunct Clinical Assistant Professor, Lewis Katz School of Medicine at Temple University, Philadelphia, Pennsylvania and research consultant for the law firm of Baum Hedlund Aristei & Goldman, Los Angeles, California. He is co-author with Jon Jureidini of The Illusion of Evidence Based Medicine (2020)

What is the probability of having a ghostwritten, fraudulent, industry-sponsored clinical trial accepted for publication in a high-impact medical
journal as opposed to the probability of having a critical, deconstruction of the same trial accepted?
In this case study, I expose the censorship of critical evaluations of industry-sponsored psychiatry trials in the high-impact medical journals and the failure of these journals to retract demonstrably fraudulent medical journal publications of these trial reports.
The reports in question are the paroxetine study 329 published in the Journal of the American Academy of Child and Adolescent Psychiatry in 2001, the paroxetine study 352 published in the American Journal of Psychiatry in 2001 and the citalopram study CIT-MD-18 published in the American Journal of Psychiatry in 2004.
I conclude that medical journals cannot qualify for scientific status when they publish industry-sponsored marketing disguised as genuine clinical trials and then fail to correct the scientific record when alerted to academic misconduct and misreporting.
Censorship is abhorrent to the open, critical investigation essential to the scientific process. But it is often corrupted when the industry uses all its resources to make sure that the scientific literature contains only their key marketing messages and suppresses any research by scientists that runs contrary to their goals.

The forced abandonment of relational mental healthcare

Robert Freudenthal , Barnet Enfield Haringey Mental Health NHS Trust
Matteo Pizzo, Camden and Islington Foundation NHS Trust

Dr Robert Freudenthal is a consultant psychiatrist in eating disorders in the National Health Service. He has a particular interest in group work and in the intersection between mental health, group dynamics, and power relations, and has published various papers on these topics.
Dr Matteo Pizzo works in the National Health Service as a Consultant Psychiatrist and Specialist in Medical Psychotherapy. He is the Mental Health Transformation's Integration Lead for Islington (London). He was previously the co-chair of the Primary Care Working Group in the Medical Psychotherapy Faculty at the Royal College of Psychiatrists, and he contributes to the current Primary Care Mental Health Working Group between the Royal College of General Practitioners and Royal College of Psychiatrists in the UK.

Across many countries and decades, scientific freedom has allowed multi-faceted psychological and social explorations of what contributes towards wellbeing and relational health. Hypotheses relating to human contact and to the containing capacity of emotional connection have been explored and have been understood to be important. For this reason, values such as trust, empathy, compassion, empowerment and connectedness are frequently endorsed by services identifying themselves as promoters and facilitators of good mental health. However, as we understood more clearly during the Covid-19 pandemic, these values can become subservient, or even be discarded, in response to a narrow aim that was defined as reducing risk in relation to SARS COV-2.
We propose that this narrow primary task disregarded what had previously been well understood about the importance of a more nuanced and relational approach to mental health, including at the risk of undermining the supposed primary task. It reflects a tension in modern Western mental health services between a technical approach, which is in the thrall of data, and the relational approach, which can tolerate complexity, uncertainty and makes use of knowledge about the importance of embodied relationships and living in a dynamic society.
By severely restricting human contact and instigating a ‘one size fits all’ response to SARS COV-2, we undermined and ignored relational health, and pretended that this would be for the benefit of physical health, as though the two can be separated. Moreover, critical voices to the reductionist approach were quashed, shamed, and denigrated, restricting enquiry and scientific freedom.
In this presentation we wish to talk about our experience of working in UK Mental Health Services and illustrate the damaging consequences of denying the importance of embodied relationships, and the wider ramifications relating to imbalance of power, control, and cruelty.

Fear simplifies the world by distorting cognition and rational thinking

Prof. Nicolas Vermeulen, Ph.D. Université catholique de Louvain (UCLouvain), Psychological Sciences Research Institute (IPSY) and Fund for Scientific Research (FRS-FNRS), Brussels, Belgium.

Professor of Psychology at the University of Louvain (UCLouvain, Belgium) and research associate at the Fund for Scientific Research (FNRS) in Belgium. For 20 years now I have been working at the intersection of research areas related to threat processing, fear response and the influence of individual differences (personality or mood). I have also chaired the local research ethics committee of our psychological sciences institut for almost 10 years.

Background: Fear is the dominant emotion when humans face a real, potential or even imagined threat. The perception of a threat triggers a cascade of behavioral, physiological and cognitive reactions whose objective is to facilitate and simplify adaptation to the world and thus maximize survival. If this simplification is mostly useful, it also has a cost which is expressed by a maximum consumption of the individual's attention and cognitive resources, directly impacting and distorting his higher cognitive functions, affect and social/group relations.

Objectives: The presentation will focus on the cognitive, emotional, and social consequences of fear. The Covid threat will be taken as a recent prototypical example of these biasing consequences.

Results: The psychological sciences literature highlights that attention is reduced and effective decision making is impaired under threat.
For example, under threat, decisions are more often made before all available alternatives have been considered, alternatives are more frequently considered and scanned in a nonsystematic or disorganized fashion, which lead to reduced performance particularly under uncontrollable threat. At its paroxysm, fear even creates irrational thinking evident in the panic attacks of patients who use a fear-confirming reasoning style. This is the case when spider phobics state, "If the spider smells that I am alone, it will attack me. " At the social level, literature describes that as mortality becomes more salient, it undermines self-esteem, leading to anxiety, mental distress, a need for norms, strong group membership and leadership. The Covid threat is no exception to this observation since recent studies indicated that fear of coronavirus impairs or distorts high level cognitive functions and that people became more authoritarian and conservative when COVID-19 cases were on the rise.

Conclusions: These results could help understanding how appeal to fear favor the emergence of many cognitive biases such as confirmation bias as well as the clear polarization of the society around a Manichean vision of the true versus false scientific knowledge that identifies good and bad citizens/scientists.

Much of what is claimed in psychiatric textbooks is dangerous and amounts to scientific dishonesty

Peter Gøtzsche, Director, Institute for Scientific Freedom, Copenhagen, Denmark

Peter has been a professor at the University of Copenhagen and co-founded the Cochrane Collaboration in 1993 and was its Nordic director. Peter has published more than 75 papers in "the big five" (BMJ, Lancet, JAMA, Annals of Internal Medicine and New England Journal of Medicine) and his scientific works have been cited over 150,000 times (his H-index is 82 according to Web of Science, June 2022, which means that 82 papers have been cited at least 82 times).

Background: Students of medicine, psychology and psychiatry, and allied health professions, learn about psychiatry by reading psychiatric textbooks. They generally believe what they read and reproduce it at their exams. It is therefore very important that the information conveyed in psychiatric textbooks is correct.

Objectives: To study if the most commonly used textbooks in Denmark provide correct and comprehensive information about important issues. Methods I read five textbooks, published between 2016 and 2021, and extracted information and compared it with the most reliable science according to a prespecified protocol. I published my findings in a book, Critical Psychiatry Textbook, in July 2022.

Results: I uncovered a litany of misleading and erroneous statements about the causes of mental health disorders, if they are genetic, if they can be detected in a brain scan, if they are caused by a chemical imbalance, if psychiatric diagnoses are reliable, and what the benefits and harms are of psychiatric drugs and electroshocks. Much of what was claimed amounted to scientific dishonesty. I also found fraud and serious manipulations with the data in research cited in the textbooks. Some of the misinformation, e.g. about the causal role of depression pills for suicide and violence, the seriousness of withdrawal symptoms, and the consequences of polypharmacy, was outright dangerous for the patients.

Conclusions: It is clear from the textbooks and the scientific literature that biological psychiatry, which the textbooks focused on, has not led to anything of use, and that psychiatry as a medical specialty is so harmful that it should be disbanded.

Notes

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Thank you for your participation