

PE1463/ZZZ

Michael Wilson Letter of 15 February 2016

Michael McMahon MSP
Public Petitions Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Dear Mr McMahon,

Petitions PE1463 and PE1568

I attended in the Public Gallery the Petitions Committee Meeting on Tuesday 9 February originally for PE1568 but then found that I had also an interest in PE1463. My original profession was as a GP for 30 years in Dalkeith until 2009. Having never previously attended any meetings in the Parliament it was not clear to me as to what to expect and I was most impressed. I include my observations on each Petition as enclosures.

However I would like to commend you and your colleagues on the excellent work you did with the tenacious questions to the experts and determination to clarify the issues whilst trying to avoid them side stepping and trying to avoid questions. The experts were most adept with such attempts. It was especially gratifying to see your Committee pursuing the health and welfare provision for your constituents, the Scottish people.

From my professional life and indeed even since then my humble opinion is that science is relative rather than absolute and specific to a point in time as to current knowledge, very much as an evolving body of knowledge .It is necessary to be open and take in different opinions and ideas .Similarly evidence base has significant limitations as many aspects of medical science do not lend themselves to RCTs and other study activities. There is then the whole area of drug companies and their controls of studies and their publication, deliberate falsifying of results at undergraduate and post graduate level as very well pursued by the British Medical Journal over recent years. I am aware from conversations with medical students and young doctors who I was involved with teaching that this does go on albeit as the minority of research but still important. It can also depend on powerful professors or other senior clinicians/scientists being present on groups or committees such that more junior members are not going to disagree with somebody who might have an influence on future job prospects or research posts. Probably the worst example of all was Wakefield with his so called scientific studies relating to MMR which were published in the Lancet, an eminent research journal but required the hard work of

journalists to expose the total lack of science. Sadly evidence base is often therefore relative and in any event as with all science knowledge moves on and what is currently sacrosanct may be found subsequently to not be correct in the future. The experts at least agreed occasionally with the latter in their answers.

All the conflicting studies about with reference to diet and alcohol and the major shifts in advice about what to drink and eat are other examples.

I am also conscious that I come into these discussions late in the process so maybe my observations have been previously made, nonetheless I felt duty bound to make them.

I would again like to repeat my appreciation for your diligence and vigour in continuing these petitions.

Yours sincerely,

Michael Wilson.
MB,ChB,MRCGP,DCH,DRCOG,LMCC

Petition PE1463

As a retired GP I was surprised that the Minister for Public Health had not brought along a GP representative especially as the vast majority of diagnoses of primary hypothyroidism and treatments are carried out by GPs. It did not seem clear that the experts present necessarily understood the training of GPs, their collation of information and general function. Accordingly I am sure it would have helped the Committee in certain areas of clarification.

I was most impressed by Elaine Smith MSP and her contribution and she is absolutely correct not surprisingly with her own personal history that patients may not independently mention continued problems not understanding how they are supposed to feel. One as a health care professional may be unduly complacent in presuming all is well. This is especially a problem with the side effects of drugs and definitely with something like hypothyroidism which has such a huge range of potential symptoms.

Dr Toft to whom reference was made was my preferred endocrinologist as he was a wonderful blend of physician, clinician and scientist who listened to patients and took into account the science i.e. the blood tests but relating to their clinical wellbeing.

As your Committee observed 6500 patients in Scotland doing well on T3 must say something not least that there are many doctors who have the opinion that it works. The treatment of hypothyroidism as with so many illnesses has to be tailor made to individuals and their body physiology. In my practice it became apparent that there were some patients that knew within a few weeks that they were not as well on a branded thyroxine different to their usual one. Together with the Department of Clinical Chemistry at Royal Infirmary of Edinburgh I carried out a small study of 12 of these people and the results were suggestive but not conclusive that these individuals did better on a certain branded thyroxine. One possible reason might be bioavailability differences i.e. different absorption of the drug due to their physiology or the make-up of the pill. It just underlines the need for an open mind to treatment because no 2 people are exactly the same.

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