

## PE1651/F

Dr Peter J Gordon submission of 3 June 2017

I am writing in support of this petition. I am an NHS Consultant Psychiatrist who has worked in this specialty in Scotland for almost 25 years now. My wife has worked as a General Practitioner in Scotland over the same period. I have an interest in ethics, human rights and the medical humanities generally. One of the areas I have taken much interest in is informed consent.

I would argue that this backdrop may mean that I can add some thoughts and reflections that might help the Committee in the consideration of this particular petition.

I should make it clear that as an NHS psychiatrist I do prescribe antidepressants and other psychotropic medications. I try to do so following the best available evidence as considered within my professional understanding of each unique patient and their life circumstances.

I wish to keep this summary short as I am aware that the Committee receives a great deal of evidence. So I offer a few points of evidence that I would be willing at a future date to expand upon if that were felt to be helpful:

- Antidepressant prescribing in Scotland ([ISD figures](#)) has been rising year-on-year in Scotland for at least the last ten years (this is also true of all other prescribed psychotropic medications). It is estimated that 1 in 7 Scots are now taking antidepressants and many of these in the long-term.
- At a recent [Parliamentary Cross Party Meeting](#) on Mental Health and older adults an invited speaker stated that: *“depression is under-recognised across all age groups”* and that *“maintenance treatment has a good risk-benefit ratio.”*
- A key opinion leader and Government advisor has previously argued that prescribing of antidepressants in Scotland is “conservative” and “appropriate”. David Healy, Serotonin and depression, *BMJ* 2015; 350:h1771
- Many of the key opinion leaders “educating” doctors [prescribing antidepressants in Scotland](#) appear to have significant financial interests with the makers of these medications. Across the UK, £340 million was paid by the pharmaceutical industry in the last recorded year to healthcare workers and academics for such “promotional activities”.
- “Informed Consent” will not be possible if the information that doctors base prescribing on follows such [promotion](#) rather than independent, and more objective, continuing medical education. This issue is now at the fore of the [Mesh](#) Inquiry.

### **A few questions that need to be considered:**

- When patients are prescribed antidepressants are they **informed** that as many as 1 in 2 will be taking antidepressants long-term?
- Are patients **informed** that there may be a significant risk of pharmacological dependence on antidepressants?
- Do patients know that their experience of antidepressants may be considered **less valid** than the experts (who may have been paid by the pharmaceutical industry) who educate other doctors (who may be unaware of this potential financial bias)?

### **Summary:**

My view is that antidepressants are over-prescribed in Scotland.

My view is that patients have not been properly informed of benefits and risks.

My view is that appropriate prescribing has not been realised due to a number of factors: the lack of access to psychological therapies or other meaningful supports; the wide promotion of antidepressants where marketing is routinely conflated with education; and a culture of increasing medicalisation generally.

I would suggest that this petition might be considered in light of the Chief Medical Officer's **Realistic Medicine** campaign. It is time for **balance** to be re-established between "medical paternalism" and the valued, vital and real-world experiences of patients who are taking medications like antidepressants. I am particularly disappointed in my own College, the Royal College of Psychiatrists for not making greater effort to facilitate such balance. Without such, I fear more harm will result from inappropriate and costly prescribing in NHS Scotland.

Finally, due to widespread "off-label" promotion of antidepressants in Scotland, patients may experience withdrawal syndromes which can be most severe and precipitate mental states far more serious than the mental state for which they may have originally been prescribed.

I would urge the committee to consider this petition most carefully and to seek balance in their appreciation of where expertise rests.