

PE1651/OOO

Petitioner submission of 5 January 2018

Scotland's Public Petitions Committee is unique in allowing the public to voice their concerns and we value this very highly. We trust that the Committee will have taken the time to fully read the written submissions that have been received, as only the people with the actual 'from the inside' experiences of what is happening to them can 'tell it like it really is' – with true proprioception. Advances in hand-held internet technology have allowed sufferers, many of whom are very unwell and unable to leave their homes, to find each other and to connect and share experiential learning and research - and to offer 24/7 informal mutual support. Death/suicide is never far away – and there are occasions when people from the prescribed-harm community take their lives, no longer able to tell of their actual experience or to continue the agony of 'living the proof'. The newly released 2009-2015 Scottish ScotSID suicide statistics raise very stark questions.¹

Systemic massive over-prescribing is resulting in a tsunami of health issues and crippling our healthcare services. For many individuals, life is unbearable. Trying to help people who find themselves in such a wretched state is enormously difficult: ill, disabled, disbelieved, put-down, isolated ...and self-esteem, credibility, jobs, friendships, relationships, homes, families destroyed; finding nothing to live for excepting for further suffering; being accused of 'illness-seeking behaviour' and told to 'take responsibility' into the bargain; fit-to-work DWP assessors asking "why haven't you killed yourself?"²; bereaved families courageously trying to raise the alarm despite overwhelming grief and then being betrayed by experts who lie under oath; finding that there are dark ugly all-pervading undercurrents of systemic power and influence³ cruelly manipulating good people, including stressed well-meaning and conscientious prescribing doctors.

Pulling together to work on this petition has provided a glimmer of hope that the suffering won't have been completely worthless; hope that the Petitions Committee will listen as compassionate humans; that the issues we are raising will be recognised for the seriousness and enormity of what they are and, most importantly, that swift and appropriate action will follow.

Drs Terry Lynch⁴, David Healy⁵, Peter Gotszche⁶, Joanna Moncrieff⁷, Peter Breggin⁸, Yolande Lucire⁹ and others, including Des Spence and Peter Gordon here in Scotland, have been flagging up the issues for many years – and have been widely ostracised and ignored by colleagues and politicians. Instead, a great defence and

¹ <https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2017-11-14/2017-11-14-ScotSID-Report.pdf>

² http://www.mirror.co.uk/news/politics/cruel-benefit-tests-asking-vulnerable-11728942?ICID=FB_mirror_main

³ 'NHS groups made millions from undeclared deals with drug companies', The Independent Online, 4 January 2018

⁴ <http://doctorterrylynch.com>

⁵ <https://davidhealy.org>

⁶ <http://www.deadlymedicines.dk/>

⁷ <https://joannamoncrieff.com/>

⁸ <https://breggin.com/>

⁹ <http://www.drucire.com/attention-health-ministers.html>

distraction has been mounted, especially since early 2000's¹⁰, deflecting attention from the prescribed damage suffered and making out that affected patients are suffering 'imaginary'¹¹ or 'psychosomatic' illnesses and medically unexplained symptoms (MUS)¹² [Scotland's own new GP Clusters are being actively schooled in 'Recognising and managing patients with 'medically unexplained physical symptoms'¹³]. Nothing could be further from the awful truth.

Every single day previously healthy people are being started on common neurotoxic medicines which, if they don't cause them to take their lives at the outset¹⁴, can derail them completely and go on to add to rising evidence of long-term ill-health conditions and dementia. Because the neurotoxic effects are so devastating to the human brain and nervous system, the cognitive and intellectual capacity of affected patients to convey the horrors experienced is compromised – and people trying to raise the alarm themselves are made out to be 'rare complex cases' displaying 'hysteria', 'health anxiety' and 'somatisation'.

We are seeing something too grotesque for others to grasp. Unaffected people want to look away and 'get on with their lives'. We suffer from 'Willful Blindness'¹⁵ - why we ignore the obvious at our peril' - as written about by Margaret Heffernan. BUT what if all these affected people are telling the truth? And this IS what the prescribed medicines have done and are doing? Patients left struggling desperately with severely damaged brains and bizarrely malfunctioning physiological systems. What then? Whilst they cling onto life, for as long as they can, they are surely immensely important 'evidence' of a truly disastrous human experiment that they never signed up to when they trusted their doctors (the Neuremberg Code is relevant here¹⁶). We MUST learn from these tragic 'results' and do all we can to understand what these drugs have done and are doing to people – indeed to our society - and recognise and respond accordingly and swiftly with deeply respectful humanity. We cannot say that we will look at this 'sometime' and have more studies over the next many months or several years. We must look at it directly. Right now.

How this has all come about? Our own research has revealed that it seems to be all about gross systemic manipulation of 'risk' and fear – and especially 'risk' and fear of being implicated in the case of a suicide. This is a classic Catch 22 – where if a doctor is seen to be 'doing something' (i.e. prescribing a drug such as an antidepressant or other psychiatric medication) as per guidelines and/or common medical practice, he/she will most likely be covered and supported by his/her medical defence body. If the adverse effect of the antidepressant (for example) is that the patient becomes suicidal and completes suicide, then the doctor is covered and the line is used that 'the patient was being treated for mental health problems' (the implication being that the mental health problems caused the person to take their life). If the doctor had not prescribed anything, the medical defence (and GMC)

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC539474/>

¹¹ 'It's All in Your Head review – enduring mystery of psychosomatic illness', The Guardian, 7 June 2015

¹² <http://www.neurosymptoms.org/>

¹³ http://www.sspc.ac.uk/media/media_484730_en.pdf

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5066537/>

¹⁵ <http://www.mheffernan.com/book-wb-summary.php?location=GB>

¹⁶ <https://history.nih.gov/research/downloads/nuremberg.pdf>

may not be so supportive of the doctor, even if the patient may not have ended their life. Patients do not have any 'defence body' and bereaved families find themselves effectively quashed and deceived whilst the systemic abuse tank rolls on.

Psychologists, therapists, nurses and pharmacists are finding themselves working with people who are deeply suicidal due to unrecognised adverse prescribed drug effects. These professionals are also aware that doctors carry the prescribing responsibility and also robust medical defence 'cover'. Their own professional ethical guidelines are clear that when they assess someone to be at high risk of suicide, they are duty-bound to refer people back to the prescribing doctors, or crisis team, who likely add further medication - and possibly without patient consent. If the person does end their life everyone has 'done what they were/are obliged to do'. Again the line is that the deceased person was 'suffering from mental illness'.

When suffering is so great and indeed utterly relentless, suicide becomes very logical. We would strongly urge 'suicide prevention' initiatives to focus on WHY people may want to end their lives prematurely. It could even perhaps be argued that actively preventing someone ending their own intolerable suffering and inner torture, the horrendous result of being used unwittingly as a human guinea-pig, is the ultimate cruelty?

The Hippocratic Oath to 'do no harm' seems to have become 'do no harm ... to the reputation of doctors' - and the medical profession. There are huge conflicts of interest at work here: professional, political and commercial. Individual patients are just statistics.

Ironically psychology/psychotherapy seems to be being seen as the way to 'deal with' the awful problems that now clearly have their roots in the harm that is being caused by prescribed drugs. This feels like looking through the wrong end of the telescope. Liaison psychiatry is the great fad now - sickeningly sometimes referred to as 'pest control'.

Immediate emotional and psychological patient support, when a person is first experiencing clear symptoms of stress and distress, is entirely appropriate BEFORE any prescription medication is started. That is where change and recovery can start right away.

A UK national helpline and associated website – as called for by the BMA – are essential, to support patients and doctors, in order to enable patients who are already on them to safely and appropriately taper off these harmful medications. Prescribing guidelines and practices need to be urgently reviewed and revised - and prescribing doctors afforded all the support that they need to change their prescribing regimes. The All Party Parliamentary Group for Prescribed Drug Dependence (APPG-PDD) met at Westminster on 12 September 2017, where BMA representatives updated too, and minutes of that meeting are available online¹⁷. A further APPG-PDD meeting is expected to take place early this year.

¹⁷ <http://prescribeddrug.org/minutes-of-appg-meeting-held-12-september-2017/>

The Welsh petition brought by Stevie Lewis, P-05-784: 'Prescription drug dependence and withdrawal: recognition and support', was first considered on 5 December 2017 and minutes and documents for that petition are available on the Welsh Assembly website now¹⁸.

For the people who have sustained such harm this suffering has to be recognised and proper respect afforded to what they have been and are enduring – as well as providing access to tests which can ascertain just what the drugs are doing to the systems and functioning of the brain and body. Some people have sought out private testing such as Q-eeg¹⁹ and SPECT²⁰ scans (not usually offered or available on NHS) which are showing up significant brain damage/malfunctions. Affected people have already been unwitting guinea-pigs – but would possibly agree, with properly informed consent, to take part in anything that might provide essential information to prevent similar damage happening to others in future?

Whatever means there are to support affected people to regain best possible health, in the fragile and hyper-sensitised circumstances they now find themselves, has to be made available to them. This is a serious human rights issue and patients cannot continue to be just viewed as collateral damage and 'not seen' – as in Willful Blindness.

The submissions received may well have reframed perceptions surrounding the terms "depression" and "mental illness". This takes insight (which the accounts have provided) and heartfelt empathy. Many people have gone to their graves with truth on their lips that was never believed because the 'guidelines', doctors and psychiatrists stated otherwise. If we don't now translate our true human compassion and empathy into meaningful action on these battle-cries, these cries of suffering will echo in our conscience for many years to come.

This is a global issue where Scotland can show the world that it really is 'listening to patients' and pioneering and upholding the true ethical principles of Realistic Medicine.

¹⁸ <http://www.senedd.assembly.wales/ielssueDetails.aspx?IId=19952&Opt=3>

¹⁹ <https://neurodevelopmentcenter.com/psychological-disorders/traumatic-brain-injury-concussion/neurofeedback-for-brain-injury/>

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<https://www.uclh.nhs.uk/PandV/PIL/Patient%20information%20leaflets/Ictal%20SPECT%20scans.pdf>