

conversations with Charles

Ecstasy and equasy

The dismissal of David Nutt, chair of the Advisory Committee on the Misuse of Drugs, was presented by many as a complete gag on members of government scientific committees from presenting their views elsewhere. When I read that he had invented the word 'equasy' ('equine addiction syndrome') to describe horse riding as though it were a culpable addiction, I thought Charles might have a different view on the matter.

'Charles, I know that all your daughters were keen riders, so how do you feel about deaths from horse riding being recently compared to those from illegal drugs?' *I asked.*

'Let's put the emotive term 'equasy' aside and consider things objectively. Nutt was trying to put the absolute number of deaths in context, and to that extent his statement was true. However, his argument was flawed in many respects.'

'How so, Charles?'

'First he failed to point out that he was indeed speaking of absolute numbers and not incidence among those at risk. Secondly,' Charles added, 'deaths from road accidents might not have produced the same response. Valid comparisons can only be made between similar parameters. While it is true that both appear on the list of "deaths", the list that should have been used was what the public sees as "deaths due to misbehaviour". One could certainly put deaths due to smoking on that list, though it is less clear cut with alcohol.'

'Why, Charles?'

'Because as with horse riding, benefits may arise from taking alcohol, even if one accepts that some of the harm is culpable. Nutt should have used the proper public health outcome which is survival rather than death, or its antithesis quality-adjusted life years lost. Had he done so, the comparison with horse riding, and to a lesser extent alcohol, might have looked very different.'

'Probably impossible to do, but I grant that unlike horse riding, taking drugs hardly enhances physical fitness, which is of course one of the principle determinants of longevity.'

'True as this may be, surely we have not addressed the fundamental problem!'

'The extent to which a member of a scientific committee may seek to promote that advice in public?' *I suggested.*

'That's right, but don't forget he was the chair. The principle that a committee's recommendations represent advice not military orders must be accepted by all not least the chair, but the corollary is that full explanation should be given if they are not followed.'

'But the professor felt that an adequate explanation had not been given.'

'And this was not without justification!' Charles agreed, but added, 'But did he keep his side of the bargain, Coe?'

'All the reports and the reaction of the members of the committee suggest that he did.'

'I have read the lecture which brought the matter to the head and I would not say it was entirely scientific in its content. Furthermore, some of his reported remarks suggest that he is not sympathetic to taking a moral, as well as a utilitarian, approach to the problem.'

'The scientific approach should be non-judgemental,' *I replied with conviction.*

'As you know not my favourite word or concept, Coe, but of course you are right about the scientist, but not about the politician, whose job must be to consider the moral health of the community, according to the standards expected by his electorate.'

'So you feel he should have been sacked?'

'I would not go so far as that, but there was fault on both sides and they obviously did not gel, so it was probably better that the relationship ended to their mutual advantage. From the professor's point of view advice is often more powerful in this situation when is given outside the formal process,' Charles suggested.

'But surely the affair has greatly weakened the confidence of all scientific advisory bodies that their considered views will be heeded. The resignations speak for themselves and many distinguished scientists have aired their concerns in the media!'

'Whether it is this government or the next, I believe they have less to fear than they think. One point seems to have been missed by everyone; can the body concerned be fairly described as a *scientific* advisory committee?'

Seeing my obvious surprise, he continued, 'But Coe, I did take the trouble to look up the membership and found that although the majority are scientists, others were there by virtue of their expertise in other disciplines, not merely as

observers. These included lawyers and others from bodies that might be seen to have a political agenda.’

‘What’s wrong with that, Charles?’ *I asked.*

‘Absolutely nothing!’ *he replied.* ‘I am not criticising the constitution of the committee, indeed it is difficult to see how it could perform its statutory duties without these members. I am merely putting the debate in its proper context. It follows from this, and indeed the committee’s brief, that it is difficult to see its reports as entirely apolitical.’

‘Can you go as far as that Charles?’

‘Again it is no criticism, but I am sure one can. Furthermore I read the report and it contained another of my *bête noire*’s namely the word “societal”. This is a modern word much beloved of those who, despite the obvious reality to the contrary, wish to make their opinions appear to be apolitical or amoral,’ *adding with a smile,* ‘The last word is of course used in its original literal and non-judgemental sense.’

‘Are you suggesting this was a political report?’ *I asked somewhat surprised.*

‘Not entirely but it did contain political elements and quite rightly so! The chairman should have recognised and respected this. Inasmuch as there is a political element, he should have accepted that he was reporting to political experts and not scientifically naive amateurs. This means that he should have taken extra care to behave as in the best traditions of the civil service and give his advice forthrightly through the appropriate channels but thereafter hold his peace.’

‘I am sure he felt he did not breach that line.’

Charles smiled again, ‘He may have felt that he acted in good faith but, if I may use a third *bête noire*, it was not transparent that he did so!’

It has been suggested that this saga will lead to a disastrous breakdown in the relationship between science and government. Charles’s interpretation suggests that the scientific community may have overreacted and has less to fear than it thinks. I only hope that politicians and scientists will see it this way and not let this unfortunate event colour their future relationships.

Coemgenus



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DIZZINESS – A Multi-Disciplinary Approach

Diagnosis, Therapy and Management

27–30 April 2010

Following the success of previous Dizziness Courses, the Department of Neuro-otology is continuing its tradition of a four day balance course. The course consists of 3 days of lectures on the assessment, diagnosis and management of balance disorders along with case histories, videos and quizzes. The fourth day is a practical day gaining “hands-on” experience with the department’s testing equipment. There will be a course dinner on the Wednesday evening.

The lecture topics will include: • Mechanisms of dizziness • Theoretical basis of vestibular compensation • The range of medical diagnoses including migrainous vertigo • Genetic and radiological diagnoses in dizzy patients • Evidence based vestibular testing including VEMPs • BPPV and Particle Repositioning Manoeuvres • Visual Vertigo • Physiotherapy and rehabilitation using optokinetic stimulation • Psychological aspects including the role of cognitive behavioural therapy • The future of pharmacological therapy • Failed management and the role of surgery

Cost: Consultants – £750 for 4 days or £200 per day
Medical trainees – £650 for 4 days or £175 per day
Non-medics – £550 for 4 days or £150 per day

This cost includes the course lecture notes and course dinner.

The course will be suitable for clinicians, audiologists and therapists involved in the care of the dizzy patient and will be run by Professor Linda Luxon, Dr Rosalyn Davies, Dr Doris-Eva Bamioiu, Mr Albert Coelho and Mrs Karen Cox.

The faculty will include renowned national and international speakers.

CME accreditation will apply and CPD points will be awarded.

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Dizziness – a multidisciplinary approach

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