

Déjà vu: Caroline Richmond

Margaret Williams 20th April 2003

Caroline Richmond has rightly been criticised in numerous rapid responses to the BMJ for her spiteful, immoderate and disgraceful obituary of Dr David Horrobin in the 19th April 2003 issue, as has Dr Richard Smith, editor of the BMJ, for sinking to such depths in publishing it.

Readers have responded with alacrity to Richmond's bitterness and obvious bias: they have commented on her "bitchiness" and offensiveness, on the unfair and undeserved nature of her comments and on the hostile and venomous nature of them; they have also commented on Smith's foolish ill-judgment in asking Richmond to write this obituary and for publishing what she wrote; they have expressed dismay that the BMJ could sanction such an obituary from a non-medically qualified individual who clearly had an axe to grind.

Richard Smith's defence for publishing such unwarranted denigration is that "it is a tribute to someone to have negative things said about them in an obituary", which seems as irrational as his support for the view that a classified neurological disorder such as ME (a chronic condition likened by the Chief Medical Officer to multiple sclerosis and motor neurone disease) is a "non-disease": it will not be readily be forgotten that it was the BMJ under Richard Smith which last year ran the series on "non-diseases" in which psychiatrist Simon Wessely was closely involved and which listed "ME" as a non-disease.

David Horrobin (professor of both medical physiology and of medicine) was a kind, generous, warm and great man who founded the company Scotia to produce capsules of evening primrose oil because he was aware of the benefits of essential fatty acids, an "alternative" approach which many people with ME have found helpful; indeed, the UK ME Association is currently involved in a major trial of EFAs.

Caroline Richmond on the other hand has, since the 1980s, orchestrated and run a vindictive campaign against anyone and anything which she perceives as any kind of threat to pharmaceutical supremacy in medicine, particularly against anyone to do with "alternative and / or complementary" interventions and in her view, that included David Horrobin.

The UK ME community will need no reminding of her vitriolic outpourings over the years in the medical press against people with ME and of her crowing support for the psychiatrists who claim that ME is simply a "belief" that one is ill with what they designate a "non-disease", but for those who are not familiar with her track record, here is a short synopsis.

In London in 1988, Richmond, a medical journalist whose writings often seemed to convey that she was herself a medical practitioner, was instrumental in founding the

Campaign Against Health Fraud (now a charity named HealthWatch); it used to be known for its zealous views which were antagonistic towards alternative and complementary medicine and towards those who practice or believe in environmental illness such as chemical sensitivity (see Hansard (Lords) 10 May 1995:66-68). It is also recorded in Hansard that this campaigning organisation has received funding from both the pharmaceutical and medical insurance industries (see Hansard (Lords) 28 April 1993:364-382). In its campaign literature, it states that its aims are

“to OPPOSE diagnoses...that may encourage unnecessary treatments for non-existent diseases” and to PROMOTE ...better understanding by the public and the media that valid clinical trials (ie. trials of pharmaceutical drugs) are the best way of ensuring public protection”.

For the avoidance of doubt and because this campaign claim has been denied by officers of HealthWatch, a copy of the relevant document produced by the campaign itself accompanies these notes and can be viewed at www.meactionuk.org.uk/HealthWatch.htm

The same HealthWatch document lists psychiatrist Simon Wessely as a “leading member of the campaign”. Quite certainly, Simon Wessely unceasingly promotes his belief that ME does not exist.

Also listed as a leading member of the campaign is psychiatrist Christopher Bass, formerly of Kings’ College, London and now at Oxford; Dr Charles Shepherd of the ME Association is a long-time member of the campaign. The ME community may not be aware that Nick Ross (of “Crimewatch” fame) is one of its founders, a fact of which he claims to be justifiably proud, yet it was not mentioned when he was the subject of “This is your life” on BBC television relatively recently.

Caroline Richmond’s views on ME echo those of the Wessely School; from the earliest days of the campaign she was indefatigable in her attacks upon those suffering from ME / multiple chemical sensitivity and the HealthWatch perspective on ME owes much to Richmond’s prejudice against sufferers.

So that people can form their own judgement about Caroline Richmond’s provenance, some illustrations of her published writings are provided:

“(ME) is a new name for an old disease...it’s a British disease, unknown in the new world...The illness behaviour of patients and the diagnostic behaviour of doctors are susceptible to fashion, and they are a part of it...neurasthenia (and) the vapours have lost their organic associations and imply states of personality or mind”. (1)

“There is no evidence to suggest that ME patients are immunocompromised (but) many patients have succeeded in getting disability pensions. Advice should be given to enable them to cope with their symptoms, gradually increase exercise tolerance and return to normality”. (2)

“Many patients arrive in the consulting room with a firm attachment to a dramatic diagnosis made, not by a neurologist or a virologist, but by themselves...Fortunately, this deadlock has now been broken by two recent papers which argue for a more constructive approach” (Here, Richmond promotes Wessely’s paper “Postviral fatigue syndrome: time for a new approach”: BMJ 1988;296:696-698). (3)

“Myalgic encephalomyelitis...sounds really serious and is guaranteed to impress friends and relatives of sufferers....while patients’ groups funded research into possible organic origins of the disease, more and better research was emerging from psychiatric departments (but) patients wanted to be referred to neurologists, who didn’t like seeing them”. (4)

“The battle for better understanding of chronic fatigue syndrome seems almost won. This has been achieved by intelligent strategy from the royal colleges and by high-quality briefings organised by the Royal Society’s programme on the public understanding of science. The colleges say that the best treatments are a programme involving a gradual increase in activity combined with cognitive behavioural therapy...at the press conference, for once, there was little disruption from the ME lobby, which has unpleasantly lobbied the media for years...the lobbyists were disappointed by the emphasis toward psychologic factors and away from viruses”. (5)

From her latest salvo fired in her obituary of David Horrobin, it seems that Miss Richmond is still intent on playing the HealthWatch card.

For the record, this is the same Caroline Richmond who, when aged 51 and unmarried, brought her surgeon before the General Medical Council for removing her womb allegedly without her consent when he was trying to act in her best interests; despite her action against him, he was not struck off the medical register.

References

- (1) Princess Aurora and the wandering womb. Caroline Richmond. BMJ 1989;298:1295-1296
- (2) Myalgic encephalomyelitis: a new name for old symptoms. Caroline Richmond. Pulse 14 October 1989:92
- (3) Finding a new approach in practice to the postviral fatigue syndrome. Caroline Richmond. Pulse 2 April 1988
- (4) What is ME? Caroline Richmond. The Oldie: November 1992:26-27
- (5) Mad cows and Englishmen: the aftermath of a BSE scare. Caroline Richmond. Canadian Medical Association Journal 1997;156:1043-1044