

## The rise and fall of a medical "expert"?

Margaret Williams 22nd June 2003

Professor Sir Roy Meadow, the now notorious "expert" on Munchausen Syndrome by Proxy (MSBP) who is best known for his involvement in unexplained cot deaths but who also asserts that children do not have ME, only parents who suffer from MSBP, is at last under (leisurely) investigation by the General Medical Council, which is looking into his conduct. A GMC spokeswoman said "We are aware that there are a number of concerns about him. We are deciding if there is a case to answer". Notwithstanding, the Crown Prosecution Service states that it is still happy to use him as an expert witness for the prosecution in cases of alleged MSBP even though he has been exposed and discredited in the Court of Appeal in the Sally Clark case as someone who fabricates his "evidence".

Born in Wigan in 1933 and a self-promoted "expert" on MSBP since he first invented it when he burst to prominence in 1977 with a paper in the Lancet entitled "Munchausen Syndrome By Proxy: The Hinterlands of Child Abuse", Meadow rose through Oxford to the Chair of Paediatrics at St James' University Hospital in Leeds and was knighted in 1998 for his services to child health. He was employed by everyone from social services (where MSBP has deeply insinuated itself into their language and thinking, especially in cases involving children with ME, where the frequency of diagnosing MSBP now amounts to an epidemic, with sick children being forcibly removed from their parents and home) to the Crown Prosecution Service and family court prosecutors. In the past, establishing a motive for the alleged harming of children by parents was difficult, but with the advent of Meadow, all that became necessary was for him to diagnose MSBP in the mother. In the family courts, Meadow was often the only expert called to give evidence, and his evidence has been upheld by judges across the land almost without question, raising the grim possibility of serial miscarriages of justice. The more mothers he diagnosed with MSBP, the more his 'expertise' spread: he was invited to give conferences around the world and would regularly comment to the press.

After 25 years, the bubble burst when Meadow told the Sally Clark trial that the odds of there being two unexplained infant deaths in one family were one in 73 million, a figure considered crucial in sending her to jail but a claim hotly disputed by the Royal Statistical Society who wrote to the Lord Chancellor to complain. Nothing was done, and the Crown has continued to use Meadow to convict women in such cases. It was subsequently shown that the true odds were in the region of one in 100.

Earlier this year Lord Howe, the Shadow spokesman for health in the House of Lords, delivered a scathing attack on Meadow, calling MSBP "one of the most pernicious and ill-founded theories to have gained currency in childcare and social services in the past 10 to 15 years. It is a theory without science. There is no body of peer-reviewed research to underpin MSBP. It rests instead on the assertions of its inventor. When challenged to produce his research papers to justify his original findings, the inventor of MSBP stated, if you please, that he had destroyed them".

Other medical experts criticise Meadow for "cherry-picking" the facts and for "fitting the evidence into a diagnosis". As GP Dr Mark Struthers so aptly asked: "When are paediatricians, particularly those enthusiasts for MSBP, going to get the message? When are these individuals themselves going to acknowledge their mistakes, accept the blame, show contrition, apologise and make amends?"

It is time to re-examine other tragic cases in which Professor Sir Roy Meadow may have been disproportionately influential, including cases of ME, because the way in which medical evidence can actually pervert the course of justice is nothing less than a scandal.

The ME community may wish to cite this case of a so-called medical "expert" to demonstrate that what seems to be incontrovertible medical judgment (for example, the notion promoted by some "experts" that ME/CFS is a psychiatric disorder amenable to "behavioural modification") can in fact be disputed.

### **References**

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