

## Simple Question for Professor Wessely

Margaret Williams

14<sup>th</sup> November 2004

Professor Wessely, in your comments of 13<sup>th</sup> November 2004 to Connie Nelson on the recently released US Binns report on Gulf War illness (which you kindly say people should feel free to re-post), you state:

“The Binns report is not reporting any new research, just reviewing the same research as many others have, such as the Institute of Medicine and the MRC, yet coming to very different conclusions..... One of the remaining scientists Dr Haley is of course very well known for his papers on GWS and neurotoxic damage, and it is perhaps a little unusual that such a committee would include someone so closely identified with one theory, and then come to the conclusion that this is correct, against the conclusions of other committees”.

If such is your view, why was it not “a little unusual” for you yourself --- well-known for being closely identified with one theory with regard to ME/CFS --- to be included on the Joint Royal Colleges’ Working Group on CFS (Chronic Fatigue Syndrome. Report of a Joint Working Group of the Royal Colleges of Physicians, Psychiatrists and General Practitioners [CR54], October 1996) in which 10% of the references were authored by you and which concluded that your own view was correct, but which was deficient in including references from other researchers that support the organic basis of ME / CFS ?

Equally, why was it not “a little unusual” for you to have been a member of the Chief Medical Officer’s Working Group on “CFS/ME”, given that you are so closely identified with one theory about ME / CFS (ie. the psychosomatic theory) to the exclusion of any other theory (ie. the organic theory held by other competent researchers / clinicians that is supported by compelling laboratory evidence)?

Further, given your well-known identification with one theory about ME / CFS, why was it not “a little unusual” for you to have been “expert adviser” to those at the Centre for Reviews and Dissemination at the University of York who carried out the Systematic Review of the literature on the efficacy of CBT and graded exercise for those with ME / CFS, the conclusions of which underpinned the conclusions of the CMO’s Report?

Also, given the offices you are known to have held at the MRC, was it not “ a little unusual” for some of the allegedly “fresh” and “independent” members of the MRC’s Research Advisory Group on the direction of future research into “CFS/ME” to have previously co-authored published papers with you yourself and with your colleague Professor Mike Sharpe, and to have contributed to a book that you co-edited, all of which support the theory with which you are so closely identified?

Such close associations are, of course far from unusual in medicine, but in your post you state that it is “a little unusual” for someone so closely identified with one theory to be included on the Binns committee, so what is your explanation in relation to your own inclusion in similar committees?