Cochrane: a sinking supertanker? Funding of UK Cochrane groups in jeopardy

By Peter C. Gøtzsche, Institute for Scientific Freedom, Copenhagen

Summary

I describe what is likely the beginning to the end for Cochrane. According to its major funder, the writing has been on the wall for 8 years, which is exactly the period when Cochrane's new CEO, journalist Mark Wilson, ruled the organisation and destroyed it. He suddenly left his job, in the middle of a month, five days before the webinar where the major funder criticised Cochrane.

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On 23 April 2021, Professor Ken Stein, Director of the Evidence Synthesis Programme, the UK National Institute for Health Research, spoke at a webinar for about half an hour about the work in the UK Cochrane groups and their future funding: "Cochrane and NIHR." I provide a short overview below, with all the slides copied in, and will end with a few comments of my own.

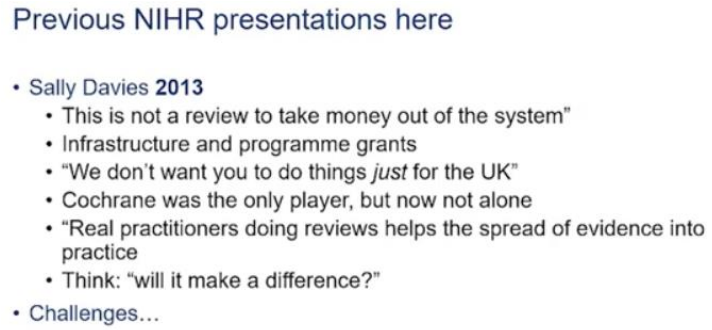
00:50 (after 50 seconds)

Tensions: Is it a collaboration or a corporation? How much is it centralised and how much is it dispersed? Centralisation is not necessarily a bad thing (e.g. for editorial issues and research integrity).

2:40

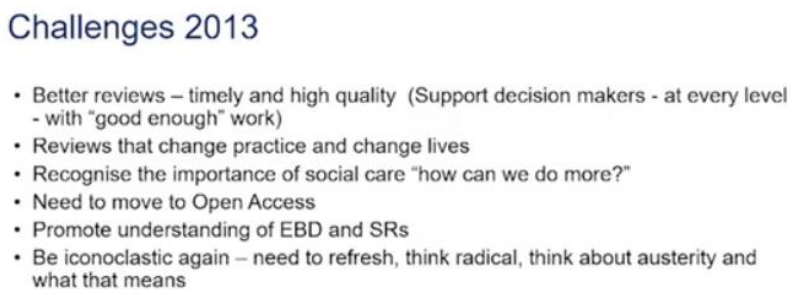
We initially funded the UKCC (UK Cochrane Centre), which grew out of the work of Iain Chalmers. The balance between infrastructure and programme is very important (CRG: Cochrane Review Group).

3:35



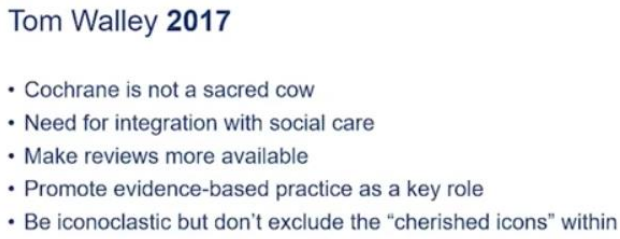
It is an important point that Cochrane is not the only player. Will Cochrane make a difference? Sally Davies spoke about prioritisation.

4:50



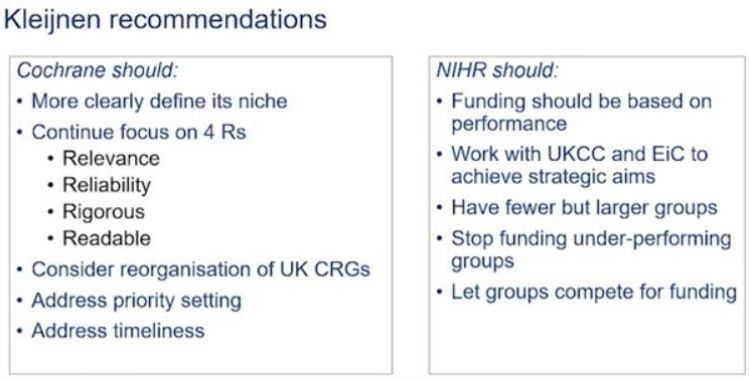
Sally Davies also said, "Be iconoclastic."

5:15



Cochrane is not a sacred cow. Everyone has to demonstrate value of what they are doing; otherwise, money won't follow. I wonder whether the cherished CRG structure is indeed one of the cherished icons that Tom Walley wanted to highlight.

6:35



(The Kleijnen review was: “Evaluation of NIHR investment in Cochrane infrastructure and systematic reviews,” from 10 February 2017).

Cochrane’s niche was systematic reviews of randomised trials, but I think that has changed. Cochrane has produced a large number of products.

Relevance: The proportion of empty reviews has gone down. They do recognize the need for research but there are other ways of doing that.

Rigorous: The issue of scientific integrity was not in focus in the Kleijnen review, but that has changed. This is a point raised by people in the Collaboration to ensure that garbage does not go into the reviews; otherwise, your reviews will be garbage.

Considering reorganising UK review groups: I wonder if there is *too* much structure in Cochrane.

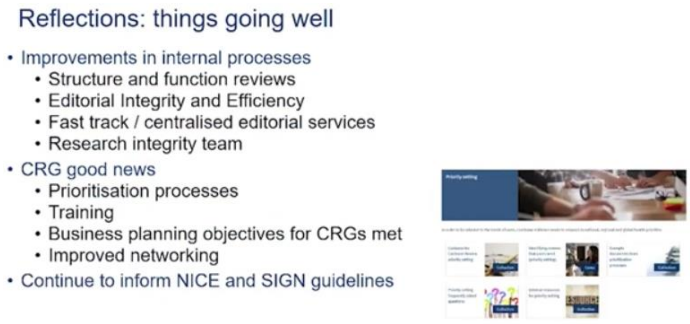
Priority setting has improved.

How should me measure quality in Cochrane reviews? We used to measure number of reviews rather than anything else. That has been turned around, which is good (EiC: editor in chief).

10:35

Range of products is excellent. Cochrane should be proud about how it responded to COVID-19.

12:15



The blurred line between being an editor and an author is something that has worried people in Cochrane.

Business planning objectives for CRGs met? Very hard to judge. We get a bunch of feedback from each CRG. Improved networking: I am worried about the layer of bureaucracy involved.

14:45

Reflections – still challenging in 2021

- Open Access
- Social Care
- Number of CRGs
  - "Cochrane is good value for money. Improve it by changes to quality, prioritisation and structure" (Kleijnen)
  - "NIHR will work with Cochrane to ensure that configuration is optimal" (Walley)
- Variation in performance

Social care: I am surprised that this has not been more in focus in Cochrane even though we have the Campbell Collaboration.

The focus on quality has not become less but sometimes the best can be an enemy of the good.

Structure: I am not so sure. We have not achieved an optimal structure.

17:40

Performance variation: UK CRGs 2015 - 2020

	Total No of new reviews published	Range in number of new reviews produced per CRG	Median time from protocol to new review publication (months)	Range of CRG's median time from protocol to new review publication (months)
2020	144	0 – 15	33	12 – 65
2019	150	1 – 12	37	18 – 62
2018	205	2 – 17	26	18 – 53
2017	226	1 – 28	31	14 – 74
2016	234	2 – 22	28	19 – 62
2015	292	2 – 31	32	13 – 42

The variation is enormous in what review groups accomplish in terms of new reviews. One review group only produced one new review in 2 years, after many months of gestation. This sort of variation is very hard for me to ignore.

19:20

Timeliness: Programmes

PG Call	No Projects	No (%) of projects that met delivery times	Range of delays in delivery time (months)	Average delay in delivery time (months)
2010	11	3 (27%)	4 - 18	6
2013	12	3 (25%)	3 - 13	4
2016*	11	3 (27%)	3 - 9	4

I think this is shocking. Sorry Cochrane. Three-quarters of the programmes that we have funded have not met their delivery times. And that has not changed.

21:13

Need for change

- NIHR has supported CRGs in current form (ish) for 25 years
- Role of UKCC in "brokering" activity has not emerged
- Size and shape of CRG resource needs to change
  - recognised in 2013 by Sally Davies, Kleijnen review and Tom Walley
- But we still have the same CRGs with additional network "layer"
- Increased CRG allocation in 2018 and emphasised (again) the contract break point
- The UK environment is now more competitive and competition is unavoidable

The promise of the networks has not been realised. We have a problem with the structure that we continue to support.

23:57

A problem of balance

- Infrastructure
  - Activity driven by CRG
  - Contracts with CRGs
  - Role of UKCC limited
- Programmes
  - More explicit prioritisation
  - Clearer links to impact?
  - More transparent
- Currently most investment in infrastructure

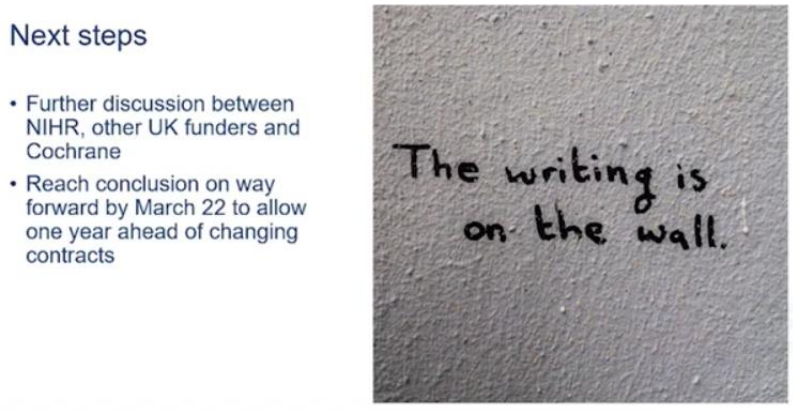
Most funding goes to infrastructure and the CRGs control what they do. Some CRGs are not functioning well. And the delivery in programmes is delayed beyond what was promised.

26:00

Suggested way forward

- **Evidence Synthesis investment from NIHR will not change**
- At the break point in the CRG contracts we will reduce the investment in infrastructure i.e. 2023
  - Degree of change to be decided
- Shift the proportion of resource available for specific reviews and programmes of reviews
- Competitive process for allocating resource for reviews to include more than Cochrane as potential provider

27:40



This may shock some people in Cochrane, but the writing has been on the wall for at least 8 years. A conclusion about the way forward will be reached by March 22, 2022.

Comments by Gøtzsche

When commenting on Stein's webinar, I cannot be impartial, but I can at least try. I co-founded the Cochrane Collaboration in 1993 and also the Nordic Cochrane Centre, which became the largest such centre in the world. I contributed substantially to the success of the Collaboration.

For many years, I raised the same criticisms of Cochrane that Stein raised in the webinar but was met with strong opposition by those who held the power to accomplish much needed changes. I therefore decided to run for election to the Cochrane Governing Board. I was elected in January 2017, with the most votes of all 11 candidates, which illustrated the widespread dissatisfaction with Cochrane's leadership because I was the only candidate who questioned their actions in my election statement.

Clearly, Cochrane's CEO, journalist Mark Wilson, and the two co-chairs of the board were not thrilled that the only person who criticised them received the most votes. Initially, the board did not intend on disclosing the voting results to the public, but in reminding the board that Cochrane was supposed to be an open and transparent organisation, I ensured that the votes became known.

My attempts at changing the direction in Cochrane proved futile. Mark Wilson and the UK Cochrane Centre Director Martin Burton, co-chair of the board, arranged a show trial against me and expelled me 20 months later, on 13 September 2018, as the only person ever. I got access to tapes of the 6-hour show trial from a board member who, together with three others, resigned in protest over my expulsion, and I described the whole affair in a book, "Death of a whistleblower and Cochrane's moral collapse."[1] As the co-chairs of the board, Burton and Marguerite Koster from Kaiser Permanente, had no legitimate reason to expel me, not even after they had employed a lawyer to go through my actions 15 years back in time, they concocted a libellous story about my so-called bad behaviour that people interpreted as if I had harassed women in Cochrane sexually, which they could not understand, as it did not fit with their knowledge of me.

A review of my book ended thus: "Leading medical scientists from all over the world expressed their solidarity with Gøtzsche and outrage at what Cochrane had done. They universally praised

[1] Gøtzsche PC. Death of a whistleblower and Cochrane's moral collapse. Copenhagen: People's Press; 2019.

Gøtzsche as a tireless advocate for research excellence, a fearless critic of scientific misconduct, and a powerful opponent of the corruption of research by industry interests, and criticised the unsupportable actions of Cochrane. History will recount this as the death of Cochrane rather than the whistleblower."[2]

Ken Stein said at the webinar that he was worried about the layer of bureaucracy involved in Cochrane; that Cochrane did not have an optimal structure; that the focus on quality can be an enemy of the good; that most funding went to infrastructure and that some review groups were not functioning well; that it was shocking that three-quarters of the programmes NIHR had funded had not met Cochrane's own promised delivery times; and that the writing had been on the wall for at least 8 years.

In my view, Cochrane has developed into a highly ineffective behemoth. Many reviews are hundreds of pages long even when they conclude that there is a lack of adequate and reliable data about the reviewed interventions to draw conclusions for clinical practice. There are often long passages in Background that do not belong in scientific reviews but in medical textbooks and which often praise reviewed drugs even when their use is highly controversial.[3]

In contrast, Stein emphasized that Cochrane authors should be iconoclastic. This is exactly what we were when we founded the Collaboration in 1993. As I explain in my book about Cochrane's moral collapse, it started as an idealistic grassroots organisation but has developed in the wrong direction and is now too close to industry and other vested interests. *BMJ's* editor-in-chief, Fiona Godlee, wrote in 2018 that Cochrane should be committed to holding industry and academia to account, and that my expulsion from Cochrane reflects "a deep seated difference of opinion about how close to industry is too close."[4]

It is worrying that by far most Cochrane reviews of drugs dutifully report what the drug industry has published after carefully having avoided publishing negative studies; omitted embarrassing data on harms; and manipulated the data on benefits in their published studies. It is particularly bad for Cochrane reviews of psychiatric drugs, most of which are highly unreliable.[5]

This is what made Cochrane editor and author Tom Jefferson say in the article, "Cochrane – a sinking ship": "If your review is made up of studies which are biased and in some cases are ghost written or the studies are cherry picked and you don't take that into account in your review, then it's garbage in and garbage out … with a nice little Cochrane logo on it."[6]

It is highly unusual for a top funder to say that the recipient of the funding must ensure that garbage does not go into the reviews; otherwise, the reviews will be garbage. This suggests that Stein is aware of Jefferson's statement. Kleijnen has told me that Stein was present at the Cochrane colloquium in Edinburgh where I was expelled and knew very well what had happened. I cannot know if he has read my book where I cite Jefferson's remark about garbage but consider it likely. In it, I explain that Cochrane's current troubles started when the organisation employed Mark Wilson in late 2012, which agrees with Stein's statement that the writing has been on the wall for at least 8 years.

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[2] Timimi S. Death of a whistleblower and Cochrane's moral collapse. Book review, Psychosis 2019.

[3] Gøtzsche PC, Sørensen A. The review on antidepressant withdrawal that Cochrane won't publish. Mad in America 2020; 11 Feb.

[4] Godlee F. Reinvigorating Cochrane. BMJ 2018;362:k3966.

[5] Gøtzsche PC. Mental health survival kit and withdrawal from psychiatric drugs. Copenhagen: Institute for Scientific Freedom; 2020.

[6] Demasi M. Cochrane – A sinking ship? BMJ EBM 2018; 16 Sept.

The Kleijnen review was an evaluation carried out on behalf of the NIHR of the health and economic impact of Cochrane reviews from 2005-2014. The NIHR spent approximately £6m a year supporting the UK Cochrane Centre and the 21 Cochrane review groups based in the UK out of 52 worldwide. According to one of the assessors, the NIHR wanted to cut all the funding but the evaluation team persuaded them to continue. The NIHR was dissatisfied that it took so long for a review to be published, and they were also unhappy with Wilson's leadership. Wilson had contacted UK funders, but they didn't trust him, and the assessors were quite critical of the huge staff at the CEO office.

On 16 April 2021, a curious message was sent to some Cochrane people:

"Dear Team
We are writing to inform you all that Mark Wilson is leaving Cochrane on 16th April to begin a new chapter in his career. He is leaving Cochrane for entirely personal reasons.

We want to acknowledge the huge contribution Mark has made since he joined us in November 2012, leading Cochrane through a period of extensive growth and development. He guided development of Cochrane's Strategy to 2020 in 2013, then led the organization's implementation of the Strategy which saw substantial success against its Goals and Objectives over the next seven years. In the last year he has led and supported Cochrane's extraordinary response to the COVID-19 pandemic. The Governing Board would like to thank him for his outstanding service to Cochrane and wish him all the very best for the future.

The Governing Board has appointed Karla Soares-Weiser as Acting CEO of Cochrane while we begin the process of locating and hiring the next CEO. We have confidence in her and our Senior Management Team to work closely with the Governing Board over the coming months as the organization finalizes its new Strategic Framework, and continues its response to the COVID-19 pandemic and delivery of its 2021 priorities.

We know that change sometimes can be challenging. If you have any questions or concerns about this transition, please don't hesitate to reach out to Karla.

Best wishes,
Catherine and Tracey
Catherine Marshall and Tracey Howe Co-Chairs on behalf of Cochrane's Governing Board"

Wilson had seen the writing on the wall. We have been unable to find a resignation letter or anything else that could elucidate the circumstances around his departure in the middle of a month, five days before Stein's webinar. There wasn't even a mention on Cochrane's website apart from a short note from the Editor in Chief that said, "Mark Wilson, Cochrane's CEO, is stepping down from his post, and today is his last day."

According to one of my collaborators, Wilson's reign has been one of the major accelerators of the decline in credibility of the Collaboration that no longer is. Another wrote to me: "The dictator has gone - but it is all too late. He destroyed Cochrane, he destroyed your career, and he damaged your legacy at the organisation."

In April, I wrote to two email discussion lists I am on: "Considering Wilson's bullying and dictatorial manners, coupled with stealing the credit for what others had achieved through hard work and putting himself in the spotlight rather than those deserving the credit, which I describe in detail in my book, it is most bizarre that he now leaves Cochrane, in the middle of a calendar month, with no fanfares and no boasting about his achievements. I will send my book about Cochrane for free to anyone who contemplates perhaps writing a book review or something else based on the book."

Stein said that a conclusion about the way forward will be reached by March 22, 2022, which will give the Cochrane groups one year to adapt to the new situation, starting in 2023.

I find it likely that this is the beginning to the end for Cochrane as we know it.