

Our medicines are the third leading cause of death

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In 2013, I documented in my book, *Deadly medicines and organised crime: How big pharma has corrupted health care*, that our medicines are the third leading cause of death after heart disease and cancer.¹ The book has appeared in 18 languages and was winner at the British Medical Association’s Annual Book Award in the category “Basis of Medicine” in 2014.

In 2015, I documented in *Deadly psychiatry and organised denial* that psychiatric drugs are some of the deadliest drugs.² Based on the most reliable studies I could find – good, randomised trials and comparative cohort studies, and systematic reviews of such studies - I estimated that psychiatric drugs alone are also the third leading cause of death.

It seems to me that psychiatric drugs are given most often for the benefit of doctors rather than patients. People become less disturbing in hospitals, nursing homes and schools when they are drugged. And family doctors get the feeling they are doing something when prescribing depression pills for almost everything and stimulants for disturbing kids, which does not take much of their time and benefits them financially - in contrast to psychotherapy, which is what most patients want and should have but rarely get.³ The argument that we cannot afford psychotherapy is wrong. It is far more expensive for our societies to use drugs.³

When I tell my colleagues that our medicines are the third leading cause of death, they often argue that some of the drug we use that kill some people are used because they save more people than they kill, e.g. cancer chemotherapy. This is correct, but beyond the point. By far most deaths are avoidable. Our for-profit system encourages overprescribing and many patients could have fared pretty well without the drug that killed them, e.g. pain-relieving arthritis drugs (NSAIDs like ibuprofen), psychiatric drugs, or opioids. Each of these drug groups has killed millions of people.

How to survive in an overmedicated world

In 2019, I published *Survival in an overmedicated world: Look up the evidence yourself*.⁴ In the book, I explain to people how they can improve their chances of survival by finding reliable information on the Internet, e.g. the package inserts for drugs, and that they should read it before they possibly go to the pharmacy with their prescription. If people do this, then, more often than not, they will realise that they are not so sick that they would want to run the risk of getting seriously harmed or killed by the drug.

Hey, don't we have the US Food and Drug Administration (FDA) and similar agencies and authorities to ensure that the drugs we take are safe and effective?

Well, drug agencies are deeply dysfunctional and hopelessly corrupted by drug industry money.^{1,5,6} If they weren't, the drugs they approve would not be the third leading cause of death. The drug agencies are part of the problem, as are official guidelines for drug use because they rely on published research reports that have been carefully manipulated by the drug industry and do not reflect at all what the trials really showed.^{1,2,6} As an example, about half of all deaths are missing in psychiatric drug trials.⁷

In my 2019 book, I write:

I wish good luck to the patients who always let their doctor make the decisions for them. They will need it. Doctors make many errors of judgment, often because they do not know better and use far too many drugs. We live in a world that is so overdiagnosed and overtreated that, in high-income countries, our medications are the third leading cause of death after heart disease and cancer. This has been demonstrated by several independent studies in Europe and North America.⁸⁻¹⁶ It has also been shown that medical errors, including other than drug-related errors, are the third leading cause of death even when only counting hospital patients' deaths.¹⁷ Most of these deaths are preventable.¹⁷

All these avoidable deaths are a public health disaster - one of the biggest one we have ever had - and far worse than any other since the Spanish flu outbreak during World War I. This epidemic of drug deaths is much easier to deal with than all the other epidemics we have seen (such as infectious diseases) because we can combat it by using drugs more sparingly. Yet no one does anything that really makes an impact - these deaths continue to pile up year after year. I have never understood why we use so many resources on preventing and treating heart disease and cancer, and so few resources on preventing drug deaths. That was one compelling reason for me for writing this book.

Polypharmacy

Most people who are past middle age take many pills every day because clinical guidelines are written with tunnel vision, peering at one problem at a time and not taking the overall picture into account.

The United States has one of the world's highest medication usage rates per capita,^{6,18} and it is quickly getting worse. Among adults, the prevalence of polypharmacy (use of five or more

prescription drugs) increased from 8% to 15% in just 12 years, from 2000 to 2012.¹⁹ For patients aged 65 and above, polypharmacy increased from 24% to 39%.

Many people are treated for a multitude of risk factors and minor ailments with drugs that have little or no meaningful effects for the patients, as have been demonstrated for most psychiatric drugs, for example, by the psychiatrists themselves.²

This means an increased risk of death - the more drugs you take, the greater the risk. Most drugs affect brain functions, and when old people fall and break their hip, one-fifth will die within a year. This is a major reason why depression drugs kill so many people.^{2,20}

The excessive polypharmacy in the United States likely contributes to the fact that life expectancy is considerably shorter in the US than in comparable countries even among affluent Americans.^{1,6}

Who can you trust?

Origin of COVID-19, and influenza and COVID-19 vaccines

“Don’t believe anything, not one thing, put out by a pharmaceutical company. Just don’t believe it. You start from there,” said Catherine DeAngelis, editor-in-chief, *Journal of the American Medical Association*, on US National Public Radio.²¹ This was said in relation to Merck’s fraud with the arthritis drug Vioxx, which caused thromboses that led to over 100,000 avoidable deaths.¹

You cannot trust drug agencies either and you cannot trust the US Centers for Disease Control and Prevention. The CDC has issued statements about the efficacy of influenza vaccines that are so blatantly false that not even drug companies would have dared postulate them. For example, even though the randomised trials have not found any effect of the vaccines on deaths or hospitalisations, the CDC claims that the vaccines reduce the risk of children getting admitted to the intensive care unit by 74% and adults by 82% and that the vaccines are live saving for children with an effect of 65%.²² The CDC failed to tell people that these estimates come from highly unreliable research such as case-control studies, which cannot be used to establish efficacy.

Vaccines have saved millions of lives and still do,²² but that’s a separate issue. In my view, influenza vaccines are not worth taking, and I have explained why.²²

You cannot trust other authorities either, which, all over the world, helped by so-called fact checkers working for Facebook, Twitter, YouTube and other social media, have suppressed the truth about the origin of the COVID-19 pandemic to an unbelievable degree.²³ The highly dangerous gain-of-function experiments on coronaviruses that was carried out in Wuhan was co-funded by the National Institutes of Health. USA and China therefore had a common interest in covering up the facts about this devastating epidemic, the worst since the Spanish flu 100 years ago.

In my freely available book, *The Chinese virus: Killed millions and scientific freedom*,²³ I explain why it is highly likely that the virus escaped from a laboratory in Wuhan and why it was highly likely manufactured there.

It was taboo for several years to say the obvious, but currently, it seems the truth is finally escaping from the ubiquitous censorship. A long article in the esteemed *Sunday Times* in the UK from 10

June 2023 went one step further than I did in my book. After a detailed investigation it not only concluded that the COVID-19 virus (SARS-CoV-2) was likely manufactured in Wuhan but also that it was part of a secret bioweapons programme.²⁴

It is still taboo to document that the COVID-19 vaccines are not particularly effective; that they can cause serious harms; and that the placebo-controlled trials Pfizer and AstraZeneca published in *New England Journal of Medicine* and *The Lancet*, respectively, were seriously misleading.²⁵ My deputy director, Maryanne Demasi, and I have been unable to publish our systematic review of serious harms of the COVID-19 vaccines in a medical journal, so we uploaded our review on a preprint server.²⁶ We concluded:

“Further randomised trials are needed. Authorities have recommended population-wide COVID-19 vaccination and booster doses. They do not consider that the balance between benefits and harms becomes negative in low-risk groups such as children and people who have already recovered from COVID-19 infection.”

Unfortunately, you cannot trust your doctor either. The knowledge doctors have about drugs has been carefully concocted and manipulated by the drug industry and doctors know far too little about drug harms.

You are left to fend for yourself. The best advice I can give you is to take as few drugs as possible and always look up the evidence for yourself before you accept any drug.⁴

Who am I, to make statements that many would find preposterous, but which are correct?

In science, the facts should speak for themselves, but unfortunately this is not how the world works. Authority is regarded as very important by most people. So, in a way, eminence is regarded as more important than evidence. I shall therefore explain who I am.

I graduated with a Master of Science in biology and chemistry in 1974 and as a physician 1984. I am a specialist in internal medicine; worked with clinical trials and regulatory affairs in the drug industry 1975-1983, and at hospitals in Copenhagen 1984-95. I co-founded the Cochrane Collaboration, which publishes systematic reviews of the benefits and harms of drugs and other interventions in healthcare and established the Nordic Cochrane Centre in 1993. I became professor of Clinical Research Design and Analysis in 2010 at the University of Copenhagen and have been a member of the Cochrane Governing Board twice. I co-founded Council for Evidence-based Psychiatry in the UK in 2014 and International Institute for Psychiatric Drug Withdrawal in Sweden in 2016.

I was expelled from Cochrane in 2018 after one of the most horrible show trials in academia the world has ever seen. My expulsion was widely condemned, e.g. in articles in *Science*, *Nature*, *The Lancet* and *BMJ*,²⁷ and it marked the beginning of the end for Cochrane, which today is in deep trouble.²⁸

About the failing scientific integrity of Cochrane reviews,²⁷⁻²⁹ Cochrane's major funder announced in 2019 that, “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.” Four months later, the funder announced that their funding of Cochrane review groups based in the UK would cease at the end of March 2023. I have described these issues in my freely available book, *The decline and fall of the Cochrane empire*.²⁸

Today, most of the UK based Cochrane review groups have already closed. Many see this as the descent of Cochrane, an organisation that cared too little about scientific rigour and too much about protecting guild interests and other financial interests,^{27,28} and which had become too close to the drug industry.³⁰

The main reason for my expulsion was that I had documented in my research that psychiatric drugs do more harm than good.^{27,28} I advocated that these drugs should be used very sparingly, only in acute situations, and only with the patients' consent.

I founded the Institute for Scientific Freedom in 2019. My greatest contribution to public health was when I, in 2010, opened the archives of clinical study reports in the European Medicines Agency after a 3-year long battle that involved a complaint to the European Ombudsman.³¹ EMA was solely concerned with protecting the drug industry's commercial interests while ignoring those of the patients. The Ombudsman ruled there was no commercially confident information in the study reports.

I am the only Dane that has published over 100 papers in "the big five" (*BMJ*, *Lancet*, *JAMA*, *Annals of Internal Medicine* and *New England Journal of Medicine*) and my scientific works have been cited over 190,000 times (my H-index is 91 according to Web of Science, June 2023, which means that 91 papers have been cited at least 91 times). I have also written [several scientific books](#).

I have given numerous interviews, one of which - about organised crime in the drug industry - has been seen by [half a million](#) on YouTube. I featured in The Daily Show in New York on 16 Sept 2014 where I played the role of Deep Throat revealing secrets about big pharma.

A documentary film about my reform work, [Diagnosing Psychiatry](#), appeared in 2017, and another one, [The honest professor and the fall of the Cochrane empire](#), is in production. Donations to the film can be given [here](#).

I have an interest in statistics and research methodology and have co-authored guidelines for good reporting: [CONSORT](#) for randomised trials, [STROBE](#) for observational studies, [PRISMA](#) for systematic reviews and meta-analyses, and [SPIRIT](#) for trial protocols.

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