**Cochrane doesn’t take editorial misconduct seriously**

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All reputable medical journals have an impartial mechanism for dealing with allegations of editorial misconduct. In the past, this was also the case for the *Cochrane Library*. The Cochrane Collaboration had two appointed publication arbiters that handled such cases, and I used this mechanism in 2001 when I had fallen victim of what was then the biggest scandal in Cochrane’s history.

The editors of the Cochrane Breast Cancer group had refused to publish our data on the major harms of mammography screening in our Cochrane review. Richard Horton, *Lancet’s* Editor-in-Chief, [described the affair](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2801%2906452-2/fulltext), and I detailed it in [my book about mammography screening](https://www.amazon.com/Mammography-Screening-Truth-Lies-Controversy/dp/1846195853).

Horton collaborated closely with me and I provided him with copies of emails that proved that what the Cochrane editors had told him was untrue. In his editorial, he noted that, even in the best organisations, raw evidence alone is sometimes insufficient to influence opinion, and that our findings had been unwelcome.

Three days before the deadline for publication, the Cochrane editors added statements in the results section of the abstract, which lent support to arguments in favour of screening, and they excluded data showing that screening increases mastectomies, lumpectomies, and the use of radiotherapy despite the fact that inclusion of these data was envisaged in the protocol of the review that the Cochrane editors had themselves approved and published.

Rather than supporting us in the publication of our research, the editors insisted that changes we disagreed with be made to the review if it was to be published. These changes appeared in the Cochrane review against our wishes, but not in the version we [posted on *Lancet’s* website](https://www.thelancet.com/pb-assets/Lancet/extras/fullreport.pdf).

The Cochrane editors preferred to protect the false beliefs about screening rather than protecting the science and the women who were persuaded to attend screening based on [false and incomplete information](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4582264/). It might have played a role that BreastScreen Australia, a governmental organisation that is a strong supporter of mammography screening, [was one of the funders](https://www.amazon.com/Mammography-Screening-Truth-Lies-Controversy/dp/1846195853) of the Cochrane Breast
Cancer group.

I complained about the editorial misconduct to the Cochrane arbiters, but the process was highly insufficient. It seemed more important to preserve the camaraderie in Cochrane and save face than to get the science right without delay. It took five years before our data on the most important harms of screening were included in [our Cochrane review](https://pubmed.ncbi.nlm.nih.gov/23737396/).

The Cochrane censorship has hit me many times. Twice in 2001, also when my centre published a review of the quality of 53 new Cochrane reviews [in *BMJ*](https://www.bmj.com/content/323/7317/829.long). We found that the evidence did not fully support the conclusion in nine reviews (17%), and all the problematic conclusions were too favourable for the experimental intervention.

We informed our Cochrane colleagues in advance of the publication so that they could prepare for questions from journalists.

But our kindness was abused. The Cochrane Steering Group put substantial pressure on us not to publish the results. I argued that since we belonged to an organisation that constantly assesses and critiques others’ research and points out when inconvenient results are being suppressed, it would be wrong to suppress our own results, which would also be an act of censorship. I also explained that it was important for patients, doctors, and others to be warned that they needed to read more than just the conclusion or the abstract.

In science, we must be allowed to criticize everyone, also our close friends. Free debate is essential for the progress of science but it is often stifled by journal editors who have financial and other interest to defend.

We were exposed to serious editorial misconduct already in the mid-1990s when we had finished a large Cochrane review on chemical and physical interventions against house dust mite allergens and found that they had no effect on patients with asthma. Our findings were highly unwelcome by the Cochrane Airways Group. After we had approved a version for publication in 1998, the editor [changed our abstract](https://www.amazon.com/Survival-Overmedicated-World-Evidence-Yourself-ebook/dp/B07R5TPV9C) without telling us, so it became misleading, favouring the interventions. We incidentally detected this and complained about it. Some years later, when we updated the review with new trials, the editor changed our abstract again – once more without our permission.

**Our Cochrane review of safe withdrawal of depression drugs was also unwelcome**

The issue was simple. We wanted to compare the success rates for patients wishing to come off the drugs in trials using different methods. As I was an expert on systematic reviews, I didn’t foresee any problems when we submitted our protocol for the review in 2017. I defended a doctoral thesis on meta-analyses of drugs in 1990, likely the first in the world; co-founded the Cochrane Collaboration in 1993; had published 17 Cochrane reviews in various areas and many other meta-analyses; and had co-authored the [PRISMA guidelines](https://pubmed.ncbi.nlm.nih.gov/19622552/) for good reporting of systematic reviews.

What more could you wish? How wrong I was. When I proposed to do the review, the editor of the Cochrane Common Mental Disorders group showed great interest, but as soon as we had submitted our protocol, the interest vanished.

The Cochrane group was extremely slow to respond and imposed ever increasing demands to our protocol. At the same time they negotiated secretly with another author group on the same issue. This violated two of the ten Cochrane key principles: Collaboration, which involves open and transparent communication and decision-making, and avoiding duplication of effort, which is about avoiding that two reviews cover more or less the same ground.

The Cochrane group rejected our protocol two years and four months after we first submitted it while it accepted the other authors’ protocol and published a [very embarrassing Cochrane review](https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013495.pub2/full) in 2021, which is full of misleading statements and marketing messages of great value for the drug industry but irrelevant for the review, doctors and patients.

We decided to publish our review [elsewhere](https://www.medrxiv.org/content/10.1101/2023.03.13.23287182v1.full.pdf) but my suspicion of editorial misconduct continued to nag me, so on 28 March 2023, I sent a complaint to Karla Soares-Weiser, Cochrane’s Editor-in-Chief, as an [open letter](https://www.scientificfreedom.dk/2023/03/29/complaint-about-cochrane-editors-committing-editorial-misconduct/).

As I had not heard anything two months later, I wrote to Cochrane’s CEO, Catherine Spencer. This was like trying to write to the CEO of a drug company. I searched on Google and on Cochrane’s homepage but got nowhere. I found Spencer’s name and those of her four assistants, but there were [no email addresses](https://community.cochrane.org/organizational-info/people/central-executive-team/chief-executive-officers-team) for any of them. So much for the “open and transparent communication” in Cochrane. It seemed a thing of the past.

I tried other options until I ultimately found this: *“If you would like to contact the Central Executive Team team [sic], please email support@cochrane.org.”* So, if you want to talk to X, please talk to Y.

I asked the support team to forward my complaint to Spencer and noted that Soares-Weiser was conflicted in the matter I raised, as she was herself involved (see below). I therefore asked if Cochrane had an impartial ombudsman to whom I could address my complaint, and if not, how Cochrane would proceed in an impartial manner.

“Rachel” (no surname provided) asked Spencer to “respond directly” to me, which she didn’t. Soares-Weiser responded:

“…since 30 March the editors you referred to are no longer working with Cochrane and the Cochrane Review Group(s) mentioned no longer exist. Cochrane is currently undergoing a transformative phase, aiming to improve and enhance our processes ... <https://futurecochrane.org/>. There, you will find detailed information about our new processes, which are designed to strengthen adherence to the principles of our collaboration. We have implemented far-reaching changes … We appreciate your patience and understanding as we navigate this period of transformation. We remain committed to delivering high-quality, evidence-based information and continuously improving our practices. Thank you again for taking the time to share your thoughts with us.”

This is how the drug industry operates. In *The art of always being right*, philosopher Arthur Schopenhauer describes the tactic Soares-Weiser used to get off the hook as a diversion: “If you are being worsted, you can make a diversion - that is, you can suddenly begin to talk of something else, as though it had a bearing on the matter in dispute and afforded an argument against your opponent.”

The industry often refers complainants to a website where the company praises itself for its high ethical standards, or they say the issue is a thing of the past that couldn’t happen today (which claim I have always found to be untrue).

Soares-Weiser copied Spencer who replied: “Thank you for your correspondence regarding your complaint to the Editor in Chief. We have noted your concerns.”

The translation of this executive parlance is: “We don’t give a damn. We are beyond reproach.”

I sent my complaint again and explained that editorial misconduct is a very serious matter and that it is irrelevant for a complaint that the editors in question no longer work for Cochrane. I asked again if Cochrane had an impartial ombudsman to whom I should address my complaint and noted that if they wanted the outside world to perceive Cochrane as a reputable and responsible organisation that takes matters of scientific or editorial misconduct seriously, they would need to reply to my questions of which the most important ones were:

1) When did the Cochrane Common Mental Disorder group approve the title for the Cochrane review about antidepressant drug withdrawal, published by Van Leeuwen et al.?

2) When was the first version of the protocol for this review submitted to the Cochrane Common Mental Disorders group?

3) Do you agree that it was inappropriate that the Cochrane Common Mental Disorders group was negotiating with another author group about a similar review as ours at the same time as it increased its demands to our review all the time and exposed us to huge delays before they responded to our submissions?

As I had not received any feedback two weeks later, I asked support@cochrane.org if Cochrane had an independent ombudsman, an ethics committee, or a publication arbiter; where I could read about such issues and find email addresses; and if Cochrane was a member of the Committee on Publication Ethics (COPE).

Rachel sent my mail to Lucy Johnson-Brown, Cochrane's Head of Governance, whose reply was a typical Schopenhauer diversion:

“There are two types of Ombudsman in the UK, they usually represent private or public bodies. If you had a complaint about the way in which Cochrane is being run you would complain to the organisation’s regulator, the Charity Commission. Cochrane has an editorial board, research integrity editors, a conflicts of interest panel and is a member of COPE. More information about editorial policies can be found here. <https://www.cochranelibrary.com/cdsr/editorial-policies>.”

I replied that the editorial policies stated that allegations of editorial misconduct were to be handled by the Editor-in-Chief, which would be inappropriate in my case because she was conflicted. She had [rejected my appeal](https://www.scientificfreedom.dk/2023/03/29/complaint-about-cochrane-editors-committing-editorial-misconduct/) about problematic editorial conduct in the Common Mental Disorders review group. Furthermore, she was a psychiatrist, and my issue was about withdrawal of depression drugs, which psychiatrists for decades have [denied is a problem](https://www.dailymail.co.uk/news/article-7084025/Royal-College-Pyschiatrists-warn-doctors-anti-depressants-dangerous-effects.html).

I asked again for a person or group in Cochrane that could handle my complaint in an impartial manner and noted that it was not a matter for the Charity Commission but for Cochrane.

I got no reply. I sent a reminder and got no reply. I wrote again a month later and asked Johnson-Brown what I should do.

This time she responded: “There is no other person or group that I can direct you. We review all of our policies regularly and have noted your comments.” Cochrane is very good at Schopenhauer diversions, whose nature moral philosopher Harry Frankfurt explains in his booklet, *On bullshit*.

Two days later, on 31 July 2023, I wrote to Johnson-Brown, Spencer and Soares-Weiser reminding them of the issues, repeating my questions, and noting it is highly unfortunate and not an accepted standard among reputable journals that Cochrane does not have a mechanism for dealing with complaints of editorial misconduct in an impartial manner.

They did not reply. So much for Cochrane’s “open and transparent communication.” If you have nothing to hide, then hide nothing. Cochrane had a lot to hide. My conclusion is that they violated their own ethical and scientific principles and committed serious editorial misconduct.

I will explain shortly on Mad in America that the [lengthy withdrawal review Cochrane published](https://pubmed.ncbi.nlm.nih.gov/33886130/) is of poor quality and is full of irrelevant marketing messages and misleading statements, in contrast to the [short review](https://www.medrxiv.org/content/10.1101/2023.03.13.23287182v1.full.pdf) we published on a preprint server (likely to come out in a medical journal soon). Our review is informative and useful for doctors who want to help patients withdraw safely from depression drugs.