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Roy Meadow: the GMC’s shame

At the beginning of July, Richard Horton, editor of the Lancet, argued trenchantly that the retired paediatrician Professor Sir Roy Meadow, then facing charges of serious professional misconduct before the General Medical Council, ‘should not be found guilty’.1 Dr Meadow further insisted that ‘his referral to the GMC should never have taken place’. Yet by the end of the month, Professor Meadow had been found guilty and was struck off the medical register. I share Horton’s concern that Meadow has become a scapegoat for a series of high-profile failures of the criminal justice system.2

It is true that, as a prominent advocate of the concept of Munchausen’s syndrome by proxy and of the notion that many cases of sudden infant death are in fact homicide, Meadow has done much to foster the prevailing obsession with all forms of child abuse and the popular prejudice that these occur much more frequently than was previously believed.

It is also true that, in the case of Sally Clark (who was convicted of killing her two children and subsequently released after a second appeal), Meadow gave statistical evidence that was inaccurate and misleading — this was the main charge before the GMC. However, it is clear that this evidence played little part in either the original conviction or the first appeal; in the second appeal, it came under criticism on legal rather than medical grounds. It is unfair and unjust to penalise one of the expert witnesses for the failure of the judicial process.

The decision to strike Meadow off the medical register is a blow to the burgeoning world of child protection, of which he was a leading patron. It reflects the impact of a backlash against the tendency to pursue allegations of abuse beyond the limits of scientific evidence — particularly when this brings middle class families within the criminal justice system. Yet, as in the case of the child sexual abuse scandal in Cleveland in the late 1980s, when the leading paediatrician and social worker involved were scapegoated for their excessive zeal, the backlash against Meadow is likely to leave unchallenged the misanthropic assumptions of the child protection system. Thus, despite the personal humiliation of Meadow, parents and other carers will still face unjustified suspicions — and convictions — while some children will continue to be abused — and even murdered — by their parents.

The GMC’s decision against Meadow reflects its desperation, in the aftermath of Harold Shipman, Alder Hey, Bristol and other unsavoury cases, to appear before the government and the public opinion to be taking a tough line on deviant doctors. According to Richard Smith, former editor of the British Medical Journal, the problem with the GMC is that its culture of putting ‘fairness to doctors ahead of patient protection’ is wrong.3 Despite his well-known affinity for ‘evidence-based’ policy, Dr Smith provides no evidence for this proposition, knowing that prejudices shared by Tony Blair and the Daily Mail are exempted from this requirement. All the GMC’s concessions, from boosting lay representation to proposals for appraisal and revalidation, have failed to satisfy those whose real aim is to end the autonomy of the medical profession. The GMC now believes that its survival depends on offering up some prestigious scalps — and they don’t come more prestigious than that of the founding president of the Royal College of Paediatricians.

The persecution of Meadow is not only an injustice to him and an offence to the medical profession: it is a disservice to the public. Whatever the defects of the system of self-regulation presided over by the GMC since 1858, it has, in general, served both doctors and their patients well. The principle of self-regulation asserts that professionals must satisfy higher standards than can be maintained by market forces, or by the judgement of laymen — particularly by the sort of ministerial toadies and cronies who are now appointed to the GMC.

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REFERENCES