Analysis and comment

Child abuse

Royal college rewrites child protection history

Jonathan Gornall

The Royal College of Paediatrics and Child Health has not mentioned research work by Roy Meadow and David Southall in its advice on child protection. Is this sending the right message to paediatricians?

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BMJ 2006;333:194-6

In much the same way as Stalin had people who had fallen from favour airbrushed out of photographs during the Soviet purges of the 1930s, so the Royal College of Paediatrics and Child Health seems to have shed virtually all reference to its two most troublesome members in a new handbook *Child Protection Companion*.¹ Paediatricians, already feeling beleaguered thanks to a concerted public and media campaign against individual doctors, will be dismayed that Roy Meadow and David Southall seem to have been written out of the medical history book by their own college. By omitting the controversial pair, whose work in the difficult field of child protection nevertheless provides much of the evidence bedrock for today's practices, the college seems to have framed the handbook in such a way as to appease the two paediatricians' critics.

The handbook contains sections on fabricated or induced illness, imposed upper airway obstruction, and covert video surveillance—specialties pioneered and dominated by Professors Meadow and Southall. On page 17, at the beginning of chapter 6 on Recognition of Maltreatment, the authors of the handbook state: "Throughout this document, where evidence exists, it has been referenced,"¹ yet there is not a single reference to original research by either Southall or Meadow. Not even Professor Meadow's seminal 1977 paper, in which he coined the term Munchausen syndrome by proxy, is referenced.²

Nevertheless, 80 of chapter 6's 100 references are to individual papers by other researchers.¹ A spokesperson for the college denied that references had been deliberately omitted. The handbook, she pointed out, did include several references to the guidelines on fabricated or induced illness published in 2002 by the college and the Department of Health, and "both of these documents make reference to the work of specific paediatricians."

The college withdrew an offer of an interview with its current president, Patricia Hamilton, but provided a statement. Apparently unable to bring itself to mention the names of Roy Meadow or David Southall, the college said it "would like to confirm that the work of individual paediatricians continues to make an important contribution to the health and well-being of children and young people."

Early reactions

The publication of the handbook has prompted concerned online exchanges on the college's discussion board for paediatricians. "At some point we have to stand up for the truth, for our esteemed colleague and in the defence of children," writes one. "Re-writing... the history of child protection research is extraordinary... There are all sorts of political and historical comparisons to be made, which may at first glance appear extreme, but to erase the work of these individuals is appalling."

The writer, a consultant paediatrician, even raises the spectre of the college facing a breakaway of disenfranchised members: "Maybe there comes a time when we should leave the college to a role in education and training and create an Association of Paediatricians willing to stand up for what we believe in; the defence of children against abuse and the rights of professionals to work to this end."

Hollow reassurance

In the introduction to the handbook, Sir Alan Craft, writing before he stepped down as college president earlier this year, says the purpose of the handbook is "to bring together the best available current guidance as to how we should act when faced with a child who may have been abused". But his reassurance that "If we do raise concerns, and act in good faith, then we are protected in law for any repercussions of our actions," will ring hollow for many—not least Professors Meadow

Protesters outside the High Court campaigning against Munchausen syndrome by proxy—a term coined by Roy Meadow

BEN GRAVILL/PHOTONENS SERVICE/TOPIOTO

and Southall. Although technically he is right—doctors are protected in law from legal proceedings—they can still be struck off by the General Medical Council.

Professor Meadow, the college's founding president, was struck off by the GMC in July 2005 for giving flawed statistical evidence in the trial of Sally Clark, who was jailed in 1999 after being convicted of the murder of her two children Christopher and Harry. Clark was cleared on appeal in 2003. Although the GMC charged Professor Meadow with having strayed from the area of his competency during the Clark trial, he had told the court and jury that he was not a statistical expert and was repeating what statisticians had written or told him. As he told his GMC hearing, "I was citing what I believed to be a very thorough... large study run by experts, several of whom I knew and respected greatly. I was quoting the statistics. I was not pretending to be a statistician."

Professor Meadow was reinstated in February this year by the High Court, which said he had given "honest albeit mistaken evidence" and was highly critical of the GMC's decision to find him guilty of serious professional misconduct. Mr Justice Collins ruled that for the GMC to say "that his conduct was 'fundamentally incompatible with what is expected by the public from a registered medical practitioner' approaches the irrational."³

Mr Justice Collins also criticised the GMC for accusing Professor Meadow of "undermining... public confidence in doctors who have this pivotal role in the Criminal Justice System": If the full facts are taken into account and the media campaign based on a lack of knowledge of all the circumstances is ignored, that comment is unjustified."

Despite this, and the judge's observation that the GMC's verdict had been "imposed in the teeth of the many testimonials to him and the knowledge that he had made a real contribution to paediatric medicine," in the eyes of the media Professor Meadow remains discredited.

What is more, his ordeal is far from over. Although his personal situation will not be affected, this month the GMC appealed against Mr Justice Collins' ruling that experts should not be subject to action by their regulatory body over evidence they give in court unless they have been reported to their regulator by the trial judge. The Court of Appeal reserved its ruling last week (12 July).

Misrepresentation

In 2004, Professor Southall, long the target of campaigners determined to disrupt his often controversial work on life threatening child abuse, also found himself before the GMC accused of serious professional misconduct. As in the case of Professor Meadow, no part of the GMC's findings had any bearing on the validity of his research.

In 2000, Professor Southall had seen Sally Clark's husband on television in a Channel 4 documentary and became concerned when he heard Stephen Clark describe how in December 1996 he had been alone in a hotel room with Christopher, the couple's 2 month old son, when the child suffered a nosebleed. The episode took place nine days before Christopher died. During the GMC disciplinary hearing, Southall's intervention was characterised as having been solely on the basis of "something he had seen on TV." Very little ink was wasted in the media on providing readers with the

fuller explanation—that Southall, a world expert on imposed upper airway obstruction, knew from his clinical experience and research he had published three years earlier that such bleeding was one of the telltale pointers to possible smothering in a child of that age. His research using covert video surveillance had identified bleeding from the nose or mouth in 11 of 38 patients with apparent life threatening events but in none of the 46 controls.⁴

Such bleeding was only a pointer. However, the 1989 Children Act obliges doctors to act even if they only suspect abuse, and Southall contacted the police with his concerns. Yet after a complaint by the Clark family, the GMC found Southall guilty of serious professional misconduct and banned him from child protection work for three years. The professional conduct committee decided Southall had acted in a way that was "irresponsible, inappropriate and misleading" and said that his suspicion had been based on a mere "theory, which was however not presented as a theory but as a near certainty... underpinned by his own research."

Professor Denis McDevitt, chairman of the committee, made clear that testimonials describing Professor Southall as an outstanding clinician, a meticulous researcher, and a tireless humanitarian had militated against his being struck off the register. Among those testimonials was one from Sir Alan Craft, president of the college at the time, who told the committee that Southall had been responsible for pioneering research that had "influenced the way that babies and children have been managed all over the world."

Changing views

Ironically, the college's new handbook, under the section on intentional or imposed upper airway obstruction, urges doctors to look out for the same telltale sign of possible smothering that had prompted Southall to call the police. But despite Southall's acknowledged influence, there is no reference to any of his work on this or any other aspect of child protection, including the conclusions and observations of his 1997 paper on covert video surveillance that are accepted and acted on around the world.⁴ The paper offers a shocking but essential insight into the lengths to which some parents will go to abuse their child.

However, covert video surveillance as a child protection technique gets short shrift in the handbook, which dismisses it in a terse paragraph: "This form of investigation is rarely used. All other means of assessment should be explored before this is considered."¹ This attitude is in contrast to the endorsement of covert surveillance by Sir Alan Craft in an article he co-wrote before his appointment as president of the college.⁵ His co-author was Neela Shabde, a consultant paediatrician who chaired the working group for the handbook. Despite the "controversy among professionals and the public," they concluded that the technique, "is justified if it is done in the best interest of the child to protect them from serious harm and death. It is the duty of health professionals to use all available approved methods to diagnose and to treat. CVS can therefore be regarded as a justifiable assessment tool."⁵

Professor Southall had his first sight of the handbook last week, when it arrived in the post with the college's regular newsletter. He said he had been on

Summary points

Professors Meadow and Southall have appeared before the GMC for alleged professional misconduct

Both have received much media and public vilification

The charges had no bearing on the validity of their ground breaking research on child abuse

Their research has not been referenced in a royal college handbook on child protection

the initial working party in the early stages of the development of a training course that accompanies the handbook, but that since his 2004 GMC hearing he had been excluded without explanation from involvement in either the course or the handbook.

"It is ironic to find this handbook prefaced with a worthless reassurance that paediatricians who try to do their duty by children who may have suffered abuse

have nothing to fear," he said. "As my case and that of Professor Meadow have demonstrated, although the Children Act would seem to offer doctors robust support if they act with integrity, they still have much to fear from the GMC, because they know that this body could well deprive them of their livelihood.

"The debate now," said Professor Southall, "is not about me any more, nor is it about Meadow. It is about the signal that this handbook sends to the young paediatricians faced with the difficult burden of doing child protection work."

Contributors and sources: JG has written a number of articles about the cases of Professor Meadow and Professor Southall.

Competing interests: None declared.

- 1 Royal College of Paediatrics and Child Health. *Child protection companion*. London: RCPCH, 2006.
- 2 Meadow R. Munchausen syndrome by proxy: the hinterlands of child abuse. *Lancet* 1977;ii:343-5.
- 3 Meadow v General Medical Council [2006] EWHC 146 (Admin).
- 4 Southall D, Plunkett MCB, Banks MW, Falkov AF, Samuels MP. Covert video recordings of life threatening child abuse: lessons for child protection. *Pediatrics* 1997;100:735-60.
- 5 Shabde N, Craft AW. Covert video surveillance: an important investigative tool or a breach of trust? *Arch Dis Child* 1999;81:291-4.

Confidentiality and consent in medical research

Confidentiality of personal health information used for research

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This article is the first in a four part series building on a recent Medical Research Council initiative relating to use of personal information in medical research

Researchers must balance the quest for better health for all against the need to respect the privacy of research participants. What needs to be done to ensure best practice?

Medical research has a long history in the United Kingdom and has generally enjoyed good public support. Researchers take confidentiality seriously and few breaches have been recorded. Concerns over research practices at Alder Hey hospital related to consent rather than confidentiality,¹ but they tarnished the overall reputation of research. At much the same time, the Data Protection Act 1998 defined stricter criteria for handling personal data,² supplementing the provisions in the UK common law of confidentiality. There is thus a legal and a moral impetus to ensure that research is conducted with the maximum respect for participants and their privacy, even if the research is not linked to clinical care. Many questions can be answered without the active participation of individuals, but researchers must strike a careful balance between their pursuit of health improvements for all and their obligation to maintain the privacy of individuals participating in research.

Regulatory framework and legal issues

When patients seek health care they are assumed to give implied consent for the carers to access their health records. The Data Protection Act also permits the use of "sensitive personal data" for medical purposes (including medical research) without con-

sent, provided the user is subject to the same duty of confidentiality as a healthcare professional.

Despite these provisions, it is generally held that explicit consent should be obtained to use identifiable personal data for medical research, particularly for multicentre or secondary research when people who are not part of the original clinical team need access to the data. However, explicit consent cannot always be gained for new research uses of pre-existing data: the participants might no longer be contactable or might have died. Re-contacting participants might cause distress or result in inadvertent disclosure. Wherever possible, the alternative to seeking this consent is to preserve the confidentiality of the data subjects through anonymisation.

Given the need to balance public concerns about inappropriate disclosure of data (and their expression in legislation) with the need for access to data for research, an acceptable and achievable model of confidentiality practice now needs to be defined. A recent report from the Academy of Medical Sciences on the use of personal data in medical research suggests some ways forward (see bmj.com).³

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BMJ 2006;333:196-8

Tips for managing the confidentiality of personal data and additional information are on bmj.com