Speaking truth to power?

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Anyone who has read Hilary Mantel's magnificent Booker Prize-winning novel *Wolf Hall* will be in no doubt about the fate of government advisers who give their masters the wrong advice. During the reign of England's Tudor king, Henry VIII, refusal to recant your views resulted not only in a swift fall from grace and power, but also a short trip from Westminster to the Tower of London. If you were lucky, you lost your head to a sharp axe; if not, you were hung and disembowelled. In either case, your head ended up on a spike for all to gawp at.

The fate of today's out-of-favour advisers is less savage, but last October the British science community was nonetheless shocked by the summary dismissal of Professor David Nutt, the then chair of the UK Government's Advisory Council on the Misuse of Drugs (ACMD). Nutt's crime: he had opposed the government's intention to reclassify cannabis to the more harmful class B category of drugs—it had previously been downgraded to class C in 2004 (Travis, 2009). What is more, Nutt had given a public lecture explaining why cannabis is less harmful than, for example, the widely prescribed methylphenidate (Ritalin), which is doled out to British schoolchildren at the phenomenal rate of more than 530,000 prescriptions a year (Hansard, 2008).

Like Henry VIII's Lord Chancellor Thomas More, who refused to endorse the king's divorce from Catherine of Aragon and marriage to Anne Boleyn, Nutt refused to recant when called upon to do so by Home Secretary Alan Johnson. True, his fate has been less gruesome than More's: instead of losing his head, Nutt has become something of a media celebrity and a hero to his fellow scientists. Indeed, he has now set up a rival, independent drugs committee and has proposed that a Royal Commission study the case for decriminalizing cannabis. Meanwhile, Johnson has replaced Nutt with the more emollient

neuropharmacologist Leslie Iversen, who is known to be less sanguine than Nutt over the dangers of cannabis.

The Home Secretary's actions have been widely condemned and Britain's scientific leadership has highlighted the need for independent advisers to be able to 'speak truth to power' without fear. But the slogan hides more than it reveals. From global climate change to Europe's fisheries policies, politicians regularly ignore uncomfortable scientific advice. Similarly, the membership of US President George W. Bush's Bioethics Council on human embryonic stem cells (hESC) was carefully managed to ensure that the Council came up with the opinion that Bush favoured. Subsequently, Obama reconstituted his advisory group to reverse the Bush policy, just as Home Secretary Johnson did the ACMD and just as Henry VIII found a more accommodating Lord Chancellor.

Perhaps the problem lies with the belief that there can be such a thing as disinterested, scientifically 'objective' advice on questions where science, social policy and ethical beliefs intersect—which means almost everywhere. As it happens, I share Nutt's opinion on cannabis. Indeed, I am in favour of a complete decriminalization of drugs and a return to Britain's much-lamented policy, abandoned many years ago, of making addictive drugs available through prescription to licensed addicts. But even within the scientific community there are conflicting views about both evidence and ethics. To pretend that advice can be above the fray is to take a view of science as separate from the society in which it is embedded. If the work of sociologists and historians of science has taught us nothing else over the past decades, then we at least ought to recognize this particular truth. The claim of the disinterestedness of science has long been superseded in scientific journals by the insistence that interests—usually

financial—must be openly declared. In the USA, for example, biologists frustrated with the restrictions placed on federal funding for research using hESCs were hugely critical of the declared ethical and religious interests of Bush's Bioethics Council.

There is no doubt that drugs policy is hopelessly inconsistent. Some drugs are legal, freely available and taxed, such as alcohol and nicotine; some can be obtained only on prescription, such as diazepam; others are illegal and criminalized, such as ecstasy and, in some countries, cannabis. In the eighteenth and nineteenth centuries, for example, opium was widely available and extensively prescribed. In the 1960s, authorities worried about a wave of addiction severely restricted amphetamine prescriptions; now, methylphenidate is handed out to kids like sweets. These distinctions may make little psychopharmacological sense, but they reflect changing social attitudes.

What are the lessons to be drawn from all this? The fashionable call for 'evidence-based policy making' seems straightforward enough, but what evidence should be considered within the call? Certainly, that of properly qualified experts: both scientific and sociological. But perhaps the French model of bioethics advice, with a national committee specifically designed to include people of different religions and none such as Marxists is the way forward. It is certainly an improvement on sacking the adviser. To say nothing of decapitation.

REFERENCES

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