

NEW ZEALAND SKEPTIC

SEPTEMBER 1995 — NUMBER 37

Pseudo-medicine

*This is a copy of a presentation given to the
New Zealand Skeptics 1995 Conference in Auckland.*

John Scott

When Denis Dutton asked me to prepare some comments on this topic he gave me a very wide brief covering, "any aspect that strikes your fancy".

Since he has left the definition and the territory to me, I will indulge myself, knowing that any remark from here on will be controversial.

Over the same time I had the privilege to witness one of history's recurrent twists, whereby there is a recapitulation of

medical behavioural patterns which can be expressed in Darwinian terms. This has provided some of us with the opportunity to observe the consequences arising directly from the ebb and flow of irrational human behaviour.

In the late 1940s I set out to become an engineer, but I meandered into medicine. I retain some interests in the area of the physical sciences and I think I

understand why a 747 flies and usually does not fall to bits on take-off or landing. Such deep insight allows me to perceive the distinction between the functioning of an aircraft engineer and that of a traditional doctor. It is mandatory, as well as reasonable, to test the wings of a proposed new aircraft to the point of destruction in an aeronautical laboratory. In most countries, similar destruction of a human being in a physical or psychological sense is forbidden, or at least not discussed openly in public.

The distinction between the two situations does not stop there. In the former instance, a physical object is being tested by engineers and scientists using a fairly soundly ⇒ p3

Apology

Due to the volume of material received for this issue, many items have been held over until a later date, despite the increased size. Our apologies to contributors for this.

CONTENTS

Pseudo-medicine	John Scott	1
Editorial	Owen McShane	2
The Clairvoyant	Owen McShane	11
Chair-entity's 1995 Report	Vicki Hyde	12
Space Fiends	Carl Wyant	3
Newsfront		15
Hokum Locum	John Welch	18
Bent Spoon Award	Denis Dutton	21
How Bent is Bent?	Vicki Hyde	22
A Big Mistake	Hugh Young	22
Not a Mistake	Walter Clark	24
.....	Chuck Bird	25
.....	Nicky McLean	26
Forum		30

The Boundaries of Skepticism

The Skeptics began in simpler times. Some of us recall when the burning issues of Skeptical enquiry were whether Uri Geller bent spoons, whether Russians were using telepaths to communicate with submarines and whether Lyall Watson had stumbled on a Philosopher's Stone called *Supernature*. He certainly seemed to be turning something into gold.

In those days we were often criticised for being a bunch of kill-joys who seemed to want to lock granny up for reading the tea leaves. "What's the harm?" they used to say. Our critics failed to understand that we weren't too fussed about Granny reading the tea-leaves or Granddad's secret number system for betting on the horses. We were much more concerned about the readiness to waive normal standards of evidence and rational thought when remarkable claims were being made.

Otherwise-rigorous interviewers such as Brian Edwards and Gordon Dryden would seem to close down their inquiring minds as soon as their latest psychic guest walked into the broadcasting studio. And soon even Brian began to realise that some of these people were rogues and charlatans determined to relieve people of their money — even if it meant taking advantage of people in acute distress. Mr Edwards finally mounted one of the great debunkings of all times when with Don Zealando he unmasked the secrets of the Filipino psychic surgeons and hence closed down a major money-spinner for Air New Zealand.

But generally people thought it was the spoon bending and such fancies that offended us — whereas for the genuine Skeptic it was always the lack of evidence, the corruption of evidence or straight out false claims and fraud. We were trying to counter pseudoscience.

And it was not long before this meant that the Skeptics were taking a stand against pseudoscience in medicine. And then we began to take on pseudoscience in mental health, especially as we saw counsellors and therapists proliferate and break up families

and send people to gaol using therapies based on nonsense theories.

Finally many of began to realise that we were standing up to a widespread onslaught on the whole notion that rationality and the scientific method had any particular validity at all. New Zealanders were being told we should respect all beliefs and values because we should pass no judgement.

And as we began to take on these larger issues others who had stood in the wings came to join us. On the other hand, many decided they liked us even less.

The Uri Gellers were an easy target. We now find that advocacy movements claim such a high moral ground that they believe that faking the evidence or redefining the language is legitimate if it promotes their worthy cause. Once again the ends are claimed to justify the means. The age of "urban myths" is now upon us. The environmental movement, the neo-Luddite movement, the alternative medicine movement, and a host of special interest lobbies now clamber to secure their particular group rights, rather than their rights as individuals. They have all have been prepared to "fudge the figures" in order to help their particular cause. Most recently we have seen Greenpeace forced into apologising to Shell over the Brent Spar debacle.

So this year there was something inevitable about the decision to award the Bent Spoon to the Justice Department for its report *Hitting Home*. This award has not been without controversy. This too was inevitable, not only because of the emotions which surround the topic of domestic violence, but also because for many it took us as far away from our origins as we may ever want to go.

We have decided to make Education the theme for next year's conference. Whether we come to regret this or not will depend on how successful we are in confining the debate to the assault on science and rationality rather than providing a forum for every parent concerned over why Johnny can or cannot read. But what is the limit to the Skeptical agenda? Do we have anything to say about housing



This is a floppy disc. If at all possible, please send articles on an **IBM-compatible disc** in ASCII text, Wordstar or Word Perfect formats, or **email** them (address at right). Discs will be returned if clearly labelled.

Please indicate publication and date of any clippings.

Contributions should be directed to:

Owen McShane, *NZ Skeptic* Editor
2 Watchman's Road

RD1 Karekare, Auckland

Email: omcshane@deepthnk.kiwi.gen.nz

Opinions expressed in the *New Zealand Skeptic* are those of the individual authors and do not necessarily represent the views of NZCSICOP or its officers.

Deadline for next issue: **1st November**

policy? Only if someone has cooked the statistical books. (Remember New York's 300,000 homeless — a "wild stab" invented during a radio show.) Do we have anything to say about sport? Only if someone says that more women are murdered during the Rugby World Cup than during any other time of year. Do we have anything to say about economics? Only if someone claims that the ghost of Maynard Keynes has been communicating directly with Winston Peters. And only if — almost everything else in economics lies in religious territory as opposed to superstition.

Certainly we should not push out the boundaries for its own sake; we have plenty to occupy us in more comfortable territory. But nor should we — or indeed could we — return to the days when the most pressing issue was whether your pilot was humming happily to the harmonics of 351.

Our members expect us to be in tune with the times. And as these are more disputatious times we will probably never again be able to assume the comfortable unanimity of the past. But no Skeptic has ever shied away from robust debate. We have demonstrated in conferences and AGMs that because we are philosophically attached to reason and the traditions of the Enlightenment we can enjoy differences of opinion without resorting to personal vilification and — dare I say it — abuse.



Owen McShane, Editor

based set of facts, many of which will not change as knowledge evolves. However, errors can occur in both the design and testing of an aircraft wing due to the fallibility in human terms of scientists and engineers. Conversely, in the case of interactions between orthodox doctors and patients or clients, the interactions involve two sets of human behaviour. The nett effect is that at least in terms of ephemeral knowledge, there will be a much greater measure of certainty in the case of the aircraft wing testing than there will be in any health professional-patient interaction.

All that seems very obvious, but I can assure you it is not obvious to many who design and manage health services in various parts of the world, nor is it understood by many orthodox clinicians.

These considerations do, however, lead on to recognition of one perspective through which pseudo-medicine can be defined. In discussing pseudo-medicine we are really addressing a pattern of behaviour which is incongruent with principles common to sound aircraft engineering and sound allopathic medicine. Because a set of physically determined factors imposes a very firm set of disciplines upon the aircraft engineer, he or she operates within definable, and fairly closely defined, sets of constraints.

That is not the situation as far as medicine is concerned. An aircraft wing talks back to its designer by performing efficiently or failing. A patient or client exhibits an enormous range of responses to the propositions of a health professional, who operates within loose constraints, extremely wide

boundaries and enormous levels of tolerance. Failure to observe what we may loosely term the laws of nature in relation to aircraft wings induces clearly observable and immediate consequences. Errors of logic and application of scientific knowledge or the indulgence of magic and quackery can persist for centuries in terms of medical practice.

My first point then is that the aircraft engineer is brought face-to-face with the realities of certainty and uncertainty from the outset. Such is not the case for health professional patient interactions.

Uncertainty

When confronted by uncertainty, a person who has a sound understanding of rationality and science acknowledges that doubt and ignorance are facts to be accepted and confronted. If we pause to think about that, hopefully a majority of us within medicine will rapidly realise that John Kenneth Gailbraith was correct when he said "when people are least sure, they are often most dogmatic."

That idea can be extended by the observation that many who are superficially extremely confident suppress their doubts and uncertainties through extremely assertive behaviour and exposition of dogma. Sometimes they are exposed, as happened to Margaret Thatcher when caught on the hop by the BBC, who perceived she really did not know what to do about the political future of Hong Kong after 1997. "...now, when you say that, you don't have to go into, to say, well now, precisely what is the nature of this link and the nature of the law and so on..." Margaret Thatcher, BBC

World Service Interview, 1 Nov. 1983.

The problem with the Thatchers of this world is that during their predominant period of confidence, while they suppress any dangerous urge to admit doubt and uncertainty, they can inflict devastating damage on huge chunks of society and humanity generally. The consequences may be disastrous for many of us and not just for Argentinean sailors.

That arch sceptic, the late Petr Skrabanek, in a signed *Lancet* editorial entitled "The Epidemiology of Errors", quoted Lewis Thomas: "A good deal of scientists, many of them in the professional fields of epidemiology and public health, have never learned how to avoid waffling when yes or no are not available, and the only correct answer is, I don't know".¹ Pseudo-medicine arises when doctors, particularly, are confronted by a problem for which there is no clear-cut answer. Unfortunately in such situations, many doctors while swearing allegiance on the altar of medical science, move into the Thatcher mode. The practice of pseudo-medicine is based on that phenomenon.

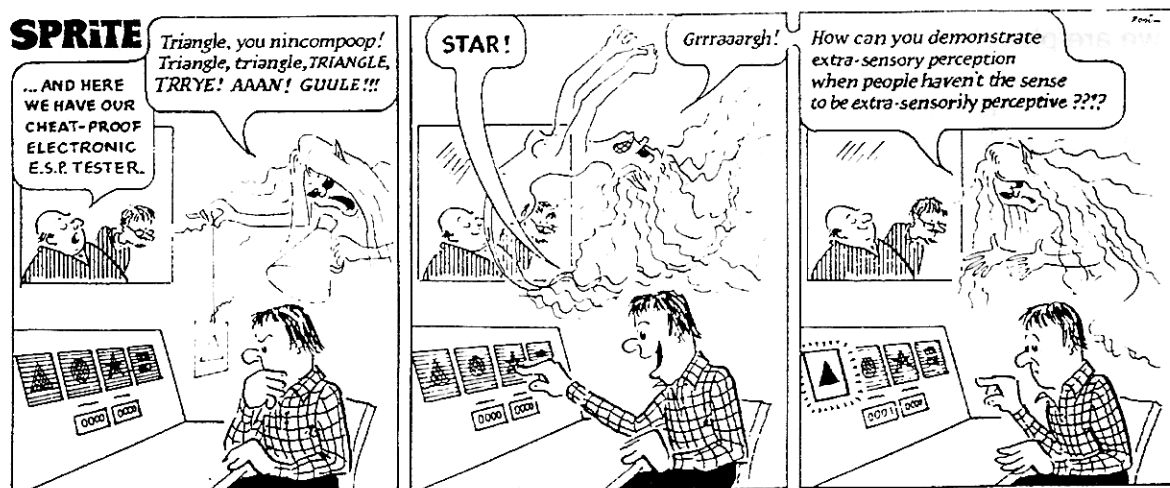
Contrary to the viewpoint of a majority of the public and the media, and against the enthusiastic prophesy of many health professionals, areas of uncertainty are going to become more extensive rather than less as we move into the 21st Century. As technology becomes more sophisticated, complex issues concerning its application are going to raise increasing areas of uncertainty. It is not difficult to predict that there will be an increasing tendency for impetuous action to be taken as anxiety levels increase in the face of uncertainty.

Conversely, there may be a decline in recourse to consultation on the basis of "I don't know, can you help?" Systematisation of doubt, and suppression of uncertainty lead to indulgence in such practices as homeopathy, chelation and a variety of magical and quack practises. I am not going to go into those areas in detail because they have been well traversed at previous annual meetings of this Society. Rather I want to spend the remaining time indicating the pervasiveness of the problem.

If we put aside the really major health disease problems of society based upon deprivation,

economic inequality, hopelessness, loneliness and so forth, we are left with the impact upon society of the chronic degenerative diseases of bones, joints, the cardiovascular systems and cancers. These are the happy hunting grounds of pseudomedicine. The operation of total hip replacement has long since passed the equivalent of the testing of the 747 wings, and is now a standard procedure with sufficient experience behind it to make predictability of application to particular people reasonably certain. That does not mean that a host of other factors are not relevant to the decision whether, when and how to operate on a particular patient and to decide who pays to whom how much.

By contrast, the pain relief to be offered to the person on the increasingly lengthening waiting list for a hip operation provides a fertile ground for the exhibition of pseudo-medicine. Physicians like me do not have ideal pain relieving remedies available for prescribing to such patients. Chronic conditions wax and wane in intensity and it is very difficult to match the interplay of useful and dangerous effects of chronic pain management by drugs, against



Donald Rooum, *Skeptic* (UK)

risks of death, disability and a host of economic factors.

The temptation is always there to indulge in the potentially legitimate use of placebo effect, maybe honestly at first with full understanding of what one is doing, and then to slip into the realm of magic. The boundary between rational therapy and pseudomedicine is very fine, and the width of that boundary varies considerably between one realm of therapy and another and between one doctor and another.

My concept of pseudo-medicine, therefore, is that doctors indulge in the practice when they stop saying, "I don't know", stop recognising uncertainty, and substitute false, self-deceiving action based on phoney certainty, backed by great enthusiasm and stern dogma. The euphemistic term "art of medicine" is then applied to this particular brand of practice. The words "art" and "medicine" are simultaneously debased.

Nihilism

Commencing early in the nineteenth century, what has been termed scientific and therapeutic nihilism developed initially in France. In the late 19th Century, influential figures from North America and England, including Sir William Osler who typified both environments, threw their weight behind the therapeutic nihilistic movement. This involved a sceptical approach to the practices and remedies of traditional medicine, and called for the application of rational study and controlled observation of the natural history of disease and its modification in various ways. There was considerable opposition to Osler. Rationalism, scepticism and the scientific

method itself, are not immune to rigorous querying from a variety of viewpoints. All can be converted into new forms of religion and all are subject to phases in development.

It took about a hundred years for therapeutic nihilism to demolish significant sections of the old pharmacopoeia, continuing use of which was justified and dignified as being part of the art of medicine.

Earlier in the talk I referred to the interaction of two sets of behaviour when doctor meets patient. History is repeating itself at present as the boundaries where medical science and human behaviour meet are becoming a major topic in the more thoughtful pages of the *New England Journal of Medicine*, *Lancet*, *BMJ* and so forth. Interestingly, the predominant theme in this new wave of medical literature centres on the problems of uncertainty.

Jonathon Rees in the *BMJ* puts it this way. "For any activity dependent on new knowledge, as medicine is on science, the future is uncertain simply because new knowledge always changes the rules of the game. But even if we could dream this problem away, our guesses of the future will be in error because we continue to delude ourselves, outside the laboratory at least, that we understand the present..."³ Herein lies another basis for pseudo-medicine. Health professionals like to feel confident and to project confidence in terms of their relationships with patients. Pseudo-medicine flourishes on the basis of apparent confidence exhibited by the professional. The stage is being set in my opinion for an increase in the practice of pseudo-medicine.

Anti-orthodoxy

During the 1960s, 70s and 80s there was a wave of revulsion directed against orthodox medicine and particularly to its perceived power. To some extent the evils attributed to the atomic scientists spilled over into public attitudes towards orthodox medicine. What was perceived as unholy power held by the medical profession was seen in terms of a citadel which should be destroyed. We saw the revival of naturalism, herbalism and a return to various magical procedures. One of the major textbooks of so-called holistic medicine claimed restoration of the theory of transmutation of the elements whereby sodium was converted to potassium by plants.

The attack was unconsciously, and by some cynical entrepreneurs consciously, directed at the whole concept of therapeutic nihilism. The wash from this revolution lapped on the thresholds of medical schools initially, and then penetrated the corridors of academic medicine. To the horror of people like me, graduates of our young School of Medicine began openly to practise homeopathy and chelation.

I analyse this situation as being due partly to the failure of us as educators to prepare students to handle the avalanche of evolving knowledge in the fields of biochemistry, molecular and behavioural medicine. We have been overwhelmed and have not known how to handle the situation. Our students have entered a world in which monetarism has gained the ascendancy and they see a desperate need to make a living. Those who choose not to become technocrats, replacing hips and removing cataracts,

are the most vulnerable. Many of them have already succumbed. Moreover the ramparts of the citadel have been breached in more significant ways.

Our students face the usual mixture of myth and reality which typifies the real world — we have not prepared them adequately to confront this reality and provided them with teaching to handle the situation calmly and rationally.

There is a current vogue for insisting that doctors must model their approach to patients upon so-called “evidence-based” medical practice.^{4,5} The general concept implies that resources of the State, in particular, should only be expended in those areas where there is so-called objective proof that expenditure will significantly influence the natural course of a disease process. Impetus has been given to this movement through a failure of classical epidemiological ap-

proaches to produce clear-cut answers for handling the problems of middle and old age.

Over the past two to three decades, so-called scientific medicine backed by exhortations of academia has persisted in traversing the pathway so heavily criticised by Skrabenek and others. This trend has to some extent been driven by a need for resource acquisition for some sections of medical epidemiology. Disciplines such as cardiology have been happy to help create and then support a mirage through which scientific medicine is seen as responsible for releasing an accelerating series of miracles which will ultimately bring lifelong happiness to everyone. When confronted by the failure to deliver to the masses, sections of these same disciplines, like clinicians, have resorted to pseudo-science that dangerous ally of pseudo-medicine.

Rather than confronting politicians and the public with a

clearly defined list of uncertainties, probabilities and areas of ignorance, as David Naylor from the Institute for Clinical Evaluated Sciences in Ontario has pointed out, they have “continued to produce inflated expectations of outcomes-oriented and evidence-based medicine.”⁵ Following these pathways, they have resorted, not to metaphysics or alchemy, but rather to meta-analysis and leaps of faith which are presented as scientific truths.

The Real Culprit

As Skrabenek has pointed out, the real culprit in all this is “risk-factor epidemiology”. This brash young infant amongst the medical sciences has continued to feed information and misinformation into the media. To quote Skrabenek again, “by the misuse of language and logic, observed associations are presented as causal links”. He further points out that “risk-factor epidemiology relies on case-control or cohort studies without rigorous standards of design, execution and interpretation, even though such studies are susceptible to at least 56 different biases. ... How should one remedy this state of affairs — bigger studies, better measurement of risk factors, more complex statistics? Statistics are no cure for the faulty paradigm of risk-factor epidemiology.”¹

It is in these areas that pseudo-science has aided and abetted what I perceive to be a particularly dangerous form of pseudo-medicine. It is in these areas that I perceive the most significant breaching of the ramparts of the citadel of scientifically based medical practice.

How has this come about? I believe it derives from the attributes of human behaviour

Good News From Germany!

Sorry — not a 50% price reduction on BMWs, not even gratis cases of Bernkastler Beerenauslese. But:

For only the price of a stamp, learn of two life-prolonging offers from Herr Wolfgang Dog of Bavaria.

(1) By the latest technique of laser surgery, applied to the palms of your hands, have those vital life-lines extended;

(2) Inform Herr Dog of the date, time and place of manufacture of your car, and he will send you an “Autohoroscope”, indicating the best and worst days for going on journeys or having the car serviced.

Herr Dog describes himself as a certificated Diplomat in Inspiration Moderating and as a Magical Energiser; he is attached to the Institute for Holistic Transformation Metaphysics in Hersbruck. Operating from the same address is G. Hund, seller of games and books on magic. Before rushing to take advantage of the above-mentioned advances in pseudoscience, readers should note that Wolfgang Hund (=Dog) is a member of GWUP, the German Skeptics Organisation.

With acknowledgement to *Skeptiker*, 1/95

Bernard Howard, Christchurch

stressed in the earlier part of this talk. Faced with failure to reach their objectives within a particular time span, many working in cardiovascular, cancer, and degenerative diseases have chosen to cope by denying areas of ignorance and uncertainty. Unfortunately they have gone further and have moved the goal-posts when it suited them. They have extrapolated, simplified and at times gone even further.

An obvious example to quote is the famous Lipid Research Clinics Study referred to in a paper at Palmerston North last year. In this study a somewhat unpleasant drug called cholestyramine was used to treat North American men held to be at particular risk from coronary artery disease due to elevated blood cholesterol levels. Extrapolation from that study was quite extraordinary and media manipulation of enormous magnitude was employed to preach a message intended for the masses when the facts were that such extrapolation was invalid for women and for the great bulk of the population.

You will all probably believe, correctly, that strict standards should apply to evaluation of both old and new therapies. It is a truism that anything short of randomised double-blind trials is regarded by proponents of evidence-based medicine as providing an unreliable base upon which to proceed. The problem is that these worthy objectives are being distorted and the public is not being given a transparent account of the problems.

Hormone Replacement

A classical example at the present time would be the largely male-determined

dogma that hormone replacement therapy for post-menopausal women cannot be justified in terms of evidence-based medicine. The pseudo-medical pronouncements in this instance have a very complex background which is not usually presented. HRT in terms of scientific literature has concentrated almost wholly upon the fact that women after the change-in-life tend to catch up on men in terms of manifestations of atherosclerosis. There have been no published results from major double-blind prospective clinical trials of oestrogens alone or oestrogens combined with progestones testing whether or not this therapy retards the appearance of myocardial infarction (coronary attacks) in post-menopausal women.

Prospective trials have shown that oestrogens make women more comfortable in terms of their nether regions, their skin texture and preservation of femininity itself. There is some soft evidence that osteoporosis may be retarded amongst woman taking HRT. Thus the pseudo-medicine proponents of evidence-based medicine who concentrate solely upon one aspect of hormone replacement, that of the cardiovascular effects, are not indulging in true science.

As Naylor has put it, we live in the era of chronic and expensive diseases. "Until the ongoing revolution in molecular biology pays more concrete dividends, we shall be muddling along with what Lewis Thomas characterised as half-way technologies. However medical muddling is a profitable business..."⁵ It is profitable for research groups, for industry and particularly for the exponents

of pseudo-science and pseudo-medicine.

False Prophet

However it is more complicated than that. The general assumption by the practitioners of pseudo-medicine is that more, and what they term better, data will dispel uncertainty in medical decision making. Those who say these things seem unable to learn even from recent history. Those who put their faith in meta-analysis are following a false prophet. Take the case of magnesium in treatment of myocardial infarction. A meta-analysis published in 1993 is entitled "Intravenous magnesium in acute myocardial infarction. An effective, safe, simple and inexpensive intervention".⁶ Two years later, results of another mega trial showed that magnesium was, if not totally ineffective, only minimally so in treatment of myocardial infarction.⁷ Resorting to big numbers will not necessarily solve problems from which the pseudo-medicine proponents are seeking to escape nor will it satisfy the absolutist neo-nihilists.

The current vogue for meta-analysis has arisen from a problem clearly recognised by both impeccable medical scientists and proponents of pseudo-medicine. This is the sheer cost of answering key questions based upon hypotheses propounded in relation to chronic diseases. Because genetic endowment heavily influences the differences between us, manipulation of the environment, including our internal environment, through drugs or diets will usually produce gains at the margin, which are usually minimal.

Blunderbuss therapy requires treating of the masses,

many of whom will not benefit, while others are harmed by the proposals. The passion for evidence based medical practice, given our current range of technologies, must make recourse to fairly desperate measures. Thus meta-analysis has become big business. Like is not being lumped with like. Little lumps and big lumps of data are being gathered together by various groups beaver away upon the basis for their own particular perspectives, all seeking to justify their particular beliefs which are promulgated as gospel to an eagerly awaiting public. Unfortunately, some of the larger lumps so aggregated are themselves curate's eggs.

A classic example is the so-called MRFIT data. The Multiple Risk Factor Intervention Trial (MRFIT)⁸ was a massive study mounted in North America, involving screening of either 361,662 or 361,629 men. Data from the MRFIT screenees has contributed very significantly to a number of the meta-analyses.

Werkö from the Swedish Council on Technology Assess-

ment in *Health Care* has shown clearly that this massive body of data is significantly and seriously flawed.⁹ There is inconsistency between reports published in different journals simultaneously. The quality control of the basic data is uneven and people using the material seriously have not even bothered to check the relatively simple points investigated by Werkö. Not to do so is a form of scientific laziness, a form of pseudo-science. If these writers have done so and failed to spot the obvious flaws, then their baseline checks have been sloppy. If they have done so, and uncovered the same points as Werkö and chosen to ignore the evidence in front of them, they are true practitioners of pseudo-science and pseudo-medicine.

Meta-analysis has come in for hefty criticism and deservedly so. While its proponents acknowledge that it is a surrogate for the massively expensive prospective studies which are really required, they frequently go way beyond the capacity of the method in terms of

the public pronouncements they make. In particular this applies to translation of conclusions relevant to people at special risk, to the advice given to the masses who may not share the same risks or who portray them in only a minor degree. Meta-analysis is now an art form whose scientific significance must be challenged at each stage and with each pronouncement.

Political Involvement

The situation is more sinister than that because politicians through their minions have cottoned on to the value of some of these manipulable analytical techniques. Thus, information gathered in relation to the National Health Service of the United Kingdom is being used to support claims of success of recent government policies. The same types of problem identified by Werkö arise when politicians make use of this type of data. Once politicians and media get into the business of using flawed information, or of distorting sound information for particular purposes, very unhealthy alliances will result.^{10,11}

Our critics are correct in stating that medicine has built a very powerful base within society. Pronouncements by any segment of medicine or its associates are likely to be taken seriously, even in the face of the current wave of mounting scepticism. Epidemiologists and their allies in cardiology have established a major section of the health-disease industry. There are consequences. For instance, an increasing epidemic of osteoporosis in some western countries may well be based upon reduced calcium intake, particularly by women. Dairy products have been the main contributor of calcium in those



countries. In contrast to big sections of epidemiology and cardiology, the dairy industry has employed competent nutritionists and made some attempt to keep pace with evolving knowledge of human nutrition. It deserves credit for the burgeoning range of modified milk products, all of which contain calcium. But the damage has been done from within the medical power base. As David Naylor has put it, these difficulties have arisen from the Malthusian growth of uncertainty when multiple technologies combine into clinical strategies and at the public advice level.⁵

Thoughtful critics of societal development have been drawing attention to these problems. Many advocate a solution through the information revolution, but in terms of the present topic they have failed to perceive that medical information is fragile, patchy and usually imperfect. Like the *Lancet* editor, I do not believe the consumer watchdog type of approach, with its challenge to the medical powerbase, is going to change the situation at any great speed.¹¹

One healthy fallacy states that the medical powerbase rests solely on possession of scientific information and a monopoly thereof. As I have tried to demonstrate that base is neither secure nor constant. In the health-disease management industry, power does not reside in possession of scientific information. The current success of the inheritors of the old magic, that is the quack acupuncturists, the chelation therapists, many herbalists, naturopaths and so forth, does not reside in a possession of a body of scientific information or a monopoly of its use. This has always been so.

Medical power rests as much on uncertainty as it does on technical expertise or possession of a particular body of ephemeral knowledge which will be disproved tomorrow. How can that be so?

The *Lancet* states it thus, "uncertainty in the face of disease and death fosters a compelling need for patients to trust someone — and a reciprocal authority among doctors. A leap of faith will always be needed. Information does not, and cannot provide all the answers."¹¹ We thus have a paradox to confront.

Pragmatic Doctors

To return to the aeronautical engineer. Doctors must indeed make decisions, give advice and offer assistance based on limited interpretation of limited evidence. For the foreseeable future doctors must make decisions which will not be derived from carefully controlled prospective randomised clinical trials. They must nevertheless try to make valid decisions. They cannot indulge in the luxury of being inactive in the face of an absence of evidence. That privileged position belongs to the lawyers, the philosophers and the ethicists. In the end doctors have to be pragmatists. Clinical decisions must be made through a plurality of means, each of which must however, undergo "profound interpretative scrutiny".⁴

The doctor's role is more difficult than that of the aircraft wing designer. They must discipline themselves continually to apply medical knowledge in conjunction with their experience and that of their colleagues. "The unifying science of medicine is an inclusive science of interpretation."⁴ The black and white situation of 747

wing testing does not occur in medicine. "Medicine is a series of grey zones in which the evidence concerning risk-benefit ratios of competing clinical options is incomplete or contradictory."⁵ The grey zones have varying boundaries which change rapidly.

We academics have great difficulty enabling undergraduates and emerging graduates to cope with these phenomena. It is not surprising that many move into pseudo-medicine. It is not surprising that the teaching of orthopaedics is always much more popular with undergraduates than that of clinical medicine. Once again to quote Naylor, "clinical medicine seems to consist of a few things we know, a few things we think we know (but probably don't) and lots of things we don't know at all".⁵

We academics have to cope with the fact that when evidence alone cannot guide clinical actions, some undergraduates will take up a minimalistic approach whereas others will favour intervention based upon varying balances of inference and experiences and others will turn to pseudo-medicine. Our job as academics is to make emerging clinicians comfortable with a system whereby they can make decisions under conditions of uncertainty.

Over the next decade at least, I believe medical academics will have to confront a somewhat irrational passion for evidence-based medicine and meta-analysis, and we must teach that there are limits to medical evidence and its application. The craft of caring for patients is a legitimate, scientifically appropriate adjunct to medicine. That role is necessary for the comfort and sanity of

human society. Osler said, "good clinical medicine will always blend the art of uncertainty with the science of probability."¹³ We need to understand, then to explain what we mean by the term probability.

I shall end with another example. The practice of pseudo-medicine can inflict much discomfort. For instance, young doctors and nurses have considerable difficulty in agreeing to decisions that this patient or that should not be subjected to the indignity of resuscitation procedures, but rather be left to die in peace.

There is a significant and coherent literature indicating that a majority of resuscitation procedures as undertaken in the 1970s and 80s were futile from the outset. The continued pseudo-medical practice in this regard has led to a situation where relatives expect resuscitation procedures to be undertaken. Their concept of power sharing puts heavy pressure on younger doctors to overturn non-resuscitation orders. If the younger doctors submit, an undignified charade ensues. In turn, that situation has created an environment in which aspects of the so-called passive euthanasia debate have become more tangled than was necessary.

I will not dwell further on that point. Rather, I wish to end by emphasising that facing up to uncertainty and accepting areas of ignorance honestly, does not constitute an admission of laziness or incompetence. That, however, is the perspective which sections of the legal profession and society generally are promoting at the present time. If we submit to such pressures and false perspectives we shall end up as we did in relation to the false-confession mis-

taken-conviction situation, which was discussed at our conference last year.

All professional groups are vulnerable to external influences playing on our own emotional state and anxiety level. Pseudo-medicine thrives in this environment. If we take the subject of evidence in a legal sense we can remind ourselves that a series of techniques have been advised to law authorities over the past century and a number are still in use in the United States, including the polygraph. All have proved to be potentially unreliable, subject to manipulation and all can produce false-positive and false-negative results. If anything their use increases the risk of false confessions.

Those members of the medical and psychology professions whose weakness and pseudo-science has contributed to the situation have much to answer for. Faced with such examples we should have a better understanding of the pervasiveness of the problems of pseudo-medicine and pseudo-science.¹² Society needs the NZCSICOP.

Green Peppers

I shall end with the parable of the green peppers. One could term it a parody. The original publication is in the Journal of Irreproducible Results somewhere round about 1955, I think, but I have lost the reference. Some bright workers in Chicago noted that everyone who had eaten green peppers in their youth but had reached the age of 89, had grey hair or white, rotten joints, few teeth, failing eyesight and poor hearing. The main reference in the bibliography was to a guy called Shakespeare somewhere in the early 17th Century. The green pepper eating cohort who

had reached the age of 105 were considerably worse off. No-one who had eaten green peppers was alive by the age of 130.

The green pepper industry obviously faltered at that point. However, a subsequent paper which I believe was written but rejected by the same worthy journal, described a restudy of the situation. This showed that people who had eaten green peppers when surveyed at the age of 20 had normal hearing, all their teeth, no lens opacities and sound joints.

In comparison with the older cohorts studied in the first publication, those who had eaten green peppers ten to twenty years earlier showed a mortality rate of 0.05%. Amongst the 90 year old group in the earlier paper, the mortality experienced by that cohort was noted to be 95.2%. Of high significance statistically was the observation that amongst people in that population over the age of 100, only 1% consumed green peppers in the last twenty years. The conclusion was obvious that those who stopped eating green peppers after an interval of twenty years suffered greying and falling of hair, diminished eyesight, reduced hearing, loss of teeth, a very high mortality rate and rotten joints.

Evidence is one thing, quality of evidence another. Intelligent interpretation and carefully planned application of evidence belong to different dimensions. Quality of action based on evidence depends upon the quality of the evidence, its completeness or otherwise, and the quality of the interpretation plus recognition of what is not known and what is not likely to be known over the next years or decades. Life was not meant to be easy.

The practice of medicine combines the twin problems and pleasures inherent in basing action upon adequate evidence on the one hand and inadequate evidence on the other. Practice of the art of medicine is a legitimate activity dependent for its integrity upon the understanding of the dilemmas posed by this dual basis for action and understanding of the nature of science, including the ephemeral nature of scientific knowledge. Pseudo-medicine is practised by those who lack the resolve and energy to face this intellectual challenge.

References

- 1) Skrabanek P. *Lancet* 1993; Vol 342: 1502
- 2) Margaret Thatcher, PM. BBC World Service interview, 1 Nov 1983
- 3) Rees J. *BMJ*; Vol 310: 850-853
- 4) Horton R. *Lancet* 1995; Vol 346: 3
- 5) Naylor ED. *Lancet* 1995; Vol 345: 840-842
- 6) Yusuf S et al. *Circulation* 1993; Vol 87: 2043-2046
- 7) ISIS-4 etc. *Lancet* 1995; Vol 345: 669-685
- 8) MRFIT. *JAMA* 1982; Vol 248: 1465-1477
- 9) Werkö L. *J. Int. Med* 1995; Vol 237: 507-518
- 10) Wright M. *GP Weekly* 1995; 2 August: 12-13
- 11) *Lancet* 1995; Vol 345: 1449-1450
- 12) *Lancet* 1994; Vol 344: 1447-1450

Sir John Scott is a professor at the Auckland School of Medicine.

The Clairvoyant — The police don't want to know

Back in March, when the police seemed to be making no progress in hunting down South Auckland's serial rapist, a community newspaper ran a story effectively chiding the police in general and Detective Inspector John Manning in particular for taking no notice of the advice being given him by one of Auckland's leading clairvoyants, Ms Margaret Birkin, who has her own programme on Radio Pacific.

Ms Birkin had received a letter from an "amateur" who claimed to know the name and address and other information which would identify the rapist and put the matter to rest. Inspector Manning said they knew the name and received scores of letters from clairvoyants claiming to be able to identify the criminal.

Ms Birkin complained in the story that despite the letter and two visits to the police station by Mrs Birkin's husband they had still not responded. "They don't want to know and people's lives are at stake" she protested. "I know a lot about the rapist, but I would know a lot more if I could hold a piece of clothing." The police insisted they had better things to do with their time.

Not to be deterred the reporter then printed six responses to a street "survey of locals" pointing out that "Clairvoyants are used frequently in the United States of America and Australia." Five out of the six seemed to think it was a good idea. Two believed it depended on the quality of the clairvoyant. One claimed to "be a sort of clairvoyant" herself (just what sort she didn't say). One said he didn't believe in it but thought that in desperate times the police should try anything. Our single sceptical hero was Mr Len Hewgill of Manurewa who alone didn't think it would help. "I like to be able to see things and touch things," says Len, narrowly escaping a sexual harassment charge.

Skeptics may have noticed that when the police finally apprehended the serial rapist there was silence from the clairvoyant community. Certainly none rushed forward claiming "I was right, I told you so." Your Editor was prepared to concede that this might have reflected uncharacteristic modesty on the part of the psychics and so he telephoned Detective Inspector Manning to see if any of them had been right all along.

He laughed.

Editor

The Politician

By David Fletcher



Chair-entity's Report 1995

As delivered to the 1995 AGM

I'm pleased to report that after 10 years of waiting with bated breath, the New Zealand Skeptics now has its very own leaflet-cum-application form for handing out to the uninitiated. We've bemoaned the lack of these for some time — particularly those of us doing public presentations where we've often been requested for further information, contact details and the like. It should make it considerably easier for prospective Skeptics to find out about us and join the ranks. Bernard Howard, our ever-faithful Secretary, tells me that he has been getting in application forms from the new material, and we anticipate seeing lots more.

The Skeptics provide speakers for a wide variety of groups. Denis spoke to a rural group in the hinterlands of the deep dark south, and we gained a number of new members down there. I've spoken to a diverse range of groups, as far afield as Mount Somers (to the Highway

72 group — a collection of rural women, not a motorcycle gang, I hasten to add). Interestingly, one of the most challenging and perspicacious groups I was fortunate to address was the senior class of St Andrews College — maybe there *is* hope for the future from the children of today.

During the year Owen McShane in Auckland has been discussing skeptical issues and science on 95bFM, and of course we have the Auckland conference organised by Heather Mackay and Peter Lange, so we hope to see a bit more skepticism in our nation's hotbed of vice and culture (ahem). The Wellington Skeptics have been busy organising a winter lecture series concerning skeptical issues, and I commend Tony Vignaux, Mike Dickison, Cynthia Shakespeare and their helpers for doing so.

We were fortunate enough this year to be visited by Dr Susan Blackmore, noted parapsychological researcher and Skeptic. Being on the Councils of both the Society for Psychical Research *and* CSICOP gives Susan a truly unique view of the paranormal. Susan spoke to a gathering in Wellington and to 250-odd in Christchurch, as well as giving interviews to National Radio, TVNZ's Newsnight and The Press, and her fascinating and eminently rational research into near-death experiences and the like provided a great deal to think about.

(Incidentally, the Australian Skeptics very kindly provided us with Susan as an add-on to

the Australian tour which they'd organised. Even more kindly, they did so gratis — of course, it hadn't escaped our notice that they'd just been bequeathed A\$1.2 million..)

The Skeptics' bank account here, while in no measure comparable to that of our Australian counterparts, looks reasonably healthy according to the Treasurer's report. We'd welcome suggestions of the sorts of activities or measures which members would like to see the Society undertake. Some possibilities are:

- ❖ increasing the page count in the *NZ Skeptic* (currently at 20 pages)
- ❖ providing information kits for schools on such subjects as evolution/creation "science" and UFOs (these subjects seem to come up regularly in school talks)
- ❖ promoting a paranormal challenge with a prize (can be tricky to organise, but then "investigation" *is* in our formal name)

Obviously these (or others) could eat up our resources and it has been suggested that we fund raise to ensure that this does not happen. If anyone knows a skeptically minded elderly millionaire, please give his name and address to the Treasurer.

Thank you for coming to the conference and for staying for the AGM. Your continued support and skepticism is much appreciated.

Vicki Hyde
Chair-Entity
NZCSICOP Inc.

Susan Blackmore Tapes

We have for sale audio tapes of the address given by Dr Blackmore in Christchurch on June 28 1995.

To obtain a copy send \$6.00 to:

The Secretary
NZCSICOP
150 Dyers Pass Road
Christchurch

for your copy of *A Skeptic Among the Mystics*.

Space Fiends Stole My Baby's Brain

A sceptical mini-history of the crashed flying saucer saga

Carl Wyant

Sceptics will be amused to hear that the Great Roswell UFO Cover-up has just gained a new lease on life.

Yes, as if the almost infinite number of articles, TV documentaries and at least one full-length book weren't enough, it is now a movie, "Roswell", and available on video.

In 1947, so the story goes, a flying saucer crashed and exploded in the New Mexico desert, about 75 miles from Roswell. The scattered wreckage was collected several days later by the Air Force and whisked away to a top secret hangar never to be seen again, its very existence denied by the authorities.

In truth, no amount of fact will ever kill a good rumour. The Roswell incident has been debunked, discredited, explained to death and buried a hundred times over, but it just won't stay in the grave. Rumour alone keeps it alive.

Like most UFO lore, aliens mishaps are nothing new. The crashed saucer myth has a long and convoluted history that goes back to 1884 when four cowboys witnessed the explosion of a strange flying cylindrical object in Nebraska.

Another phantom airship came cruising out of the blue in 1897, in Aurora, Texas, plowing into a windmill and blowing itself to smithereens, leaving behind a wreckage of metallic foil, paper with indecipherable hieroglyphics and one dead

"Martian", which was duly buried in the Aurora cemetery.

Both of these cases were later proved to be hoaxes, but it was too late; the idea was already embedded in the public mind.

Theosophists and collectors of weird stories, notably Charles Fort, sometimes called "the father of ufology", also took up the cause, giving even more durability to the growing legend.

It's worth noting here that the initial report of a sensational event, even if it's false, always has more impact than the refutation or retraction. Sometimes the refutation strengthens the original claim simply by bringing it up again.

A classic example of this syndrome, crucial to the understanding of Roswell, is the infamous Aztec case, the king of all crash/retrieval stories.

In 1949 a journalist and columnist named Frank Scully began writing rumorous stories about crashed saucers and dead aliens and in 1950 released a book on the subject called *Behind the Flying Saucers*. It's referred to as the Aztec case because some of the events took place near Aztec, New (where else?) Mexico. One saucer, he claimed, was ninety-nine feet in diameter and contained sixteen dead aliens, little fellows about three feet tall.

Two years later the story was exposed as a fraud, perpetrated on the apparently not-very-investigative Scully by a couple of notorious confidence shysters, probably angling for a

movie deal. The book was a best seller, so I guess Scully died of shame, as it were, all the way to the bank.

Behind the Flying Saucers was the first book to bring the question of crashed saucers to the general public. The idea might have been bandied about by a few cultists and science fiction buffs before, but now the cat was really out of the bag. For two years hundreds of thousands read the book and millions more heard the story: The saucers, and even more spine chilling than that, the aliens, were real.

The Aztec scam effectively drove a wedge into the rapidly growing UFO movement, splitting the ranks into two vaguely distinct factions: "the wide-eyed believers", who will believe *anything*; and "the serious investigators", who will believe *almost anything*.

"Scully's book", says Jerome Clark in *The Fringes of Reason*, "cast a long shadow: for the next two and a half decades no serious UFO student would pay attention to crashed saucer stories."

But like unkillable zombies, the stories lived on.

The Roswell, New Mexico, crashed saucer story that's raising such a ruckus today was actually a non-event that probably would have faded away altogether if it hadn't been for all the gadzookery created later by the Aztec case.

On June 14, 1947, a rancher named Brazel found what was

undoubtedly the remains of a radar target, a reflective device borne aloft by weather balloons for tracking purposes.

Brazel himself described the debris as "large numbers of pieces of paper covered with a foil-like substance and pieced together with small sticks much like a kite".

The Air Force came and collected the junk and that was it...almost.

Two weeks later on June 24, saucer mania broke out when civilian pilot, Kenneth Arnold, made his historic sighting of nine flying disks in Washington State, marking the official beginning of the modern UFO era. A newspaper reporter dubbed them "flying saucers" and for the next few months saucer fever ran rampant, with unidentified flying objects being reported all over the USA.

It was then, in early July, *after* the Arnold sighting, that Brazel and cohorts came up with the saucer story. From there it snowballed into a veritable circus of misleading statements and factual errors before finally gelling into a classic UFO cover-up.

At the time, Roswell was just one more zany story and didn't make a major splash, and of course after the Aztec scandal no-one wanted to know about crashed saucers, thus it was forgotten.

Not completely forgotten, however. In all probability it was rumours of Roswell that led to the creation of the Aztec case; which in turn led...and so groweth the myth.

Crash/retrievals became fashionable again in the early 1970s and the serious investigators began to take them very seriously. Even the old Aurora

case was dusted off, sending a whole wave of UFO hopefuls to the tiny town, combing the countryside with metal detectors and prowling the graveyard for dead Martians.

By the 1980s the story was unstoppable. The public mind had undergone a dramatic change. The wide-eyed believers, serious investigators and the great unwashed had moved closer together. Objective thinking had given way to subjective, inward-looking modes of thought wherein we create our own reality. Science, in fact Western Civilisation as a whole, had become the enemy. Critical analysis was *out* and wishful thinking was *in* and all sceptical comment was part of a vast conspiracy to cover up the truth about crystal magic and pickled aliens.

UFO lovers got an extra shot in the arm in 1980 when saucer expert Jenny Randles began to publish stories about a saucer crash near a military base in England. The Rendlesham Forest Affair, as it's known, later became a book, *Sky Crash*, a gripping tale of aliens, intrigue, confiscated saucers and top secret secrets, all based, essentially, on un-named sources and hearsay. And so it goes on.

The believers contend that where there's smoke there's fire. The evidence itself might be weak, they argue, but there's so much of it that it proves itself through sheer volume. In other words, if you accumulate enough bad evidence it somehow turns into good evidence. Or to look at it another way, if *enough* people *believe* something is true, then it **is** true.

You don't have to be H.G. Wells to realise that this is not a healthy outlook. If enough people believe, for instance, that

homosexuals are a menace to society, lo and look ye — homosexuals *are* a menace to society, fully lynchable in the name of Mass Belief. If enough believe in witches with magical powers, "enough" will also believe in burning them. The notion of running society on the basis of information received from invisible sources is a sure-fire recipe for bloodshed.

If my arbitrary example of homophobia seems far fetched and somewhat distant to the flying saucer question, think again. The alien superbeing, Ramtha, channelled by J.Z. Knight, tells us that we should "get rid" of gays, and that AIDS is divine punishment for homosexuals. Other aliens have given us equally ominous advice.

Who knows for sure? Maybe governments do have crashed saucers and dead aliens hidden away in secret underground military installations. Maybe the little grey fiends with the strange black eyes are real too. But considering the next-to-worthless evidence, fraud, fakery, misperception, distortion and money involved, I wouldn't advise betting your daughter on it.

But the saucers may be on the back burner for a while. Vibrations in the etheric network tell me that angels and devils are making a comeback. Yes, I feel confident in predicting that over the next five years we will see a growing revival of things angelic, building in intensity as the Apocalypse draws nigh. And then, after the world doesn't end at year 2000, perhaps we can shake off our dark age mentality and start thinking again. Until the next saucer crash, that is.

Letter names possible rapist

THE POLICE : THE CLAIRVOYANT :

"Low priority"

The police officer leading the hunt for the South Auckland serial rapist says a letter from a woman claiming she knows his identity is a "low priority".

The letter was sent to an Auckland clairvoyant, Margaret Birkin, who says its contents confirmed premonitions she'd had about the man.

However Detective Inspector John Manning - who heads Operation Park, the special unit investigating the rapes - says he has no immediate plans to speak either to the clairvoyant, the writer of the letter, or indeed the man named.

"That's very low on the list of priorities," he says.

"The name contained in that letter is one we've had possession of for some time."

"I know the identity of the person named in the letter. The contents of the letter have been relayed to me by phone."

"We haven't spoken to the individual named yet because that person is not on our priority list."

"But other information we have received about that individual does not place that person on a priority list as far as I am concerned."

Detective Inspector Manning says that during the course of the last 12 months they

have processed around 35,000 names, which were included in the investigation for a number of reasons.

"We get more than 100 calls a week saying 'It might be so and so'," he says.

"We get so many names a day - we can't always put the most recent one at the top of the list."

"We've had about 18-20 letters from clairvoyants from New Zealand and overseas, all claiming to be the best in their trade. It's all gobbledygook as far as I'm concerned."

"I certainly do not intend to confer with clairvoyants during this investigation."

He would not allow Mrs Birkin to handle a jacket the rapist left at one crime scene.

"I want to make it clear that I've got far more important things to do than consult with clairvoyants on this case. I haven't told her that in person."

He noted that the jacket displayed at a South Auckland open air market last year was an identical one and not the actual police exhibit.

There was, however, a chance the two women were right.

"We got so many names every day. I can't always put the most recent one at the top of the list."

The clairvoyant who was sent a letter from a woman claiming to know the identity of the South Auckland serial rapist is disappointed at the lack of police response to it.

A woman who believes she knows the identity of the rapist named him in a letter

she wrote to Auckland clairvoyant Margaret Birkin.

The letter gives the name, address, and other information relating to the possible identity of the South Auckland serial rapist.

Mrs Birkin says the letter confirms her

previous premonitions about the man.

The writer says she has known about the rapist's activity for over a year.

Mrs Birkin divulged the contents of the letter to the police, and offered to help, last week.

Despite the letter,

and two visits to the police by Mrs Birkin's husband, they have still not responded.

"They [the police] don't want to know and people's lives are at stake."

"I know things about the rapist, but I would know a lot more information if I could

hold a piece of clothing."

She has asked police for permission to handle a distinctive black coat left at one crime scene, and is sad that they have not responded.

"I don't want any money, or anything. I just want to help."

Indack-15
1995

Home violence report wins Skeptics award

NZPA

Wellington

An "alarmist" Justice Department report on domestic violence in New Zealand is this year's winner of the Skeptics' Bent Spoon award.

The Bent Spoon award is named in honour of Uri Geller, who claimed he could bend metal with his mind.

Announcing the award, Skeptics head Vicki Hyde said the report, *Hitting Home*, painted a disturbing picture of New Zealand men as abusers of wives and partners - until the fine print was examined.

"Since the report defines 'abuse' to include criticising your partner's family, it is not surprising that half the men surveyed were guilty of some form of psychological abuse," Ms Hyde said. "By so exaggerating the extent of abuse, the report trivialises the real domestic violence that goes on."

By limiting its scope to men only and by defining abuse so broadly, the report missed the mark, "a great shame, since we desperately need well-founded social policies".

The report claims that, "in at least one circumstance", six out of 10 New Zealand men say the woman has only herself to blame for being hit. "This only sounds shocking until you under-

stand that the circumstance where hitting might be justified is to stop a violent woman from abusing a child or to act in self defence against a woman who was attacking the man."

By ignoring violence by women against other women, children and men, the report had given a highly distorted picture of domestic violence in New Zealand, Ms Hyde said.

A claim in the report that New Zealand men had a high level of hostility and anger had been made "with no perceptible evidence".

Skeptics awards for excellence went to journalists from Television New Zealand, Metro and the Listener.

Ellis Through the Looking Glass, an examination of the Peter Ellis and Christchurch Civic Creche child abuse case, was singled out for accolades.

Also praised was Assignment's *The Doctor Who Cried Abuse*, an investigation of a Dunedin physician whose diagnoses "wreaked havoc on New Zealand".

Metro writer Vincent Heeringa was singled out for an article on the Auckland Institute of Technology.

Listener journalist Noel O'Hare was noted for his story on False Memory Syndrome.

Polytechnics warned of sector disarray

Press
15 Sept

by Cullen Smith

The polytechnic sector is in disarray and is losing political credibility and market, Open Polytechnic head Shona Butterfield has warned.

Speaking to a marketing conference at Christchurch Polytechnic yesterday, Ms Butterfield said polytechnics had to operate more collectively and market themselves better if they were to survive.

"If we don't position ourselves in a way that we're happy with... others will decide what our position is for us. That's already happening now and if we allow it to continue we're not going to like the result," Ms Butterfield said.

"If polytechnics cannot position themselves with a clear quality stance,

then the sector cannot survive." A huge variation existed in marketing expertise among the nation's 25 polytechnics and the sector appeared fragmented. Polytechnics continued to lose credibility, to the benefit of other providers.

"We have lost market share to private providers, universities, industries, and secondary schools. We've lost the right to offer some courses and if we don't provide what the customer wants, we will lose more."

Ms Butterfield said polytechnics were grappling with a poor public image and very few had the strength individually to alter it. "When people think about polytechnics... they think of the furor over cultural safety, or strange courses in naturopathy, or in rock music."

All that some institutions seemed to be doing was suffering the criticism or "baling out" and changing their name to universities of technology, institutes, or colleges. A name change would do little more than further confuse the public.

Ms Butterfield said there was no evidence that new names would alter public perception.

Instead polytechnics should "stand up and be proud" and explain that they were different from universities.

Polytechnics should devise a sector academic calendar setting out qualifications, cross-credit and transfer arrangements around the country, and recognise that no one institution could meet all its potential students' learning needs, she said.

■ Convinced ...

By conducting a viewer poll on the purported 1947 footage of the autopsy of an alien, TV2's *Newsnight* (August 31) has added to our knowledge of the dynamics of human belief. *Newsnight* invited viewers to call a 900 number where, for 99 cents a minute, they could vote on whether they believed the Roswell incident was fact or fiction.

More than a thousand earthlings made the call, with the profits split, at an undisclosed ratio, between Telecom and TVNZ. Even Marcus Lush and Alison Mau were honestly surprised that 74 percent of callers voted that the crash was indeed for real. From this, we can deduce: *of people sufficiently naive to pay money to participate in TV viewer polls, 74 percent are also gullible enough to believe in flying saucers.*

Could the Skeptics get a list of callers? We've got a bridge we'd like to sell them.

Denis Dutton

Spokesperson, New Zealand Skeptics

■ ... Unconvinced

The New Zealand Skeptics recently awarded the Bent Spoon to the Department of Justice's research report on domestic abuse. As a Wellington member of the society, I disassociate myself from this scurrilous award. I have read the report, and it is obvious that the award stems from disaffected ignorance. Maybe sour grapes has distorted reason?

(Dr) Syd Moore
(Petone)

Report on violence: the research does not support the conclusions

There are few New Zealanders who would deny that domestic violence is a compelling problem. In 1994, the police were called to 19,000 domestic disputes: more than double the figure of five years earlier.

Every year, more than 5000 women seek shelter in women's refuges. Forty per cent of all murders occur as a result of a domestic dispute and they are the greatest single cause of homicide in this country.

These high and rising figures are frightening, because we know that a disruptive home environment can have such a devastating effect on the life chances of children. Not only that, as we have just seen in the case of the rapist Joe Thompson, exposing children to prolonged violence can set up a cycle of violence that continues across generations.

With such facts in mind, research into the extent and nature of this dark area is welcome. "Hitting Home", a recent report by Julie Leibrich, Judy Paulin, and Robin Ransom on men's abuse of their women partners, has been hailed as the most comprehensive study of attitudes towards domestic violence that exists anywhere.

The conclusions of the research make disturbing reading. Twenty-one per cent of the 2000 men surveyed admitted having physically abused their female partners in the previous 12 months. Fifty-three per cent had psychologically abused their partners. A substantial number of men, the authors say, showed an underlying acceptance of domestic abuse, and tended to blame women for its occurrence.

No link was found between being abusive and education level, socioeconomic status, or employment status. The problem, it seems, is pervasive and has no connections with class. Although the researchers caution that it is pointless to lay blame, they say that there is a significant need for men to take responsibility for their abusive actions in order to end the cycle of family violence.

With conclusions as powerful as these, it is no wonder that the research received such prominent attention by all of New Zealand's major television and radio stations and in all of the principal newspapers. The "Listener" made it a cover issue and the Department of Justice presented a summary of results in a special edition of "Criminal Justice Quarterly". As far as it goes, the research is clear and comprehensive. But all research has faults and the major fault of this inquiry is that the findings do not justify the conclusions.

A major weakness of the project lies with the definition of abuse. The study defines abusive behaviour as, "a range of physically and psychologically abusive behaviours". In other words, abusive behaviour is abusive behaviour.

Moreover, this range of behaviours is extremely broad. "Physical abuse" includes acts such as pushing, shoving, grabbing and "throwing something" (anything) at a female partner. "Psychological abuse" includes criticising a female partner's family or

The recent Justice Department-backed study into violence in the family is deeply flawed by a failure to look candidly at all aspects of a disturbing issue, writes DR GREG NEWBOLD.



friends, throwing or kicking something, swearing at a partner, preventing her from having money (amount unstated) for her own use, or "trying to keep her from doing something she wants to do".

It is beyond belief that, according to the respondents, 45 per cent lived in such perfect harmony with their partners that they had done none of these things in the previous 12 months. I would bet a year's salary that if the men were honest, nearly all of them would have "abused" their women in at least one of these ways. And I would bet another year's salary that if the women were asked and were honest, close to 100 per cent would admit they had "abused" their husbands as well.

In fact, when the figures are analysed the men don't look too bad at all. Only a tiny fraction of the "physically abusive" 21 per cent had assaulted their partners in a way that was likely to cause any injury. The vast majority had only pushed, shoved or grabbed.

Likewise, of the 53 per cent who admitted "psychological abuse", the great bulk had only insulted their partner or her friends, tried to stop their partner from doing something she wanted to do, or broken or kicked something. Unfortunately, there was no comment on the context in which any of these acts occurred. There is little doubt that if women's treatment of men had been surveyed, though, the results would have been similar.

Men's attitudes towards women showed up pretty well, too. The men were asked whether they accepted the use of any physical force against women. Seventy-five per cent said they did not approve, not even of pushing, shoving or grabbing, in any circumstances. The forbearance of the men towards women is revealed in the fact that more than 72 per cent of them strongly or moderately disapproved of hitting a woman even if she hit them first. If a man did hit a woman back in these circumstances, about a quarter felt that only the man would be at fault.

But for the researchers, this was not enough. For them, no retaliation was justified. Only complete male docility would suffice.

The men were also asked whether they approved of "psychological abuse". Forty-two per cent said they did not approve of it in any circumstances. The astonishing fact

that this means that 42 per cent of men would not approve of trying to stop a partner from doing something she wanted to do, even if it involved driving home drunk, spending their life savings on Lotto, committing suicide, burning down the house, or killing the kids, passed without comment.

One of the most serious areas where domestic abuse is concerned, is that involving Maoris. In crimes of serious violence, particularly rape and murder, Maoris overwhelmingly predominate. Maoris are about five times as likely as non-Maoris to be convicted of rape and about four times as likely to be convicted of murder. One of the major reasons for this is that Maoris are more likely to have had abusive childhoods.

Maori men are about six times as likely as non-Maoris to be imprisoned for assault on a female and 14 times as likely to be imprisoned for child abuse.

A Maori child is about eight times as likely as a non-Maori child to be hospitalised as a result of parental abuse, and five times as likely to be sexually abused. Of the eight children killed by their parents in 1993, six were Maori.

Given these dramatic facts, the researchers' decision not to record the ethnicity of their respondents is extraordinary. Their apparent rationale, that to record ethnicity would lead to, "unhelpful, inappropriate and insensitive cross-cultural comparisons", is a confession that the study was influenced by cultural safety. Call me ignorant, but I don't know of any culture where a smack in the mouth isn't a smack in the mouth.

Equally perplexing is the conclusion that domestic abuse has no class preferences. The results do not show this at all. Like most other studies, this one confirms that domestic abuse is more likely to occur when the male partner is poorly educated, of low socio-economic status, and unemployed. As we know, Maoris are disproportionately concentrated in the lower educational and economic sectors of society.

This study surveyed only men, apparently with the notion that men are responsible for the majority of domestic violence. The assumption is false: women are often violent. Research from the United States and Britain shows that women are slightly more likely to assault their husbands than the other way around.

In America, where handguns are freely available, the likelihood of a husband shooting his wife is about the same as the reverse. In this country, women are about twice as likely as men to abuse their children. Women are also at least as skilled at psychological abuse as men are.

This is not to deny that men are responsible for the most serious forms of spousal assault. Because men are stronger and inflict more damage, their violence is more often noticed and is more of a problem. But "Hitting Home" does not focus on serious violence. Although it concentrates on aspects of violence where women's involvement is high, it inexplicably excludes women from scrutiny.

There are several reasons why such an approach is dangerous. First, by including minor levels of violence in a survey designed to help cut serious violence, it trivialises serious violence and obscures its true nature and extent. Second, by excluding women from the survey and by concluding that the solution lies in men controlling their aggression, the survey ignores half of the problem and proposes a naive remedy. The fact that family relationships involve complex male-female dynamics is overlooked. Simplistic explanations of problems lead to simplistic solutions, which guarantee that the problems remain.

Finally, the production of sensationalistic figures about abuse reinforces popular misconceptions and encourages public hysteria. We have already seen the results of this. In 1988, Telethon publicised Miriam Saphira's findings that one in four girls is sexually abused by the time she reaches the age of 18.

The research was later found to be deeply flawed. But by then it was too late. A crusade against "sexual abusers" was under way, beginning with the persecution of a family in Christchurch Hospital's "Ward 21" fiasco and continuing with the absurd allegations against the staff of Christchurch's Civic Creche. The damage done to those who were unjustly accused can never be repaired.

Now we hear that one in five men physically abuses his wife. The researchers caution that their work should not be misused and the problem thereby made worse. But that is precisely what is likely to happen. The belief that one in five men abuses his wife will create a fantasy in some people's minds about the nature of domestic relationships.

It was a false belief in black magic which preceded the medieval witch hunts, and it was a false belief in satanic abuse which preceded the madness at the Christchurch Civic Creche. The danger now is that, in the way of moral panics generally, false ideas about men's violence in the home will lead to bad public policy, asinine law and, ultimately, the destruction of innocent people.

Press 16 Aug 95

■ Dr Greg Newbold is a lecturer in sociology at the University of Canterbury.

Film footage of alien autopsy 'nice try'

by Greg Jackson

Alien-autopsy fakers need to get themselves a more efficient props department, says New Zealand Skeptics' alien specialist, Feike de Bock.

Dr de Bock was commenting after watching "The Roswell Crash; Aliens Revealed" on TV2 last night.

The purported footage of an autopsy on one of the aliens began to unravel when he realised that the telephone to the rear of the "autopsy" room had cord unavailable until the late 1950s. "The phone is a 1947 model but the cord is of a type that did not appear until about 1959."

He rated the much-hyped autopsy film as "a good film, nice try". Both autopsy specialists interviewed for the programme had reached much the same conclusion.

Time-warp telephone cords aside, the film was of such poor quality that it was glaringly obvious that much better results could have been gained in 1947. "I cannot imagine that the camera at a top American military base in 1947 did not have a zoom," he said.

The humanoid dimensions of the alleged alien also fell into a common weakness of UFO hoaxes: the assumption that intelligent life from other planets would closely resemble humans. "If there

is alien life coming from a zillion miles away why should it have features such as the same bad knee design of people?"

Dr de Bock said no-one denied that something had crashed at Roswell in 1947 but as the area was used by the American military for top-secret experiments it was no wonder the crash was hushed up. "There should be a very clear distinction made between whatever happened at Roswell and this alleged autopsy."

Nor did he discount UFO sightings totally. There were obviously unexplained sightings in the sky from time to time but there was no real reason that these had to be of alien origin. *Press 1 Sept*

Ex-tycoon makes plans for full moon

By GRANT BRADLEY

The former bloodstock and cinema chain tycoon Mr David Phillips has emerged as the force behind an Easter Weekend of enlightenment and self-discovery.

Five days of consciousness-raising is promised in literature accompanying registration forms for the Beatbeat Gathering, its timing linked not only to the holiday week-

end but also "planetary influences." Personal learning was made easier because of the "April Libra full moon and a partial eclipse of the moon."

It is hoped at least 300 people will daily attend the gathering on Mr Phillips' Pokero property and those who wish to stay for the duration are urged to book early to take advantage of North American tepee-style accommodation.

Others will stay in traditional New Zealand tents during the weekend which will feature workshops on natural healing, alternative energy, environmental poisoning and the validity of "green dollars."

The former chairman of Pacer Kerridge Corporation, whose personal wealth was in 1987 put at \$50 million, says in notes accompanying a brief biography that he was lucky "major adventures or catastrophes

have kept nudging me back on course."

Pacer Kerridge went into receivership in 1992 and in June Mr Phillips will fight commercial fraud charges laid by the Serious Fraud Office.

In his "1995 philosophy" he states his view on money:

"Money can help life forms progress but equally an over-emphasis

Heard Nov. 4 '95
on money or an over supply of money being retained by one group or individual can become a pollutant."

Last night he was reluctant to discuss the gathering but said he may comment at "an appropriate time."

Potential participants are told funds will go to a trust which will distribute any surplus to charities.

Civic decline blamed on TV

New evidence indicates that the introduction of television several decades ago has been a major factor in weakening trust and participation in society, says a Harvard professor.
THOMAS B. EDSALL reports.

As American political scientists debate the future of liberalism and a besieged Democratic Party, the most striking suggestion has been that television has profoundly undermined the nation's civic culture.

Robert D. Putnam, a Harvard professor whose essay "Bowling Alone" has already captured national attention in the United States, says new evidence indicates that the powerful introduction of television in the 1950s has been a major factor in the subsequent decline in both social trust and group participation.

In a lecture at the annual meeting of the American Political Science Association, Putnam examined possible causes for the weakening of trust and participation, two pillars underpinning what he called the nation's "social capital".

Putnam has documented a sharp decline over the last generation in the percentage of people joining groups of all kinds — political, choral, fraternal, church, hobby.

Even those who bowl now tend to bowl alone instead of joining leagues.

With that decline, there has been a sharp fall-off in people's readiness to trust one another — to assume that strangers, associates, and even friends have beneficent motives, not hostile intentions.

Trust and civic participation, Putnam

argues, are crucial ingredients of democracy. "America's stock of social capital has badly depleted over the last 30 years," he says.

The image of the lone bowler touched a national nerve, drawing the attention of the news media and House Speaker Newt Gingrich, a Republican from Georgia.

In an interview, Putnam says: "The social fabric is becoming visibly thinner, our connections among one another are becoming visibly thinner."

"We don't trust one another as much, and we don't know one another as much."

"And, of course, that is behind the deterioration of the political dialogue, the deterioration of the political debate."

He says careful examination of the generational decline in trust and participation suggests that blame cannot be placed on a number of other changes in American society.

These include rising divorce rates, the entry of women into the work force, residential mobility, the expansion of the welfare state, the post-1973 economic stagnation, and the growth of the suburbs.

Civic engagement declined for those born and raised between 1940 and 1960, before the rise in divorce, two-income families, and the economic slowdown, he points out.

He is "inclined to indict" the sudden and extraordinarily comprehensive introduction of television in the 1950s, when

the percentage of American households with sets burgeoned from 10 per cent in 1950 to 90 per cent in 1958.

For every level of education, Putnam found a negative correlation between the number of hours an individual watches television and both the number of groups the individual joins and the level of social trust.

Among the well-educated, those who watch an hour or less television a day join an average of 2.7 groups, those who watch two hours a day join 2.5 groups, those who watch three to four hours join 2.3 groups, and those who watch five or more hours a day join 1.9 groups.

The correlation with newspaper reading, he says, is the opposite.

"The more you read newspapers, the more trusting you are."

"The more you watch television, the less trusting you are."

Robert D. Putnam
Harvard professor

In generational terms, measures of group membership and trust show that for those born before World War 2 who did not experience television in their childhood or adolescence, civic participation expanded, according to Putnam.

For those born after the Second World War, whose childhoods and adolescences were marked by rapidly growing rates of television watching, civic participation has steadily declined.

The more you read newspapers, the more trusting you are. The more you watch television, the less trusting you are.

Hokum Locum

Dr John Welch

Sickness and Psychogenic Illness

The Canterbury ME (chronic fatigue syndrome, or CFS) are up in arms over proposed tighter controls on patients receiving both invalid and sickness benefits. CFS patients want funding for "residential detoxification services and "subsidies on natural remedies". CFS is a classical psychogenic illness and as such it is quite improper for any affected patient to be on any long-term benefit on their own terms. Because of self-denial these patients resist any sensible suggestions on treatment and end up chronically unwell in a fulfilment of Abraham Lincoln's statement that "most folks are as happy as they make up their mind to be."

I managed to persuade such a patient to take anti-depressants and the improvement in well-being was amazing. This same person had paid to have all amalgam dental fillings removed and replaced with a predictable lack of improvement. A characteristic of CFS is the almost fanatical belief of the patients that their "illness" has a physical cause. Here is a report from a clinical psychologist about such a patient: "He scored nought on the depression inventory and three on the anxiety inventory. This is a person who does not wish to reveal anything about himself. During the interview he made it clear that he sees his problem in terms of recovery from a physical illness with no concomitant psychological manifestation."

This fanatical belief in a physical cause of ME is also shared by many doctors whose therapeutic contact with their patients becomes a classic folie a deux.

Cultural variations were found in a WHO study which looked at depression worldwide. Only 5% of patients who were depressed said that they had psychological problems. Such a level of denial is compounded by the useless treatments offered by doctors. For example, antidepressants were prescribed for anxiety as often as for depression. Japan had a low incidence of depression due to the Japanese concept of *jibyo* signifying a mild chronic illness which a person carries through life and is not considered serious.

It should be mandatory for all patients with a diagnosis of CFS to undergo assessment by a Mental Health team. No person with CFS should be entitled to any long-term benefit unless they have had at least a six month trial of anti-depressant therapy.

Christchurch Press 18/7/95
New Scientist 25/3/95 p10

Multiple Personality Disorder

This is a typically loony belief of New Age psychiatrists and it has received widespread acceptance in the US. This is hardly surprising in a culture where thousands of people believe that they have been abducted by aliens. Even such an august institution as Harvard Medical School has a psychiatrist who believes that extrater-

restrial beings have visited this planet and abducted Earthlings! Striking a blow for academic freedom, the Dean of the Medical School "reaffirmed Dr Mack's freedom to study what he wishes and to state his opinions without impediment." In contrast, the British specialists have condemned the idea in scathing terms. Imagine the convenience of being able to blame an alternative personality for some misfortune such as a criminal offence. This absurd concept of MPD fits in to the prevailing "victim" philosophy of life whose adherents view themselves as being subject to forces beyond their control.

New Scientist 17 June 95,
GP Weekly 23/8/95

Continuing OOS Delusions

The occupational health professionals continue to indulge themselves over OOS. ACC is reported as being concerned about the vague nature of OOS and the fact that claims cannot be satisfactorily proved or disproved. Claims against ACC reached \$4 million in the year ended 30 June 1994 and are increasing. The huge army of consultants advising on posture are doing just that — posturing.

At least I managed to get my contrary view published in *Safeguard*. Bernard Howard also sent me a newspaper cutting of a story concerning a musician allegedly suffering from OOS. I will quote his remarks which need no further comment: "After centuries of playing their instruments for hours per day, every day, musicians

are only now developing OOS. Come back Paganini...all's forgiven!"

Safeguard Update Nos 26, 27 1995.

Medicine Chinoise

15,000 French doctors practise acupuncture and many also use "high-dilution" homeopathic medicines. It is not surprising then that a hospital dedicated to traditional Chinese medicine will open in Paris next year under the joint sponsorship of the Chinese and French Ministries of health. It is promoted as a measure to control spiralling health costs.

This trendy quackery will help the "worried well" but will do nothing to control spiralling health costs which are a feature of unreasonable patient expectation and over-application of medical technology.

British Medical Journal Vol 310 p1285

Uncontrolled Medical Appetites

Magnetic resonance imaging (MRI) is a radiological technique which is valuable for examining internal organs. In *NZ Doctor*, an American doctor outlines what he calls MRI madness. Americans are so obsessed with MRI technology that there are 25 times as many machines in California as in Canada, which has about the same population. Patients demand MRI scans for virtually any medical condition and as a third party (ie. insurance company) is paying, they get what they want.

Just about everyone with low back pain gets an MRI scan. However, a new study found that two out of three people without back pain have evidence of a disc protrusion. The authors concluded that ana-

tomical abnormalities are common in normal people.

A skeptical US doctor described the obsession with MRI as "MRI tiger balm".

GP Weekly 27/7/94, *NZ Doctor* 23/6/95

A Reader Writes

In *Skeptic* 36 I asked how long before magic mushrooms (Kombucha) arrived in New Zealand. John Turner has written from Motueka to tell me that they are here! [See also this issue's Forum] I hope I am not compromising his continued existence in Golden Bay by passing on his description of the area as being a "bloated gelatinous pancake of new Ageism." As John describes it: "the 'mushroom' has a baby which is then passed on to someone else."

One convert claimed he was cured of "toxins" which coloured his urine brown as they left his body. John quite reasonably enquired as to what colour the mushroom brew was. It was brown! Those readers contemplating a visit to Golden Bay will be pleased to know that every quack treatment is available from holistic pulsing to sound healing with "yidaki" or as it is more commonly known, didgeridoo therapy. This may all sound like a lot of didgeridoodoo but in the US a woman died and another was hospitalised due to severe acidosis after drinking Kombucha tea.

John Turner (personal communication), *Nelson Evening Mail* 8/7/95, *NCAHF* Vol 18 No.3

Anti-Immunisation Quacks

I recently complained to the Medical Practitioners Disciplinary Committee (MPDC) about a doctor who made a series of

ignorant and unproven claims in respect of immunisation. The MPDC is fairly toothless when it comes to dealing with scientific incompetence in medical practitioners and the unrepentant doctor even wrote me a letter declaring he was proud to be a member of the American Quack Association (Quack = Quality, Care and Kindness). I will quote a short passage to show how impossible it is to argue with such people.

I challenged his claim that Vitamin C is an effective treatment for viral diseases (7 placebo controlled trials showed lack of effect for Vit C in the treatment of cold virus infections). Here is his reply: "There is extensive peer-reviewed literature bearing witness to the clinical effectiveness of ascorbic acid in viral diseases. You will not find reference to this in *Medline* or *Index Medicus* journals that represent only about 10% of the world's scientific journals and are controlled by the international pharmaceutical industry."

This one paragraph contains two of the main quack elements. Firstly the suggestion that some alternative inferior data base is an acceptable alternative to controlled trials, and secondly the familiar old conspiracy bogey that scientific journals are controlled by vested interests.

The President of the Australian Medical Association has come out a lot more strongly than the NZ MPDC, by recommending that doctors who use their scientific standing in the community to support the anti-immunisation movement should be charged with medical negligence. At the time he made this remark Australia came near the bottom of a list of

industrialised nations when rates of childhood immunisations were compared.

It is sad that at time of writing Russia is in the grip of an epidemic of diphtheria which has killed more than 2000 people. This was a direct result of allowing immunisation levels to drop below the 95% required to prevent epidemics.

Dr Quack (personal communication), *British Medical Journal* Vol 310, p760. *Lancet* Vol 345 p715

Evidence Based Medicine

Although my main interest is alternative medical quackery there are many traditionally accepted medical practices which have never been critically evaluated. I mentioned counselling in *Skeptic* 36 and this was enlarged on by Jim Ring in the last issue.

In Britain, the *BMJ* is sponsoring a *Journal of Evidence-Based Medicine* which is aimed at critically evaluating both new and old treatments. The key element is randomised controlled trials (RCT's) in which patients must be randomly allocated to either a new treatment group or a control group (may be the existing treatment or no treatment). A survey of RCT's in pregnancy and childbirth found that out of 100 procedures commonly carried out by obstetricians and midwives, about 20 are actually harmful.

If you go to your doctor complaining of a cough, the chances are that you will come away with a prescription for an antibiotic. This is despite the fact that seven RCT's have shown no benefit for such treatment. It was also difficult to carry out the trials because in one survey 60% of eligible pa-

tients refused to enter a trial because they felt that antibiotics were absolutely necessary to cure their condition. Perhaps this is a good argument for using harmless placebos in such cases? I should mention a note of caution against blindly imposing the results of RCT's on patients and this point was well expounded by Sir John Scott at our last conference. What will it take to stop physicians from prescribing antibiotics in acute bronchitis?

Lancet Vol 345 p665

Fat Fraud

Aminophylline-containing cream is a popular quack remedy for reducing the size of large thighs. In a test, researchers studied women who were asked to massage either the cream or a placebo into one thigh and one side of the stomach. 11 out of the 17 women completed the study and, as anyone could have predicted, there was no fat-reducing effect. Despite measurements to the contrary, one woman was convinced that the cream worked. If it is important for people to believe in something, no amount of evidence to the contrary will convince them.

National Council Against Health Fraud (NCAHF) Vol 18 N0.3

Civic Creche Case

Professor Michael Hill examined some of the issues behind the civic creche case in an article in the *Christchurch Press* 31/3/95 which I have forwarded to our editor. Hill coins the phrase "culture of complaint" in which disaffected people take little responsibility for their own lives and look instead for someone to blame. The existence of compensation through litigation completes

this 'Americanisation' of our culture. It is incredible how quickly the false ideas behind ritual sexual abuse spread and were recreated throughout NZ.

I was disgusted with the judiciary over the civic creche case although the whole process was hijacked by the usual cohort of poorly trained quack therapists. The prosecution was able to get away with not presenting evidential material so ridiculous that it would have weakened their case. In a trial of any kind all the evidence should be available to both sides. My heart goes out to the falsely accused women whose lives have been ruined by this evil nonsense. I seriously question whether there was any chance at all of Peter Ellis getting a fair trial in an atmosphere of hysteria reminiscent of the Salem witch hunts.

Homeopathologies

A group of scientists have petitioned the FDA to place tighter restrictions on homeopathic remedies by making them reach the same standards of safety and effectiveness as other OTC drugs. There should not be any problem over safety since such remedies are the pharmacological version of the emperor's new clothes. The drug exists in the imagination only.

Predictably there has been opposition from the National Centre for Homeopathy because "homeopathy doesn't treat diseases but treats people who are ill." The NCH wants a different type of evaluation. This is rather like admitting that homeopathy is scientifically inexplicable so a new science must be created to explain it.

Squadron Leader John Welch is Base Medical Officer at RNZAF Woodbourne.