

**Transcribed from a presentation delivered at a CrossFit Health event at
CrossFit Headquarters on June 8, 2019:**

I want to start by thanking CrossFit for contacting me some months ago. I had a telephone call with them, and I must admit I didn't really know what CrossFit was. But I do that now, and I really like what you're up to, what you want to achieve, and my youngest daughter said, "But Dad, we have one in our own little town," that she had visited. So yes, even in our little town we have a CrossFit gym. So, I think it's a very nice organization, and I'm very happy to be here, and I'm not even jet-lagged right now.

Now, I gave a lecture in Berlin a year ago in a new series at the Max Planck Institute, called "Heroes of Science," and I was going to tell young researchers from the whole world how do you speak truth to power and survive, which I had done for 30 years, which people considered quite remarkable at the time, that I could have survived for so long. So, I went there and gave my talk, and since I had been haunted for quite awhile by Cochrane's new CEO who was employed seven years ago — He is a journalist. He doesn't really understand what science is about, and yet he is leading a big scientific organization. So, whenever somebody complained about me, he didn't support me but the complainers, as you can see, who had their own turfs to defend every time.

So, I had to say something about my views are my own and not, not necessarily those of my organization. I hated that, because it's not my style. People know very well that it's my own views.

All right. It's a bit illogical. You took — take the down arrow and then you go forward. That's a bit weird to me. Oh, here we are again.

So, here it comes. So, now the hero is dead. So, now I will talk about the death of a whistleblower. It's still me, and I no longer work at the Nordic Cochrane Centre, because I was kicked out of Cochrane after a show trial, like in Kafka, *The Process*. And then afterwards, the CEO contacted the Danish Ministry of Health and told them that they needed to get rid of me because I couldn't work there. He had no mandate to do that, but what do administrators do? "Yes, of course. We'll fire Peter." And that they did.

So, now I don't have to say that these views are my own and — oh, oh — sorry. And then I established a new institute for scientific freedom in March this year. So, I have something interesting to do.

Now, so, that's me on the plate, and I published a book about the Cochrane show trial against me four months ago. It's a real horror story. It's an ebook, but it's a real

crime story. Everybody who has read it has become very angry at Cochrane, and they deserve this.

I co-founded the collaboration in '93 and was expelled for no good reason and leaked recordings from the six-hour secret process against me, document, "What Happened." I was smart, because I was elected for the governing board, so before I was kicked out of the meeting I said, "We need to record the meeting. We always record meetings." They didn't want that, but they had to do it, and then one of the recordings was spared — this is really interesting — so you can read what happened.

Now, I wrote this book about the crime industry, others quote it "the medical industry," "the pharmaceutical industry." They are committing more crimes than any other business on the planet, and the crimes are worse. They're more serious, and they lead to a huge amount of death. Our prescription drugs are the third-leading cause of death after heart disease and cancer. Several independent studies have shown this. It's outrageous that we accept that, and this has come in many languages.

And then it was also the reason I ended up in *The Daily Show* in New York. That was great fun. They called me one evening and said, "Oh, we want to — will you come to *The Daily Show*?" And I said, "Great, so Jon Stewart will present my book — ." "No, no, no. You're going to play the role of Deep Throat," they said. I said, "Great." So, I was — I went down into a garage in a big limousine, and I played my role, and the comedian said, "No, no, no, no, no, doc. You're not going to be funny. I'm the funny guy. You're the scientific guy." And then they had to start all over again. But it was great fun. I got my six minutes of fame. I actually sent a letter to them when I had written the book and asked them whether it was of interest, and I didn't hear anything until they found it themselves a year later. Now everything went wrong here —

Then I also had enough about psychiatry, which is a pseudoscience, and psychiatry basically harm— haunts people more than they benefit them. It's the only medical specialty I know of that is harmful. So, I have studied that for many years and have Ph.D.s, and I needed to get it out. So, I published this book where I had estimated that psychiatric drugs — oh, I don't know what I'm doing wrongly here. Psychiatric drugs, they kill half a million Americans and Europeans every year. It may be an overestimate, but I use the best science I could find, and no matter if it's an overestimate, psychiatric drugs kill an enormous amount of people. You should be aware of this.

So, what is a hero? Well, according to Wikipedia, it's "a person who, in the face of danger, combats adversity through feats of ingenuity, bravery, and strength." That's

not really me. And, "The original hero type of classic — classical epics did such things for the sake of glory and honor." "Modern heroes perform great deeds for the common good instead of the classical goal of pride and fame." I believe that is true, and I also come to the conclusion that a hero is simply a guy who has other genes than non-heroes. I'm also a biologist, so I think like a biologist. And why are some people so dumb that they become heroes and martyrs and sacrifice themselves? Because it's in the genes. Most people stay in the comfortable middle zone where it's nice to be. They howl with the other wolves in the pack. Then a few people like me, they don't do that, and we never think about the consequences for ourselves. Why not? Because it's in our genes. Which survival advantage does it have to have heroes? Of course, in, in crisis times when everybody in the middle don't know what to do, the hero knows what to do. I experienced this in Africa when our car broke down in a desert in northern Kenya. The guy who led the expedition, he gave up. Who took over? I did. I took over the command immediately. That's why you have some stupid people with these genes. They are useful when people are endangered. We — it could have cost us our lives, actually. So, that was my first book. I wrote a book about this tour in Danish. So, it's just in the genes, so a hero, it's nothing to treasure. It's in the genes. They can't help it.

And what is, then, a whistleblower? That's "a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct." "Whistleblowers take the risk of facing stiff reprisal and retaliation from those accused or alleged of wrongdoing." This is certainly correct, and again no matter the consequences, some of us just do it, most people don't do it.

And what are the consequences? Ninety percent were fired or demoted. I am among them. Twenty-seven percent faced lawsuits. Twenty-six percent had to seek psychiatric or physical care. Alcohol abuse, lost their homes, got divorced, attempted suicide, went bankrupt, and yet, only 16% said that they wouldn't blow the whistle again. This is not reasonable. It's because it's in the genes. You can see that. This, this I got from Peter Rost who was vice president at Pfizer and actually went against Pfizer when they behaved very unethically. And he wrote a book about it. Very interesting book, *Confessions of a Healthcare Hitman*.

Now, litigation is terrible. What was the fate of those who blew the whistle? Court cases can take five years on average, and they can cost millions, so you need to be quite certain you will win. And even if you win, a judge can say, "Oh well, we — the other party won't pay all your lawyer's costs because you could have used a cheaper lawyer," or whatever. So, you still have to pay a lot of money yourself even though you didn't do anything wrong. It's terrible.

And another thing: What does it mean to be controversial? I have been called controversial my whole life, so I hate the word, absolutely hate it. In my view it just

means to tell the truth, because people don't like the truth, then you are controversial. But if what you say is well documented in good science, how can it be controversial to tell people what you see with your own eyes? But that's how people describe you.

So am I controversial? I wonder why people don't look at my credentials instead of giving me derogatory names. I'm actually the only Dane who has published over 70 papers in the big five: *BMJ*, *Lancet*, *JAMA*, *New England Journal of Medicine*, *Annals of Internal Medicine*. Oh, there must be something wrong with that guy, right? No. We heard from Glenn this morning that some of these people, there are something wrong with them, but I don't think it's me.

Dr. Glenn Begley: I'm with you, Peter.

Thank you, Glenn. It's all about interests, oh — well, what's wrong with this pointer? It's — it's all about interest — You should buy a more expensive one next time, and where it goes in the right direction — And what is interests? That's money. Huge interest just means a lot of money.

Why don't people discuss the facts? I have had a long career now, and it isn't over yet. Because they know they will lose. In the beginning, the psychiatrist debated with me. They very quickly stopped with that, because they lost every single time. And then I was called names. I was called anti-psychiatrist. I am pro-people. I'm not anti anything. It's ridiculous. If you criticize statins, are you an anti-cardiologist? No, you never heard that word outside psychiatry did you?

So, instead they revert to authority, defamation, and bullshit, which is short of lying according to philosopher Harry Frankfurt.

Again, did Pfizer interfere with this lecture?

Audience: Laughter.

Now, here is an example of bullshit. When Lundbeck's top director had said in a radio interview, "Depression pills protect children against suicide," when the science tells us that depression pills drive children into suicide — that's why the authorities warn against them — Lundbeck's director said it's the opposite. I was so provoked that I wrote an article about that radio interview, and then the very next day Lundbeck's research director defended his company.

"We have — with regret — read Peter Gøtzsche's open letter, which unfortunately seems characterized by limited professional insight into the complicated and extremely important issue" — only really sharp people understand this, not Peter

Gøtzsche — “of suicide and suicidal behavior associated with depression in children and adolescence, and that possibly increase” — oh, there is a possibly increased suicide! His own director said the opposite the day, a little earlier — “risk in relation to treatment of depression with antidepressants. In our view, any dialogue on this important topic should be evidence-based and not just take the form of superficial polemic on an insufficient basis.” This is gorgeous, because if there's anything I'm known for in this world, then it is that I got my science right.

So, you need to choose yourself. When I was a young man, only 17 years old, I, I read Jean-Paul Sartre and Albert Camus. Well, I was also inspired by Søren Kierkegaard, the famous Danish philosopher. The two French people, they, they came after him. It's really him who is the genius, not Sartre or Camus. It was — Kierkegaard's an absolute genius. Japanese, Chinese people learn Danish just to study Kierkegaard. I have his complete works from my great-grandfather who was a missionary to India, and it's absolutely inspiring. And it is Søren Kierkegaard who said, “You need to choose yourself.” Otherwise you will lose yourself, and you won't have a life. You need to decide which type of person you want to be. That inspired me greatly as a 17-year-old, and I decided I will do what I think is right in this life no matter what people tell me.

And I've also been inspired by Karen Blixen, and where she lived, it's actually exactly where I — our houses. We can see her niece's fields just outside our windows. So, she lived there when she wasn't in Africa, and in *Out of Africa* she wrote, “Frei lebt wer sterben kann.” She wrote it in German. “Those who can die, live freely.” You shouldn't be so worried of dying, so therefore, drop your statins. “Don't worry, be happy.” Yeah, because if our life has any value, it is that it has no value. Well a bit harsh perhaps, but we will die.

Now, there are other people who have these genes that I have. My grandfather participated in the resistance movement during the Second World War. He was taken by the Gestapo one evening with the worst torturer in Denmark. He was Danish. He was the last one who was shot after the war. We introduced a new law with the death penalty for these people, and he was the last one who was shot. So, my grandfather was taken to the Gestapo headquarters where they tortured people like hell. I have some of the torture instruments that I inherited from him. He was sentenced to Leipzig, to a concentration camp. When the American troops were just outside Leipzig, the Germans put all the inmates into a barrack and poured an inflammable liquid over the buildings, and put it on fire, and those who stormed out of the building, they were shot dead, or they stormed towards the barbed wire and died because of the high voltage. Virtually no one survived, and the Americans was just outside the city. So, it was absolutely without any purpose. That was the fate of my grandfather, if he hadn't been so lucky that the ally — Allies

had bombed the railways so much in northern Germany that he couldn't be transported by train to Leipzig, so he ended up on the border and survived.

There is a four-minute film you can see on YouTube that was taken by American troops. I have been to Auschwitz twice. I recommend everybody, once in your life you should go to Auschwitz. You will never forget it.

So, I gave a little advice to these young researchers. You have to be smart and able to think several steps ahead of your opponents, who on top of this, are rarely alone, but can often draw on a lot of monetary, legal, and other expertise. Don't speak up too loudly or too convincingly when you are pretty junior. You may never make it to senior status. Ask clever questions and make people think instead of being provocative — I'm not very good at that. "How do we know that treatment A is better than B? Should I try to look it up by searching in the Cochrane Library?" Okay, fine. And then the young doctor comes next day, "Hey, hey the Cochrane Library says something else than we do at our department." "Oh, really?" Then you can have a discussion going. Yeah.

So, my journey was — I did a doctoral thesis, *Bias in Double-Blind Trials*, where — which was built on six papers with me as the only author. Doctors have this tradition that if somebody had lended — lent Shakespeare a pencil and he was a doctor, he would have become co-author on *Macbeth*. That's how doctors see authorship. So, I decided the opposite because I'm controversial, remember? So, I decided every single of my papers would have one author that would be me. Because Charles Darwin wrote the *Origin of Species* himself, so why shouldn't I do things myself? So, I did that and I compared head-to-head various NSAIDs, and I came up with the lowest p-value ever reported — oh my god, in the, in the hist— in the history of medicine: 3.4×10^{-23} . Those of you who can remember your chemistry will understand this is the inverse of the number of molecules in one mole of an ideal gas. It has six times 10 in 23 molecules. It's very very small. And the tragedy is that it's related to bias in the conclusion or abstract, which consistently favored the control group in one report and the new drug in 81 reports. So, the editor of controlled clinical trials asked me, "How did I calculate this p-value?" I said, "That's easy. That's a binomial formula. It's very easy to work it out."

Now, we also became controversial in Cochrane. In 2001, Ole Olsen, a statistician I had employed and myself, we took initiative to reviewing Cochrane reviews to see how good they were, and what you should focus on is — I haven't learned to put in these fancy circles, red circles. I will ask about it after this, but there were — the, the conclusion — the evidence did not fully support the conclusion in nine reviews, 17%. The problematic conclusions all gave too favorable a picture of the experimental interventions. That's just like the drug industry, always too positive. So, my Cochrane colleagues also did that. Now, I was kind and informed Cochrane,

also in the steering group, that we were publishing this paper in the *BMJ*. I even showed them the manuscript. Then I was called to a tribunal of two co-chairs of the steering group, plus one more person, and I was asked why did I want to publish this? Why did I want to criticize ourselves? They felt I should not publish, so my advice to you is just do it. If you ask people beforehand, you may get in deep, deep trouble. So, I told them we are criticizing the whole world for their bad research; should we not criticize ourselves and tell people we are open, transparent? We are honest, we are self-critical, this will make us better? I sincerely believe so, but they were very concerned that this might harm the reputation of Cochrane. And absolutely nothing happened when we published it. Absolutely nothing. People were happy about it. So, censorship is a very ugly animal. So, that was the first time I was exposed to Cochrane censorship. They didn't want us to publish.

Then I did research on mammography screening, which I've done for 20 years. I had a little — I had a little file called “Lies About Mammography Screening,” where I had collected some articles, because I wanted to write a view ar— a review article about when authors lied about their research findings in order to tell people mammography screening is wonderful. But I had too much for an article, so I wrote a whole book, and that got the title *Truth, Lies and Controversy*, and I needed to get an insurance against libel before I was allowed to publish the book, a very expensive insurance, because I described by name what people had done, and if they had committed fraud, then in contrast to Glenn, I called it *fraud* when it was indisputably *fraud*. I only used it a couple of times, but then I gave the names, because people are responsible for what they do.

So, but our Cochrane review on mammography screening was obstructed for five years. What on Earth was that? Well, again Cochrane censorship. We negotiated a lot with the Cochrane editors of the Cochrane breast cancer group, but despite protracted negotiations, they denied us the possibility of publishing also the harms of screening, which are rates of mastectomy, tumorectomy, and radiotherapy, overdiagnosis of healthy women, although these were defined in the protocol the group had approved and published. Then they didn't like the results and told us to cut them out. That should shock you. This is — we're talking about the Cochrane Collaboration, ladies and gentlemen.

So, what did we do when when we still couldn't get it published? I went to the *Lancet*, and Richard Horton immediately said, “This is a no-go. I will support you. We will publish the full review in the *Lancet*, and that's it.” So he worked very quickly. So we published a *Lancet* review together with the stymied Cochrane review in 2001. And — and what he wrote in his commentary was that when we concluded a year before in *Lancet* that screening for breast cancer with mammography is unjustified, “There was a storm of debate and criticism in national media and medical journals alike. The editors of the Cochrane breast cancer group later disowned Gøtzsche or

Olsen's work, pointing out that theirs was not a Cochrane Collaboration systematic review and had not been reviewed by Cochrane breast cancer group editors." This is bullshit again, and it is also to refer to authority, which another moral philosopher, he has written a little book about the art of always being right. It's absolutely gorgeous. This is to refer to authority and then say there's something wrong with what we did. Of course there wasn't. And the process of collaboration broke down badly, and there were tensions indicating that even in the best organizations, raw evidence alone is sometimes insufficient to influence opinion. And when we submitted our review, our conclusions, actually also our findings, were unwelcome. And they insisted on changes also in the statistical analysis that we disagreed with, in — as a requirement for getting the review out. What they insisted on was that we should lump together the bad trials with the good trials. We didn't want to do that because the bad trials were really bad. They exaggerated the effects, so we only wanted to publish the two estimates separately. This is recommended in the Cochrane handbook, that — that if there is reason not to combine the whole material, you shouldn't do it.

So, they inserted invalid analysis against our will, and Horton said, "That intervention by reviewers or editors to diminish the validity of Cochrane reviews should be a more prominent concern of the collaboration." That is still the case today. "At present, there is no reliable evidence from large randomized trials to support screening mammography programs."

So I was invited to write an editorial in the *Canadian Medical Association Journal*. I called it "Time to Stop Mammography Screening?" A couple of years later, I abandoned the question mark and said "Just stop it" in *Journal of the Royal Society of Medicine*, and I explained why it's harmful. You don't survive because you can't go to mammography screening. You get another diagnosis on your death certificate, but you don't live any longer. It doesn't work. It doesn't lower the amount of advanced cancers. We have demonstrated this. Others have demonstrated it. It just doesn't work. But, but we have estimated that it leads to about 50% overdiagnosis, so the best you can do to prevent getting a breast cancer diagnosis is to stay home and not go to screening. Then you will lower your risk of becoming a breast cancer patient by 33%. There is no other preventive measure that is better than that. Just drop it. Do you think my wife went to mammography screening? She got angry when she got an invitation that — where somebody had already decided when she should come. This should be illegal. So she never responded and, and what they wrote about screening was wrong, of course. Well, life is full of surprises.

Now then, when I had written my book, a friend of mine said that I needed to translate it into Danish. I wasn't so interested because we are just five and a half million Danes, but I did, and I was happy I did, because a lot of people read it in Danish. And not everyone was happy about it. Here is the president of the

Organisation of Danish Medical Societies. So, this is an umbrella organization who said the day after my book had appeared in an interview — no, in a little letter to the editor, “Evidence is one of the most noble concepts in the medical profession. This means you have evidence to prove the claims you make. Professor Gøtzsche violates strongly this principle in his book, which makes such outrageous claims about the medical profession as habitual criminals and the industry as a mafia that it borders on dishonesty.” Not that the industry is dishonest, but me. So, I — he also said I discredit Danish doctors, and my examples were old and from abroad. Isn't the industry international? I thought it was. “It is deeply concerning that a person who calls himself an expert in the field” — I never did that — “has apparently not follow what has happened in the area over the past 10 to 20 years.” “The Danish Association of the pharmaceutical industry unsurprisingly came up with similar ‘arguments.’” So, maybe he borrowed them from them. “Claim victory despite defeat.” Arthur Schopenhauer, *The Art of Always Being Right*. So, what did I reply? With almost over 900 references, my book is unusually well documented and also the crimes — and it is grossly misleading that it is old. The 10 cases I use to demonstrate that the 10 largest pharmaceutical companies do organized crime are quite recent. Actually, up to the year before I published the book. I do not think Schwartz has read my book, which came out the day before his condemnations, and if it had been as terrible as Schwarz thinks, it's hard to understand that a former editor of the *British Medical Journal*, Richard Smith, and an editor of the *Journal of the American Medical Association*, Drummond Rennie, praised it in their forewords. And actually, I got a very nice prize for my book. It won a first prize — highly recommended — in the category basis of medicine at the British Medical Association's annual book awards. So I have a fine document signed by two baronesses that maybe I'm not so stupid after all.

And then it went totally wrong in psychiatry, which I have studied since 2007. I published a paper in the major Danish newspaper that described 10 myths in psychiatry which are very harmful for the patients, but the psychiatrists believe in them. So I started by saying, “Many psychiatrists are well aware that the myths don't hold and have told me so, but they don't dare deviate from the official positions because of career concerns. Being a specialist in internal medicine, I don't risk ruining my career” — and I didn't know that I would die some years later academically. No, I'm not dead academically. I'm just kicked out of Cochrane. It doesn't matter really — “by incurring the professors' wrath, and I shall try here to come to the rescue of the many conscientious and oppressed psychiatrists, and patients by listing the worst myths and explain why they are harmful.”

The absolutely worst of them is the one about the chemical imbalance: You are sick because you have a chemical imbalance. Then the patient thinks, “I am a Monday model. There's something wrong with me from birth. I need to take this drug for the rest of my life,” and where, if the doctors say it's like having diabetes and getting

insulin. They say that, actually, still! Marian and I found out that 75% of popular websites in 10 different countries, including the United States, Canada, Australia and so on, the U.K., about depression — they still say it has something to do with the chemical imbalance. That's why you get ill. No one has ever shown this. This is a marketing ploy to sell pills, nothing else.

Now, I wrote by the end that these drugs can be useful sometimes for some patients, but not very often, and particularly in short-term use. But I have arrived at an uncomfortable conclusion, and this is important: "Our citizens would be far better off if we removed all the psychotropic drugs from the market, as doctors are unable to handle them. It is inescapable that their availability causes more harm than good. The doctors cannot handle the paradox that drugs that can be useful in short-term treatment are very harmful when used for years and create those diseases they were meant to alleviate and even worse diseases. In the coming years, psychiatry should therefore do everything it can to treat as little as possible, in as short time as possible, or not at all, with psychotropic drugs." That was a reasonable conclusion, but then hell broke loose.

The Danish Psychiatric Association attempted character assassination of me. They wrote to Cochrane and quoted selectively out of context that we should remove all the drugs from the market. That's not what I wrote. I wrote unless doctors become better then it would be better if we remove the drugs. So, they mentioned in their letter that I have been criticized, and here comes the whole imminence card. The Ministry of Health, the director of the National Board of Health, the director of Danish Patient Association, the president of the Cancer Society, the president of the Danish Psychiatric Association, and the president of the Organisation of Danish Medical Societies — who never read my book. Appeal to authority and you will always win. What did Cochrane do?

Oh, the psychiatrists ended their letter by asking, "How does Cochrane, with the specific knowledge you have on these drugs, evaluate my statements as presented in my article? We would be very pleased if you would take up the task of making such an evaluation." Cochrane should never have interfered with this, but where is free speech? They should just say, "We know Peter Gøtzsche knows what he's talking about, and if you, if you, if you will have some evidence, we are certain he will provide it for you. You cannot put a long list of references in a newspaper article."

That's what they should have responded, but the CEO wanted to get me out of Cochrane right from the beginning. So that didn't happen.

I was on holiday in a jungle in Panama and actually saw all of this. I couldn't do anything when I needed to defend myself. They sent a letter to these psychiatrists

while I was on holiday. They didn't even consult it with me. That's not good management; it's very bad management. So, what they wrote to them was that they — “We are treating very seriously — the points, oh, you raised in about what I had said on the use of psychotropic drugs. I want to state explicitly that these are not the views of the Cochrane Collaboration of this issue, and we do not endorse them.” Does the Cochrane Collaboration have any views on this? Absolutely none. And it's very strange that, that this letter was signed by the CEO and the editor-in-chief referring to authority and eminence, and the two co-chairs of the Cochrane steering group. So, obviously it was the CEO who wrote it because it still said “I” and not “we.” “The views contained in this book are also not the views of Cochrane.”

Well, I presented — I did not present any news in my crime book but a lot of facts. And the psychiatrists did not mention my crime book at all, so why did Cochrane's CEO mention it? Well, in order to prepare for me being kicked out some years later. I can't see any other reason. Why should he disavow one of the most well-known and respected researchers in Cochrane? It doesn't make sense at all. So, it's defending the psychiatrists' guilt interest and not free speech.

I had two chapters on psychiatry in my crime book, and they are pretty revealing. “Psychiatry, the drug industry's paradise” and “Are we all crazy?” “Psychiatrists as drug pushers,” “The chemical imbalance hoax,” “Screening for psychiatric disorders is a very bad idea,” “Unhappy pills,” “Prozac, a terrible drug,” “Exercise is a good invention — intervention.” I, I wrote this in 2013, so it's not to please you guys. “Further lies about happy pills.” Next chapter, “Pushing children into suicide with happy pills.” It's like pedophiliacs luring children with candy. Can it be worse than this, calling them happy pills? And then some children hang themselves and shoot themselves, and then something about concealing suicides and clinical trials, Lundbeck's wrongdoing, and Zyprexa, a horrible Eli Lilly drug turned into a blockbuster. So, that was what it was about.

And then the Danish conservative newspaper that broke the story seriously misrepresented the Cochrane letter. I wrote — it wrote that I did not have support “for a number of controversial statements about the drug industry and the use of psychiatric medicine,” and that “the organization doesn't agree with my views where I compared the business model of drug companies with criminal organizations.” I mean this is crazy. I had documented that this is organized crime, and if it wasn't true, I would have been sued. So, it was free fantasy, which Cochrane later rejected: “We have not at any time expressed any opinion about Gøtzsche's views about drug companies.” But it was too late. The damage was done. The appeal to authority had worked, as it usually does.

Have I talked for almost an hour now? Really? Yes? Okay, I'll go on.

The letter from the Cochrane's leadership was a threat to what I had built up over 30 years including my centre, which is on government funding. The Ministry of Health declared publicly that my person and the Centre wasn't the same thing, which we interpreted as a warning I could be fired. Very weird, as I had done nothing wrong. I pointed out what I detailed in my book a year later, and what many others have pointed out both before and after me: Thou shalt not criticize the emperor's new drugs.

It was really scary to see the witch hunt, smelling blood. The whole press ran amok. It felt like a senator in ancient Rome who said that people wouldn't succeed stabbing him in the back because he had so many scars that the knife wouldn't get through. Ten months after the witch hunt, a *BMJ* paper said the same as I had said. No one paid any attention to it. My academic career had already received a death sentence by the Cochrane kangaroo court. The drug industry is the biggest source of income for Denmark.

Then there was a very famous debate at the Maudsley Hospital. It is always published in the *British Medical Journal*. So, I was one of the speakers, and it was for or against whether psychiatric drugs do more harm than good and — and then a Danish newspaper broke the story and said, “Researcher Reopens War.” I didn't — I was invited as a speaker. “Psychiatric drugs kill thousands.” That's correct. Appeal to authority and war rhetoric.

So this was the article: “Does long term use caused more harm than good?” We could stop 98% of psychotropic drugs without deleterious effects, and then there were some other people who had other views. And I wrote that the randomised trials have been conducted. They do not probably evaluate the effects of the drugs. Almost all of them are very biased because they included patients already taking another psychotic drug. So when patients after a short washout period — Oh — are randomized to placebo, some of them go cold turkey and often experience withdrawal symptoms. This design exaggerates the benefits and increases the harms, and it has driven patients taking placebo to suicide in unethical trials of schizophrenia.

So, the *BMJ* allowed me to publish this, but then the authority came back. David Tovey — He's a general practitioner. He's not a psychiatrist. — Why should he write a response to my *BMJ* paper, accompanied by the Cochrane mental health editors? All three of them. So, this is an appeal to authority again. And what they — then I replied to them that David is not a psychiatrist. Journalists and others have interpreted the editors denigration of my research as a thinly disguised attempt at protecting psychiatrists' guilt interests, and some even suspect that they also tried to protect the drug industry. The editors rushed and published their rapid response

the same day my paper came out, a day before the debate, and their attack on the messenger was abused by psychiatrist Allan Young, who failed to declare his conflicts of interest in a bizarre way at the Maudsley debate. So, he was dishonest.

The editors wrote that my recommendations are based on inappropriate interpretation of the research, which they cannot know because they haven't read my upcoming book that contains all the evidence. They also believe that researchers should not recommend a course of action. However, when doctors see colossal harm, they have a duty to inform the public about it. Psychiatric drugs kill more than half a million people every year, and if we used only 2% of that, we would have healthier and longer-lived populations and spare tens of millions of people from becoming mentally crippled and also physically crippled, actually.

Now, so my interpretation of the science is shared by the patients who disagree strongly with the psychiatrists about these drugs, which they dislike intensely and generally say don't work. We need a revolution in psychiatry and widespread withdrawal clinics because many have become dependent on them. So, I'm now involved with establishing withdrawal initiatives in several countries. It's very important. It can be very difficult to come off these drugs. People tell me it's easier to stop heroine than some of these drugs.

So, I was forced to public — publish an apology, because otherwise I was threatened that my Centre might be closed down. Okay so, so I published this: "I did not intend to question my four Cochrane colleagues' integrity, so I withdraw this statement to avoid any understandings about guilt interests, and I apologize for any hurt and confusion caused. The fact is that all of us in Cochrane do our best to keep industry out of our work, which we regard as essential for the trustworthiness of our reviews." Oh, I wouldn't say that today.

Now, a series of defamatory articles, around 20, appeared in a Danish drug industry paid throwaway electronic journal. The main purpose was to get me fired, and to get the Nordic Cochrane Center closed down by stripping it from the government budget. I have documented more than 70 lies in these articles. I complained to the press council that reprimanded the journalist, but the damage has already been done. It doesn't matter. I took contact to Danish politicians in order to avoid coming in trouble.

Now, he even wrote about me — I had abused public funds privately, which I never have. My own hospital went through my documentation three years back in time, like he had done, and they declared that there is no problem. I have not mixed my private economy. So, there was nothing, but it doesn't matter. Lies always win, unfortunately.

Now, see what happened this year. Trisha Greenhalgh, who is a professor in Oxford, whom I have met, she published an article where she wrote that, "In a further strand in the 'bad behavior' narrative, I was kicked out of Cochrane because of so-called bad behavior." No one ever defined what that was. I was suspended from my position at my hospital and the university allegedly for mixing my private expenses with those of the Nordic Cochrane Centre and failing to comply with independent financial audits. This is libelous. It's blunt lies. She had one reference that said nothing about that. Then I complained to the journal. She came up with more references. They said nothing about that. Here you can see how damaging rumors can be. There is no limit to them. So, I'm considering whether I should go to court, obviously.

Now, I will finish soon. The formal reason for kicking me out is this: I asked the U.K. — U.S. funder about death in a study of antipsychotics. I wrote a report to the court in a Dutch double-homicide trial where I'm convinced that, that mother would never have cut the throat of her two children without being on an antidepressant drug. She became totally not herself. Yes, she was sentenced. I tried to defend her. She developed typical symptoms that can proceed into murder, but yet she was sentenced. So, the Cochrane CEO, Mark Wilson, wrote to me: I have broken the spokesperson policy by using my own Centre's letterhead. It's actually not possible that anybody could be in any doubt that my views were not my own, and not official Cochrane policy or views. So, I had had enough of all his harassment. So, I complained to the governing board where I was an elected member, which it was my right to do — Oh, and I got the most votes of all 11 candidates, although I was the only one who in my election statement criticized the Cochrane leadership and its direction of travel towards business and not so much focusing on getting the science right. So, I had now become dangerous for the CEO. So this should have been a very quick thing for the governing board to tell Mark Wilson: There's nothing wrong with what Peter has done. They hired a lawyer who said the same. He exonerated me. Then the case was over — no. Because they had planned to get rid of me. So, they just continued with their, their activities, and the U.S. commentator wrote on a blog, "Jesus Christ, what is wrong with you people? The researchers making inquiries about the suppression of information regarding children who died in a clinical trial of antipsychotics, and everyone is worried about what letterhead it is written on." It can only be described as harassment, what I was exposed to in Cochrane. And therefore, I have published this ebook about it, which — yeah, I recommend you to read it — it's, I'm not as good as John Grisham, but, but, but, but it is really a thriller, I can tell you. It is. When you read it you will say, "It can't be true. Did this really happen?" Yes it did.

So, instead of making a decision, the co-chair of the board, the U.K. Cochrane Centre director, who is afraid of Mark Wilson — everybody is afraid of him. I also described that in my book. — He sent 330 pages to a lawyer describing my actions

15 years back in time. That was not relevant for the two complaints. And the council paid by Cochrane did not find it appropriate to go even just three years back in time, and he exonerated me of the charges, but that — that meant nothing. During the six-hour secret board meeting, all sorts of lies were uttered. I could not defend myself as my presence was not allowed. Burton and other board members talked about the “Me Too” movement and my harassment of Cochrane staff — it never happened. I was kicked out with a narrow vote of six versus five. The next day, four of 13 board members resigned in protest. Chaos ensued. There were articles in *Science*, *Nature*, *BMJ*, *Le Monde*, *Lancet*, everywhere. Burton delivered a formidable hate speech at the annual general meeting four days later — it takes only 10 minutes it's worth seeing. That a man can contain so much hate is difficult to understand. It made people believe I had sexually harassed women, like raped a number of them, or had committed serious repeated crimes. There was nothing, but that's the impression people got.

Bad behavior was never defined. What were the real reasons? It was the threat to the CEOs dictatorial regime in Cochrane and his emphasis on brand and business and not on getting the science right. I had criticized psychiatry and psychiatric drugs. Psychiatry is strongly represented in Cochrane. I criticized the drug industry. I criticized the highly prestigious Cochrane review of the HPV vaccines, and Cochrane has gotten funding from Bill Gates Foundation, so some people speculate there could be a relation there. He is one of the main contributors to the (WHO). He contributes hundreds of millions of dollars to them. So, he has great influence and vaccines is one of his big things. And we actually have shown by having access to the earmarked clinical study reports that there are serious neurological harms more commonly in the HPV vaccine groups than in the active control groups, where people got hepatitis vaccines. We did find the harms that everybody says don't exist. The Cochrane review said they don't exist. “We can't see them.” But they use published trial reports. We went to the sources.

So, what happened back in Denmark? By a Freedom of Information request, my lawyer found out that Mark Wilson had demanded of the Danish Ministry and my hospital that I should be fired. Although, he had absolutely no mandate for such a requirement and interference with another country's internal affairs, I got fired despite over 10,000 signatures from leading researchers and others including the world's most cited-medical researcher, John Ioannidis, that you saw a picture of earlier. We suspect it was a political sacking. By getting rid of me, the ministry supported the Danish drug industry, our most important source of income: the drug agencies, the National Board of Health, the psychiatrists and others who don't like that there are people who speak truth to power. People in leadership positions in the drug industry are allowed to own shares in Danish drug companies. This opened the door to insider trading. Even the Minister of Health has shares in Novo Nordisk. Denmark is corrupt, I'm sorry, but — and there is no job security,

absolutely none. Other European countries astonished that I can just be fired because someone in London says, "I don't want him there." It can't happen in Finland, it can't happen in Norway, in Sweden, in Germany, France, but unfortunately, I am Danish, so I got sacked. And they didn't even want to talk to me. I could tell them that Mark Wilson isn't telling the truth, which I wrote to them.

So, the final words are: "If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say you are neutral, the mouse will not appreciate your neutrality." It's a wonderful quote from Desmond Tutu, and the other quote is also very well known: "The only thing necessary for the triumph of evil is for good men to do nothing." Cochrane has de facto introduced scientific censorship and has become too close to industry which Fiona Godlee, the editor of *BMJ*, has also found is a problem recently when she wrote about my second — or kicking out of Cochrane. Its reputation plummeted when it expelled what many people have told me is its most well-known scientist. Of course I wouldn't say it myself, but other people tell me.

So, this will — Cochrane will suffer from this for many years to come. People don't forget things like that. So, the best thing Cochrane could do was to invite me back and say, "We profusely apologize. We are sorry. We will give you a big financial compensation because you have lost a lot of money." Then they could regain their reputation, but of course, people are not like that. It won't happen. Thank you.

I have a final slide. It's a Spanish doctor: "I used to blindly trust the World Health Organization until the swine flu and the Tamiflu cock-up. I used to rely on clinical trials and papers in medical journals until I found out there was so much cash involved. I used to have blind faith in the Cochrane Library in reviews until they kicked Peter Gøtzsche out. Who can I trust now? Damn what should I do with all this garbage?" So that's — that was all.

Yeah, okay.

Question: So thank you for this memorable talk. I wondered, are there similarities between what happened to you and what happened to Bjørn Lomborg in Denmark?

Gøtzsche: No.

Question (continued): Why do you say that?

Gøtzsche: Oh, because I have studied what he has done. I mean he has quoted so selectively that if on the left page there was something about no climate change that he could use, he quoted it even if on the right page, in the same book, there was something very different. I have no sympathy for Bjørn Lomborg at all. He, he,

he has manipulated the science to an unbelievable degree. That's not what I am doing. Climate change is a fact. It's a big threat we have.

Question: So, your last slide refers to it, but who do we trust now, and is there a possibility of starting a new organization that will pick up the work from what you originally founded with the Cochrane, since they seem to have been infiltrated?

Gøtzsche: Some very sharp scientists that I collaborate with have said goodbye to Cochrane. With a CEO like that, that sacrifices me who have fought all my life for scientific honesty, and then with various allegations that Cochrane has come too close to industry and don't want to disturb the establishment, and big funders and all that sort of thing, more and more people think that Cochrane is on a downhill slope now and can't be saved. I hope it can be saved because there are lots of good people in there, for example, like Jim Wright. So I hope so, and to establish a similar organization is a huge, huge thing. I won't do it. I'm too old for that. I want to enjoy life. I have fought enough, but what else can we do? Many Cochrane reviews unfortunately are what Tom Jefferson, who did the Tamiflu reviews, has called "garbage in, garbage out with a nice little Cochrane logo on it." If Cochrane people don't do that job diligently, then it is garbage in garbage out, because most of the published literature where — even in basic research but also clinical trials — it's just untrustworthy. You need to be a detective, a research detective to do the job right, and most Cochrane people they don't have these skills. They can read in a handbook what to do like, if you are a bad cook and never did cooking, and then you think that you can do an excellent work. You can't do that. So, this is one of the problems in Cochrane: There are too many amateurs, and I'm glad that Jim is nodding.

Question (continued): But as a practicing physician, it can be very difficult to spot them —

Gøtzsche: I know.

Question (continued): It used to be the gold standard —

Gøtzsche: I know.

Question (continued): people could turn to for —

Gøtzsche: I know.

Question (continued): a neutral opinion on things.

Gøtzsche: Yeah. So here I have a little advice for you. If a Cochrane review is in any slightest doubt whether an intervention is worthwhile, and I'm currently writing a new book about vaccines, I have just revised the whole chapter about influenza — that was terribly interesting. The Cochrane reviews about the influenza vaccine are pretty wishy-washy, and in Denmark we hardly use the vaccine at all, only in the elderly because this is an official recommendation. Children, zero. None of them get it. In the U.S., half of them. I've just looked up the numbers today — this morning. So, if Cochrane reviews are somewhat doubtful, you can conclude I don't need to do this. Because there is so much bias already, so if not even a Cochrane review has a clear stance of something, then you don't need to do it. That's just a rule of thumb. So, no influenza vaccinations for me or my wife or our children. Not at — no, no, no, no. Just to give you one example: The CDC is absolutely crazy about influenza vaccinations. It's deeply untrustworthy what the CDC writes about flu shots. I have gone through a lot of it. Yeah, I hope I've responded to your — There are no easy solutions, but the other advice I have to you: Use drugs as little as possible. It's rarely necessary, and since it is our third-leading cause of death, you should use drugs very sparingly. Teach people to eat well and exercise and have a good life. Don't worry about decaffeinated coffee — coffee is very healthy.

Audience: Applause.

Gøtzsche: It has been — has been attacked by so many case control studies that usually find everything is harmful, and coffee has survived everything. So, it must be very healthy. Just enjoy your coffee.