PE1463/III

Dr John E Midgley Letter of 12 February 2016

Submission to the Scottish Parliament

Re: Public Petitions Committee – meeting held 9th February 2016

I have viewed the proceedings of this Committee by Youtube link. As a biochemist/molecular biologist expert in thyroidology treatment methods and glandular physiology I would like to make the following comments.

1) The meeting was very unstructured and did not seem to have a clear remit as to its purpose. Much of the discussion seemed to be inadequate to provide a balanced informative and decisive outcome.

2) The participants appeared to take only one viewpoint, collectively obtained from such bodies as the Royal College of Physicians (RCP), the British Thyroid Foundation (BTF) and the British Thyroid Association (BTA). No counterpoint was available from experts or bodies that did not share the formers' stance. The impression was given of a dogged adherence to the status quo, regardless of, and ignoring the existence of dissenting opinion. The Minister appeared merely to be a mouthpiece for received opinion. Several incorrect allegations were made, a principal one being unjust criticism of the recent survey carried out by the charity Thyroid UK. Surveys by definition cannot be randomised; they are a précis of the experiences of those adversely affected by current treatment regimes.

3) There was no acknowledgement of recent evidence in the peer-reviewed literature that has both extended knowledge of the physiology of thyroid action and the implications for diagnosis and treatment. These advances have strongly questioned the validity of the opinions of the bodies present at the meeting. It must be asked as to whether the participants were even aware of such developments.

5) The new realisation that the relationship between TSH and thyroid hormones is fundamentally different in treated patients and in euthyroid individuals seems to entirely lacking in the committee. This modern understanding undermines the assumption that TSH, at present assumed to be alone sufficient for diagnosis of treatment adequacy, is appropriate for such a role.

6) The assertion that clinical trials have not shown decisive improvements when comparing dual T4/T3 therapy of hypothyroid patients and T4 alone is undermined by the complete inadequacy of all such trials to date. These cannot be conducted by random choices of patients on T4 therapy, because the experiences of the small but significant proportion of patients who suffer inadequate T4-T3 conversion are swamped statistically by the large majority for whom T4 monotherapy is adequate.

7) The true risks of osteoporosis and atrial fibrillation from suppression of TSH in thyroid therapy are exaggerated. Meta-analysis shows the risk for osteoporotic fractures to be 1 extra fracture per 1000 patient-years – significant but hardly devastating. Present thyroidology does not consider that in some patients a trade-off has to be made between a satisfactory Quality of Life in the present and the small risk of additional adverse effects in later life. This emerges because T4 monotherapy is physiologically unsound especially in those with poor peripheral (body) T4-T3 conversion.

8) It is gratifying that the Committee recognised the wholly inadequate training of both endocrinologists and general practitioners as to the understanding of, diagnosis of, and treatment of hypothyroid patients. Some responsibility however for this must rest with those Bodies present at the meeting as it is they who have instigated and enforced the faulty guidelines by which the medical profession must currently abide.

9) In conclusion, the performance and outcome of the Committee meeting left much to be desired. It seemed neither informed enough nor enthusiastic enough to commit thoroughly to much needed trials far more intelligently designed than hitherto to discern the real benefits of combined T4/T3 therapy in that subgroup of patients who have suffered unnecessarily because of entrenched dismissive attitudes from both influential medically qualified individuals and collective advisory bodies.

10) I hereby express my willingness to attend any future meetings on this topic to produce and defend arguments dissenting from those generally expressed at the Committee meeting.

(Dr) John E M Midgley