

Peter C. Gøtzsche

Peter Christian Gøtzsche (born 26 November 1949) is a Danish physician, medical researcher, and former leader of the Nordic Cochrane Center at Rigshospitalet in Copenhagen, Denmark. He is a co-founder of the Cochrane Collaboration and has written numerous reviews for the organization. In 2019 Gøtzsche founded the Institute for Scientific Freedom, whose goal is "to preserve honesty and integrity in science"

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Deadly Medicines and Organised Crime: How Big Pharma Has Corrupted Healthcare. Taylor & Francis

Corporate crime in the pharmaceutical industry is common, serious and repetitive

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Coercion in psychiatry should be banned

Overall, psychotropic drugs are the third most common cause of death in Western countries, after cardiovascular diseases and cancer"

Gøtzsche: Psychiatry the Only Medical Specialty That Survives on Lies

Myth 1: Your disease is caused by a chemical imbalance in the brain.

Myth 2: It's no problem to stop treatment with antidepressants.

Myth 3: Psychotropic drugs for mental illness are like insulin for diabetes.

Myth 4: Psychotropic drugs reduce the number of chronically ill patients.

Myth 5: Happy pills do not cause suicide in children and adolescents.

Myth 6: Happy pills have no side effects.

Myth 7: Happy pills are not addictive.

Myth 8: The prevalence of depression has increased a lot.

Myth 9: The main problem is not overtreatment, but undertreatment.

Myth 10: Antipsychotics prevent brain damage.

Gøtzsche: Are Psychiatrists More Mad Than Their Patients?

The statement "Gøtzsche psychiatrists-sicker-than-patients" reflects Peter Gøtzsche's critical stance on the psychiatric profession, suggesting that psychiatrists themselves may suffer from similar or worse conditions than their patients due to their exposure to and involvement with psychiatric drugs and the inherent pressures of the field. Gøtzsche, a Danish physician and researcher, is known for his extensive criticism of psychiatric practices, particularly the overuse and harms of psychiatric medications

"Sicker-Than-Patients": This provocative statement implies that psychiatrists, by deeply engaging with psychiatric models and treatments, might experience a form of "sickness" (either physical or mental) that could be equivalent to, or even greater than, the conditions they treat in their patients

Gøtzsche: Is psychiatry a crime against humanity?

A New Paradigm for Testing Psychiatric Drugs Is Needed

I argued that, in future, trials of psychiatric drugs should include only treatment-naïve patients; use psychotherapy or other psychosocial interventions as the comparator; use no rating scales, as they are not meaningful; use patient-relevant outcomes, e.g. returning to a normal productive life; focus on drug harms; have a follow-up over several years; be planned and conducted by people with no conflicts of interest; and provide easy access to anonymised raw data so that others can check the veracity of what is claimed.

Gøtzsche: Is psychiatry a crime against humanity?

Psychiatry is in crisis

We have a mental health crisis. The existing approaches that focus on drugs are not working.

In the UK, mental health disability has almost trebled in recent decades, and the gap in life expectancy between people with severe mental health issues and the general population has doubled.¹ The World Health Organisation (WHO) and the United Nations have therefore recently called for systematic mental health reform emphasising psychosocial interventions.

In 2019, a Norwegian study found that 52 of 100 consecutively admitted patients to a psychiatric hospital would have wanted a drug-free alternative if it had existed.³

As I shall demonstrate in this book, psychosocial interventions are clearly better than drugs. Why can't people get that then?

Gøtzsche: Is psychiatry a crime against humanity?

The psychiatric textbooks are seriously dishonest

The psychiatric textbooks should also be distrusted.(531) They are seriously dishonest and tell us, for example, that, before antipsychotics arrived, many patients needed to live the rest of their lives in institutions; their discovery was a revolution; many patients clearly improved their quality of life enabling their reintegration into society; patients who were previously tortured by their disease and were aggressive could now live alone or in protected housing; and the number of hospital beds decreased.

All of this is wrong. There were no references for the extravagant claims, but it has been thoroughly documented that the pills had nothing to do with the emptying of the asylums, which started earlier and was driven by economic considerations.(532) Drugs that do not have clinically relevant effects (see page 73) cannot possibly produce such dramatic outcomes.