

# Editorial

## Misconduct in High Places

After thirty-five years of research in psychiatry, I should not be surprised when scientists are found to have engaged in scientific misconduct. One of the best examples, and one I am most familiar with, is the infamous report published by the American Psychiatric Association entitled *The American Psychiatric Association Task Force Report on Megavitamin and Orthomolecular Therapy in Psychiatry*, 1973. This flawed report by a major medical establishment organization was prepared in order to stop the advance of Orthomolecular therapy. The authors followed the dictum that the ends justify the means. The ends were to protect the psychiatric establishment and their patients from the horrors of vitamin therapy. The means were fully exposed by Hoffer and Osmond (1976). The APA report was widely distributed, and was used by psychiatry as their main justification for ignoring and suppressing Orthomolecular psychiatry. Our reply was not widely distributed, very seldom read by official psychiatry, and was almost totally ignored. In it we exposed the lies, misinterpretations, nonsequiturs and biases of the committee under the chairmanship of the late Dr. M. Lipton, Professor of Psychiatry and associate editor of the *American Psychiatric Association Journal*. Dr. Lipton used his pliant committee to rubber stamp a report he had prepared long before this committee was constituted. Linus Pauling dismissed this report with the succinct statement, "The APA task force report discusses vitamins in a very limited way (niacin only) and deals with one or two aspects of the theory. Its arguments are in part faulty and its conclusions are unjustified." Dr. Pauling's conclusions were, of course, totally ignored by the APA.

I should not be surprised since over the past ten years many examples of fraud and misconduct by scientists, mostly medical scientists, have been uncovered. It has become such a grave problem that the U.S. government created The Office of Research Integrity (OPJ), Department of Health and Human Services, to review the conduct of scientists in the National Institutes of Health, and FDA, and at the Center for Disease Control and Prevention.

The *New York Times*, December 31, 1992, carried a story "Federal Inquiry Finds Misconduct By a Discoverer of the AIDS Virus". After three years of investigation, OPJ found that Dr. Robert Gallo had committed scientific misconduct. He had "falsely reported" a critical fact in his 1984 *Science* paper, where he claimed he had isolated the AIDS virus. Dr. Gallo maintains he is innocent and plans to appeal this conclusion. The following is a chronology of events leading from that first report (from NY Times):

1. In 1983 Dr. Luc Montagnier at Pasteur Institute reported the discovery of a virus that might be the cause of AIDS.
2. In 19 84 Dr. Robert Gallo reported he had discovered such a virus.
3. In 1985 the AIDS virus blood test is licensed and France sues the US government over credit.
4. In 1987 President Ronald Reagan and Prime Minister Jacques Chirac agree to share credit and divide royalties. By now these have been about \$50 million.
5. In 1988 and in 1989, *Chicago Tribune* articles suggest that Dr. Gallo improperly claimed credit, and that Dr. Gallo's virus was identical to the Pasteur Institute virus.
6. In 1990 the N.I.H., Washington, launched an investigation by the ORI.
7. Dr. Gallo conceded that his viral cultures were probably contaminated by the Pasteur samples, but he was still a co-discoverer.
8. In 1991, a final report by ORI finds Dr. Gallo is not guilty of misconduct, but deserves censure for permitting lapses and misrepresentations by those under him.
9. In 1992 a new investigation is started of charges of perjury and patent fraud.
10. December 30, 1992, ORI said that Dr. Gallo cultured a sample of the Pasteur virus in his own laboratory, misled colleagues to gain credit for himself.

This final report listed four additional errors for which Dr. Gallo warranted censure: (1) he acted as a referee for a different article submitted by his French colleagues, in which he altered several lines to favor his own hypothesis; these were, the report said, gratuitous, self-serving and improper; (2) attributing many errors in his original paper to

his coauthor, who was junior to him; (3) carelessness in record keeping; (4) failure to determine the exact origin of some of the crucial cells in which he grew the virus.

Well, what is wrong with a little bit of misconduct or hanky panky in scientific research? What is wrong is the damage that it does to patients. Dr. Gallo became one of the most authoritarian and prominent research scientists in the field of AIDS research and treatment. Using this authority he was one of the top establishment leaders who prevented a serious examination of the use of megavitamin therapy as a treatment for AIDS. At one meeting he was reported to have been highly amused by the idea that vitamin C could be of help.

Authorities have an unusual degree of responsibility, for they are widely believed by their colleagues and by the lay public. Thus, his view of the HIV virus theory of AIDS, i.e. as the sole cause, has swept the field. Only in the past year or so has there been increasing recognition that there are probably multiple factors involved. The rejection of the view that nutrition could help has condemned thousands of patients to death.

It is very similar to the experience in the English Navy which, for 40 years, did not make use of Sir James Lind's proof that oranges and lemons cured scurvy. During that time 100,000 sailors died. It is like the cost to millions of cardiac patients who were deprived of the use of vitamin E because the *Harvard Medical Letter* destroyed the idea that it could be helpful in their authoritarian report many years ago.

### References Cited

1. Task Force Report 7. Megavitamin and Orthomolecular Therapy in Psychiatry, Washington, D.C. American Psychiatric Association, 1973.
2. In Reply To The American Psychiatric Task Force Report on Megavitamin and Orthomolecular Therapy In Psychiatry. Canadian Schizophrenia Foundation, 1976.

### Freedom to Practice Complementary Medicine Gaining Momentum

In the Journal of Orthomolecular Medicine, Volume 8 No 1, I reported that Washington was the second state to allow physicians to practice non-traditional medicine free from persecution. I proposed the movement in this direction would move counter clockwise through the United States. Instead the movement is clockwise.

South Dakota has become the third state to allow more freedom to practitioners by passing a bill to allow chelation therapy. Senate Bill #188 orders the South Dakota state board of medicine and osteopathic physicians to "...not base a finding of unprofessional or dishonorable conduct solely on the basis that a licensee practices chelation therapy." This bill is not as broad as the previous two bills in Alaska and Washington State, but it is a major step in the right direction.

South Dakota, by liberalizing chelation, sends a powerful message to their state board not to go after doctors who wish to use non-traditional treatments provided they do no harm, as is the case with chelation. This bill was signed into law February 6, 1993, by Governor George Mickelson. Is Minnesota next, and maybe after that New York State?

A. Hoffer, M.D., Ph.D.  
#3A - 2727 Quadra Street  
Victoria, B.C. V8T 4E5