

Event: British Psychological Society Committee
Hearing

Date: 12 July 2006

Committee: Mr Joop Tanis - Chairman
Dr Pat Frankish
Mr Phillip Partridge
Ms Louise Chudleigh - Legal Assessor
Dr Gaius Davies - Medical Assessor

Counsel: Ms Patricia Hitchcock for the Society
Ms Lucy MacKinnon for Ms Blakemore-Brown

Witnesses: Dr Trevor Friedman

MS MORRISON: This is a fitness to practise committee hearing of the British Psychological Society, convened to consider concerns regarding the fitness to practise of Ms Lisa Blakemore-Brown, an associate fellow of the society. Today's date is Wednesday, 12 July 2006 and the venue is the International Dispute Resolution Centre, 70 Fleet St, London. The chair of today's conduct committee is Mr Joop Tanis and he is assisted by Mr Phillip Partridge and Dr Pat Frankish. The legal assessor to the committee is Miss Louise Chudleigh and the medical assessor is Dr Gaius Davies. The counsel for the society is Ms Patricia Hitchcock. The respondent to Ms Lisa Blakemore-Brown is present and is represented by Ms MacKinnon. The clerk to the hearing is myself, Ms Kirsty Morrison.

Concerns are that the content and tone of correspondence received by the society from Ms Blakemore-Brown in relation to complaints from Mr and Mrs xxxxxxxxxxxx, (inaudible) between May 2003 and May 2005, made repeated references to the attempts from various people, including the complainants, to destroy her career, set her up or discredit her as a professional. This raised concerns that Ms Blakemore-Brown had been suffering from (inaudible) illness, which is affecting her ability to practise.

Can I take this opportunity to remind everyone to please switch off their mobile phones?

Pages 3 to 100 removed - skip straight to testimony of
psychiatrist

MS HITCHCOCK: Dr Friedman, this is not an amplifying microphone, it is a taping microphone, so it is important that you speak clearly and loudly so that the committee can hear everything you have to say.

Can you tell the committee your full name and your professional occupation?

DR FRIEDMAN: I am Dr Trevor Friedman, a consultant psychiatrist in Leicester.

MS HITCHCOCK: Do you mind if I lead on CV matters?

MS MACKINNON: I actually have one more application to make in respect of Dr Friedman's evidence. My application, now that he is here, is that per se perhaps his evidence is inadmissible on various points given that he has not examined my client.

MS HITCHCOCK: I am in your hands, chairman, if you want to hear another application?

CHAIR: Is that the nature of your submission or do you wish to say anything further on that, at this stage?

MS MACKINNON: Yes. He has not examined my client and as it stands I am not aware of the instructions which were provided to him in respect of the report which he has written.

MS HITCHCOCK: Sir, I appreciate my learned friend is working to a slight disadvantage. The instructions are in the bundle and Ms Blakemore-Brown has had them for some considerable time, and of course has also known for some considerable time that Dr Friedman has not examined her because she refused to submit to examination.

CHAIR: Again, I am mindful of the fact that there is a substantial volume of papers in front of us and that for reasons outlined earlier there may have been difficulty in accessing in some of those documents so throughout the hearing I will, where I can, try and give time for reference to papers and particular documents to be made. So could you just point out which document that particular instructions are?

MS HITCHCOCK: The instruction are page 610 in volume 2, his report is at 614.

MS MACKINNON: Sir, I wonder if you could just give a ruling on my submission that his evidence ought not to be admitted.

CHAIR: Thank you. After taking legal advice and consulting with the other members of the committee --

MS CHUDLEIGH: Shall I say what the legal advice was? The legal advice given was that whilst the committee must of course bear in mind when considering Dr Friedman's evidence that he has not examined the respondent that on the face of it there is no legal reason why the evidence is not per se admissible. But the fact that there has been no examination of the respondent is a matter which, of course, must be borne in mind in due course when considering whether or not to rely on what Dr Friedman has to say.

CHAIR: In other words, the committee is aware of that fact and having taken the legal advice the committee decides that the evidence he will give will be admissible.

MS HITCHCOCK: May I lead on CV matters?

MS MACKINNON: Yes. In fact, if you point me to the CV that would be of assistance.

MS HITCHCOCK: I actually do not think it is in the bundle. Have we got a copy in the bundle? I do not believe we have but perhaps I can simply confirm with Dr Friedman that he has been qualified since 1982?

DR FRIEDMAN: Yes.

MS HITCHCOCK: And has been consultant liaison psychiatrist for the Leicestershire since 1990?

DR FRIEDMAN: That is correct.

MS HITCHCOCK: Is it right you are an assessor and supervisor for the GMC?

DR FRIEDMAN: Yes. I work for the GMC in that role.

MS HITCHCOCK: And that you are approved under section 12 of the Mental Health Act?

DR FRIEDMAN: I am, indeed.

MS HITCHCOCK: That you have clinical responsibility for the psychiatric treatment of general hospital patients?

DR FRIEDMAN: I do in particular, yes

MS HITCHCOCK: The instructions that you were sent in this matter at page 610 of the bundle, volume 2, is dated 1 April 2005 and in what context were you being instructed?

Were you being asked to carry out an examination or were you being asked to fill a different role?

DR FRIEDMAN: Well, I think as is evident Ms Blakemore-Brown did not agree to being seen by a psychiatrist so I was asked to review the documentation that was available and to comment upon it.

MS HITCHCOCK: The documentation that you had at that stage was such documents as are in the bundle up to that date, is that right?

DR FRIEDMAN: I believe so. I mean, I think we all are aware there is a huge amount of documentation but, I mean, I got a big bundle through the post which was up until the date that I prepared my report. I mean for the sake of almost being pedantic, I think there would be one or two documents that were written since that have been discovered and have been disclosed that occurred before that date, but the vast majority of the emails and correspondence that were now available were available then.

MS HITCHCOCK: Is it right that part of the material that you had to consider were letters in support of Ms Blakemore-Brown from Earl Howe and Ms Christina England?

DR FRIEDMAN: Yes, I reviewed all the documentation that was sent to me.

MS HITCHCOCK: Is it right that you also took part in a panel discussion with the Fitness to Practise Panel appointed by the BPS?

DR FRIEDMAN: Yes, I did.

MS HITCHCOCK: Which I do not think there was any dispute; it was on 15 April 2005.

DR FRIEDMAN: That is right.

MS HITCHCOCK: What was the purpose of your attending that meeting?

DR FRIEDMAN: I believe my purpose was to provide expert advice and comment to the panel in reaching their conclusions.

MS HITCHCOCK: Can I take you to your report, page 614? Just a few pages further on. Dated 24 May 2005, can you confirm that this is your report?

DR FRIEDMAN: This is my report.

MS HITCHCOCK: You express a general view at paragraph 5 on page 615, that you have concerns about the mental health of Ms Blakemore-Brown. You go on at paragraph 7 to say that it is obviously not possible for you to arrive at a definitive diagnosis merely from reviewing the correspondence.

DR FRIEDMAN: Yes. Well, I mean, I think I was being careful not to make conclusions or a diagnosis from what is available to me. I think I was just commenting on what seemed reasonable in my opinion having reviewed the documents. In fact, it is a very short report because I did not want to make too many suppositions that one could possibly go to. I just wanted to state what I thought was reasonable.

MS HITCHCOCK: Presumably you would also have wanted access to the medical record?

DR FRIEDMAN: In the circumstances and certainly for my work for the General Medical Council one would always have access to other records.

MS HITCHCOCK: But such evidence as you did have enabled you to form a view that there were reasonable grounds for concern, is that right?

DR FRIEDMAN: That was my opinion, yes.

MS HITCHCOCK: Can you explain briefly to assist the committee the nature of paranoia and what its impact could be in the circumstances.

DR FRIEDMAN: Well, I suppose -- I mean the term "paranoia" in itself refers to the idea that people are more sensitive to their surroundings and events that occur to them, so they tend to see extra significance and take inference from otherwise innocuous events. Paranoia generally refers to, I suppose, normally thought of in a kind of persecutory sense in believing that events are occurring around one that in some way are there to harm or malign the person. So that is a sense in which I read these documents, I believe with some maligned conspiracy or motives of other people to, in some way, harm or to damage to Ms Blakemore-Brown.

MS HITCHCOCK: To what extent does it impact on your views that the facts as seen by Ms Blakemore-Brown may be capable of objective proof? Is it important to your concern that they should not be true?

DR FRIEDMAN: It does not necessarily have to be not true for people to be suffering from a paranoid illness. It is their interpretation and understanding of events that is important. I mean they sometimes are untrue as well which is obviously of

significance as well. But it is generally people's reasonable interpretation of what has occurred. It is the way they interpret events rather than the events themselves.

MS HITCHCOCK: Could I take you to a few examples, I am not going to go through the documents in extent, sir, but insofar as it is of assistance to the committee I will take the doctor to a few examples of the evidence upon which he formed his initial view in his report.

Can I ask you to go to volume 1 and turn up page 7? This was the initial response to the xxxxxxxxxxxx complaint. Would you like to comment on what it was about that document that struck you?

DR FRIEDMAN: Well, I mean, I think firstly -- I mean apart from the individual entries, there is the issue of just this sheer mass and bulk of documents and their relevance at times which seems extremely unusual to me. This document at page 7, I do not know whether you want me to read out the bits that I feel are important or if the committee are aware of them all but, I mean ...

MS HITCHCOCK: The committee would have read the document. If you want to simply highlight those that struck you.

DR FRIEDMAN: Well, I mean, I think the whole of this letter seems rather odd to me. It starts off in that way. It is about the complaint and it starts about the vexatious lying complaint about Roy Meadow to David Southall, and then there is this conspiratorial idea, and this is copied into the General Medical Council:

"That they are revving up attempts to destroy me. Will become part of my complaint about (several inaudible words) GMC. That the GMC and the British Psychological Society both use Field Fisher Waterhouse is very worrying indeed."

The idea that because these are the same firm of solicitors, there is some meaning to that:

"I was interested both (several inaudible words - reading from document) the solicitors to ensure I was destroyed, help Southall stay in his job."

It just goes along in this way.

MS HITCHCOCK: Is there any significance in --

DR FRIEDMAN: I mean it just goes on. I mean, he carries on over the following page:

"Two weeks on from the tribunal and the Education Tribunal refuse to take in my report. Is highly suspicious, transpire this chair is a solicitor in Leeds and a partner in a group which had worked with at Leeds

University, the St James Hospital, using them for experts for 30 years, Roy again."

Which I assume applies to Roy Meadow. I just fail to see any reason why or how, unless there is some huge conspiracy going on between lawyers and solicitors and hospitals and Roy Meadow how that could possibly be true.

It carries on in a similar vein through the most of this.

The end of this page says:

"We see a good psychologist being destroyed by criminal element. It was obviously a set up."

And there is more of it. So, I mean, you know, if I am just shown that letter that strikes me as a very unusual letter for a professional psychologist to be sending in answer to a complaint.

MS HITCHCOCK: There is, of course, one very specific piece of setting up alleged in this letter which is that Mrs xxxxxxxxxxxx may have been put up to making the complaint by one named individual. If that were in fact the case would you have any remaining concerns about this letter or not?

DR FRIEDMAN: I still have major concerns about it. I mean, I cannot comment as to whether that is true or not. It would seem unlikely to me that Eli Lilly would be troubled to set

people up to hound Ms Blakemore-Brown seems extremely unlikely to me, but in itself if it did happen it would be an amazing story. But if it did happen that would not in itself cause me to alter my view that the rest of the letter seems bizarre.

MS HITCHCOCK: At page 29 there is an email from Ms Blakemore-Brown to Lauren Russell at the society, one of the regulatory caseworkers, in which towards the bottom of the email there is the reference:

"My ongoing concerns about maligned influences against me including the BPS procedures."

And she goes on to say she is happy the police are getting involved. Is there any significance in your mind to the BPS becoming, as it were, part of the problem?

DR FRIEDMAN: If one sees this as a paranoid illness problem then obviously the person who is affected in this way has to somehow explain what is going on. So the only explanation for that person is to believe that all these things must then be part of the conspiracy because if they are not agreeing with her they must be against her. So as it goes on, the British Psychological Society become a part of this maligned conspiracy or plot to do Ms Blakemore-Brown down. Again that seems unlikely to me.

I mean, the other point about these letters is I find them -- you know, if you are trying to make a case and you are trying to explain what is going on and you think something bad has happened, there is a normal professional way of writing about such matters and many of these emails seem rather disjointed and broken up and, you know, incoherent almost to the point, which is unexpected of an intelligent trained person who is used to writing reports about such matters. So that is another point of concern in terms of worrying about Ms Blakemore-Brown's state of mind.

MS HITCHCOCK: Conscious that there are many examples of the same thing and not wanting to delay things unduly, there is a more detailed response to the complaint, page 36 and following. If I can take you within that response to page 42. A great deal of detail is being set out about the history of the complaint, and at page 44 we have the summary of what is going on.

DR FRIEDMAN: Yes:

"There is a vexatious campaign to stop me working (several inaudible words - reading from document) which I comment is the medics and the Department of Health, ADDIS have just been given lots of money in the States from Eli Lilly, the firm which makes Thimerosal [which is the vaccine] which I refer to my book which has been suppressed. I smelt a rat from the outset, this just confirms it."

So there is this idea that drug companies, doctors, Department of Health, everybody, is conspiring together to somehow bring Ms Blakemore-Brown down.

MS HITCHCOCK: Again, taking it fairly swiftly and just illustrating the breadth of the conspiracy, as it were, page 69 is a communication from Ms Blakemore-Brown to her solicitor, Duncan McAllister, at the end of the first paragraph we have that:

"Roy Meadow was a strong behind the scenes influence on the BPS in my case."

And a couple of lines further down:

"I was driven to write to the president of the Special Educational Needs Tribunal and it became clear that the chair was doing Meadow's bidding."

Not wishing to take this too swiftly, but really the same point at page 128 where this time it is the psychologist that is in league, about halfway down the page.

I do not know if you want to comment on those two documents?

DR FRIEDMAN: Well, I think that is more, as you say -- as I say there is more of this kind of flavour that people are

conspiring to harm Ms Blakemore-Brown in some way, who were very removed from the actual incidents. I mean, here it seems to suggest that, I assume is the president of the British Psychological Society, is involved in the Department of Health wanting to forge closer links with the government, so in some ways is going to harm Ms Blakemore-Brown to secure his -- sorry, can you not hear me?

That (inaudible) conspiring to do Ms Blakemore-Brown down to forge closer links with the government, which again seems unlikely to me.

MS HITCHCOCK: The motivation for the BPS, it has been suggested?

DR FRIEDMAN: Yes.

MS HITCHCOCK: Is to get in with the Department of Health. Returning to appropriate forms of correspondence in circumstances, can I take you to page 216? Emails to Lorraine Peart of the Regulatory Affairs Department from Ms Blakemore-Brown:

"Or the nest of envious vipers and malevolent guilty are still out to destroy me. Some recognition about the things that really matter has come my way and what I should be able to get on with if this government had listened and prevented parent blame theories from taking

over and ruining my life and career as well as thousands of parents and children's lives. I thought I would share it with you."

And attaching other emails. Do you want to make any comment on that?

DR FRIEDMAN: No further comments other than what I have made really. Apart from the nature of it, also I think the appropriateness of such correspondence to people. I mean Lorraine Peart is the complaints officer or whatever.

MS HITCHCOCK: She is a caseworker at the Regulatory Affairs Department.

DR FRIEDMAN: I do not think it is her role to get involved in such matters.

MS HITCHCOCK: She had in a conversation some seven months before this said that she would be interested in seeing background documents in support of the suggestion that there was a conspiracy. Does that explain this correspondence in your view?

DR FRIEDMAN: Well, it might explain sending in some correspondence to explain this. But, I mean, I have to say reading it myself - I have spent quite a lot of time reading

it - it was very hard to make sense of it. And I think just to send huge amounts of emails in this way first of all does not actually clarify the issue very much more I think in terms of helping anybody, and it seems inappropriate. I mean, I think, that if you were trying to explain what was happening you would write a letter and say this is what I think is going on, or these are the problems I have had, not send literally hundreds of emails, many of which are very difficult to comprehend or understand. It just seems broken up and uncoordinated.

MS HITCHCOCK: That is at best a snapshot of the very considerable amount of evidence upon which you based your report. Since then you have been provided with a further, I think, about 477 pages up to the end of -- it may be more than that since we have just got an addition to the end of volume 2, about 500 more pages. Those additional pages included letters of support for Ms Blakemore-Brown from about 14 different people. Have you considered all those documents and, in particular, those letters in support?

DR FRIEDMAN: I have considered all of those and obviously in one's clinical practice one sees people who have paranoid illnesses and function remarkably well and can appear normal and function at a high level in many situations. I do not know Ms Blakemore-Brown because she never came to see me and I

assume at times she has functioned well and had interesting views that people have respect for. So it is not surprising that there would be people who would be willing to write letters of support. They do not in themselves alter my opinion.

MS HITCHCOCK: If, in fact, some of the time or all of the time she is capable of functioning well with whatever paranoia she may have, what is it that gives you concern about the impact of any such mental illness on her practice?

DR FRIEDMAN: I think that would be an issue to be discussed once one, to some extent, once one made an assessment. I suppose that in relation to the complaints that were made, obviously one of the complaints refers to a report which Ms Blakemore-Brown believes she was set up in some ways I believe to fail, and obviously if she is seeing clients whom she believes are not real clients but in some way been produced to trick her, to make her fail, when this is not occurring, then that is a serious matter because people might not be getting treated or helped appropriately because she believes there is some conspiracy against her. So that is one problem. I imagine, I do not know, this is for the society, I imagine. I imagine the society would have a general view as to the confidence of the public if a member of theirs was significantly unwell and could cause problems in the future if

her views or ability to weigh judgement was severely affected by suffering from mental illness.

MS HITCHCOCK: There are a few more particular pages I would just like to have your comments on in the further information that you have had since you did your report, page 650 in volume 2 there is a press release or at least a story about Ms Blakemore-Brown which quotes what she has to say about the hearing, and in particular that she is the victim of a witch hunt and her situation echoes that of Dr Andrew Wakefield who the committee may remember was the doctor involved in the measles, mumps and rubella vaccination debate. It specifies that she has been ordered to attend a confidential hearing later this month.

Is there anything about this document that you found particularly significant?

DR FRIEDMAN: Well, I mean, obviously this is a confidential meeting. Obviously everybody -- well, in theory, this is now being publicised to people but obviously it really talks again about this being a witch hunt. I would assume that the -- I mean it says here that she believes that she has made enemies in the pharmaceutical business and in the government, so rather than the society acting in a professional manner in some ways there is a witch hunt against her. So there is more

a flavour of this kind of paranoid feel about this campaign to discredit her.

MS HITCHCOCK: Page 1037 to 1038 is the LAMP newsletter which reports some of your exploits. The document begins at page 1036.

DR FRIEDMAN: I mean, this is our Trust newsletter which is just about me being lead of the mental health research network for the heart of England, which is where I have to be tomorrow actually, but this was sent to the British Psychological Society, I know not why. I mean I am not sure why it has anything to do with the committee or anything really. I think it just reinforces my view as to Ms Blakemore-Brown, as I was talking about before, the kind of paranoia, this sort of any connection -- with any sensitivity or connection with anybody associated with her gets included in this kind of system and pieces of paper and emails are sent about it. I fail to see the relevance of looking me up and sending this to the society.

MS HITCHCOCK: Perhaps the final page that I would want to put to you is 1068, which is communication from Ms Blakemore-Brown to the society enquiring whether the investigation will be effected. It is the last paragraph on page 1068:

"I would also like to know if you are aware that the legal ombudsman is undertaking an investigation into the Law Society. I complained to the Law Society about your legal advisers, Freeth Cartwright and Field Fisher Waterhouse [who are two firms of solicitors]. The latter have a conflict of interest at the very least and must certainly have been privy to BPS abuse of process."

And she asks whether that will affect the timing of the hearing.

DR FRIEDMAN: Well, as mentioned quite a few times through here the idea that lawyers in some way are conspiring against her or having conflict of interest. So again the idea that somewhere lawyers must have been acting unprofessionally in some conspiracy against her. Obviously there are only a limited number of firms and firms tend to specialise in certain areas so unsurprisingly firms of lawyers will deal with similar kinds of matters. But I think it just reinforces ones view of a conspiracy or people acting against her for which it is hard to believe there is good evidence.

As you say, there are hundreds of similar comments of varying seriousness or interpretation throughout the file.

MS HITCHCOCK: So overall, what impression were you left with having seen all this evidence, including all the evidence that has come in since your report?

DR FRIEDMAN: My overall impression is that I think it is reasonable to have significant concerns as in Ms Blakemore-Brown's state of mind. I suppose the most reasonable concern would be that she is suffering from some form of paranoid illness but one cannot really go further than that without a detailed examination and discussion of these. I mean obviously if one was examining Ms Blakemore-Brown one would take her to these and try and understand, you know, more about how she was explaining them and why she had behaved or dealt with this manner in such a way but I never had that opportunity.

MS HITCHCOCK: Thank you very much, doctor. I feel sure there will be some more questions on behalf of Ms Blakemore-Brown and perhaps also from the committee.

MS MACKINNON: I think it is right, I think you have conceded that Ms Blakemore-Brown was not present at the original panel discussion which you had?

DR FRIEDMAN: Yes.

MS MACKINNON: So in fact at no point in time has she ever actually presented her side of the story to you at all, has she?

DR FRIEDMAN: No.

MS MACKINNON: So everything that you say is totally based on effectively the information in these documents?

DR FRIEDMAN: Yes.

MS MACKINNON: So, in effect, it is entirely one-sided?

DR FRIEDMAN: Why is it one-sided? I am on nobody's side. I am making an opinion based on the information that has been sent to me.

MS MACKINNON: Because you have attended the panel discussions with BPS but at no point have you ever had any sort of consultation with Ms Blakemore-Brown, so effectively you have only ever heard one side of the story?

DR FRIEDMAN: No, I have not heard one side of the story. I have just reviewed the information that has been sent to me. So I have read Ms Blakemore-Brown's side of -- in fact, really all I ever heard is her side of the argument because that is all I have ever read in her documentation. I see myself as independent. I do not see myself as on anybody's side

MS MACKINNON: Would you accept perhaps that the panel should place limited weight on your report given that you have not had a chance to listen to what Ms Blakemore-Brown has said or examine her?

DR FRIEDMAN: Well, obviously it would have been helpful to have examined her, yes.

MS MACKINNON: So do you accept that we should only put limited weight on your report?

DR FRIEDMAN: I have said that in my report, that I have not had the opportunity to examine her.

MS MACKINNON: I think at paragraph 3 of your report you state that you have read literally hundreds of emails from Ms Blakemore-Brown. But you do not know that actually all of them are emails from her, do you?

DR FRIEDMAN: No. Well, I mean, I assume some of them were and I know there is some debate, because I read all of that about as to who actually sent the emails, but I mean the ones that I think we have spoken about today, for example, I am not sure, is there any concern that those have not been sent by Ms Blakemore-Brown?

MS MACKINNON: Well, your report is based, is it not, on all of the hundreds of emails, this is what you state?

DR FRIEDMAN: Yes.

MS MACKINNON: Your conclusions are on the hundreds of emails.

DR FRIEDMAN: Yes.

MS MACKINNON: So therefore you are conceding that you do not know?

DR FRIEDMAN: I have taken into account that

Ms Blakemore-Brown says that some of these have not been written by her.

MS MACKINNON: Where is that in your report where you said you have taken that into account?

DR FRIEDMAN: Well, I have taken into account the totality of all that I have read. It would have been a report going to hundreds of pages if one dealt with all the arguments that have gone back and forth between Ms Blakemore-Brown and various other people who have been involved in this.

MS MACKINNON: But surely if you are an independent witness and you are faced with a situation where you do not know that all of these emails, if any or which, are by her you would have written, "I am reaching this conclusion but I do not know which of these emails have been written by Ms Blakemore-Brown"?

DR FRIEDMAN: Well, some of them are letters, some of them are emails and I have --

MS MACKINNON: Well, you have referred to emails in your report, "hundreds of emails", you have not said letters.

DR FRIEDMAN: Well, okay, emails, letters, correspondence.

MS MACKINNON: Do you not accept the fact that it might have been more appropriate and slightly more independent if you had made that comment somewhere in your report?

DR FRIEDMAN: I think it is a small point. I do not think Ms Blakemore-Brown is saying that large amounts of them and I think - correct me if I am wrong - but I think that the comments that I am talking about are not the comments that Ms Blakemore-Brown is saying were not sent by her. Because the comments that are about conspiracies and people being up to no good against her are, I believe, the ones that she

believes that she sent. The ones that she is not happy about are comments relating to things that have been said about her by other people and things that she claims not to have said. So, those are not the ones that I was particularly concerned about.

MS MACKINNON: What you have said in your report, you have referred to flow and meaning of some of the emails. Perhaps your overall conclusion has been totally influenced by your presumption that all of these were in fact written by her.

DR FRIEDMAN: Well, I assumed that the majority of them where she has signed letters and said they are from her, and has never said they have not been from her, were from her. I mean, for example, the initial response of the complaints letter and the other letters I have written are letters that she has written to the complaints people. I do not think I have ever seen any correspondence saying that she did not write those.

I am aware that there are a number of emails that Ms Blakemore-Brown said that she did not send, that somebody hacked into her computer and put their name on it and sent them to her. I am aware of that but I do not think those are the ones that I have relied upon in order to come to my conclusions. In fact, I deliberately avoided making comment

about all of that because obviously, although it sounds extremely unlikely that all that would have happened, I have not made any supposition on that basis.

MS MACKINNON: In respect of your comment that you found it very difficult to understand the flow and meaning, presumably you were not obviously privy to the telephone conversations and all the file notes that perhaps preceded some of these documents going in to (inaudible).

DR FRIEDMAN: I was not privy to all of that, but having said that, I suppose one has to have a common sense view about this. Perhaps you had the same experience yourself just reading the documentation. They are very hard to read and I spent all my time reading documents and emails and letters and correspondence sent from professionals to each other and these aren't of the nature that one would normally expect in such matters.

MS MACKINNON: Presumably the fact that it is difficult to understand the flow and meaning, that is not cause to say that somebody has a mental illness, because it is not.

DR FRIEDMAN: But it can be part of it because part of having a mental illness often is that people do have problems with their flow of thinking and putting together coherent

arguments, that their structure of thinking is affected. So, it may be important to note.

MS MACKINNON: But it is right, is it not, that in all of these documents there has never been any suggestion of any complaint in respect of the written reports and work that she has performed and the flow and meaning there? In all of the documents that you have read.

DR FRIEDMAN: I was not being asked to comment about that because that's a matter of practise, is not it? I was not being asked to comment. I did not comment on Ms Blakemore-Brown's reports. I have not been sent a whole series of her reports. I was not being asked to comment on her clinical practice. I was being asked to --

MS MACKINNON: But presumably if you are saying that she has a paranoid illness which is causing her, effectively, to write things that are difficult to understand in terms of flow and meaning then surely you would have expected complaints to come in to the BPS about her reports being incomprehensible as well, would you not?

DR FRIEDMAN: Not necessarily.

MS MACKINNON: So, it is your evidence that she could perfectly coherently continue to write medical reports for people but she was incapable of writing properly to BPS.

DR FRIEDMAN: I do not think she was writing medical reports and I have not seen any of her reports to comment on them. I have seen one of her reports actually and I do not think I am here to comment upon the quality of her reports but, as I said to the committee before, it is possible for people who are severely unwell with paranoid illnesses to function very well in certain areas. So, it is not that unusual for people to have a whole series of bizarre beliefs, delusions about what is going on in their worlds to function at a very high level whilst being significantly unwell.

MS MACKINNON: But I am dealing with your point where you say that effectively she cannot write coherently. That is what you are saying; it is very difficult to understand the flow and meaning and you have picked out and said effectively she cannot write coherently.

DR FRIEDMAN: Yes.

MS MACKINNON: Surely, if your point is that she cannot write coherently that would affect her in all walks of life, would it not?

DR FRIEDMAN: No, it would not necessarily affect her in all facets of life. It may only affect her in those areas where she is very concerned and perturbed about what is going on. It is not so much that her syntax and grammar is incorrect. She can write English and grammar, it is the fact that parts of the argument seem disjointed and move from one area to another without seemingly being joined together. So, there are bits about things that we have spoken about already today.

MS MACKINNON: In which case, can you point to one of the emails in the bundle, one of the letters, that you think shows that her ideas were disjointed?

DR FRIEDMAN: I think the very first letter we spoke about on page 7 and page 8 when she was responding to her complaints from the BPS deals with all kinds of matters that I do not feel is the kind of letter that I would expect in response to a complaint that has been raised.

MS MACKINNON: And what of the background? Effectively BPS had brought proceedings against her before. Would you not think perhaps that somebody might have a slightly sarcastic tone to their initial response when they find out that yet another thing is being raised?

DR FRIEDMAN: Well, I do not think this is a slightly sarcastic response. I mean, if you are asking my opinion, this is not a reasonably considered letter that I would expect from a professional psychologist used to writing reports.

MS MACKINNON: What I am suggesting is that it is right, is it not, that this letter was not the first correspondence that Ms Blakemore-Brown had had after the allegations were made? This was made in response to previous comments that she had already made. So, although this may seem like a jumble to you, it is my understanding that --

MS HITCHCOCK: Forgive me. I do not want a question to be put on an incorrect factual basis. We are not aware of any previous correspondence, other than what is in the bundle, unless it is a reference to a hearing on another matter entirely three years earlier.

MS MACKINNON: Is it not right that she spoke to Glyn Oldfield and (inaudible) Cooper in June of 2003?

MS HITCHCOCK: I am sorry, to whom? This is May 2003, this letter.

MS MACKINNON: I thought we were on page 7, which is July.

MS HITCHCOCK: Sorry, you are saying ...?

MS MACKINNON: I am saying that she corresponded with the Chief Executive's office before this letter, which Dr Friedman is relying on.

MS HITCHCOCK: I will ask for the files to be checked. There is a record on the file recorded in the CEO's office which of course is a separate department, so it would not have been in the regulatory file. It was produced as part of the document hunt following the application under the Data Protection Act. Copies can be made available but is it helpful if I tell you what it says?

MS MACKINNON: It is page 784. Is it not in the bundle?

MS HITCHCOCK: Is it actually in the bundle? In that case I take it all back. It is in the bundle. I apologise. When I say it is not on the file I mean it is not on the Regulatory Affairs file at the stage this matter is being dealt with. In that case I need not read it to you because it is in your bundle.

MS MACKINNON: But of course Ms Blakemore-Brown would not know that there were separate departments that kept separate files so presumably, as far as she was concerned, this was the first

phone call which she made. She had discussions about all of these issues with somebody who she thought was appropriate, asked for a meeting, and this letter was not the first. This was her response to that telephone call and what she had received back from that particular office. So, you are not right in your presumption that this is her first response to the complaint, are you?

MS HITCHCOCK: Can you take the doctor to the right page so he can see this?

DR FRIEDMAN: I do not think I ever said it was her first response. You said it was her first response. I said it was a response. I do not care when this letter was written. I am just saying, as a letter it is not what I would write to the British Psychological Society if I was concerned about matters that were occurring.

MS MACKINNON: Not even if you had previous issues raised against you that were not successful in terms of disciplinary proceedings and you being extremely angry that once again this was happening to you? Perhaps you might write in these sorts of terms, would you not?

DR FRIEDMAN: I certainly would not write in these kinds of terms.

MS MACKINNON: So, it really is your case that you can conclude that you have concerns about somebody's mental health, purely on the basis of email correspondence that you do not happen to understand? Is that right?

DR FRIEDMAN: No, that is not what I have said.

MS MACKINNON: But you have concluded that you think she is significantly psychiatrically unwell. So, effectively you are saying that she must have some sort of mental illness, are you not?

DR FRIEDMAN: You said from emails that I do not understand. I did not say that I do not understand emails.

MS MACKINNON: I thought your point was that all this did not make any sense to you. That was surely your point earlier on.

DR FRIEDMAN: Sorry, when you said that I do not understand I thought you meant I do not understand emails. I understand the emails. I think they are strange and odd, yes.

MS MACKINNON: In fact, you can go further than that purely on the basis of these emails and you can say that she is paranoid just because of the contents of the email.

DR FRIEDMAN: Yes. I do not say that. I say it is reasonable to have concerns about that being the case.

MS MACKINNON: But you also say that she is significantly psychiatrically unwell. That is your conclusion.

DR FRIEDMAN: Where do I say that?

MS MACKINNON: The final paragraph:

"My general opinion is that I believe there is reasonable evidence on balance of probability that Ms Blakemore-Brown is significantly psychiatrically unwell."

You do not say, "I have concerns" you say that is your opinion.

DR FRIEDMAN: Yes.

MS MACKINNON: Is that your opinion, or do you just have concerns?

DR FRIEDMAN: Well, I think if you read the whole of the sentence:

"It is obviously not possible for me to write a definitive diagnosis merely from reviewing correspondence."

That is the beginning of paragraph 7.

MS MACKINNON: Yes. So, effectively what I read is that you were not providing a specific diagnosis as to the condition but you were saying that she did have one condition or another.

DR FRIEDMAN: Yes, but I think there is reasonable evidence on the balance of probability that she is significantly psychiatrically unwell. Yes. But I can't be certain about it.

MS MACKINNON: Okay. So, did it ever cross your mind --

DR FRIEDMAN: Can I just make a comment? There seems to be a view that because these things are written down that is not much use. In clinical practice it is often very helpful to have written remarks because then there is no doubt about what is said or what was meant. So, in some ways having people actually write down what is said is often helpful and it's actually good evidence. I mean, lawyers prefer it, do they not? Often they like things written down because then you can say, "Well, this is actually what this person said or thought

at that time". So, I do not think it weakens it. I think it is quite strong to have Ms Blakemore-Brown's views put down on paper.

MS MACKINNON: Is it your general practice to reach conclusions where you are saying, and you have stated there, that she is psychiatrically unwell, just on the basis of paperwork?

DR FRIEDMAN: Of course it is not.

MS MACKINNON: So, why have you done it in this case?

DR FRIEDMAN: Because I had no alternative. I was being asked to give an opinion as to whether or not there were reasonable grounds to have concerns about Ms Blakemore-Brown being unwell. That is what I was being asked to do and as Ms Blakemore-Brown refused to be interviewed by me that's the best that I could do in the circumstances.

MS MACKINNON: But is it not more appropriate for you to say, "I cannot comment because I have not examined her"?

DR FRIEDMAN: Well, I was being asked to give an opinion and I think it would have been less helpful for me to say, "I cannot give an opinion" when I did indeed have an opinion.

MS MACKINNON: Did it ever cross your mind that what was contained in these letters might actually be true?

DR FRIEDMAN: It always crosses one's mind that it may be true.

MS MACKINNON: Where is that in your report? Where do you say that there is a chance it might be true?

DR FRIEDMAN: Well, there is always a chance it might be true but whenever one is seeing people with paranoid illnesses they obviously always believe it's true and in clinical practice one comes across many people who tell you stories and accounts of belief systems which they believe to be true and one always has to consider, "Is this person really being poisoned? Are the police really after that person? Are the Secret Service really tracking this person down?" Commonly one has to make a decision and weigh up the evidence and come to a decision as to whether it could all be true.

My judgement in this matter was that I didn't think it could all be true and that is why I felt that this lady was more likely to be suffering from a paranoid illness than there was a conspiracy involving the GMC, the Metropolitan Police, the General Medical Council, solicitors, all kinds of other

groups who were involved against her. That seemed unlikely to me.

MS MACKINNON: Sorry, just out of interest, where is the reference that there was a conspiracy within Metropolitan Police?

DR FRIEDMAN: Not the Metropolitan Police but they were having investigations at some point.

MS MACKINNON: Where is the conspiracy in relation to GMC?

DR FRIEDMAN: Well, it is very hard to find it all in here but I was under the view that there was a discussion that the GMC had been involved in all these matters as well and there was some debate going. Isn't there a discussion with the GMC and the BPS using the same phones as solicitors?

MS MACKINNON: That is the solicitors, not the GMC.

DR FRIEDMAN: All right. Well, it is difficult because as you say the problem is without the subtleties of what the beliefs are, it is difficult to be certain about it. But as you say, one has to make an opinion as to whether this might all be true or not.

I am not sure if you are saying that either it is all true because one has to decide it is all true, this is all going on, in which case Ms Blakemore-Brown is not unwell, or else if it is not true then Ms Blakemore-Brown is unwell. You are quite right. One has to make that decision at one point as to deciding whether this must all be true, all these people must be acting in this way, in which case Ms Blakemore-Brown is correct and all these people are acting against her, or whether she is unwell and these people are not all acting against her. That is a judgement one has to make.

MS MACKINNON: Or even if a fair number of these people are acting against her, then surely that would be sufficient perhaps to think maybe she is not paranoid. She does not have a mental illness.

DR FRIEDMAN: It gets very complicated when you try and read the correspondence. There clearly is a certain amount of antagonism between some of the people involved and some of this email correspondence. So, it would appear that there are some people that do not like each other and are saying unpleasant things about each other. That is obviously true and I have not based my opinion on that level of what appears to be true nastiness between people.

MS MACKINNON: What about the evidence of Diane Zaccheo? Did you ever consider that?

DR FRIEDMAN: Do you want to take me there? In what way?

MS HITCHCOCK: Page 1006, volume 2.

MS MACKINNON: This relates to the difficulties with ADDIS and the underlying complaint about Mrs xxxxxxxxxxxx, which was the subject of conduct. I do not know if you have ever read this document which is her witness statement. Effectively what she is saying in this is corroborating that a lot of it is true. What do you have to say about that?

DR FRIEDMAN: Well, some of it may be true but that does not alter my overall opinion about such matters. In clinical practice we all come across difficult patients and situations. Certainly I have, and most other doctors if they wait long enough, will have complaints against them and there is a way that one manages these situations and deals with them. In my judgement Ms Blakemore-Brown's manner of dealing with this is not what I would say is appropriate.

MS MACKINNON: I have lots of other examples about the other points which you have raised. For example, what Christina England has to say about a number of the

allegations. What about that? I presume the same applies, does it? So that side of it also may be true.

DR FRIEDMAN: There may be parts of this that are true. One cannot judge it all.

MS MACKINNON: Well, then if you clearly think that there are parts of this that are true and you cannot judge it all --

DR FRIEDMAN: I said parts of it may be true.

MS MACKINNON: If you think that parts of it may be true, how you can you formally lay down your conclusion that she is significantly psychiatrically unwell?

DR FRIEDMAN: Because I had to make an overall opinion based upon the global assessment of all the things that I have read and all the views that Ms Blakemore-Brown has put forward as to what has been going on that we discussed earlier and my view on reading the totality of it is that, in my opinion, it is reasonable to come to the conclusion that Ms Blakemore-Brown is mentally unwell in some way.

MS MACKINNON: In terms of saying the emails are disjointed in form, surely it is quite common for people to write emails perhaps not in the best form. I mean, surely you cannot say

that that is reason alone to say that she has a psychiatric illness.

DR FRIEDMAN: Obviously not in itself. To be helpful to the committee I think there is a kind of common sense Clapham Omnibus kind of view of this and I think the committee themselves, I assume, will read the correspondence and apart from a professional opinion I think a normal view of reading this correspondence people can form an opinion as to whether they feel this is reasonable or normal. My view was that it was not reasonable or normal.

MS MACKINNON: And clearly that is a decision for the committee to make.

DR FRIEDMAN: I am just giving you my professional opinion but I am saying obviously I think it is self-evident I suppose that this correspondence is not normal.

MS MACKINNON: Another thing you conclude, that Ms Blakemore-Brown had not engaged or complied with reasonable requests for assessments. On what basis did you conclude that?

DR FRIEDMAN: I had seen some of the correspondence asking her to attend. I am not sure how reasonable or not they were.

Ms Blakemore-Brown says they were not reasonable. I suppose I am using my experience of working on the General Medical Council that people normally would come and see somebody to have an assessment. I fail to understand why Ms Blakemore-Brown would not come to be assessed so that we could deal with this matter.

MS MACKINNON: So, what about if she is legally advised not to be assessed by you? Would you still say that was reasonable?

DR FRIEDMAN: Well, I am not sure one is going to order this but I was aware that at one point there was some discussion about her being advised not to and then I understood that there was a long time when further attempts were made to her to come for an appointment and the suggestions were made and Ms Blakemore-Brown did not come.

MS MACKINNON: I think we have the letter with the solicitors --

DR FRIEDMAN: I think that was a long time ago, wasn't it?

MS MACKINNON: But surely if she has been advised by her legal advisor not to go for an assessment, do you not think it was reasonable for her to not go?

DR FRIEDMAN: It would be reasonable in those circumstances.

MS MACKINNON: So, perhaps we ought to strike out the element of your conclusion that says that it is unreasonable and the element of your conclusion that says you base the fact that she is significantly unwell on the fact that she has not gone for an assessment. Would it be fair to strike that out?

DR FRIEDMAN: It was not based just upon that and my recollection is that I had discussions with the British Psychological Society that told me while she had been advised in the past she subsequently, after that was sent, had other correspondence asking for her to come for an assessment and had refused and had not given any reasonable undertaking as to why she wouldn't attend. I may be wrong in that matter but that's what I was told, that subsequently she was asked to attend and didn't give a reasonable explanation as to why she would not attend for assessment.

MS MACKINNON: So, once again you have reached that conclusion purely on the basis of what the BPS have told you and not actually on any known fact?

DR FRIEDMAN: Those were the only facts that I knew.

MS MACKINNON: So, perhaps we could strike out this paragraph of your report at least:

"She has not supplied any reasonable argument as to why assessment by a consultant psychiatrist should not proceed."

I think there is a letter somewhere from her solicitor in respect of that.

MS HITCHCOCK: There is a letter from her at 521, if that helps you.

MS MACKINNON: No, there is a letter from Mace and Jones somewhere.

MS HITCHCOCK: Page 529 there is current advice pending our consideration of the papers.

MS MACKINNON: I presume there is no evidence that at some point she was advised to undergo that assessment. So, therefore, as the position stands what is in the bundle is a suggestion that she had been advised not to undergo the assessment.

Would you accept that she had been advised to at no point, as she had been told, that she ought to undergo it by

her legal advisors, that it is reasonable for her not to do that?

DR FRIEDMAN: I am not sure how much of an issue this is. My understanding was that after this I think Ms Blakemore-Brown no longer had these solicitors and that there was further correspondence with her asking for her to attend on the grounds that it would be helpful and I do not think any response was ever received.

MS MACKINNON: But surely if the last advice she had ever received from a lawyer is, "Do not undergo an assessment" it is reasonable for her to refuse that consent.

DR FRIEDMAN: Did she phone them right back saying that she wasn't attending on those grounds, or was she refusing on other grounds?

MS MACKINNON: Yes, page 521 of the bundle. Where she says:

"They have advised me against accepting your offer to see a psychiatrist."

She refers to the solicitors. So, perhaps in light of that we would expect that it is perhaps not unreasonable for her to have continued to withhold consent.

DR FRIEDMAN: As I said, I think there may be other matters and indeed though very complicated there may be other evidence about this. I cannot remember because there were further attempts after this and I am not quite sure what happened and I can't recall, to be honest with you, the detailed discussions that occurred but I was told that there were quite a lot of attempts to make Ms Blakemore-Brown attend.

I suppose what I was saying earlier was that it would have been helpful. If I had been in that situation it seems reasonable for me to attend, to explain to a psychiatrist, to go along with what the society wanted, to have the opportunity to explain oneself and to show that one wasn't unwell.

MS MACKINNON: Well, let us put you in the situation that you have been told by your solicitors not to attend. Even if you felt that might have been a good thing to do, surely it is not unreasonable just to accept that advice.

DR FRIEDMAN: No. If that is all that happened but, as I said, it may be helpful and you may have further information about what happened after that correspondence you point us to.

MS MACKINNON: Have you read Ms Blakemore-Brown's book on weaving the autistic tapestry?

DR FRIEDMAN: No.

MS MACKINNON: In respect of your current job which is with the Heart of England Mental Health Research Network, is that right?

DR FRIEDMAN: That is not my current job. That is a particular role that I have.

MS MACKINNON: In that role, do you work with drug companies?

DR FRIEDMAN: Well, I do not personally work with drug companies, no.

MS MACKINNON: Is it right that you recruit people into studies, presumably for the trial of drugs? Is that right?

DR FRIEDMAN: Well, there is research that recruits people into studies for which drugs are used, yes.

MS MACKINNON: Presumably they must be sponsored by the drug companies, is that right?

DR FRIEDMAN: Who are sponsored by the drug companies?

MS MACKINNON: The research.

DR FRIEDMAN: Well, the drug companies carry out the research. I do not know what you mean by "sponsored". I mean, they are not paying me any money.

MS MACKINNON: If you turn to page 1038.

DR FRIEDMAN: It might be helpful if you explain to me what the purpose of this is. What is the purpose of finding out whether I am involved with any research with drug companies? If you would like to explain it to me perhaps I can answer it for you. What the relevance of this is and then I can answer it for you.

MS MACKINNON: On page 1038 you specifically made reference to clinical studies effectively. Is that right?

DR FRIEDMAN: Yes, the Mental Health Research Network carries out clinical studies. Yes.

MS MACKINNON: Then presumably the pharmaceuticals industry is involved with that network. Is that right?

DR FRIEDMAN: Well, yes, they are.

MS MACKINNON: I wonder if you could just give us your view on Thimerosal in infant vaccines.

MS HITCHCOCK: Can I clarify through you, Chair, that this witness is not obliged to comment on anything that is outside of his own field of medical expertise?

DR FRIEDMAN: I appreciate that. Well, I do not really want to comment on it, if that's all right. Can I just say, I am used to giving evidence in court and tribunals and I am not sure whether I am allowed to comment, or am I just allowed to answer questions?

MS MACKINNON: You are allowed to give opinion evidence because you are an expert so you are allowed to comment. Does my learned friend agree with that?

MS HITCHCOCK: I have no objection to this witness giving a comment, if it is helpful to the committee, within the field of his expertise.

DR FRIEDMAN: No, I am just commenting that it felt to me as though there was some link Ms Blakemore-Brown is making between my membership of the Mental Health Research Network and drug companies and somehow it felt as though somehow I was

involved with something to do with drug companies and I might be influenced by that. That is what it felt like.

MS HITCHCOCK: Perhaps if that is what is being put it could be put in terms.

MS MACKINNON: Going back to the solicitors, for somebody that is not a solicitor and not a lawyer, if you were to find out that one particular firm was acting in a lot of different matters, you may well think there was a conflict of interest between some of them, might you not? Might it be a reasonable thought to get a lawyer?

DR FRIEDMAN: Sorry, I thought we were talking about drug companies and --

MS MACKINNON: We were. I apologise. I have moved off drug companies and gone back to your point about lawyers.

CHAIR: So, can I then just clarify with you, Dr Friedman articulated the way he perceived a question being asked to him. Is that the question you were asking, or is that not a question you were asking?

MS MACKINNON: We are fine to leave that point.

DR FRIEDMAN: So, no one is suggesting that I have been influenced by drug companies in my evidence. Is that clear?

MS MACKINNON: I am not.

DR FRIEDMAN: You are not suggesting that I have been influenced by drug companies through my association with the Mental Health Research Network?

MS HITCHCOCK: You appreciate the reason this has to be clear is because Dr Friedman will not be here when you are making closing submissions.

MS MACKINNON: I wonder, perhaps, if we could have five minutes in order that I can establish what I am to put to the witness. I apologise, but obviously I have not had time to go through those bundles.

CHAIR: I understand that. Is it not possible for you to answer the specific question put to you in this case, which is there may or may not be an inference as to the association with drug companies in relation to Dr Friedman's work? Is that a question you can clarify?

Miss MacKinnon, I hate to interrupt your discussions. I just wonder whether you might be able to indicate to the

committee how long you think your cross-examination might take. I am just trying to schedule the day and make sure that we get through the issues, et cetera. I do not mean in any way to restrain or restrict you but it would help me if you could give me an impression as to how long you might be.

MS MACKINNON: I do not think I am going to be that much longer with Dr Friedman. I only have a few points I really need to clarify over this issue with my client.

CHAIR: I understand that.

MS MACKINNON: We will move on from that point.

CHAIR: I was aware of your discussions and I am very aware of your position. I am going to allow you five minutes to confer with your clients. It gives others a comfort break opportunity so I am proposing that we reconvene at 4.20pm exactly.

MS MACKINNON: I am grateful.

CHAIR: Just a reminder that obviously we are still in the process of cross-examining the witness so the witness must not speak to anybody at this stage.

MS HITCHCOCK: Perhaps to save them going downstairs you could withdraw from the room, along with us. We promise not to talk to you.

(a short adjournment)

CHAIR: We left proceedings at the point where you were asked whether you could clarify the nature of your questioning in relation to the association between pharmaceutical companies and Dr Friedman's work.

MS MACKINNON: I think I now can. Ms Blakemore-Brown sent in page 1036 with 1037.

DR FRIEDMAN: Sorry?

MS MACKINNON: 1037 is the relevant page and 8 on the basis that this position which you hold apparently was not actually mentioned on your CV which you sent in. Is that right? I do not have a copy of the CV.

DR FRIEDMAN: It is on my most recent one. I was appointed to this post as you will see in 2005 so it depends when my CV was sent in but it is on my current CV. Is there some reason why it would not be on my CV?

MS MACKINNON: We just wanted to note effectively that you did have a position that involved conversing with pharmaceutical industry and that perhaps it would be reasonable for Ms Blakemore-Brown to be interested in this in light of the stance which she has taken on Thimerosal. So, would you not consider, perhaps, that she might be reasonable to note that you have connections possibly in this regard in a position that perhaps involves you connecting the pharmaceutical industry when she does have --

MS HITCHCOCK: Forgive me, Chair, for interrupting but I think it is only fair to the witness that it should be clarified whether it is being put to him that he is corrupted by financial interests in drug companies or not.

MS MACKINNON: No. What is being put to him is that it was reasonable for her to send in and say, "Here is additional documentation" in light of the fact that she knew she had one stance that is likely to be highly different from your stance and she was being asked to undergo a psychiatric assessment by you, who she thinks may have a very different stance from her own personal view.

DR FRIEDMAN: Do I think that is reasonable?

MS MACKINNON: Yes, to send --

DR FRIEDMAN: It sounds paranoid to me. If you are going to ask, "Are there any doctors who use drugs?" I think you are not going to find many psychiatrists who do not use medication by which stage we all use it. The fact that it is not on my CV, were you suggesting that I had not put it on my CV in some way to keep this from Ms Blakemore-Brown?

MS MACKINNON: No, absolutely not suggesting that. I was just suggesting it was not on your CV. Ms Blakemore-Brown noticed that and thought that this was of interest because you were somebody that appeared on the face of it that might have a very opposing view to her but you were the psychiatrist who was intended to conduct an assessment of her. Has that clarified everything?

CHAIR: I am afraid it has not entirely, certainly not to the satisfaction of the committee. I think you need to be clear to the committee and to the witness that there is, or there is not, an inference in relation to the question that you are asking. I do not know whether I need to specify the inference but it relates to some bias or association with a drug company either in relation to being asked to conduct a report or to provide a report, or in relation to positions generally as to drugs in that matter.

MS MACKINNON: I think perhaps there are two points; firstly, do you think that as this was not on your CV it might have been reasonable for Ms Blakemore-Brown to send this document in?

DR FRIEDMAN: No.

MS MACKINNON: Okay.

DR FRIEDMAN: I cannot see any relevance for this. I have sent you my CV. If I am going to list every single thing I do in my CV -- I just had a play on Radio 4 that is not on my CV, and you may think that is of some relevance but I do not think it is. My CV is there but I cannot see any relevance in it and I cannot see any relevance of it being sent to the British Psychological Society with no mention as to the reason for sending it. So, it was just sent through the post to them.

CHAIR: We do not have a copy of your CV so if questions --

MS HITCHCOCK: I can get a copy made of the version I have.

CHAIR: If questions are to be pursued about the CV I believe we need to have it. It may well be that you do not wish to pursue that matter in which case it can, I presume, be

stricken in terms that it is not something that has significance.

MS MACKINNON: That was the only point I was going to make on the CV. So, I am not suggesting --

DR FRIEDMAN: It certainly is on my current CV. I can't say for sure when I sent my CV because that was in 2005 and I prepared this report around that time that I was appointed to this post so it may or may not be on my CV at that time.

MS MACKINNON: Secondly, if Ms Blakemore-Brown has obviously been asked to undertake an assessment by you, if she thinks that perhaps you may have very opposing views on a particular matter that is very important to her, do you think then perhaps that might be a reasonable reason why she would think that she does not necessarily want to be examined by you?

MS HITCHCOCK: Sorry, it is not my learned friend's fault at all but in fact the society was not putting forward Dr Friedman's name in its early requests and there were three people put forward as alternatives but they did not include Dr Friedman at that stage.

MS MACKINNON: No, that is right but I think Dr Friedman in evidence said that he thought that after she had been advised,

perhaps later she should have changed her mind about undergoing an assessment by which time he had of course been appointed effectively.

MS HITCHCOCK: I was going to do it in re-examination but maybe it is sensible for me to take everybody to the pages at which she was asked to undergo assessment after that solicitors' letter, so we all know what we are talking about.

CHAIR: We are currently in cross-examination so I am offering that opportunity to you. Is that something you wish to pursue now or would you wish to leave that until the examination?

MS MACKINNON: Well, perhaps we ought to finish our case and then you can go back to that.

DR FRIEDMAN: In answer to your question, which I think you are suggesting that because I might have views about the use of I think MMR vaccine or ...

MS MACKINNON: Thimerosal.

DR FRIEDMAN: That I might have views about Thimerosal, that that somehow might influence my opinion and assessment of Ms Blakemore-Brown. I think that is the question.

MS MACKINNON: No. The question is that you may have one view, which she thinks are likely to be totally opposing to hers, then it might be reasonable for her not to want to undergo an assessment by you.

DR FRIEDMAN: Well, first of all, I cannot see how from reading this document about me being deputy leader of the Mental Health Research Network, would lead to a supposition as to what my views are on Thimerosal as opposed to any other doctor in the world, which comes back to my view about the nature of paranoia because that's no different from any other doctor who might have strong views for or against Thimerosal. Merely reading this document which says that I am a member of the Mental Health Research Network has no connection with Thimerosal. So, it is just rather what I was saying before.

Also the idea that my clinical view or my judgement might be influenced about strongly held beliefs; I spend a lot of my time treating people whose beliefs I might not agree with but clearly that wouldn't affect my clinical judgement or professional opinion.

MS MACKINNON: Moving onto an entirely different topic, I think in your examination-in-chief you commented on some of the emails that were sent to Lorraine Peart and you said that it was not her role to get involved. It is our case that in

effect Lorraine Peart did get involved because she actually asked specifically for anything that might be relevant to be sent in. In light of that, do you think you might amend your opinion on that point?

DR FRIEDMAN: Well, I think there's a degree of involvement. Perhaps it would be better for Lorraine Peart to comment upon whether her involvement seemed appropriate but my understanding was, from reading the correspondence, that some of the emails to her and the amount of correspondence that was sent to her seemed inappropriate but it is probably better for her to comment on that when you come to question her. I am quite happy for that to be dealt with by Lorraine Peart.

MS MACKINNON: The other point of course I can probably draw your attention to, I think you commented on the volume of the emails. You are probably aware that the charge does not relate to the volume of emails, it only relates to the content and tone of emails. I presume you accept that. Is that right? Such that the committee should not be asked to draw any conclusions from your comments on the volume of emails.

DR FRIEDMAN: Sorry, you have lost me a little here.

MS HITCHCOCK: Sorry, you might want to take a legal view as to the fine wording of the recommendation for concern. This

is not a charge. We have had this discussion running through much of the day. This is not a criminal charge. It is not an indictment. It is a recommendation that there be an investigation because there is concern.

MS MACKINNON: But my client is entitled to know precisely what is alleged against her. Say, if volume is alleged against her, it ought to have been stated specifically and suggested before now. The charge relates to content and tone, it does not relate to volume.

DR FRIEDMAN: Well, perhaps if we say the amount of content.

MS MACKINNON: Well, I think that is effectively saying the same thing but if the charge is now effectively going to be amended to include volume --

MS HITCHCOCK: Can I just say, I think at the end of the day it is up to the committee to decide to what extent the evidence of this witness backs up the recommendation. I think my advice to the committee would be it is perhaps not an appropriate question for the witness.

MS MACKINNON: All right. I accept that.

CHAIR: In relation to terminology, I expressed earlier, not very eloquently but I expressed nevertheless a wish for this to be seen as an investigatory matter and I think terminology is part of that. The committee will try and refer to concerns and issues as opposed to charges or allegations. That is to some extent new territory for the BPS and these proceedings are relatively new, as they are in many organisations, and may well be new territory for many people concerned, but if we can try and aim at that level of discussion and exploration as opposed to referring to the tone or the (inaudible) associated with (inaudible).

MS MACKINNON: If you could turn to page 650 which is a newspaper article which I think you referred to. Would you accept that perhaps that although the phrase "witch hunt" in there may well be the views and the statement of the author, as opposed to the journalist, as opposed to those of Ms Blakemore-Brown?

DR FRIEDMAN: That is possible. (inaudible) is in inverted commas and that is a quote, is not it?

MS MACKINNON: I do not have any further questions.

CHAIR: The next phase is that the committee may have questions and after that the medical advisor may have

questions and in actual fact we will specify some legal advice before that happens and then we go back to re-examination. That is the order in which I propose to take this. So, are there any questions from the members of the committee?

DR FRANKISH: I just have two questions. The first one is I wonder if you could comment on how often you are asked to provide an opinion on the basis of documentation.

DR FRIEDMAN: It would be very rare to have an opinion based solely upon documentation. As I was saying before, it is often helpful to have documentation and certainly in clinical practice if patients or clients have written something down we often take hold of that because then you have something that a person has written and it gets away with an interpretation of what people have said but it would be very unusual. I can't think of more than one or two other cases where I have ever been asked to give an opinion because generally I would refuse. Certainly in criminal or civil matters one would generally refuse to get involved because one would say, "I do not want to come to a judgement without having seen somebody".

DR FRANKISH: My second question is, from your professional point of view, had you been in a similar situation to Ms Blakemore-Brown, do you think you would have sought your own psychiatric report?

DR FRIEDMAN: I think there would be a number of options. I think that would be one option. I think I would have been happy to have gone anywhere to have resolved the matter. I cannot understand why I would not be happy with the psychiatrist that the society or my professional body would appoint, but I suppose if I was unhappy I would suggest somebody else or see two. So, I suppose I have general confidence in the profession to treat me reasonably.

DR FRANKISH: Thank you.

MR PARTRIDGE: Dr Friedman, throughout your evidence you have referred to the present tense. You gave evidence, "Is mentally unwell". Of course your report is more than 12 months old. What evidence do you have to say that Ms Blakemore-Brown is mentally unwell today?

DR FRIEDMAN: Well, apart from some of what has gone on today now, but that was after I had given some of my evidence ... but you are right, obviously my report was based on the documents that I have seen. It is possible that there has been some dramatic change and Ms Blakemore-Brown is now in a different state of mind.

The correspondence that has continued since my report appears to be of a similar paranoid flavour so it would seem reasonable to suppose that she still holds those views. There is no evidence that she has written saying, "I no longer believe that these conspiracies and various things are no longer occurring and I recognise now that I was wrong in what I thought before" so I assume that she still holds the same beliefs.

MR PARTRIDGE: Can I ask you, when was the date of her last correspondence you saw? In other words you saw further correspondence.

DR FRIEDMAN: Well, I think probably yesterday.

MR PARTRIDGE: So, yesterday you saw further correspondence from Ms Blakemore-Brown?

DR FRIEDMAN: I think I have received three letters in the last week enclosing further -- or letters about her, a letter of recommendation about her. Over time, I cannot remember precisely, but in recent weeks.

CHAIR: Just for clarification, has Dr Friedman been copied in on correspondence sent to the committee when matters were added to the bundle?

DR FRIEDMAN: Yes.

MS HITCHCOCK: Yes, he has. Everything you have he has seen.

MR PARTRIDGE: So, your view, Dr Friedman, is that Ms Blakemore-Brown is still mentally unwell?

DR FRIEDMAN: Given the provisos I have given before I think that it is reasonable, in my opinion, to make that conclusion.

MR PARTRIDGE: And such that she should not see patients?

DR FRIEDMAN: Well, that is something else. It is very hard to make that judgement for sure without seeing her. It is really for the committee and the way they manage these things. I have experience of how the General Medical Council deals with these matters in the sense of one makes the decision as to whether people are suffering from some form of mental disorder and then one makes a judgement as to the extent to which that is affecting their practice. It is harder for me to comment on the extent to which it is affecting her day-to-day practice because I have never had the opportunity to interview her or make assessments of that.

I have a general view that I think people with these forms of illness understandably raise concern in the general public's mind and certainly if I was asking for a report from Ms Blakemore-Brown and used that report and later was shown evidence that this was her state of mind, if I was a member of the public, I think I would have concerns about that and think, "Hold on, this woman gave me a report and she's got all these very strange ideas going on".

So, I think there is a matter of confidence and certainly that's the view that I have taken with doctors in certain situations that they may be clinically able to do some work. I have certainly had doctors in very senior positions with paranoid illnesses continuing to work in carefully regulated and supervised situations. So, I am not saying that necessarily there aren't areas of expertise or knowledge that she might have but I can't really go further than that. I think it's a matter for the committee really.

MR PARTRIDGE: Thank you very much.

CHAIR: One question from me and at one point during cross-examination you narrow down the case into a fairly simple statement which was related to the question if the allegations or the assertions were true whether that would still give evidence of mental illness. Can you expand on

that? Specifically you said, "Well, if all this were true then Ms Blakemore-Brown would not be unwell but if some or all of it was not true then she must be unwell".

DR FRIEDMAN: Well, I think obviously there are people who have views of conspiracies and I suppose if all of that were true then by definition they would not be unwell. So, if indeed my connection with drug companies and the Mental Health Research Network in some way I didn't put it on my CV and came along here with some intention not to do something, if that was true and that was my intention, then that would not be unreasonable for Ms Blakemore-Brown to believe that, for example. I am not saying that she quite went that far but those kinds of things would be true.

There are people who can believe things that are true and indeed they are true and still have paranoid illnesses. For example, we often see people who have paranoid illnesses who believe the police are after them and the police are after them because they've been acting very bizarrely. So, the police may be after them for other reasons and they may believe it is true but there is a qualitative nature to what is going on. It is the seeing significance in small items and events. I think as we've seen today, in my opinion, that lead one to the opinion this is paranoid. As I said right at the beginning, paranoid are those normally meant to refer to being

persecuted really refers to this idea of seeing significance in otherwise untoward, normal events and experiences.

CHAIR: Thank you. I do not think there are any further questions from the members of the committee. I will give Dr Davies the opportunity to ask some questions to you but I think there is some legal advice specific to that that the legal assessor would like to give.

MS CHUDLEIGH: I was asked to advise the committee whether it would be permissible for the medical advisor to ask questions of this witness. There is no specific guidance on that in the statute or indeed just looking quickly in the *Watson* case but as his role is to assist the committee with the facts it seems to me that if there are questions that he has of this witness relating to the facts then he ought properly be permitted to put them and I wanted to canvass the view perhaps on both sides as to that.

MS HITCHCOCK: I would respectfully agree with the analysis and say that there is no sensible objection.

MS MACKINNON: We have no objection.

CHAIR: In that case, Dr Davies.

DR DAVIES: As medical assessor, can I just ask briefly about three areas? One about what you really think about paranoid disorder. Most doctors I suppose would believe that the two sides of the coin are grandiosity on the one hand and persecutory anxiety and beliefs on the other. Did you find evidence of those two aspects? Because I do not think I heard you comment on the first, by which I mean her belief that she can destroy the whole system of diagnosis about Munchausen's By Proxy and so forth, but do you think grandiosity and persecution are there?

DR FRIEDMAN: I must say, in my report I was reluctant to go too far in interpreting what Ms Blakemore-Brown was saying. I believe that there are elements of grandiosity in some of her comments about that and also grandiosity about her book and the idea that these people would be that troubled by her in that she is of such significance these bodies and people are out to get her. I think there is a grandiose flavour to much of what is written.

DR DAVIES: The next question is relevant to what the public should be concerned about. Do you think that those elements in paranoid disorder affect, in your view, her judgement and her insight? She is obviously an enormously intelligent and able person, but we all know that paranoid people can lose

insight in certain areas. Do you think there is a problem with insight and judgement?

DR FRIEDMAN: As I say, given my previous comments about not having the opportunity to interview Ms Blakemore-Brown I think there are concerns about her insight almost by its very nature. I do not believe Ms Blakemore-Brown does have insight into the fact that she has these unusual beliefs. In one sense one could not have insight and at the same time believe that these conspiracies were occurring. So, I think there is a lack of insight into the nature of her problems. As you say I have no doubt that she is skilled in certain areas, but one could imagine that in those very areas in which she may be being asked to comment about in terms of expertise in the correspondence, that her views as to conspiracies and various plots may lead her to give unreasonable views or professional opinions, either because she feels people are trying to set her up and get her into trouble or because she has odd ideas about what is really going on. So, I think there would be concerns about her professional opinion in those matters.

DR DAVIES: My last question, because we as doctors are going to take a holistic view, you will have noticed in a number of letters and so forth in the bundle there are references to the tragic amount of stress that she has been under, partly because of cancer and chemotherapy, radiotherapy and her

daughter's serious illness and then all the problems to do with her husband. I do not wish to personalise it but is it your view that such excessive amount of stresses coming together in the last several years may have contributed to her developing some symptoms, or not?

DR FRIEDMAN: Personally, I am unhappy to make those kind of suppositions just from reading the notes. It may be possible but I just do not think I have enough knowledge or understanding. I know very little about Ms Blakemore-Brown's background really or her whole life to make those kind of understandings but clearly stressful life events can increase the likelihood of people developing paranoid illnesses. I do not think I would go further than that.

DR DAVIES: If I may just say to the committee the comment that I have to make in open session, I understand, to my mind those three things I mentioned would be very likely to be loss events which would make her suffer some degree of sadness and depression and we all know, do we not, that depression can increase paranoid symptoms, can they not? That was really what I had in mind. It is really to try and put it in a wider context.

DR FRIEDMAN: Just to deal with the medical psychiatric point of it, there is a clinical point that you may want to advise

on. I talk about paranoid illnesses in the psychiatric (inaudible) and classification paranoid refers to a kind of symptom profile that may be due to an underlying disorder such as depressive illness or schizophrenia or manic depression, or other illnesses, I am not giving any opinion as to what the underlying illness may be because I do not think I know enough about her to give that opinion.

DR DAVIES: Thank you very much.

CHAIR: Just before re-examination, on that very point, the medical assessor's view will help the committee to come to a decision when it comes to determine facts, et cetera, and subject to any submissions to the contrary I believe that there will be an opportunity for you, as medical assessor, to make a statement in open session relating to general issues you would want the committee to be aware of before it goes into deliberation. So, there is an opportunity for you to address the committee on issues that you feel are important but that will be in open session.

MS HITCHCOCK: Very briefly, you were pulled up on having suggested that there was a suggestion that the GMC might be involved. Were you thinking of the reference on page 7 halfway down that page? That it was very worrying that the GMC and BPS both used the same firm of solicitors.

DR FRIEDMAN: Yes, I think that is what I was referring to.

MS HITCHCOCK: Picking up what Dr Davies was just discussing with you as to the effect and impact on practice, may I take you to the top of page 9? I ask if this is of relevance, the description of the immediate aftermath of the examination?

CHAIR: Can you be specific?

MS HITCHCOCK: Sorry. Top of page 9, third line:

"Andrea went on to coach Mrs xxxxxxxxxxxx on what to do and say on the afternoon of the very same day that I saw her son to help her, even though I told her I wasn't yet fully operational as I was having to sell my home on the coast. She was calling the offices to speak to me. This reached fever-pitch within a fortnight and I knew this was another setup and I would have nothing more to do with her."

DR FRIEDMAN: Yes. That's the kind of problem that I was suggesting might arise.

MS HITCHCOCK: What interpretation would be reasonable in those circumstances, if that is not reasonable?

DR FRIEDMAN: Well, the concern is that Ms Blakemore-Brown may refuse to see people reasonably because she believes there is some plot to do her down. That the person may suffer through

not being seen by her because she believes there is a plot against her.

MS HITCHCOCK: You were asked about requests for medical examination. You were instructed, as we have already looked at, at page 610, on 1 April 2005. At that time you were told, on page 610, second paragraph:

"Unfortunately despite continued requests Ms Blakemore-Brown has refused to provide her consent and consequently the Panel remain concerned that she may be unfit to practice."

That was consent to an assessment with a psychiatrist. Was that the basis of your understanding that she had refused to see a psychiatrist?

DR FRIEDMAN: I assume that is where it came from.

MS HITCHCOCK: For completeness sake, this is not a point on which this witness can give evidence, but is it convenient, Chair, if I give you the page references to the other invitations to her to seek treatment, or would you prefer me to put it to her in evidence?

CHAIR: You can give that now.

MS HITCHCOCK: I do not ask you to turn them all up now but I will give you the list and it can be dealt with in the course of her evidence as appropriate. It is pages 554 and 555, an email and a letter on 27 September; 565 --

MS MACKINNON: If it would assist, we do not dispute that letters and emails asking her to see the psychiatrist were sent and received.

MS HITCHCOCK: Well, as long as I have embarked on it, two more; 565, 26 October, page 607, 7 March. The rest I think is for argument.

Dr Friedman, you indicated in response to a committee member's question that you would not normally accept instructions to write a report without access to the medical record and to the client.

DR FRIEDMAN: Yes.

MS HITCHCOCK: Why did you accept these instructions in this unusual circumstance?

DR FRIEDMAN: I was trying to be helpful. I was told that that was all that was available and that the society was a bit stuck really because they had this case and they wanted to

move forward with it. I think I have tried very hard in my report to be clear that I have done as best I can with the information that is available.

MS HITCHCOCK: Thank you.

CHAIR: Dr Friedman, that concludes your evidence to the committee. Thank you very much for your contribution. I believe I can say that Dr Friedman will not be required further.

MS HITCHCOCK: I believe if absolutely essential he can make himself available on the third day of this hearing but I am sure he will be delighted to be told that will not be necessary.

CHAIR: Subject to hearing to the contrary I do not think that will be necessary. So, thank you.

MS HITCHCOCK: Thank you very much, Dr Friedman.

CHAIR: I am mindful of the hour and the fact that we have had a very long and intensive day. I know that you have one more witness here which you would like to --

MS HITCHCOCK: Two more witnesses here.