

Exhibits list

Dr R Persaud - FTP Panel (M) June 2008

GMC

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THE GENERAL MEDICAL COUNCIL

And

Dr RAJENDRA PERSAUD

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C2

GENERAL MEDICAL COUNCIL

-v-

RAJENDRA DHWARKA PERSAUD

WITNESS STATEMENT OF RHODRI HUWS

I, Dr Rhodri Huws, Consultant Psychiatrist at Sheffield Care NHS Trust, St George's CHC, Winter Street, Sheffield, S3 7ND, will say as follows:

1. I have been a Community Psychiatrist with Sheffield Care Trust for the past 10 years.
2. I have never previously met Dr Persaud.
3. In January 2006 Brian Deer, the Sunday Times journalist, contacted me and asked if I was aware that my work had been copied into a book named, "From the Edge of the Couch", published by Dr Persaud.
4. Brian Deer then emailed me a copy of my article and an extract from Dr Persaud's book.
5. I was more amused than annoyed when I noticed that my article had indeed been copied into Dr Persaud's book.
6. It was evident that Dr Persaud had amended my original article and presented it in such a way to give the impression that the ideas were his and these represent his own work.
7. Dr Persaud did initially refer to the names of the authors but further down, went on to copy the article and change the odd words to fit in with the style of his book.
8. Having regard to the above, I did not provide permission for Dr Persaud to use my work on the manner which he did.

The contents of this statement are true to the best of my knowledge and belief.

Signed



Dated

21/5/08

C3

BEFORE A FITNESS TO PRACTISE PANEL

And in the matter of:

THE GENERAL MEDICAL COUNCIL

v

Dr RAJENDRA PERSAUD

WITNESS STATEMENT OF TREVOR JACKSON

I, Trevor Jackson of the British Medical Journal, BMA House, Tavistock Square, London, will say as follows:

1. I am the Magazine Editor and the Observations and Reviews Editor for the British Medical Journal (the BMJ).
2. This statement relates to the referral to the GMC of Dr Rajendra Persaud regarding allegations of plagiarism in relation to material written by him. My knowledge of this matter relates to an article, written by Dr Persaud, which was published by the BMJ on 6 August 2005 and a further article, which was submitted (but not published) to the BMJ by Dr Persaud.
3. Dr Persaud regularly submitted articles to the BMJ and I therefore knew him fairly well and had a close business relationship with him as a result (although he and I had never met). On or about 25 July 2005, Dr Persaud contacted me with an idea of writing a review of a book that had recently been published at that time. I was advised by Dr Persaud that the book was a biography of the late Stanley Milgram, a psychologist, written by a Thomas Blass. I was


supportive of the idea and asked Dr Persaud to submit an article of approximately 600 words.

4. Dr Persaud submitted his suggested article to me by way of an email dated 31 July 2005. I attach to this statement marked **Exhibit TJ1** a copy of the exchange of emails between Dr Persaud and I. This includes the draft article, which he submitted on 31 July, which was headed "*The Man Who Shocked The World: The Life and Legacy of Stanley Milgram – Thomas Blass - Basic Books*". I now attach to this statement marked **Exhibit TJ2** a copy of the article, which was published in the BMJ on 6 August 2005.
5. Having regard to Dr Persaud's draft article it will be noted that the first paragraph commences with a short introduction confirming that Professor Blass has written a biography about Stanley Milgram. Apart from standard editing (grammar, word usage and/or sentence structure), I confirm that the only part of the draft article that was edited out was the introduction set out in the first paragraph. Nowhere else in the article is further mention made of or reference given to Professor Blass.
6. The decision to edit out the first paragraph of the draft was due to the fact that it gave no helpful or additional information about the article and I confirm that this accords with standard editing used by the BMJ. We did not send the final version to Dr Persaud for approval as we only do this if editing on a large scale has been carried out to any article submitted to the BMJ. We do not routinely check whether sources for articles have been referenced properly as we would expect the author of a submitted article to do so where necessary.
7. On 7 November 2005 I received an email from Dr Persaud advising me of an article, which was due to appear in The Guardian regarding his failure to reference Professor Blass's work, which he had used in articles written by him and submitted to various journals. I attach to this statement marked **Exhibit TJ3** a copy of Dr Persaud's above email. It will be noted that he stated that his failure to reference Professor Blass was due to a "cutting and pasting error".
8. I obtained a copy of the article in the Guardian, which I attach to this statement marked **Exhibit TJ4**. Within a short period of time after the

Guardian article being published, a number of people contacted the BMJ to say that there were similarities between Professor Blass' work and Dr Persaud's article in the 6 August 2005 edition of the BMJ (**Exhibit TJ2**). Having read the Guardian article and taking into account the comments received by the BMJ, we compared the article, which Dr Persaud submitted to us with Professor Blass' work. I attach to this statement marked **Exhibit TJ5**, a copy of Dr Persaud's original article with red and yellow highlighting (inserted by the BMJ) indicating the similarities between his and Professor Blass' work.

9. I decided to discuss the matter with our lawyers. Having taken advice on the matter, the BMJ decided to retract the article published in August 2005. I now attach to this statement marked **Exhibit TJ6**, a copy of the retraction, which appeared in the 17 December 2005 edition of the BMJ.
10. In addition to the above retraction, the BMJ also decided not to publish an article, which Dr Persaud had submitted to the BMJ's Careers Section. I confirm that this decision was taken after we had compared Dr Persaud's article with Professor Blass' work and, again, had found that there were distinct similarities and no clear reference to Professor Blass within the article. I attach to this statement, marked **Exhibit TJ7**, a copy of Dr Persaud's article with red and yellow highlighting indicating the similarities.
11. Finally, I confirm that Dr Persaud has argued (to the BMJ) that the first paragraph of his original article (**Exhibit TJ1**), which the BMJ edited out, clearly attributed his article (and/or portions within it) to Professor Blass. The BMJ would not agree that this is the effect that his paragraph had.

I confirm that the facts stated in this statement are true to the best of my knowledge and belief.

Signed:  Date 27/5/08

BEFORE THE FITNESS TO PRACTISE PANEL

And in the matter of:

THE GENERAL MEDICAL COUNCIL

v

Dr RAJENDRA PERSAUD

EXHIBIT TJ2

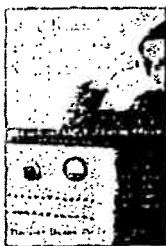
This is exhibit TJ2 referred to in the witness statement of Trevor Jackson dated 27 May 2008.

REVIEWS

BOOKS • CD-ROMS • ART • WEBSITES • MEDIA • PERSONAL VIEWS • SOUNDINGS

The Man Who Shocked the World: The Life and Legacy of Stanley Milgram

Thomas Blass



OXFORD
 216 50425 1041 46 740
 ISBN 0 19 5309 5
 Due to print errors in
 paperback and cloth
 Rating ****

The late Stanley Milgram fairly lays claim to be one of the greatest behavioural scientists of the 20th century. He derives his renown from a series of experiments on obedience to authority, which he conducted at Yale University in 1961-2. Milgram found, surprisingly, that 65% of his subjects, ordinary residents of New Haven, were willing to give apparently harmful electric shocks—up to 450 volts—to a pitifully protesting victim, simply because a scientific, lab-coated authority commanded them to, and despite the fact that the victim did nothing to deserve such punishment. The victim was in reality a good actor who did not actually receive shocks, a fact that was revealed to the subjects at the end of the experiment.

Milgram's interest in the study of obedience partly emerged out of a deep concern with the suffering of fellow Jews at the hands of the Nazis and an attempt to fathom how the Holocaust could have happened. His researches, like Freud's, led to profound revisions in some of the fundamental assumptions about human nature.

Milgram's experiments suggested that it was not necessary to invoke "evil" as a concept to explain why so many ordinary people do terrible things. Instead his work, and that of other social psychologists, suggested that much of what we do, we do automatically. Evil often occurs simply because we do not question our acts enough; instead our rationale arises from our trust in authority figures who are in "charge."

(Items reviewed are rated on a 4 star scale (4=excellent))

The subjects in Milgram's original series of tests believed that they were part of an experiment dealing with the relation between punishment and learning. An experimenter—who used no coercive powers beyond a stern aura of mechanical and vacant-eyed efficiency—urged participants to shock a learner by pressing a lever on a machine each time the learner made a mistake on a word matching task. Each subsequent error led to an increase in the intensity of the shock in 15 volt increments, from 15 to 450 volts.

Actually the shock box was a well-crafted prop and the learner an actor who did not receive shocks. Most of the subjects continued to obey to the end—believing that they were delivering life-threatening 450 volt shocks—simply because the experimenter commanded them to. Although subjects were told about the deception afterward, the experience was a real and powerful one for them during the laboratory hour itself.

These groundbreaking and controversial experiments had—and continue to have—longlasting significance. The media have been obsessed with them since, repeatedly "re-discovering" them and re-reporting them as if they were amazing news.

Milgram's study demonstrated with brutal clarity that ordinary individuals could be induced to act destructively, even in the absence of physical coercion, and humans need not be innately evil or aberrant, in act in ways that are reprehensible and inhumane. While we would like to believe that when confronted with a moral dilemma we will act as our conscience dictates, Milgram's obedience experiments teach us that, in a concrete situation with powerful social constraints, our moral sense can all too easily be overwhelmed.

The research was also conducted with a quaring nerve and subtlety—for example, Milgram ensured that the "experimenter" was a grey lab coat rather than a white one, precisely because he did not want subjects to think that the "experimenter" was a medical doctor and thereby limit the implications of his findings to the power of physician authority.

The nuance of Milgram's conclusions has often been obscured by the superficial reporting of his work, which Blass, a US psychology professor, goes to some lengths in this important book to rectify. Milgram believed the true explanation of evil such as the Holocaust was linked to his experiments by their demonstration of a propensity for people to accept definitions of action provided by legitimate authority. That is,



Milgram: groundshaking experiments

although the subject performs the action, he allows authority to define its meaning."

We did not need Milgram to tell us that we have a tendency to obey orders. But what we did not know before Milgram's experiments was just how powerful this tendency is. And having been enlightened about our extreme readiness to obey authorities, we can try to take steps to guard against unwelcome or reprehensible commands.

Many professions have taken heed of Milgram's work. The US army, for example, now incorporates his findings into its education of officers in order to illuminate the issue of following unethical orders. However, it is not clear that medicine has truly understood the implications of Milgram's work. How often are doctors or medical students in the position of having to obey "orders" or implicit expectations in hospitals or clinics, when they are uneasy about the ethics of doing so?

What is perhaps most intriguing about this book is not so much the dramatic applications of Milgram's work, but instead the insight that Blass gives us into the kind of unconventional mind required to devise groundshaking experiments that will continue to echo through the corridors of history long after much more mundane work currently dominating learned journals is forgotten.

Raj Persaud is a senior professor for public understanding of psychology and consultant psychiatrist, Maudsley Hospital, London

BEFORE THE FITNESS TO PRACTISE PANEL

And in the matter of:

THE GENERAL MEDICAL COUNCIL

v

Dr RAJENDRA PERSAUD

EXHIBIT TJ3

This is exhibit TJ3 referred to in the witness statement of Trevor Jackson dated 27 May 2008.

[REDACTED]

From: Trevor Jackson [REDACTED]
Sent: 30 Apr 2008 12:11
To: Charles Owen (020 7189 5116)
Subject: Fw: message from raj persaud
Attachments: blass all in the mind.PDF; blass bmj.pdf; sciencemag persaud article.pdf

Trevor Jackson
Senior editor
BMJ
BMA House
Favistock Square
London WC1H 9JR
Tel: [REDACTED]

----- Forwarded by [REDACTED] on 30/04/2008 12:11 -----
"Dr Raj Persaud" [REDACTED]

07/11/2005 06:55

To: [REDACTED]
cc
Subject: Fw: message from raj persaud

Dear Trevor,

You will see from The Guardian today there is a spot of bother. Please find below an explanatory email which I hope helps. Its going to be a hectic day tomorrow but bleep me if you want to talk. I wanted to assure you that I did show Thomas Blass the review of his book and he appeared happy with the copy.

best wishes
Raj

I got a phone call from a Guardian journalist who appeared to be writing a story which I thought I should alert you to in case it does finally appear on Monday.

It revolves around the fact I set up and interviewed on All in the Mind back at the end of last year a Professor Thomas Blass from the US about his book on Stanley Milgram the famous 'Obedience to Authority' experimenter. I interviewed him and put his references of his work on the BBC website, and wrote a piece referencing his work for the famous Science Journal.

In addition to this I wrote a book review for the academic press of his book.

I then made a cutting and pasting error in filing two other very similar pieces at the same time and the references to his book fell out. They were then both published without referring to the sources. Blass complained to me directly and we put a reference to his book at the bottom of The Times Educational Supplement Column Website that I wrote - which he appeared to be happy with. When the similar piece appeared in the other periodical - a non-academic free publication called Progress in Neurology and Psychiatry, the journal printed a retraction of my piece. Blass appeared happy with this retraction and everybody believed this was the end of the matter.

However this week-end The Guardian appears to have been alerted to this retraction, obscure though it is, and might be running a story about it.

I have already apologised about what has happened and wanted to alert you early in case the story ran.

04/06/2008

Please find attached some recent examples of my writings about Blass' work to show this was not an attempt to be malicious.

Best wishes

Raj [REDACTED]

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04/06/2008

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EXHIBIT TJ4

This is exhibit TJ4 referred to in the witness statement of Trevor Jackson dated 27 May 2008.

guardian.co.uk

'He took paragraphs from my work, word for word' - psychiatrist faces plagiarism charge

- Journal retracts article after US scholar complains
- Raj Persaud says credits 'inadvertently omitted'

Helen Pidd

The Guardian, Monday November 7 2005

Britain's most ubiquitous psychiatrist was yesterday at the centre of a plagiarism row after it emerged that substantial portions of an article he had written for a medical journal were copied from the work of an American academic.

The article written by Raj Persaud in the February edition of *Progress in Neurology and Psychiatry* was withdrawn and a retraction printed, but it went unnoticed outside the mental health community. One of the youngest doctors to become a consultant at the highly respected Maudsley teaching hospital in London, and boasting eight degrees, Dr Persaud writes on mental health matters in a string of publications and has presented the Radio 4 psychology programme *All in the Mind*.

The alleged plagiarism came to light when Thomas Blass, professor of psychology at the University of Maryland, happened upon Dr Persaud's article. The piece, entitled *Why The Media Refuses To Obey*, was about the social psychologist Stanley Milgram, famous for his 1963 "obedience" experiments, when people were encouraged to "electrocute" peers as punishment for a mistake. Professor Blass has written a book and numerous articles on Milgram. He said he was shocked by the similarity between Dr Persaud's piece and his work. "I am reading it [Dr Persaud's piece] and all of my words are echoing back at me," he told the Guardian. "He had taken paragraphs from my work, word for word. Over 50% of his piece was my work, which I have spent more than 10 years researching. I felt outrage, disbelief and incredulity this could happen, that a person who is himself a writer could do this. It's very disconcerting."

On reading Dr Persaud's piece, Prof Blass immediately contacted the editor of *Progress in Neurology and Psychiatry*, pointing out similarities, and an internal investigation was made. Dr Persaud's explanation at the time was that he based the piece on an interview he conducted with Prof Blass last November for his Radio 4 programme, *All in the Mind*, and he admits on reflection the lack of reference to Prof Blass was "perhaps an omission".

Consequently, the magazine's publisher, Wiley-Interscience Ltd, issued a formal retraction in the September edition of the journal, saying it sincerely regretted what had occurred.

When approached by the Guardian this weekend, Dr Persaud said: "I am happy to apologise for the error, which occurred whereby when I cut and pasted the original copy, the references at the end were inadvertently omitted. We only became aware of the error after publication."

Wiley refused to comment further yesterday; a spokeswoman said "the retraction speaks for itself." A spokesman for the South London and Maudsley NHS Trust, where Dr Persaud is a consultant psychiatrist, said: "This is the first we've heard of it, so it's difficult to comment. All I can say is that we will reflect on the information presented to us and decide based on the evidence whether there is need for a internal review, in conjunction with the Institute of Psychiatry."

Since coming to prominence in 1994 as Richard and Judy's resident psychiatrist on the TV show *This Morning*, Dr Persaud has become the UK's most visible commentator on mental health. He has been criticised by some colleagues who suggest he spreads himself too thin - an allegation he rejects.

He told the Guardian: "I have recently been elected a fellow of the Royal College of Psychiatrists, one of the highest honours that can be bestowed on a psychiatrist ... this is recognition from my peers I am doing valid and important work." As well as working at the Maudsley, and being director of the Centre for Public Engagement in Mental Health Sciences at the Institute of Psychiatry, Dr Persaud is visiting Gresham professor for public understanding of psychiatry and a prolific writer and broadcaster.

He has written three psychology books, and this year alone 32 articles for national newspapers, as well as others elsewhere. He has a monthly column in *Cosmopolitan* and a column in the *Times Educational Supplement*.

Yesterday Prof Blass said he earlier complained over another Milgram article by Dr Persaud in the *TES* which appeared to borrow heavily from the American's work: "I communicated directly with [Persaud] and pointed out as much of half of his article came verbatim from me. In his response, he said he didn't see the final version before it goes to press, and said the subeditors must have taken out the quotation marks and citation at the bottom." Dr Persaud then offered "as reparation" to give Prof Blass necessary credit "in the very next column" and would also apologise for the omission. Though a reference to Prof Blass's book on Milgram was added to the article's web version, an apology never appeared in any of Dr Persaud's subsequent writings for the *TES*. When asked why this was, Dr Persaud said: "I offered an apology, but didn't receive a response from Blass so assumed he was happy with the website reference. If he had come back asking for an apology, I would have definitely given one."

Yesterday Gresham College said it had "always been very satisfied with the quality of Prof Persaud's work, and we hope this will be resolved". Caroline Wood, spokeswoman for *Cosmopolitan*, where he has a column, said: "We were not aware of the allegation or the retraction and will now make inquiries."

Spot the difference - the articles compared (Differences marked in bold)

Why the Media Refuses to Obey, by Raj Persaud, *Progress in Neurology and Psychiatry*, Vol 9, issue 2.

"Milgram's study demonstrated with **brutal clarity** that ordinary individuals could be induced to act destructively even in the absence of physical coercion, and humans need not be innately evil or aberrant to act in ways that are reprehensible and inhumane. While we would like to believe that when confronted with a moral dilemma we will act as our conscience dictates, Milgram's obedience experiments teach us that in a concrete situation with powerful social constraints, our moral sense can be **all too easily overwhelmed**."

Milgram's interest in the study of obedience **partly** emerged out of a **deep concern** with the suffering of fellow Jews at the hands of the Nazis and an attempt to fathom how the Holocaust could have happened.

The Man Who Shocked the World, by Professor Thomas Blass PhD, University of Maryland, in *Psychology Today* (March 2002)

"[The study] demonstrated with **jarring clarity** that ordinary individuals could be induced to act destructively even in the absence of physical coercion, and humans need not be innately evil or aberrant to act in ways that are reprehensible and inhumane. While we would like to believe that when confronted with a moral dilemma we will act as our conscience dictates, Milgram's obedience experiments teach us that in a concrete situation with powerful social constraints, our moral sense can **easily be trampled**."

Milgram's interest in the study of obedience **also** emerged out of a **continuing identification** with the suffering of fellow Jews at the hands of the Nazis and an attempt to fathom how the Holocaust could have happened.

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BEFORE THE FITNESS TO PRACTISE PANEL

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Dr RAJENDRA PERSAUD

EXHIBIT TJ6

This is exhibit TJ6 referred to in the witness statement of Trevor Jackson dated 27 May 2008.

PERSONAL VIEWS

How important are we really?

During a bill in the proceedings in the local out of hours service, a debate arose between me and another (something doctor as we awaited our call to action. The debate, if we can stretch the concept of the term, was based on how important we really are as doctors—or not.

I suspect that we badly needed to be of a certain age and able to look back on a completed clinical experience of about 60 years. In essence, our debate had all the hallmarks of the folly of groupy old men. Nevertheless, it set me thinking. I recalled sitting in a doctor's mess one evening when a medical registrar stormed in after a particularly long outpatient session. She was incandescent with indignity. "That's it. I've had enough. I'm changing to anaesthetics," she spluttered. "Why don't they [patients] do what I tell them to do?"

I remembered having the same thought in 1978 when I started my training in general practice. I recalled the Genghis-like feeling of having "found" the solution to the patient's problem. The joy of telling them what to do (the arrogance, oh the arrogance of youth), counterbalanced by the disappointment that not only are they not cured but they didn't take your advice on what to do to help themselves. A young doctor can take only so much of this. Many contemplate training in surgery (I did).

If patients are not taking our advice, then what are they doing in between surgery visits? Presumably coping—and probably much better than we imagine. I suspect the older I get the more I realise how notoriously good doctors are at underestimating people's ability to survive without their ministrations. I began wondering—and reached for my daughter's calculator. How much time do patients spend not seeing doctors?

Forgive my calculations. Harangue me if I'm wrong. But hopefully you'll get my drift. There are 8760 hours a year (525 600 minutes). Patients in the United Kingdom have access to doctors 21 hours a day. Most GP consultations last about 10 minutes.

Most hospital outpatient appointments last about 20 to 60 minutes for initial assessment and 15 minutes for follow-up, plus or minus 60 to 120 minutes waiting for investigations (which I shall ignore). A week in hospital is 168 hours, and so on and so on. What I calculated was:

- If patients see their GP once a year for 10 minutes they spend 29.999801741% of their year not seeing a doctor.
- If patients have six 10 minute appointments a year the figure is 99.98858447%.
- For patients seeing their doctor on alternate weeks over a year for 10 minutes at a time the figure is 99.95053272%.
- Two weeks in hospital: 96.16438356%.
- A new hospital referral: 99.90375342%.

If a patient were to spend 10% of a year seeing a doctor they would spend 876

hours a year with the doctor—that's 36.5 days or 1.00357112 months. Oh, the joys of the calculator! As readers will realise I'm neither a statistician nor a politician, but this wee foray into the world of arithmetic has allowed me to recognise some of the pleasure that

academicians derive from manipulating figures. Perhaps the numbers are meaningless, which could be (and often is) said of the statistics that are so frequently misused by politicians and other animals. But look at the figures. Even I, a non-statistician, non-politician, can see clearly what I know to be true: most patients spend most of their time not seeing doctors. They obviously have better things to do.

The moment they leave our surgery they re-enter the real world, a world seldom seen or experienced by doctors, who are cursed to view the world from their medical (dis)advantage point. Few people are simply the sum of the problems they present to us. Our obsession with their problems and vulnerabilities blinds us to their strengths.

Most people cope perfectly well and have more skills, resilience, and strengths than most of us realise.

Let's be honest: we're less important than we like to think. We continue our never ending quest for pathology while conveniently forgetting that a surprisingly large number of cases we see in general practice, clinic, or hospital have little or no organic basis. Curative medicine is peripheral to most people's lives nowadays. However, the growth in preventive medicine threatens to label us all with chronic disease status. No longer are we healthy—now we're all "pre-ill," if you will. Furthermore, preventive medicine raises the spectre of eugenics: how

dreadful it is that people are allowed to eat what they want, drink as much as they like, smoke, have sex, and engage in risky behaviour ("Healthism and eugenics," *BMJ* 2002; 331:111).

The words of that noted neurotic Marcel Proust came to mind: "For each illness that doctors cure with medicine, they provoke ten in healthy people by inoculating them with the virus that is a thousand times more powerful than any microbe: the idea that one is ill" (*The Guermantes Way*).

Are we in danger of becoming specialists who know more and more about medicine and less and less about patients?

Ian Palmer, *professor in defence psychiatry, HM Prison, Southsea*
ipd@posthotmail.com

Hit parade

These articles scored the most hits on the BMJ's website in their first week of publication

NOVEMBER

- 1 Clinical review: Influenza pandemics and avian flu
BMJ 2005;331:1066-9
1634 hits
- 2 Editorial: Metabolic syndrome
BMJ 2005;331:1153-4
5350 hits
- 3 Personal view: Is it time to ban dogs as household pets?
BMJ 2005;331:1278
4758 hits
- 4 Clinical review: Shoulder pain: diagnosis and management in primary care
BMJ 2005;331:1124-8
4656 hits
- 5 Editorial: Extended prescribing by UK nurses and pharmacists
BMJ 2005;331:1154-5
4601 hits
- 6 FIFer: sword swallowing uncertainties
BMJ 2005;331:1080
4258 hits
- 7 Press: Why can't the *Daily Mail* eat humble pie over MMRT?
BMJ 2005;331:1148
4224 hits
- 8 Editor's choice: Survival of the richest
BMJ 2005;331 (5 November)
1630 hits
- 9 Primary care: 10-minute consultation: Snoring
BMJ 2005;331:1063
3317 hits
- 10 Paper: Randomised controlled trial of animal facilitated therapy with dolphins in the treatment of depression
BMJ 2005;331:1231
1231 hits

All articles cited are full text versions.

Retraction

The Man Who Shocked the World: The Life and Legacy of Stanley Milgram

We are retracting this article by Raj Persaud (*BMJ* 2005;331:1356) owing to unattributed use of text from other published sources.

Osler's bedside library revisited—books for the 21st century

Medical education is, in many ways, incomplete. Although we are taught about the science of medicine, most medical school curricula lack formal teaching on the humane of medicine. Ethics, history, and philosophy are not taught formally in many schools. William Osler was one of the earliest to realise this, and in 1901 he proposed a bedside library for medical students that consisted of the Old and New Testaments, Shakespeare, Montaigne, Plutarch's *Lives*, Marcus Aurelius, Epictetus, Thomas Browne's *Religio Medici*, Don Quixote, Ralph Waldo Emerson, and Oliver Wendell Holmes's "breakfast table" series.

The reading tastes of people have changed over the years. From time to time other people, all from the West, have attempted to renew the list. We contacted 44 doctors (25 from India and 19 from North America and Europe) for their views on which books were essential reading to make doctors humane and complete. The doctors, who represented different specialties, included some with university attachments and some in private practice, Oslerophiles and others, and some renowned authors or editors. Thirty eight responded positively, and their lists contained from one to 38 books, giving a total of 112 books.

One respondent did not agree with Osler's list and thought it "largely irrelevant to this age and our society" but added that "the concept of doing some general reading every day should be presented to every professional". Another found "medical students ... as diverse as all humanity, and what excites, or bores, one will have the opposite effect on another". Four said that their lists were likely to be affected by mood and time and that were the exercise to be repeated the list would be entirely different.

The respondents chose their books in various ways. Some included only those from their own area of interest (disease and illness in literature), others only edifying literature or only autobiographies. One approach was to choose popular novels and biographies that "would [not] necessarily make a student more humane—but what a slice of life the reader would get." One chose only books "which every thinking person should read, and reread: books on ecology, technology, etc, so as to change the world."

We learnt that one person would mourn the loss of her copy of *Alice in Wonderland*, that *Les Misérables* changed one respond-

ent's life, and that *The Citadel* influenced at least two people to become doctors. One respondent believed that "all books changed cognition, in greater or lesser degree." To our delight, six of the lists included a book written by one of the other respondents.

Books that appeared three times in the respondents' lists were *Moby Dick*, *Middlemarch*, *Pride and Prejudice*, *Don Quixote*, *Meditations* by Marcus Aurelius, *The Adventures of Sherlock Holmes*, *The Final Diagnosis* by Arthur Hailey, Richard Feynmann's *Surely You are Joking, Mr Feynmann*, and (only among the submissions from India) the *Bhagavata* and *Mahabharata*. Other authors who appeared three times were George Orwell, Peter Medawar, Richard Asher, and Edward De Bono.



A 21st century version of Osler's bedside library?

The figure shows our revised bedside library, which is based on the books or authors that appeared most often in the respondents' lists. (A fuller version of the list, including the number of lists in which books or authors appeared and some alternative titles, is on bmj.com, along with our own choices.)

We agree with C P Snow, who believed that "there ought to be a literary component throughout the course of medical education," because doctors "would have been wiser with the elements of a humanist education."

Sanjay A Pai consultant pathologist, Manipal Hospital, Bangalore, India
s.pai@vsnl.com

Roop D Gurrahani consultant urologist, P D Hinduja Hospital, Mumbai

We thank all the respondents. We also thank Anagha Bhakar and Anand Datta for sending relevant literature.

The full list of books, including rankings, is on bmj.com

We welcome submissions for the personal view section. These should be no more than 250 words and should be sent electronically via our website. For information on how to submit a personal view online, see <http://bmj.com/cgi/content/full/323/7250/DC1>

Comprehensive ophthalmology at the Last Chance Saloon

Let me let you into a secret. No one is in charge. No one knows what's going on.

I don't know how it is in your specialty, but in mine there is one man at the Department of Health who is supposed to know what's going on. He is a one man band in charge of "optical services". That's 7000 optometrists and 1000 consultant ophthalmologists. My 100 colleagues in paediatric ophthalmology rate a few civil service digits.

The government of the day thinks in ambulances and spin. The soundtrack for ophthalmology is waiting lists, cataracts, and private practice. That's not to say that cataracts are not important. The reason cataract surgery is the most commonly performed surgical procedure in the NHS is that it is the commonest cause of blindness worldwide. Unlike in sub-Saharan Africa, in Newcastle corteges of blind people with their hands on the shoulder of the person in front are not a common sight. And waiting lists were a problem that the government paid good money to sort out. And it wasn't the independent sector that did it. Of 301 656 cataract operations done in the United Kingdom last year, only about 10 000 were done in independent sector treatment centres.

But there is more to ophthalmology than cataracts. The health department knows little about services for children with eye disease, services for retinal detachment, corneal transplantation, uveitis, and all the rest. We're quite proud of these services. Ophthalmology has always been quietly in the forefront of medicine. Cataracts were described by the ancient Egyptians. The first disease in humans in which a genetic linkage was identified was X linked retinitis pigmentosa. The 100th anniversary of the first successful organ transplantation is celebrated this year. You've guessed it: it was a cornea. Diabetic patients used to have their pupils removed for retinopathy—but went blind anyway. Lasers and vitrectomy surgery changed all that. The blind schools used to be thriving institutions.

Under the second wave of the independent sector treatment centre programme, primary care trusts will be forced to contract with the centres for thousands of cataract operations and other unspecified surgical procedures and thousands of outpatient appointments. The doctors staffing the centres, from Hungary and South Africa, will, it is hoped, be able to churn through these procedures and appointments free of the tiresome requirements for appraisal, revalidation, and continuing medical education. Optometrists, who have MPs and professional lobbyists among their number, tell the government they can see most of the patients traditionally seen in eye clinics for less money. I wonder.

The effects of these changes are already being felt. New and replacement consultant appointments are on hold, and those appointments that are advertised are for rolling, one year locum contracts. Primary care trusts are telling ophthalmic units to reduce their return outpatients by 50% to 70%. Where these patients will go—and what kind of care they will receive—is anybody's guess. And consultants, who find their units crumbling beneath their feet, have a choice. They can either hold out for retirement or join in with the chaos, banding together in chambers. Ultimately they will become alternative providers themselves and, like dentists before them, contract out of the NHS altogether. And when that happens, although the streets of Newcastle may not feature corteges of the blind, I wish you all luck in finding someone to fix your retinal detachment or your child's glaucoma.

Moorfields Eye Hospital is opening Debenhams style health boutiques (www.guardian.co.uk/nk/news-story/0,1390909,00.htm). Welcome to the brave new world of ophthalmology. I'm off to have my pituitary removed.

*Michael Clarke, reader in ophthalmology, Royal Victoria Infirmary, Newcastle upon Tyne
m.p.clarke@ncl.ac.uk*



Not a common sight in Newcastle upon Tyne

SOUNDINGS

Lanyards

How many have you got? I've got a tatty white one with my university ID on it, and a bright blue one with the NHS logo that came with my honorary contract. I have a green one from Cathay Pacific that I found in a bag with a pair of woolly socks and a fold-up toothbrush on a long-haul flight (apparently you can attach the toothbrush to the lanyard with a little clip, though I'm not sure why you'd want to). And I've got a whole cat's-cradle of conference ones (Bournemouth 2001, Blackpool 2003) sitting at the back of my knicker drawer waiting for the next cleavage.

How do you wear yours? I've never been sufficiently well endowed to tuck it in my cleavage, and letting it hang loose like a garland brings out the dyspraxia in me. In busy clinics I've been known to place my swipe card, rather than the bell or the diaphragm, on a patient's bare chest. So now I tie it through a belt hook in a granny knot, though this is probably against the rules.



Ribbon development

What's your most outrageous one? Last week I was sent two, unsolicited, in the post, one maroon and one purple, with "widering participation" in bold capitals as the text repeat. At more than an inch thick, they are the widest I've ever seen. If I take underprivileged schoolchildren on campus tours, I am apparently required to wear one of these to ensure that they (and I) retain clear focus and orientation on the experience.

What do you hate most about them? The assumption of a greater allegiance to corporate values than you would otherwise have signed up to: The mugshot that makes you look like an identikit reconstruction of an escaped paedophile? Finding that you're sitting in a restaurant with it still round your neck? Or the knowledge that your employer has succumbed to a trend which, like luncheon vouchers and teambuilding awaydays, will in a short space of time be consigned to the scrap heap of passing organisational fads and fashions?

Trisha Greenhalgh, professor of primary health care, University College London

BEFORE THE FITNESS TO PRACTISE PANEL

And in the matter of:

THE GENERAL MEDICAL COUNCIL

v

Dr RAJENDRA PERSAUD

EXHIBIT TJ7

This is exhibit TJ7 referred to in the witness statement of Trevor Jackson dated 27 May 2008.

DO YOU OBEY OR DO YOU REBEL?

PROFESSOR RAJ PERSAUD

Doctors traditionally wear white coats but they may be unaware that these symbols of authority have a special place in the history of psychology, where perhaps the most famous series of experiments in the discipline, demonstrated the awesome power of such a garment in getting the public to obey.

Stanley Milgram, perhaps the most famous social psychologist of all time derives his renown from of a series of experiments on obedience to authority which he conducted at Yale University 1961-1962 (1).

He found, surprisingly, that 65% of his subjects, ordinary residents of New Haven, were willing to give apparently harmful electric shocks-up to 450 volts-to a pitifully protesting victim, simply because a scientific, lab-coated authority commanded them to, and in spite of the fact that the victim did not do anything to deserve such punishment.

The victim was, in reality, a good actor who did not actually receive shocks, and this fact was revealed to the subjects at the end of the experiment. But, during the experiment itself, the experience was a powerfully real and gripping one for most participants.

Milgram's interest in the study of obedience partly emerged out of a deep concern with the suffering of fellow Jews at the hands of the Nazis and an attempt to fathom how the Holocaust could have happened. His researches, like Freud's, lead to profound revisions in some of the fundamental assumptions about human nature.

It suggested that 'evil' as a concept was not necessary to invoke why so many ordinary people do terrible things. Instead Milgram's work, and that of other social psychologists, suggests that much of what we do, we do automatically. Evil often occurs simply because we don't question our acts enough; instead our rationale arises from our trust in authority figures who are in 'charge'.

The subjects in Milgram's original series of tests believed they were part of an experiment supposedly dealing with the relationship between punishment and learning. An experimenter-who used no coercive powers beyond a stern aura of mechanical and vacant-eyed efficiency-instructed participants to shock a learner by pressing a lever on a machine each time the learner made a mistake on a word-matching task. Each subsequent error led to an increase in the intensity of the shock in 15-volt increments, from 15 to 450 volts.

In actuality, the shock box was a well-crafted prop and the learner an actor who did not actually get shocked. The result: A majority of the subjects continued to obey to the end--believing they were life threatening delivering 450 volt shocks--simply because the experimenter commanded them to. Although subjects were told about the deception afterward, the experience was a very real and powerful one for them during the laboratory hour itself.

These groundbreaking and controversial experiments have had--and continue to have--long-lasting significance. They demonstrated with brutal clarity that ordinary individuals could be induced to act destructively even in the absence of physical coercion, and humans need not be innately evil or aberrant to act in ways that are reprehensible and inhumane. While we would

like to believe that when confronted with a moral dilemma we will act as our conscience dictates, Milgram's obedience experiments teach us that in a concrete situation with powerful social constraints, our moral sense can all too easily be overwhelmed.

Milgram ensured the 'experimenter' wear a grey lab coat rather than a white one precisely because he didn't want subjects to think that the 'experimenter' was a medical doctor and thereby limit the implications of his findings to the power of physician authority.

Instead Milgram believed the true explanation of evil like the Holocaust was linked to his experiments by their demonstration of *'a propensity for people to accept definitions of action provided by legitimate authority. That is, although the subject performs the action, he allows authority to define its meaning'*. (2)

Milgram's warning--that when an individual "merges ... into an organizational structure, a new creature replaces autonomous man, unhindered by the limitations of individual morality, freed of human inhibition, mindful only of the sanctions of authority"--has much resonance (1). Professionals in fields as varied as nursing, marketing, accounting and management have inferred practical lessons from Milgram's obedience studies (3).

Legal scholarship has also drawn heavily on the obedience studies and their implications. For example, Steven Hartwell, a law professor at the University of San Diego, conducted an educational exercise for his students in which they were to individually advise litigants in a small-claims court. He told his students that he would be available in an adjacent office if they needed to consult with him (4).

Hartwell writes: The "clients" were, in fact, a single confederate who sought the same advice from each student: how she should present her side of a rent dispute. I told each student to advise the client to lie under oath that she had paid the rent. When students asked for clarification, I uniformly responded, "... My advice is that, if your client wants to win her case, then you must tell her to perjure herself." ... We wanted them to experience the pull between loyalty to authority ... and prescribed ethical conduct.... Although many of the 24 participating students grumbled either to me or to the client about my proffered advice, 23 told their client to perjure herself.

We didn't need Milgram to tell us we have a tendency to obey orders. What we didn't know before Milgram's experiments is just how powerful this tendency is. And having been enlightened about our extreme readiness to obey authorities, we can try to take steps to guard ourselves against unwelcome or reprehensible commands.

While many professions have taken heed of Milgram's work, indeed the US army now incorporates Milgram's findings into its education of officers in order to illuminate the issue of following unethical orders (4), it is not clear that medicine has fully grasped the implications of Milgram's work.

It is likely that patients will obey doctors for a myriad of reasons linked to the 'obedience to authority' paradigm. On top of all the forces at play in Milgram's experiments, they may be anxious about personal implications to their mortality or morbidity if they don't. The key point is that doctors should be aware of the power they wield often unconsciously over the public and should exercise this judiciously.

But doctors themselves may be victims of the 'obedience to authority' concept in that they themselves probably defer to the authority of more senior colleagues and also conform their practice to the demands of the NHS generally, even if this may not be in the best interests of their patients, or even compatible with professional principles.

Milgram's work raises the acute question of whether doctors rebel enough, and question what they are expected to do by seniors or managers, or whether instead they simply comply, trusting in the authority of others.

What can doctors do to avoid themselves falling victim to 'obedience to authority' in their working lives? The key question that arises from Milgram's experiments that all doctors should ask themselves routinely is – 'would I perform this action on my own initiative if I wasn't asked to, based on my own values?' If the answer is 'no' then almost certainly the action is being done because psychological 'obedience to authority' forces are in play.

Milgram himself found that if subjects witnessed one other subject rebelling and refusing to obey the experimenter then compliance rates dropped dramatically (1). The key to disobeying authority appears to be to find collaborators, band together and disobey as a group.

It is fitting that, in an article about Milgram, he should have the last word on this matter. In a letter to Alan Elms, a former student at Yale (now on the faculty of the University of California at Davis) dated September 25, 1973, Milgram wrote:

"We do not observe compliance to authority merely because it is a transient cultural or historical phenomenon, but because it flows from the logical necessities of social organization. If we are to have social life in any organized form—that is to say, if we are to have society—then we must have members of society amenable to organizational imperatives."

Ironically the case of the serial killer Harold Shipman – a single-handed GP – raised the issue of whether it was healthy for doctors to practice single-handed and isolated from the NHS more generally. Milgram suggests that doctors also need to ask themselves if it's also healthy for them to fit in too well into a system that might demand or require excessive or unethical obedience and conformity.

BOX 1 WHY PATIENTS OBEY

Because they believe they have to
Because its part of our culture that doctors know best
Doctors are generally held in high esteem by the public
Patients often feel there is a huge gap between their own educational attainments and a doctors
The hospital or clinic setting imparts cues to obedience - other staff obey doctors and posters plus
other messages covertly suggest obedience will save your life
Doctors seem to expect obedience
Even if patients are not confident in a doctor's instructions they may not believe they have an
alternative to obedience
Patients frequently don't believe they have a right to another opinion on the NHS

BOX 2 WHY DOCTORS OBEY

Conformity is inculcated from medical school - conforming was frequently part of the key to survival
and passing difficult exams.
Strong hierarchical nature of career structure means you need endorsement of seniors to progress

Doctors don't believe that rebellion gets them anywhere - deeply seated professional pessimism about personal power against all encompassing system
Doctors notice that other doctors conform and so assume conforming must be right thing to do
Doctors are already overwhelmed with work and rebelling takes up too much time
Doctors are already overwhelmed with stress and rebelling will add more
System appears to know best

Dr Raj Persaud

Gresham Professor for Public Understanding of Psychiatry

The Maudsley Hospital and Institute of Psychiatry, Westways Clinic, 49 St James Rd, West Croydon, London, CR0 2UR

- (1) S. Milgram Obedience to Authority: An Experimental View. New York: Harper and Row, 1974.
- (2) Letter to Miss Harriet Tobin, April 9, 1964, Stanley Milgram Papers, Yale University Library, Manuscripts and Archives.
- (3) Blass, T. (Ed.) (2000). Obedience to authority: Current perspectives on the Milgram paradigm. Published by Lawrence Erlbaum Associates.
- (4) Blass, T. (2004) The Man who shocked the world. Basic Books, New York.

C4

BEFORE A FITNESS TO PRACTISE PANEL

And in the matter of:

THE GENERAL MEDICAL COUNCIL

v

Dr RAJENDRA PERSAUD

WITNESS STATEMENT OF PROFESSOR STEPHEN KENT

I, Stephen Kent of the University of Alberta, Edmonton, Canada, will say as follows:

1. I am a Professor of Sociology in the Department of Sociology at the University of Alberta in Canada.
2. This statement relates to the referral to the GMC of Dr Rajendra Persaud regarding allegations of plagiarism in relation to material that he wrote. My knowledge of this matter relates to an article that Dr Persaud published in *The Independent* on 30 June 2005. The title of the article was "A Dangerous War on Psychiatry."
3. On 9 November 2005, a person from the UK (whom I did not know) e-mailed me with the suspicion that a newspaper article that Dr. Persaud published on Scientology in *The Independent* plagiarised parts of an academic article that I had published in a peer reviewed journal. My article, "The Globalisation of Scientology: Influence, Control and Opposition in Transnational Markets," was published in the Anglo-American journal *Religion* (1999, Vol 29, p.147 – 169), and available on the Internet.

S.A.K.

4. I would not have minded if Dr Persaud were to have quoted parts of my article if he had acknowledged me and my article as a source for his information and used proper quotation marks and appropriate referencing. I confirm that neither Dr Persaud, nor any person acting on his behalf contacted me before his article appeared in *The Independent* and I confirm that at no time did I provide my permission for him to use my work in the manner that he did.
5. I read Dr Persaud's article and put together a parallel comparison between his newspaper article and my academic article and submitted it, together with a letter dated 8 November 2005, to *The Independent*. I attach to this statement, marked **Exhibit SK1** a copy of my letter and my parallel comparison.
6. On November 26, 2005, *The Independent* published the following:

Due to a production error, a comment piece in June entitled, 'A dangerous war on psychiatry' omitted to acknowledge as a source Professor Stephen A Kent's article, 'The Globalization of Scientology: Influence, Control and Opposition in Transnational Markets'.
7. Although I had not seen the initial submission that Dr. Persaud had sent to *The Independent*, I did not pursue the matter further after this published acknowledgement.
8. I confirm that the facts stated in this statement are true to the best of my knowledge and belief.

Signed:.....



Date

June 3, 2008

BEFORE A FITNESS TO PRACTISE PANEL

And in the matter of:

THE GENERAL MEDICAL COUNCIL

v

Dr RAJENDRA PERSAUD

WITNESS STATEMENT OF THOMAS BLASS, PhD

I, Thomas Blass, of the University of Maryland, Baltimore County, 100 Hilltop Circle, Baltimore, MD 21250, USA, will say as follows:

1. I am a Professor in the Department of Psychology at the University of Maryland Baltimore County in the USA.
2. This statement relates to the referral to the GMC of Dr Rajendra Persaud regarding allegations of plagiarism in relation to material written by him. My personal knowledge of this matter relates to articles written by me, which, in my view, Dr Persaud copied and passed off as his own.
3. As a result of my concerns, I sent a letter, dated 28 December 2005, to Mr Harry Musselwhite, College Secretary and Head of Administration and Ms Nicola Sainsbury, Senior Assistant Registrar (Quality Assurance) at King's College London ('KCL'). I now exhibit to this statement, as Exhibit TB1, a true copy of my above letter.
4. I confirm that the letter represents an accurate reflection of my knowledge of and involvement in this matter and I therefore wish to incorporate the content

of that letter into this statement and confirm that this represents the evidence that I will give, should I be required to do so.

5. I refer to the reference on the first page of my above letter regarding concerns relating to Dr Persaud's article, "Frailty that allows evil to triumph" which appeared in the Times Educational Supplement ('TES') (published 18 February 2005) and the reference on the last page of my letter to a letter sent to the editor of TES, Judith Judd, on 25 December 2005.
6. I am of the view that Dr Persaud failed to ensure that the TES article was corrected in any way at all.
7. Following my letter of 25 December 2005, the TES article was retracted on 10 March 2006. A true copy of the retraction, upon which I rely, is attached as Exhibit 'TB2'.

I confirm that the facts stated in this witness statement and in Exhibit TB1 and Exhibit TB2 are true to the best of my knowledge and belief.

Signed:  Date June 12, 2018
Thomas Blass, PhD

THE GENERAL MEDICAL COUNCIL

Dr RAJENDRA PERSAUD

WITNESS STATEMENT OF THOMAS BLASS, PhD

This is the Exhibit marked 'TB2' referred in the witness statement of Thomas Blass, PhD.

Date.....*June 12 2002*.....

Signed..........

Thomas Blass, PhD

Published: 10 March 2005

"Frailty that allows evil to triumph" (published in Friday magazine on February 18, 2005). We have withdrawn this article from our website archive because Raj Persaud copied a very substantial percentage of the article's wording, without permission or acknowledgement, from the following previously published sources: "The Man Who Shocked the World," an article written by Thomas Blass, PhD, professor of psychology, University of Maryland, Baltimore County, USA, and published by Psychology Today (March/April 2002); and Professor Blass's informational website on Stanley Milgram, www.stanleymilgram.com.

Dr Persaud assures The TES that he intended to acknowledge Professor Blass's work in the article complained of and recognises that he should have done so. Dr Persaud further assures The TES that the omission was accidental, due to an error and not deliberate.

We apologise for the improper use of Professor Blass's material.

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Teresa Flurry
RadcliffeLeBrasseur
Solicitors
5 Great College Street
Westminster
London SW1P 3SJ

May 31st 2008

Ref TJF/900100.9773

Dear Teresa

I am writing in response to your letter of May 14th.

I am a Professor of psychiatry at the Institute of Psychiatry in London, and an honorary consultant psychiatrist in the South London And Maudsley NHS Trust.

I have known Dr Persaud since 1990. I have since had numerous contacts with him in the context of research, although I have not worked with him in a clinical capacity.

I had most contact with Raj when he was a junior researcher, when we shared an office at the Institute of Psychiatry. He was an outstanding clinical researcher. The research he conducted was of high quality and he had a rigorous scientific approach. He was very highly regarded by his academic colleagues. I found him enthusiastic, generous and helpful, and highly professional in his interactions with colleagues. At that time he was just beginning to write articles for the media. He told me then that he felt that the profession of psychiatry and psychiatric patients were poorly represented in the media, and I think that a key motivation behind his interest in this area has been a genuine desire to try and improve this.

When I have met Dr Persaud recently I have been struck by how distressed he was by the recent proceedings.

I hope this is helpful.

Yours sincerely

Professor Philip McGuire BSc MB ChB MD PhD FRCPsych
Professor of Psychiatry & Cognitive Neuroscience
Institute of Psychiatry & GKT School of Medicine
Honorary Consultant Psychiatrist
South London & Maudsley NHS Trust

Dr. J. Cutting

MD FRCP FRCPsych MPhil

Consultant Psychiatrist

Honorary Senior Lecturer Kings College Hospital
Honorary Senior Lecturer Institute of Psychiatry



Ms. T. Flurry

Radcliffe Le Brasseur

19/6/08

re Dr. Raj Persaud

Your ref. TSF/900100.4773

Dear Ms Flurry,

I apologise for the handwritten status of this report but I have been informed that I need to prepare an urgent report for the purposes of proceedings on the 20th June.

I have been asked by Dr. Persaud whether, in the light of his communication to me today that he has been charged with dishonesty, my testimonial dated 5/6/08 still stands. I can say that it does, and that I still stand by what I said.

Yours sincerely,

A black rectangular redaction mark covering the signature of Dr. J. Cutting.

Dr. J. Cutting

MD FRCP FRCPsych MPhil
Consultant Psychiatrist

Honorary Senior Lecturer Kings College Hospital
Honorary Senior Lecturer Institute of Psychiatry

Radcliffe LeBrasseur
5 Great College Street
Westminster
London
SW1P 3SJ

5 June 2008

Your ref: TJF/900100.9773

Dear Sirs,

DR. RAJ PERSAUD

You have asked me to prepare a testimonial concerning this doctor's attendance at the General Medical Council, beginning the 16th June 2008, and this is as follows.

I am a Consultant Psychiatrist and was Dr. Persaud's first Consultant Psychiatrist when he started at the Maudsley and Bethlem Royal Hospital as a Junior Psychiatrist in the 1980s. I have since left the Bethlem Hospital and am working as medico/legal expert and an Honorary Senior Lecturer at the Institute of Psychiatrists doing research.

I remember Dr. Persaud very well as he was one of my best Registrars. I have kept up with him since and we wrote a joint scientific article about schizophrenia together. I remember him as a very good clinician and a very intelligent and personable doctor. I was pleased to hear that he himself became a Consultant Psychiatrist at the Bethlem Royal Hospital and I was particularly pleased also that he became a celebrated populariser of psychiatry on the television and on the radio and in the press. In my view this is a very important aspect of our work as there is so much anti-psychiatry feeling around. In fact now that Professor Tony Clare has died, Dr. Persaud is the only representative of this aspect of our profession.

In my dealings with him, I have never had the slightest doubt about his intelligence and honesty and integrity and I was shocked to hear that he had been asked to attend this Hearing of the General Medical Council.

- continued -

I have not seen him personally in the last year but I have talked to him on the telephone and I am of the opinion that should the General Medical Council see fit to remove *his name from the register*, this would be a *disaster both for him and for psychiatry in general*.

He himself would feel completely humiliated and undermined in his chosen profession and psychiatry would be a great loser as he is one of the standard bearers of its public persona and such action by the General Medical Council would throw our profession into disarray.

I hope sincerely that the General Medical Council will take a sympathetic view to his situation and recognize that he is a man of high moral standing, as I have indicated in this testimonial.

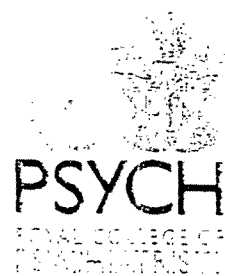
Yours faithfully,



Dr. J. Cutting
Consultant Psychiatrist

Our ref: SH/EC/MC

27 May 2008



Ms Flurry
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SW1P 3SJ

Direct Line: 020 7201 2601

Direct Fax: 020 7235 6051

E-mail: patopresident@rcpsych.ac.uk

30 MAY 2008

Dear Ms Flurry

MPS Member: Dr Raj Persaud

Thank you for your letter of 14 May 2008 concerning Dr Raj Persaud. I have been President of this College since June 2005 and although I do not know Dr Persaud in his clinical capacity, during this time he has made a significant contribution to the public education activities within the Royal College of Psychiatrists. I am therefore limiting my comments to this area.

During my Presidency Dr Persaud has edited a highly successful book for the general public on mental health which Transworld published in partnership with the Royal College of Psychiatrists. Dr Persaud has also contributed regularly to the podcasts on our website using his interviewing skills.

I chaired the Images of Psychiatry campaign and Dr Persaud made a valuable contribution to this. Dr Persaud is currently co-editing a reference book for parents and teachers on young people's mental health. There is no doubt that Dr Persaud is a very successful communicator with the general public.

Yours sincerely

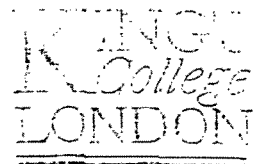
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University of London

at The Maudsley

Our Ref: RMM/AB

Your Ref: TJF/900100.9773

27 May, 2008

STRICTLY PRIVATE AND CONFIDENTIAL

Tessa Flurry
RadcliffesLeBrasseur
5 Great College Street
WESTMINSTER
London SW1P 3SJ

Dear Tessa Flurry,

MPS Member: Dr Raj Persaud

Re: General Medical Council – Fitness to Practise Panel hearing : 16-23 June 2008-05-27

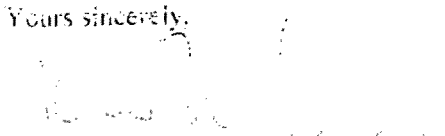
I am currently Professor of Psychiatry at the Institute of Psychiatry and Maudsley Hospital. Prior to this I was Dean of the Institute of Psychiatry and President of the Association of European Psychiatrists. I have known Dr Raj Persaud for almost two decades. I first met him when he became a junior doctor at the Maudsley Hospital and was immediately impressed by his enthusiasm, ability and clinical skill. Subsequently Dr Persaud was a researcher in my department and then a lecturer here at the Institute of Psychiatry before becoming a consultant psychiatrist to the South London and Maudsley Hospital.

In my opinion Dr Persaud has done a great service for psychiatry in that he has helped to educate the public about sensible theories concerning psychiatric illness. He has a great ability to convey quite complicated matters in an easy-to-understand fashion to the general public. In addition, the programmes which he has participated in such as "All in the Mind" I believe have been very beneficial in that his good rapport with the listening public enables him to introduce academics or researchers and enables them to convey their recent advances in psychiatric disorder widely. In my view there is no other living psychiatrist who has done so much to promote the public understanding of psychiatry as Dr Persaud. This view is, I believe, widely shared within not only this Institute but also within the Royal College of Psychiatrists for whom Dr Persaud has done a very great deal of work.

In my dealing with Dr Persaud I have always found him to be honest and also very generous with his time as instanced by support for many charities within Psychiatry. For example, he has donated a great deal of energy to helping the Psychiatry Research Trust which raises funds for research in our field.

I understand that Dr Persaud regrets very much his actions which have unfortunately cause the Scientologists to refer him to the General Medical Council. I very much hope that whatever the GMC's verdict, the GivC will not do anything to endanger the ongoing contribution that I believe Dr Persaud can make not only to his own patients and to this Institute but also to advancing the public understanding of psychiatry.

Yours sincerely,


Robin M Murray
Professor of Psychiatry
Head of Division of Psychological Medicine and Psychiatry

A joint division with the
School of Medicine at
Guy's, King's College and
St Thomas' Hospitals



19 June 2008

Ms Teresa Flurry
RadcliffesLeBrasseur
5 Great College Street
Westminster
London SW1P 3SJ

Dear Ms Flurry

We are aware of the GMC's findings made today in connection with Dr Raj Persaud. The Provost of Gresham College, Lord Sutherland of Houndwood KT FBA, has asked me to send you the following statement:

Gresham College is aware of the GMC proceedings and the allegations relating to Dr Raj Persaud. Gresham College feels that this matter does not in any way affect Dr Persaud's role in delivering lectures to foster the public understanding of psychiatry. In this role he delivers high quality lectures which simplify the worlds of psychiatry and psychology so that they become accessible to a wide audience. The College is pleased that Dr Persaud has agreed to deliver further lectures at Gresham College during the forthcoming academic year and has no intention of cancelling his future commitments.

Yours sincerely

Barbara Anderson
Academic Registrar

GRESHAM COLLEGE, BARNARD'S INN HALL, HOLBORN, LONDON EC1N 2HH
020 7831 0575
registrars@gresham.ac.uk



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19 June 2008

As Raj Persaud's publisher Transworld can confirm that it is aware of the GMC proceedings concerning Raj Persaud. We continue to believe that Dr Persaud is an important author whose message is one to be heard. We are disappointed to hear of the panel's decision and would very much hope that no further sanctions will be imposed on Dr Persaud, as we would very much wish to be able to continue to support, promote and publish his works.

17

John Wiley & Sons, Ltd
Chichester, West Sussex, UK

Received by
Mr Owen
27 May 2008

27 May 2008

D3

Charles Owen
Solicitor
General Medical Council
GMC Legal
Regent's Place
350 Euston Road
London NW1 3JN

Private and Confidential

Dear Mr Owen

Re: Dr Rajendra Persaud


Thank you for your fax of May 19, 2008.

The article you refer to by Dr Persaud was entitled 'Why the media refuses to obey' and was published in March 2005 in *Progress in Neurology and Psychiatry* Volume 9, Issue 2, pp12-14 (copy enclosed). The article was one of a number of short review articles commissioned from Dr Persaud for the journal, and was intended as a media commentary rather than original research. The article reviewed the work of Stanley Milgram and followed a radio interview with Professor Blass, Professor of Psychology at the University of Maryland, and expert on Milgram, which was featured in the radio programme 'All in the Mind'.

Professor Blass contacted us shortly after publication of the article, demanding a retraction on the basis that a substantial amount of the article reproduced material from his earlier published works without consent, in particular from his article 'The Man who Shocked the World' which was published in *Psychology Today* in March/April 2002. We carried out an investigation and found overlap with the sources cited by Professor Blass. As the copying was not referenced, we agreed with Dr Persaud that we would retract the article.

Dr Persaud explained that he had omitted to identify and reference the passages used in error and had intended to include a reference list. In my view, it is more than likely that the copying without acknowledgement was an oversight rather than a deliberate attempt to appropriate the work of Professor Blass.

Yours sincerely


Steve Titmarsh
Editor, *Progress in Neurology and Psychiatry*

D4 -

South London and Maudsley **NHS**

NHS Trust

Trust Headquarters
The Tower Building
9th Floor
11 York Road
London SE1 7NX
Tel: 020 7919 2415
Fax: 020 7919 2592

Wednesday 25th October 2006

Your Ref: 2006/0134/01

Ms Linda Carroll
Investigation Officer
Fitness to Practise Directorate
General Medical Council
5th Floor
St James's Buildings
79 Oxford Street
Manchester M1 6FQ

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Dear Miss Carroll

Re: Dr Rajendra Persaud

The Trust has completed the investigation into an allegation of plagiarism, received a final report from the investigators, and met with Dr P and his advisor.

The investigation was led by Professor Philippa Garety, Trust Head of Psychology, and included Professor Tom Craig, Deputy Director of Research & Development for the Trust. The investigators outlined their findings in some detail, but specifically whether there was a case to answer; whether the allegations, if proven, impact on the Trust's business or reputation; and if there was a case to answer, on the seriousness of the plagiarism.

The investigators concluded that there was evidence of persistent and substantial plagiarism, and that this was serious given repetition. However, the investigators qualified their opinion by saying that they had no comment to make on Dr P's intentions in publishing the text in this way. The investigators did feel that media coverage relating to these findings could have a detrimental effect on the reputation of the Trust.

The Trust took note of the statement of the investigators that they were unable to comment on his intentions. In addition, the Trust noted his full co-operation with 51

both the Institute of Psychiatry and the Trust's investigation, and his frank acknowledgment that, with hindsight, were he to undertake similar writings again, he would do things differently and take more care in referencing other's prose.

Taking these factors into account, and together with his collaboration through the investigation process, the Trust accepts that, although technically the investigators have found a prima facie case for plagiarism, this is mitigated from the Trust's point of view as an NHS employer, by his acknowledgement in his own words that this repeated act was related more to over extended journalistic practice and naiveté than a deliberate act on his part. In addition, the Trust did note that he accepted the gravity of the allegations and findings against him.

After deliberation the Trust has decided, therefore, not to proceed down a formal disciplinary route in this instance, and we have, in collaboration with Dr P and his advisor, formulated a substantial action plan, which we believe will assure the Trust that similar acts would not occur in the future.

The agreed plan is as follows:

- a) RP will meet regularly with the communications department (possibly monthly, but by agreement between the Head of Communications and RP, but initiated by RP).
- b) RP has expressed a wish to 'peer review' his writing for the national press to obtain an independent assessment before publication.
- c) RP has undertaken to access a suitable course (through the Chartered Institute of Journalists) on copyright.
- d) RP will assertively use the 'probity' section of his appraisal documentation to declare all interests, and ensure that this is also discussed within his local job planning process

The Trust is satisfied that this action plan concludes any internal process regarding this particular set of allegations

Yours sincerely



Dr David Roy
Medical Director

c.c. *Stuart Bell, Chief Executive*

25 July 2007

In reply please quote: LC/2006/0134/01

Special Delivery

General Medical Council

Dr Rajendra Persaud



5th Floor, St. James's Buildings
79 Oxford Street, Manchester M1 6FQ

Telephone: 0845 357 9001

Facsimile: 0845 357 9001

Email: gmc@gmc-uk.org

www.gmc-uk.org

Dear Dr Persaud

Complaint by Brian Daniels

We have now concluded our preliminary investigation into the concerns raised by Mr Brian Daniels.

I am writing to you, in accordance with Rule 7 of the General Medical Council (Fitness to Practise) Rules 2004 to give you an opportunity to respond in writing to the allegations concerning your fitness to practise. In accordance with Rule 8, a medical and lay case examiner will consider any comments you make in relation to the allegations. Case examiners are senior GMC staff, appointed to make decisions on cases. Once we receive your final comments, they will decide what should happen in relation to your case.

The following options are available to the case examiners:

- To conclude the case with no further action or with a letter of advice;
- To issue a warning;
- To refer the case to a Fitness to Practise panel;
- To agree undertakings on health and performance issues following a health or performance assessment.

If you wish to comment on the allegations, you must reply within 28 days of the date of this letter. I would be grateful if you could address any correspondence to me. If you choose not to comment on the allegations, or you fail to respond to this letter within the 28-day time period, the case examiners will consider the allegations and the information we have gathered to date, in the absence of any further comment from you.

If you do decide to comment on the allegations, we may disclose to Mr Daniels those comments that you make in relation to his complaint. We will not disclose to him comments you make in relation to any other allegation outlined in the attached schedule. We will send you a copy of any further comments that Mr Daniels may make in response and you will have a further opportunity to comment at that point.

The allegations concerning your fitness to practise are set out in the schedule of allegations attached at Annex A. These allegations are supported by the documents listed at Annex B, copies of which are enclosed.

Please contact Linda Carroll on 0161 923 6430 who will be happy to answer any queries you may have in relation to this case.

Yours sincerely



Fiona Garry
Assistant Registrar
Fitness to Practise Directorate

Enc: Annex A – Allegations
Annex B – Indexed bundle of supporting information

Cc: Richard Dempster – MPS
Martin Soames Best & Soames Solicitors

Annex A – Draft allegations

Dr Raj Persaud

That, being registered under the Medical Act 1983 (as amended),

1. You are currently employed as a Consultant Psychiatrist for the South London & Maudsley NHS Trust.
2. In March 2003 your book *From the Edge of the Couch* was published by Bantam Books.
3. Your book was plagiarised from various different sources including:
 - a. An article entitled '*Capgras syndrome: a novel probe for understanding the neural representation of the identity and familiarity of persons*' by William Hirstein and V S Ramachandran.
 - b. An article entitled *Autoerotic Asphyxia: A Case Report* by Jo Johnstone and Rhodri Huws.
 - c. An article entitled *Treatment of an Unusual Case of Masochism* by Raj Shiwach and John Prosser
 - d. An article entitled *An evolutionary connection? Personality and Individual Differences* by O'Reilly Dunbar and Bentall.
4. In or around February 2005 you wrote an article entitled '*Why the Media Refuses to Obey*'
5. Your article was subsequently published in *Progress in Neurology and Psychiatry* in its February 2005 edition.
6. Your article was plagiarised from an article entitled '*The Man Who Shocked The World*' written by Professor Thomas Blass.
7. In or around June 2005 you wrote an article entitled *A Dangerous War on Psychiatry*
8. Your article was subsequently published in the Independent newspaper on 30th June 2005.
9. Your article was plagiarised from an article entitled '*The Globalization of Scientology: Influence, Control and Opposition in Transnational Markets*' written by Professor Stephen Kent.
10. In or around December 2005 you wrote an article entitled '*The Man Who Shocked the World: The Life and Legacy of Stanley Milgram*'

11 Your article was subsequently published in the *'British Medical Journal'* on 17th December 2005.

12. Your article was plagiarised from an article entitled *'The Man Who Shocked The World'* written by Professor Thomas Blass.

13. Your actions as described above were:

- a. inappropriate,
- b. unprofessional,
- c. dishonest,
- d. liable to bring the profession into disrepute.

MILITARY JOURNALISTS' ASSOCIATION 2003
TONY THISTLETHWAITE AWARD COMMENDATION FOR EXCELLENCE

*A serious and absorbing analysis of modern psychosis.
Persaud is a natural interviewer.* Sports Illustrated

You may think that vampires and werewolves are merely the creation of Hollywood and legend but, as Dr Raj Persaud reveals, there are bizarre people out there who are convinced they really are werewolves, vampires and other incredible creatures. As a result, they behave in ways beyond our wildest fantasies. But could these phenomena in fact arise from our most disturbing dreams?

In the tradition of Oliver Sacks' bestselling book, *The Man Who Mistook His Wife for a Hat*, Dr Raj Persaud uses authentic case studies to explain current thinking on brain function and emotional disorders. In one case, a man could get his sexual kicks only by being crushed in garbage trucks, while another successfully persuaded his wife she had been abducted by aliens. One man made love to his furniture; another believed he was really a tiger and conducted an affair with a tigress in the local zoo.

Through his analysis of these and other bizarre conditions, such as Alien Hand Syndrome – where sufferers conclude that one of their own limbs is out to kill them – Multiple Personality Disorder and Erotomania – Dr Persaud suggests that we may not have as much free will and control over our bodies as we delusionally believe. Even more provocatively, in throwing open the usually secret world of the psychiatrist's casebook, he proves that fact really is much stranger than fiction.

*A thought-provoking book that's a "must read" for anyone interested in the no-man's-land between mind and brain. It promises to do for the brain what *Shogun* did for the book.* *Booklist* (star review) "What a gem!"

Dr Raj Persaud is a senior lecturer in Psychiatry at the University of Manchester, UK, and a consultant psychiatrist at the Manchester Central Mental Hospital.

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CURRICULUM VITAE

Name: Dr. Rajendra Persaud



[REDACTED]

[REDACTED]

[REDACTED]

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