



SCIENTIST AT WORK | DAVID HEALY

## A Self-Effacing Scholar Is Psychiatry's Gadfly

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By **Benedict Carey**

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His mother in Ireland is entirely unaware of his international reputation, as far as he can tell. His neighbors in the hamlet of Porthaethwy, on an island off the coast of Wales, are equally oblivious, or indifferent. His wife, who knows too well the furor he has caused, says simply, "How could you be right and everyone else wrong?"

Dr. David Healy, a psychiatrist at the University of Cardiff and a vocal critic of his profession's overselling of psychiatric drugs, has achieved a rare kind of scientific celebrity: he is internationally known as both a scholar and a pariah.

In 1997 he established himself as a leading historian of modern psychiatry with the book "The Antidepressant Era." Around the same time, he became more prominent for insisting in news media interviews and scientific papers that antidepressants could increase the risk of suicide, an unpopular position among his psychiatric colleagues, most of whom denied any link. By 2004, British and American drug regulators, responding in part to Dr. Healy and other critics, issued strong warnings that the drugs could cause suicidal thinking and behavior in some children and adolescents.

But Dr. Healy went still further, accusing academic psychiatry of being complicit, wittingly or not, with the pharmaceutical industry in portraying many drugs as more effective and safer than the data showed.

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He regularly gets invitations to lecture around the world. But virtually none of his colleagues publicly take his side, at least not in North America.

"It's strange. I don't even know about friends, what they think about me," Dr. Healy said in New York, as he waited for a flight after giving a lecture at Columbia. "You don't really know who you can trust."

Because of his controversial views, Dr. Healy has lost at least one job opportunity, at the University of Toronto in 2001. In some circles, his name has become so radioactive that it shuts down discussion altogether.

"People have called it the Healy effect," said Dr. Jane Garland, chief of the Mood and Anxiety Disorders Clinic at British Columbia Children's Hospital in Vancouver, who shares some of Dr. Healy's concerns about drug risks. "If you even raise the same issues he does, you're classified as being with David Healy and that makes people very reluctant to talk. He has become very isolated."

Some colleagues have called him reckless, a false martyr whose grandstanding in the news media has driven away patients who need help. But they cannot dismiss him entirely. And for those who wish to understand what it takes to defy a scientific fraternity without entirely losing one's standing -- or nerve -- he has become a case study.

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Self-effacing on the surface, so soft-spoken he is sometimes barely audible, Dr. Healy, 51, seems far too agreeable to be a rabble-rouser. He acknowledges that antidepressants often work well, and he prescribes them in his own practice. He has consulted with drug makers, considers himself a part of the psychiatric establishment, and says that at least initially, he had no interest in shaking up the status quo.

But when challenged, his voice quickens and his tone hardens.

"He has this humility, maybe it's a family thing, but intellectually, I think he enjoys a duel," said Vera Sharav, a patient advocate who is president of the Alliance for Human Research Protection and a close ally. "And he has been stabbed in the back so often he just won't back down."

In a pretrial hearing several years ago, for a suit against Pfizer, maker of the antidepressant Zoloft, Dr. John Davis, a psychiatrist at the University of Illinois at Chicago, took issue with Dr. Healy's testimony.

"The lawyers on both sides were very skillful, very smart," Dr. Davis said, "but in the middle of my presentation -- it wasn't a court trial, but a hearing -- Dr. Healy got so incensed he got up, edged the plaintiff's lawyer out of the way and cross-examined me himself." Dr. Healy, he said, "couldn't sit there and let someone else do it; he wanted to come for me directly." But Dr. Davis, who does not himself accept drug company money, said he still respected Dr. Healy as a researcher.

Betrayals -- small and large -- seem to fuel Dr. Healy's sense of mission. In New York several years ago, while poring through Pfizer documents, he found a handwritten note that described a conversation between a drug company employee and an old friend and colleague. Its subject was "the Healy problem."

Dr. Healy froze, he recalled. He had gone to school with this psychiatrist, had known him for 20 years. When he called his friend to ask about the note, he said, the other psychiatrist shrugged it off.

Through freedom of information requests and other methods, Dr. Healy has hoarded a variety of e-mail messages and other correspondence on "the Healy problem." He hands out copies at talks as evidence of a whisper campaign that he said started in the late 1990's, after he testified on behalf of plaintiffs suing Eli Lilly, maker of Prozac.

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"After that I was no longer invited to speak at professional association events, and I started seeing these things written about me," he said.

Snubs followed slights. The job offer at Toronto's prestigious Center for Addiction and Mental Health, which came with a substantial pay increase, fell through. A raise he believes he was due years ago from Britain's National Health Service was delayed, he said. And there were accusations that his legal consulting fees, which he says have been about \$40,000 a year since 1997, were affecting his scientific judgment.

"Fees for an expert witness cannot be made contingent on the outcome of a case, but Healy is a repeat player in these legal actions, and future opportunities depend on past performance and a credible, predictable testimony," Dr. James Coyne of the University of Pennsylvania wrote in a recent article in *The American Journal of Bioethics*: "Lessons in Conflict of Interest: The Construction of the Martyrdom of David Healy and the Dilemma of Bioethics."

Dr. Healy bristles at this criticism and says that his views, which he aired in scientific papers before consulting with lawyers, have cost him more in lost salary than he has earned as an expert witness. In about 9 of 10 cases he evaluated, he said, he concluded that the drug did not contribute to violent behavior.

Yet such verbal assaults, some from former colleagues and others from drug companies and leading psychiatrists, have worked to fuse the man and his mission so that the two are now hard to separate.

"He takes these things personally, and I would too," said Edward Shorter, a medical historian at the University of Toronto who is working with Dr. Healy on a book. "But it's not a matter of ego: he is offended because he believes that the field is not listening to the science."

David Healy grew up with two sisters in Raheny, a suburb of Dublin, where his father worked as a civil servant in the health department and his mother ran the household. It was the 1950's, and Raheny was then a solidly middle-class community north of Dublin, on the working man's side of the tracks.

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After determining that he would probably not become a professional athlete, the boy became a committed student, strongly drawn to science, as his father had been. He graduated with high honors in medicine from University College in Dublin, and later worked in Galway, on the west coast of Ireland, conducting basic research on serotonin, a brain chemical linked to mood.

Dr. Healy later joined the psychiatry department at Cambridge University in England as a research associate before moving to Wales, where he is now a psychiatrist in the North Wales department of psychological medicine and a professor at the University of Cardiff.

He soon became familiar with isolation. He sat at his desk in the dead quiet from 8 p.m. to midnight, on an island off an island, and wrote without tiring: over the last 15 years he has published more than 100 scientific papers and more than a dozen books on the history of psychiatric drug development. "I work at night because there is absolutely nothing going on where I live," he said.

It was the reaction of two of his patients to Prozac in the early 1990's, Dr. Healy has written, that led him to question its safety. In 1990, Harvard researchers had reported several cases of suicidal thinking in patients on the drugs. But an analysis by the Food and Drug Administration found no evidence of increased risk, and psychiatrists largely ignored advocates who insisted the risk was real.

After completing his own analysis, Dr. Healy came to agree with the critics, and he wrote letters to British drug regulators urging them to review the data related to suicide. By 2003, the BBC had reported on his objections; GlaxoSmithKline, the maker of Paxil, had come forward with unpublished data showing an increase in irritability and suicidal thinking in some minors on the drug; and British regulators began investigating the entire class of drugs.

Drug company researchers and some psychiatrists moved quickly to deflate what they saw as overblown concern over drugs that they said had helped avert suicide in many severely depressed people. In 2004, Pfizer wrote a 50-page letter to the F.D.A. challenging Dr. Healy's analysis, including his extrapolation from a small number of uncertain cases.

The American Psychiatric Association publicly took issue with the new warnings on suicide risk. And many psychiatrists said publicly that denouncing the drugs would drive away people who needed them.

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Dr. Healy held his ground. He had, his friends and colleagues say, absolute confidence that he knew the topic as well as anyone.

He concedes that no one knows what is effect the F.D.A. warning will have. But this uncertainty, he says, is all the more reason that medical journals, professional groups like the psychiatric association, and drug regulators should make raw data from clinical trials public. "It wouldn't take much to bring a change. People don't realize the power they have," Dr. Healy said.

As for Dr. Healy himself, he says he will continue to write and practice, traveling to lecture several times a year. He will also continue to follow his own scientific instincts, regardless of whom he offends. A new book, written with Dr. Shorter, is likely to alienate psychiatry's critics by defending one of psychiatry's most controversial treatments, electroshock therapy.

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