

Subject: Re: Debate

Date: Tuesday, 16 June 2009 at 18:41:46 British Summer Time

From: [REDACTED]

To: Michael Mew

CC: [REDACTED]

Dear Michael

As you probably know I have spent a considerable amount of time in friendly discussion with your father on these issues. At no time has he threatened to report me to the GDC. I have chosen not to reopen the discussion now because I feel there is nothing further to be concluded at the present time, and my time is devoted to other matters.

You are of course free to issue a challenge to your colleagues at any time. Equally though you have to concede their right not to accept the challenge if they so decide. This appears to have been their response.

I am certain that no one will wish to enter into a debate under duress, and as far as I am concerned the correspondence is now closed.

Yours

[REDACTED]
2009/6/16 Michael Mew <mikemew@gmail.com>

Dear Colleges,

I feel very strongly about this issue, and I would like to have your attention again. In the recent editorial, that I placed in the BDJ, was an invitation for an open debate on the aetiology of malocclusion, which has been dismissed by [REDACTED] and others. It was felt that there was inadequate difference of opinion to warrant a discussion and that debates are confrontational and do not have a good history of advancing knowledge. Subsequently you have declined either to enter a debate or to assist me in finding a debating opponent and while [REDACTED] was willing to respond to me in private, he declined to respond more openly with a letter to the BDJ.

As the executives and trustees of the British Orthodontic Society, I felt that it was important to cc you earlier in this conversation to seek your opinion and so far I have received no responses from you at all disagreeing in any way with my call for an open discussion within the profession. However I am now calling for your active support in promoting an open debate. Such a debate is essential given that we are treating a third of the population without really knowing what causes the problem.

Ignoring these issues, avoiding an open discussion, and hoping that this will all go away is not scientific protocol. I must therefore insist that that you either support my call for an open debate within the profession or I will have no option but to refer matters to the GDC.

Yours sincerely,

Michael Mew

-----Original Message-----

From: [REDACTED] [mailto:[REDACTED]]

Sent: 09 June 2009 10:10

To: Mike Mew

Subject: Debate

Dear Mike,

Hypotheses are indeed interesting to discuss and a chat for example about airways and posture is always something which is interesting and which I cover with the undergrads and postgrads every year and indeed I included a question on aetiology in the current final BDS paper. You are quite right that the subject of the aetiology of malocclusion should not fade away. Where we perhaps differ is in thinking that a further public debate will advance our knowledge.

best wishes

██████

--On 05 June 2009 14:57 +0100 Mike Mew <mikemew@gmail.com> wrote:

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> Dear ██████

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> Thank you very much for you response.

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> ❖

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> I will answer your email as directly as possible. You suggest that my
> views should be put in the same way as all the others and suggest that I
> should write a review paper. It is very true that an editorial is not a
> review paper however it did review the situation, being balanced,
> scientific and correct. You don't want to have an open conversation
> now, so is it really likely that you would do so if I wrote a lengthier
> piece with references? It is usual practice in all areas of science for
> questions to be placed within professional publications and then to be
> answered by learned and interested individuals. I asked a genuine
> question that I would like to have tested under scrutiny.

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> ❖

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> It does strike me as strange that you claim not to understand the
> philosophy of Orthotropics but still question whether anything could be
> gained from it. If you don't know, should you not try to find out? I
> agree that we should try to avoid raising these issues "in the public
> arena" by having a discussion within the pages of the BDJ. This
> conversation is not about Orthotropics, it is about the aetiology of
> malocclusion, bringing up Orthotropics and my Father is only confounding
> the issue. If you do want further information regarding Orthotropics,
> several good papers outlining the philosophy have been published
> (Mew,J.R.C. 1981 "The aetiology of malocclusion: can the Tropic Premise
> assist our understanding". British Dental Journal. ❖ 151; :296-302.)
> (Mew,JRC.❖ 2004."The Postural Basis of Malocclusion.❖ Mew.JRC. A
> philosophical overview". The American Journal of Orthodontics and
> Dentofacial Orthopedics. 126:729-738)and a book entitled Bioblock (the
> therapy of Orthotropics) is available from the BDA library.

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> ❖

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> It is a shame that we meet, or converse, in such circumstances, in any
> other I am sure that I would very much enjoy an intellectual discussion
> with you. It happens so little at meetings and seminars which does not
> make for a vibrant profession, and there is almost no debate on the issue
> of aetiology. When was the last time that you gave this considerable
> thought?

>

> ❖

>

> There are many papers suggesting that the aetiology is due to the
> environment. A few more are unlikely to make a large impact since it is
> natural to quote what corroborates your argument rather than what
> invalidates it, leading to a tendency to ignore inconvenient facts. The
> only resolution to this is to test an argument (to prove it wrong), and
> the best way to do with is through debate.

>

> ❖

>

> Is it possible❖to place an advertisement in the BOS for an opponent or
> not? Will you give this your support? It is not my intention to be
> impertinent but issue is not going to fade away.

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> ❖

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> Very best wishes

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> ❖

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> Mike

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> On Sun, May 31, 2009 at 8:03 PM, [REDACTED] wrote:

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> Dear Mike,

>

> The most helpful thing to say is that your views should be put forward in
> the same way as all others and this does not usually include public
> exchange of opinions. It is not so much a question of what orthodontics
> has to lose but rather of what would be gained. Raising the issue "in the
> public arena" has in the past been counterproductive in terms of
> acceptance of your fathers views and would be again. If you wish to write
> a review paper on aetiology of malocclusion and submit it to the JO that
> would be great. ❖Or a paper entitled "What is orthotropics?" might be
> helpful.

>

> best wishes

> [REDACTED]

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> --On 29 May 2009 16:31 +0100 Mike Mew <mikemew@gmail.com> wrote:

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> Dear [REDACTED]

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> [REDACTED]

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> Thank you very much for your response.

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> [REDACTED]

>

> Having an infamous father is not an easy position to be born into. I
> have, however done my best to remain as truly objective as possible. I
> must disagree with your suggestion that my Father has not been suppressed
> though. I have witnessed it, many times. Whether one terms it as a global
> conspiracy or the natural inclination of a profession to protect what it
> hold dear, it is usual for people to resent or seek to prevent having
> their fundamental beliefs questioned and to be unreceptive to what they
> see as dissent. Orthotropics is so fundamentally different that it is not
> only poorly received, but also frequently misunderstood.

>

> [REDACTED]

>

> A lecture or two will not change this, which is why I am seeking an open
> debate within the profession. If this is impossible then it is likely
> that my Father will push this into the public arena.

>

> [REDACTED]

>

> There is a reason that the House of Commons holds debates and it is the
> same reason that we are democratic. Although neither is perfect, they are
> the best methods for the purpose. Debates have been fundamental in the
> history of science. While they tend to be combative, such constructive
> intellectual combat is necessary whenever two different concepts are to
> be compared and greater understanding is to be gained. This search for
> the truth, should not be seen simply as aggression. It should be
> applauded! What ever the outcome light will be shed on this fundamental
> area.

>

> [REDACTED]

>


> Thank you very much for your comment that you would personally always be
> happy to hear my views and give them good consideration. Without this
> attitude science does not flourish and progress. However I disagree with
> your suggestion that a hypothesis should be put up and tested, surely it
> should be discussed in all and every way before any testing on anyone.
> This is counter to the "fits the facts best" concept of Popper, where
> all
> the facts should be reviewed against a proposed theory prior to adding an
> additional fact.

>

> [REDACTED]

> You have written two lengthy texts arguing against following normal
> scientific protocol. The first argues that in essence we both agree and
> the second suggests that I should put forward hypothesis to be tested. If
> your views are sound then what do you have to fear from an open debate
> within the profession? What do you have to loose by fielding a debating
> opponent for me through the BOS for such a debate to flourish? And what
> logic is there preventing us continuing this important conversation on
> the pages of the BDJ. I believe that scientific protocol dictates that we

> should do all of these things. Any other course would be to suppress
> debate, and you claim that such suppression does not exist in this
> profession.
> ❖
> Very best wishes
> ❖
> Mike
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> On Wed, May 27, 2009 at 5:45 PM, <[REDACTED]> wrote:
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> Dear Michael,
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> A few points will hopefully be helpful.
>
> The colleagues whom I copied in are the executive and trustees of the BOS
> because you wrote to me in my current position as chairman, so they
> should hear my reply.
>
> I would gently say that your father has been given and has taken many
> opportunities over many years to present his ideas. It is also true that
> he has been treated with very considerable politeness and by people who
> have not gone into the general media to say that other colleagues are
> ruining faces.
>
> It is also true that when invitations to present his views to a
> particular audience have not been repeated, it has been because of the
> feedback from audiences. ❖For example, it is slightly unkind to say to
> yourself but nevertheless true that his customary invitation to speak to
> the registrars in Bristol for a whole day was eventually discontinued
> because they firmly recommended their teachers to spare the next course
> from this session. This was not suppression, but the result of
> educational feedback.
>
> I do understand of course, that it is very hard for you to have an
> objective view on these aspects and I respect that personal difficulty.
>
> Regarding the question of a debate, there is much that could be
> pertinently said, but a few points may be the most helpful.
> Firstly, public debates tend to be confrontational rather than
> constructive. They tend to generate heat rather than light (listen to the
> house of commons). ❖Challenging people to joust does not have a good
> track record of leaving knowledge advanced or patients better off. In
> fact it can be counter-productive.
>
> Knowledge advances through hypotheses being formed and tested. Arguing
> about ideas is less helpful than testing them. As it happens I think it
> is the mainstream view that environmental factors are not well
> documented. This leaves the field open to speculation and assertion and
> you are as free as anyone to put forward ideas. As you say, many ideas
> are indeed ❖hard to disprove. You refer to putting statements to the test
> and that indeed is how ❖knowledge advances. Proponents of an idea should
> suggest how they can be practically tested and if possible be involved in
> that testing. This is entirely open to you as to all of us, but
> especially relevant to those who feel strongly about an idea.
>
> I would gently urge you to shift from the mindset of "proving me right or

> wrong". This is in tune with the approach of someone spoiling for a fight
> on a topic. I and most orthodontists are open to the idea that
> environmental factors are under-appreciated and ill-understood. I don't
> feel the need to prove someone wrong who agrees with that. I would
> personally encourage any sound investigation which aims to explore a
> hypothesis about an environmental factor. The BOSF or any teaching and
> research group would I am sure look very objectively at any good
> proposal. Would it not be great if we could identify and measure a
> definite environmental factor which was amenable to practical change? The
> fact that this has  yet to happen is not because of some worldwide
> conspiracy - we would all like to be associated with such a breakthrough.
> The prosaic fact seems to be that this is just a difficult area to test
> and measure.

>
> Lastly, I would say that it will be much better for everybodys patients
> if there is no public slanging match on any orthodontic issue and
> particularly one where there is little hard evidence. This is not an area
> in need of purported whistle blowing or sensational claims, particularly
> of the type which lead for example to many children getting measles
> because of the claim that a vaccine was causing autism. We have to ask
> ourselves what were the motives of that doctor? I can suggest several but
> none are compatible with ethical professional conduct.

>
> Mike, by all means put forward hypotheses in a cogent manner. Even
> better, suggest a method by which one might be tested. This would be
> better for being in good meetings and journals rather than in other
> publications and arenas which are less bothered about truth and more
> about sales. You will not need an opponent for this. I shall personally
> always be happy to hear your views and give them good consideration.

>
> best wishes

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> --On 26 May 2009 09:41 +0100 Michael Mew <mikemew@gmail.com> wrote:

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> Dear  and Colleges,

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> It does surprise me that, while malocclusion is being treated without a
> working knowledge of its causes and few of the treatment methods provided
> address for any of the suspected causes, you would consider not entering
> an open conversation to discuss the need for a debate on the issue.

>

> You did engage me quite happily behind closed doors, including 15 of your
> esteemed colleges, an intimidating list of important and impressive names,
> but do not seem happy to continue the conversation in public. This is not
> in the spirit of scientific protocol. I would like to respond to your
> email, stating that I propose that the environment causes nearly all
> malocclusion and it is not a mixed cause with the genes, giving ample
> room for a debate. But this should be an open debate for dentistry not a
> closed debate for a selected group of orthodontists. Are you are acting
> as the Chairman of the BOS on behalf of its members (including myself).

>

> All I ask for is an open, fair and free conversation to allow the evidence

> to speak for its self. This is the foundation of evidence based medicine.
> This is what has been denied to my Father for 30 years and attempts by him
> to be heard have been suppressed, while few if any of you have a great
> understanding of his beliefs. ♦When have any of you put to a fair test
> anything that he has previously said? He has always been very polite about
> all of you, which I know has not been reciprocated.

>
> To the rest of this group, I don't know if you have given your expressed
> consent to be copied into this conversation. I feel that it is now
> appropriate for you to state if you are not in agreement with the approach
> and content of [REDACTED]'s conversation so far. Could you respond in
> reasonable time or be considered in agreement.

>
> [REDACTED] you engaged me in a discussion on the aetiology not the other way
> around. You were responding to the editorial "The Black Swan" which
> clearly stated that the true test of a philosophy is not to be proved but
> that it cannot be disproved. Now it should be for you to prove me wrong
> rather for me to prove myself right. ♦The measure of a scientist is their
> willingness and ability to defend what they believe, and I for one am
> willing and happy to defend my beliefs. Which one of you is also?

>
> Thank you for your time.
> Yours sincerely,

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>
> Mike

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> -----Original Message-----
> From: [REDACTED]
> [mailto:[REDACTED]] ♦Sent: 22 May 2009 08:34
> To: Michael Mew
> Cc: [REDACTED]

[REDACTED]

> Subject: RE: Debate

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> Dear Mike
> I'll have a think about the usefulness of sending my mail to the editor
> of ♦the BDJ.
> Why are you so keen on looking for an opponent?

>
> [REDACTED]

> --On 21 May 2009 23:56 +0100 Michael Mew <mikemew@gmail.com> wrote:

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> Dear [REDACTED],
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> Thank you very much for your well considered answer. I was not expecting
> this to become such a popular conversation. With great respect I must
> take issue with a number of points in your email. I will seek to respond
> to these points but please could you send this to the editor of the BDJ,
> as I would prefer an open discussion.

>
> There are certainly some gaps in our understanding, and if we want the
> truth then we must start with the aetiology. We have to review what we

> had died several years previously as someone who had used his Mew 1
> appliance and I remember using that myself when I first met and spoke at
> length with your father in 1979 when I was working with Harry. As you
> know, that appliance aligned the arch before using a functional
> appliance of your choice including your fathers design. As with the
> majority of clinicians I remain keen on functional appliances, but am
> not aware of any of them influencing the proposed environmental factors
> such as diet, breathing, pollen etc. We do all of course get some very
> impressive results sometimes when growth turns out to be favourable, but
> we know that in those case we may well have seen that growth in the
> absence of treatment which is why controlled trials are so informative.
> There is little doubt that arch expansion can favourably influence nasal
> airflow and this is undergoing a renewed popularity of investigation, but
> whether this change in airflow lasts or is more than a side effect of
> tooth movement or influences future malocclusion is at present
> debatable.

>

> So the problem with a debate on genes and environment in aetiology is
> that it is likely to consist of agreement that both are important, then
> the putting forward of some hypotheses about environmental factors on
> which we have little fact to chew over and then an amount of shoulder
> shrugging.

>

> Regarding the separate issue of the hypothesis that orthotropics effects
> environmental factors, there are two hurdles to be overcome. Firstly in
> the 30 years in which I have heard John refer to it on many occasions I
> have not gained a useful working knowledge of what exactly it is other
> than the use of functional appliances, arch expansion and possibly some
> imprecisely defined orofacial exercises. It is fair to say that this is
> an obstacle to its adoption by another clinician. Secondly, it is only
> those who practice a technique who can test that technique. Many
> techniques have been compared e.g. fixed vs removable functional
> appliances, early vs later treatment of class 2, functional vs fixed
> appliances for class 2, orthodontics vs surgery. Other novel and at
> first sight rather unlikely treatment approaches such as reverse pull
> headgear, RME, all sorts of applications of TADS, self-ligation, have
> all found enthusiasts and then increasingly good scrutiny and quantified
> assessment. Even uncomfortable, complex and difficult appliances such as
> the Frankel which I myself used on a good number of cases in the 1970s
> found a significant following for a while. A challenge with orthotropics
> is the lack of adopters and therefore of cases to match and compare.

>

> So although I love debate, I am not sure that aetiology is a fruitful
> source of difference of opinion. Regarding orthotropics as a potential
> influence on the environment, I think a lack of users and of
> comprehension of the proposed distinctive elements hinders the prospects
> of a further debate being useful at this stage.

>

> Regarding the lack of hard evidence on environmental factors, I suspect
> that a problem is that changing a proposed influence or number of
> influences over a long term is difficult in an individual or a society
> and may be difficult ethically in the absence of sufficient reason to
> support the intervention. At least we are in good company - we don't yet
> know much about what causes some people to get osteoarthritis, but we do
> at least now have excellent hip replacements.

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> best wishes
> [REDACTED]
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> --On 19 May 2009 21:20 +0100 Michael Mew <mikemew@gmail.com> wrote:
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> Dear [REDACTED]
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> I hope that you have received the letter that I sent to you via the BOS.
> In this I ask if you could, as the Chairman of the BOS, ask if one of
> your members would like to stand against me in a debate. The hypothesis
> to be tested would be "Malocclusion is caused by the environment and
> modified by the genes".
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> I have over the last few months received several emails from the BOS on
> subjects such as consultant positions or 2nd opinions for cases, and was
> wondering if an email could be sent to all the BOS members on this
> subject. If between us we could write a few lines and send them out, it
> would then help me to organise such an event. It would be best to meet
> you but I believe that you are not based in London so that would depend
> on our movements in the near future.
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> It really would be a pleasure to meet up with you or even to discuss
> this by email.
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> Very best wishes,
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> Mike
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>
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> PS Attached is the letter that I sent you and the editorial
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>
> No virus found in this incoming message.
> Checked by AVG - www.avg.com
> Version: 8.5.283 / Virus Database: 270.12.29/2114 - Release Date:
> 05/19/09 06:21:00
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