

Subject: RE: Your email of 19 June
Date: Thursday, 22 July 2010 at 17:59:18 British Summer Time
From: Mike Mew
To: [REDACTED] ([REDACTED])'
Attachments: Letter 2 draft 17.rtf

Dear [REDACTED]

Thank you very much for your response. You are correct that I “assert that the issue you [I] have raised is not related to forms of treatment or the moderating of views in this regard”. However you absolved the Council from action by stating “it is not the role of the regulator to become involved in discussions about the efficacy or otherwise of theories of treatment”, the wording of which has left me somewhat confused.

After over a year I am still worried that you do not fully understand my concerns. I have placed them in the most simple format below;

1. The orthodontic and dental profession accept that they do not know what causes malocclusion,
2. Despite this it is assumed that the cause is predominantly genetic,
3. The profession are treating people based on this assumption,
4. The current balance of evidence suggests that this may not be true
5. Therefore current orthodontic therapy may not be evidence based
6. After more than a year without being able to engage the profession in a debate it would appear that any avenue of discussion is being blocked.
7. A good case could be presented that vested interests are (preventing free discussion) blocking scientific progress.

These concerns do not relate to the efficacy or otherwise of theories of treatment, but the fact that the treatment that may lack scientific foundation and the scientific process of critical appraisal is being circumnavigated.

As the GDC lawyer you would be expected to be familiar with the responsibilities of the council. It does seem that a legal monopoly for the provision of dentistry has been granted by the state to the dental profession, to protect the public against incapable and unknowledgeable practitioners. To prevent abuse and maintain standard this legislation is governed by the General Dental Council in the interests of the patients. This process is described well by Jeremy Paxman in ‘Friends in High Places, “Because of the professional’s specialised area of knowledge, the layman was unlikely to know what was best for himself. He depended on the integrity of the professional. Codes of practice were supposed to protect the customer by dangling the threat of expulsion and consequent loss of income over the practitioners”. Since the public cannot be expected to assimilate the knowledge we are entrusted with this task, on the assumption act scientifically and professionally. It can only be acceptable for the profession or orthodontic speciality to be treating patients without a working knowledge of its cause, if they are also committed to finding its cause. Without this the monopoly is being abused which is within the Council’s remit.

You should by now have been approached by the BDA and asked to comment on a letter that I have submitted for publication (which I attach for your information). In it I state that "repeated approaches to the GDC and BOS have been spurned". If you do not feel that this is correct could you please make return a comment?

This is my 9th letter on this issue, I do not agree with your current response and would like to request a clear response in which you avoid any realspeak and directly address the concerns in this letter so that the Councils current opinion and reasons for inaction are on recorded.

Yours sincerely,

Michael Mew

From: [REDACTED] ([REDACTED]) [mailto:[REDACTED]@gdc-uk.org]
Sent: 21 July 2010 15:19
To: Mike Mew
Cc: Corporate Legal
Subject: RE: Your email of 19 June

Dear Mr Mew,

Thank you for your email, which I have read with care. I note that you assert that the issue you have raised is not related to forms of treatment or the moderating of views in this regard. However, it seems to me from your email that the issue you have raised is precisely one of the forms of treatment for orthodontics in the UK at present.

I understand that you are of the view that there is a discussion to be had within orthodontics about the points that you have raised about the possibility of malocclusion being of genetic origin.

However, I regret that the GDC has no role in bringing about that discussion and I can only repeat the points I made in my last letter that it is not the role of the regulator to become involved in discussions about the efficacy or otherwise of theories of treatment, and that we have neither the powers nor the resources to do so.

I understand that this is not the answer that you wished for.

Yours sincerely

[REDACTED]
Legal Adviser
Corporate Legal Team
General Dental Council
Tel: [REDACTED]
Fax: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED]@gdc-uk.org
Web: www.gdc-uk.org

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From: Mike Mew [mailto:mikemew@gmail.com]
Sent: 19 July 2010 17:32
To: [REDACTED]
Subject: RE: Your email of 19 June

[REDACTED]
I understand the situation but would obviously like a resolution soon.
Best wishes,
Mike

From: [REDACTED] [mailto:[REDACTED]@gdc-uk.org]
Sent: 19 July 2010 16:35
To: Mike Mew
Cc: [REDACTED] ([REDACTED]); Corporate Legal
Subject: RE: Your email of 19 June

Dear Mr Mew,
I apologise for not having been able to respond substantively to your letter. I am awaiting instructions, once I am in possession of these I will be in a position to reply. Because it is holiday time additional delays are caused by absences from the office on annual leave. I will respond as soon as I am able.
Regards,

[REDACTED]
Legal Adviser
Corporate Legal Team
General Dental Council
Tel: [REDACTED]
Fax: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED]@gdc-uk.org
Web: www.gdc-uk.org

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From: Mike Mew [mailto:mikemew@gmail.com]
Sent: 19 July 2010 11:17
To: [REDACTED] ([REDACTED])
Subject: RE: Your email of 19 June

Dear [REDACTED]

It is not my intention to be over forceful or rude in this matter but it has been a month and I have not received a response from you for the email sent 19th June. And considering the first letter that I sent the council on the same subject was on the 6th July 2009 (please correct me if I am wrong) which is now more than a year ago I am quite keen to move this matter forward. If there is any misunderstanding in the nature of my concerns please tell me, for they are of a quite serious nature. Without asking me to present

the details of my concerns and then making an attempt to corroborate or negate these details you cannot be in a position to make a decision on them.

It is important that I am given an audience with the GDC at some point in the near future, so that this matter can be looked at.

Best wishes,

Mike Mew

From: [REDACTED] ([REDACTED]) [mailto:[REDACTED]@gdc-uk.org]
Sent: 21 June 2010 15:42
To: Mike Mew
Subject: Your email of 19 June

Dear Mr Mew,
Thanks for your email of 19 June, receipt of which I acknowledge. I will respond substantively as soon as I am able to take instructions.
Regards,

[REDACTED]
Legal Adviser
Corporate Legal Team
General Dental Council
Tel: [REDACTED]
Fax: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED]@gdc-uk.org
Web: www.gdc-uk.org

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From: Mike Mew [mailto:mikemew@gmail.com]
Sent: 19 June 2010 16:38
To: [REDACTED]
Subject: RE: Please find attached

Dear [REDACTED],

Thank you very much for your letter and the time and effort that you have been to in regard to this matter. There does however seem to be some confusion. The subject of my concern was in no way related to the provision or practice of orthotropics, discussion of different forms of treatment, or the moderating of views in this regard. It seems strange that this confusion has occurred again since this was the only point that I managed to clarify in the limited exchange that occurred with Mr R [REDACTED], at the end of last year. You should have these letters on record. The only times that I mention

orthotropics is to exclude it from the concerns that I raise with the Council.

My concern is that the profession is in a state of “group thought” in thinking that malocclusion is of genetic origin, and are ignoring the evidence that it may be due to environmental factors. This suggests that we are treating symptoms, not the causative factors and the practice of orthodontics in this country is not evidence based. All efforts to bring this to the attention of the profession have been ignored and there appears to be no channel through which I can raise my concerns.

I sincerely believe that this is a real and far reaching problem. It is my professional duty to report such an issue to you. If you would like to meet me I think that I can put forward a proper and scientifically sound case to support what I say. However, if I am unable to meet you I cannot put this forward and you cannot assess whether I have a substantive point or not. Since there is always a possibility that I could be right then is the Council not duty bound to hear me out?

As a lawyer you rightly quote the legal responsibilities of the GDC stating that you “no longer prescribes on clinical issues” and your role does “not include the discussion of different forms of treatment, or the moderating of views in this regard”. This is quite understandable such, scientific forays are for the pages of journals and meeting. However if we are to remain a self governing profession we must recognise and act, when a monopoly of thought has arisen to the point of preventing scientific enquiry and open discussion. Especially when this effects the treatment provided to patients.

That you quote the classic sentiment of an establishment “The GDC would advise you that it is more likely that you will receive recognition of orthotropics as an alternative treatment to jaw surgery and extractions by the production of well researched data; with proven clinical trials; with learned papers and research from independence sources (peer review) who have investigated and analysed your methods. If, as you suggest, this evidence is available, I would suggest that it can then be placed before the relevant bodies.”, is interesting in itself, I call this the “prove it” philosophy. While this seems a sound philosophy, Karl [REDACTED] pointed to the flaws in such an approach. For much of science little can be proved with certainty, as he showed in his argument the Black Swan. He suggested that we should aim not to prove but to disprove, and develop the null hypotheses, which is a corner stone of all modern research including Orthodontics, even if the main drive of his ideas are ignored. Although as I mentioned it is not my aim to further orthotropics with my interactions with you.

We have a situation in orthodontics where we know surprisingly little. No one has much good evidence, so it is unlikely that a small group can produce the evidence that has eluded the entire profession for 100 years. Hence the argument of “prove it” can be used to maintain the status quo. Poppers philosophy is similar in a way to the modern legal tenants in law, that every man is considered innocent until proven guilty.

The one area where hard evidence is available is the cause of malocclusion, the aetiology. You note this and suggest that this evidence, if it exists, should be “placed before the relevant bodies”. I have tried every body possible, and approach you as the last port of call. I feel that there is a natural

conspiracy against change that is preventing the truth from being sorted as it would require change, and I feel that it is the responsibility of the GDC to see that this is heard.

I do not want to sound negative but previous to this letter I have sent three to Alison [REDACTED], one letter to Mr M [REDACTED] and three letters to Mr R [REDACTED]. This is an ethical issue which the GDC in its efforts to "Protect Patients" should investigate further.

I sincerely hope that we can stop this futile exchange and engage on the real issue. How do you think that the public would judge us if they knew that we did not know the causes of a problem that we are treating and are not interested in finding out?

Best wishes,

Mike Mew

From: [REDACTED] ([REDACTED]) [mailto:[REDACTED]@gdc-uk.org]
Sent: 07 June 2010 15:38
To: mikiemew@gmail.com
Subject: Please find attached

..my letter of today's date a hard copy of which has been sent by first class post.

Regards,

[REDACTED]
Legal Adviser
Corporate Legal Team
General Dental Council
Tel: [REDACTED]
Fax: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED]@gdc-uk.org
Web: www.gdc-uk.org

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