Pathologist in Sally Clark case suspended from court work

Clare Dyer *legal correspondent, BMJ*

The Home Office pathologist who failed to disclose key evidence that could have helped to clear Sally Clark of murdering her two babies was found guilty of serious professional misconduct by the General Medical Council last week. Alan Williams was banned from Home Office pathology work or coroners' cases for the next three years, but will be allowed to continue working as a consultant histopathologist at Macclesfield General Hospital.

Mrs Clark was jailed for life in 1999 for killing two of her sons, Christopher and Harry, but had her conviction quashed by the Court of Appeal in 2003 after spending more than three years in prison (*BMJ* 2003;326:304).

Dr Williams, aged 58, who did the postmortem examinations on both babies, failed to pass on the results of microbiology tests on the second baby, Harry, which raised the possibility that he could have died from natural causes. But the GMC panel found "no evidence of calculated or wilful failure to disclose results of tests, no malice, and no intention to mislead."

Dr Williams's NHS trust chairman appeared in person to support him, and colleagues attested to his good character and competence. The panel concluded, "There is no evidence of general incompetence, indeed the reverse obtains: impressive testimonials indicate your skills as a general pathologist are highly respected and valued."

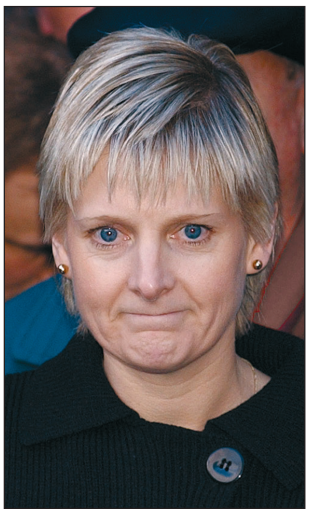
Police, lawyers, and expert witnesses in the case were unaware of the results of microbiology and biochemistry tests on Harry until they were discovered in hospital records after Mrs Clark lost her first appeal against her convictions. The microbiological tests showed the presence of *Staphylococcus aureus* in eight sites of Harry's body. The fact that the jury were unaware of the results led the appeal court to quash the convictions as unsafe on the second appeal in 2003.

Dr Williams told the GMC that he thought the bacteria were the result of postmortem contamination and were therefore not relevant. Dr Williams did postmortem examinations on Christopher, who died aged 12 weeks in 1996 and Harry, who was 8 weeks old when he died in 1998.

He initially gave the cause of death for Christopher as an infection of the respiratory tract, but after Harry's death he changed his mind and concluded that there was evidence of smothering. He ascribed Harry's death to shaken baby syndrome.

The panel found that Dr Williams had been incompetent in doing the postmortem examination on Christopher, in attributing his death to a lung infection and failing to discuss the possible importance of bruises and a torn frenulum, which raised the possibility of unnatural death. The cause of death should have been put as "unascertained," the panel said.

The pathologist was also found to have been incompetent in several respects in performing the postmortem examination on Harry and to have failed in his duty as an expert witness. Delivering the GMC's verdict, the chairman, Peter Richards, said, "Whatever your own views, even if reasonable, you had a responsibility as an experienced forensic pathologist to consider whether test results might need to be openly discussed, before being discounted, in order to prevent any risk of a miscarriage of justice." □



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The GMC concluded that Dr Alan Williams (above right), whose evidence was crucial in the case of Sally Clark (above left), showed no evidence of general incompetence

Drug companies monitor web chat for adverse reaction reports

Michael Cross *London*

Drug companies are harvesting comments posted on the internet about drug side effects using new computer technology. NetRank, a UK based internet consultancy, said this week that at least one "well known drug company" is using a product called i-reputation, which monitors the internet for postings about specific products.

Critics of the pharmaceutical industry expressed concern about the way the information might be used. The technology is based on a computer program developed for the mobile phone maker Motorola to track comments about its products in internet chat rooms and other online forums. The system deploys autonomous software "robots" that roam the internet looking for a key word, such as the name of a drug together with up to five "operator words," such as headache, nausea, depression, euphoria and lightheadedness. Pieces of text containing these terms are then copied back to a central computer for analysis.

Among internet enthusiasts, such programs are widely known as "spyware." John Straw, NetRank's chief executive, said that the system posed no threat to privacy, however. The internet has become a "grandstand for concerns about medicines," with such comments already in the public domain, he said. The law would not allow companies to contact patients posting remarks.

Mr Straw said that companies could use the software to detect patterns among reports posted in "free text" that might otherwise be dismissed as anecdote.

"Potentially we can identify issues six to nine months earlier than through conventional reporting channels." He would not say which companies are using the service. The *Financial Times* reported last week that NetRank has been "discussing" the service with Glaxo SmithKline, Pfizer, and Johnson and Johnson. None of the companies would comment.

Campaigners on pharmaceutical industry issues said that the industry would be likely to use data gathered through the system to arm themselves against potential claims rather than to strengthen the mechanism of patient reporting. "The potential to put this data to good use is there," said Charles Medawar of Social Audit. "However, I have seen no evidence that this potential is being recognised." Mr Medawar said that drug companies already regularly monitor a website that he runs on the effects of antidepressants.

Andrew Bryce of the Lariam Action support network said that the industry would be "far better served applying 'spyware' to its own documentation on adverse effects. Frequently warnings in product safety literature that appear in one country do not get published on a worldwide basis for years, if at all."

Mr Bryce and Mr Medawar agreed that if the development meant that pharmaceutical companies were taking patients' reports more seriously, that would be a good thing, however. □