Indian Journal of Medical Ethics Published online first on November 19, 2025

BOOK REVIEW

Sense and nonsensibility

SUNITA SIMON KURPAD

Peter C Gotzsche. *Is psychiatry a crime against humanity?* Copenhagen: Institute for Scientific Freedom; 2024. 215 pages, ISBN: 978-87-85273-00-0.

Author Peter Gotzsche tells us that he obtained a Master of Science (1974), worked for the drug industry (clinical trials and regulatory affairs, 1975-1983), graduated as a physician (1984), worked in internal medicine in Copenhagen (till 1995) and cofounded the Cochrane Collaboration (1993). Later, he founded the Institute for Scientific Freedom (2019). He describes himself as officially retired, but working as an independent consultant for lawsuits, and as a film maker.

Gotzsche has been deeply concerned about ensuring transparency regarding adverse events (and efficacy) in trials by pharmaceutical companies. His expulsion from Cochrane was highly controversial [1,2]. His polemical style of expression raises hackles, but he has talked about important ethical issues that needed discussion despite risking backlash. He has published on the overuse of psychiatric medication, risk benefits of screening mammography and vaccinations against human papillomavirus infection [3,4]. In this book, his focus is back on psychiatry.

The good

Gotzsche shines a much-needed light on deprescribing — the rationale for hyperbolic tapering: reducing antidepressant medication very slowly especially when lower doses are reached to prevent drug withdrawal, which should not be mistaken for a relapse of illness.

The author reiterates the negative influence of the pharmaceutical industry on doctors — biased research, data torturing, reporting and publishing. He emphasises the importance of transparency in clinical trial data, as well as the need for non-commercial research that makes the lives of patients better. He points out that psychiatry textbooks do not discuss these issues.

While this is not a new topic, he discusses the problem of benzodiazepine dependence and the need to avoid inappropriate pharmacological management of anxiety disorders. Gotzsche is right on the need to critically evaluate evidence for efficacy of treatments — whether antidepressants, ketamine therapy or transcranial magnetic stimulation. He highlights important literature on mortality in persons with schizophrenia who are on medication.

Gotzsche's references to Frankfurt's philosophical insights into "bullshit", Schopenhauer's discourse on the "art of always being right", and clever use of quotes make for entertaining (and educative) reading.

The bad

Sudden discontinuation of antidepressants and benzodiazepines can cause withdrawal symptoms. But it is benzodiazepines, and not antidepressants that can cause "addiction" as in craving or tolerance. Stopping antipsychotic or mood stabilising medication prematurely can cause a relapse of the primary illness for which it was prescribed — that is not a withdrawal effect. I would disagree with Gotzsche's blanket assertions that these issues are proof that all psychiatric medications are addictive.

It is known that selective serotonin reuptake inhibitors (SSRIs) can worsen agitation in some persons. However, I think that Gotzsche's repeated assertions that antidepressants cause suicide and homicide are not only wrong, but irresponsible. He states that psychiatrists do not accept evidence-based medicine, and are wrongly influenced by anecdotal clinical experience. However, I did think that, at times, Gotzsche himself has overinterpreted statistics and relied on anecdotes. In research studies, "association" cannot be equated with "causation". Blaming a drug for suicide with complete certainty, for what could be an unfortunate consequence of the illness it was prescribed for in the first place, or a social circumstance/ life event, is bad science. Even if there is an association, it needs careful elucidation of confounding factors to ascertain causation. This is particularly relevant in something as multifactorial as self-harm. The term self-harm encompasses behaviour ranging from nonsuicidal self-injurious behaviours (NSSSI) to non-fatal suicidal attempts and deaths by suicide. It is unclear which of these Gotzsche refers to some of the time. He relies on anecdotal information from family members or patients as "proof" of this causation. Anecdotes, while important, may not be completely reliable when a family are in intense grief over the loss of a loved one through suicide, or one is facing the potential legal consequences of homicide. In the understandable effort to "find a reason"/ "make sense of" these devastating acts, blaming psychiatrists and their medication is an unfair, albeit conveniently available, option. In addition, now being a consultant for lawsuits, he is probably more likely to hear patients blame medication rather than take responsibility for their own act of homicide.

While Gotzsche is right about the pharma industry's influence on doctors [5], to see every prescription through the lens of psychiatrists being corrupt is not right. It plays into the vulnerabilities of patients and their loved ones. Loss of insight (losing touch with reality) can be an intrinsic part of the experience of some mental illnesses. In addition, sometimes a diagnosis of major mental illness in a loved one, can understandably lead family members to grief responses with denial and anger. While it is always wise to question psychiatrists (any doctor for that matter about diagnosis, medication, treatment and no treatment options), Gotzsche's repeated exhortations not to trust psychiatrists and psychiatry can have unfortunate consequences by delaying treatment.

Of course, irrational drug prescriptions are a problem in medicine — whether antibiotics or antipsychotics. It usually stems from poor training, rather than some grand conspiracy. Sometimes doctors feel pressured to "do something" to help alleviate distress. Sometimes patients come in with expectations of medication. In reality, it can be the general physician or internal medicine specialist who first prescribes antidepressants. A well-trained physician/ psychiatrist will know when to prescribe medication, and more importantly, when not to [5].

Gotzsche's assumption that psychosocial interventions are underused in psychiatry seems misplaced. But timing is everything. Sometimes they are the first line option, sometimes best used later in the course of recovery.

All medical interventions have risk benefit concerns, whether statins in cardiology or antipsychotics in psychiatry [6]. Most persons with mental illness (PMI) can take decisions themselves. But the problem in psychiatry is that in certain situations like acute psychoses, the PMI may temporarily lose capacity and need short term support to take admission or treatment decisions. When the PMI regains capacity, they can take decisions which could even be against medical advice. So, when Gotzsche discusses coercion by psychiatry, I believe they remain exceptions and not the norm in 21st century psychiatry. (In India, unfortunately abuse of patients in unauthorised deaddiction centres has been reported, though psychiatrists are not the villains here [7]).

Predicting outcome in medicine is usually a balance of probabilities. When Gotzsche quotes research to support his opinion, the facts are correct, but sometimes his interpretation is far more confident than the authors are themselves. For example, Gotzsche raises an important concern about depression and dementia. While this association has been known for decades, he quotes a systematic review and meta-analysis which suggests that this association, while confounding, may have an etiological link — some persons with dementia had been prescribed antidepressants decades earlier. Gotzsche quotes this study as proof of antidepressants causing dementia. I think we need data on compliance and response to medication. We also know that depression make persons less likely to engage in behaviours associated with reduced dementia risk. To stir this pot further, in conditions like Parkinsons, depression has been reported to predate motor symptoms by decades.

This book would have done well with some tough editing. Repetition and circling back to points covered in previous pages could have been avoided. The minor typos, for example "Franklin" instead of "Frankfurt", and in the layout/ numbering of references makes the work appear unpolished.

The ugly

The tone of the book veers from serious journalism, necessary activism, to tabloid sensationalism and, frankly, abuse. While Gotzsche does raise important points, what is deeply troubling is his needlessly offensive style with language. Name calling: calling people gorillas ("silverbacks"), idiots, dumb, evil, using phrases like "X is brighter than the average psychiatrist", are juvenile qualifiers not expected from an academic.

Some anecdotes reflect poor psychiatric practice, rather than the discipline of psychiatry itself being bad. Many statements sound prejudiced against psychiatry. For example- "It is long overdue that psychiatry as a specialty gets disbanded". He even has a subtitle "Having the last laugh at psychiatry". I was surprised that he seemed offended that his stance has been seen as "anti psychiatry", not "critical (of) psychiatry".

While he does refer to a few psychiatrists he seems to respect, at no point is he respectful of someone who may have a differing opinion. He even implies "balanced reporting" in journalism is a bad thing: "Balanced reporting makes people dumber than they should be".

"Neurochemical imbalance" in depression or psychoses is a theory about aetiology, so it cannot be called "a lie". Gotzsche's ad *hominem* style of argument distracts and detracts from the core issues. As I was tasked with reviewing this book, there were times I felt as if I was trapped in a 215-page abusive relationship that I could not walk away from. As often the case when one loses one's temper, however justified, the focus moves away from what is being said to how it is being said. And in that, Gotzsche does himself and these issues a disservice.

Conclusion

This book is hard to review — especially for a psychiatrist. The title put me on the defensive immediately. I had to take special care to ensure my emotions did not come in the way of my judgement. Some anecdotes were very moving. One patient's line particularly poignant: "The psychiatrists called me mad, and I called them mad, and then they outvoted me." The book made me question myself and my work (which isn't a bad thing). I had to remind myself of the

countless times psychiatric intervention had helped patients and families and not harmed them. (This is not my "guild interest" in psychiatry talking). The point being, if his book made me question myself, how much could it risk driving someone who needs care, away from psychiatry?

Research findings AND clinical experience are both important. There is wisdom in the line "A statistical view without personal experience lacks depth, and personal experience without statistical knowledge lacks perspective" [8].

While the book raises important issues like deprescribing and critical psychiatry, others like concerns about pharma conduct have been raised by Gotzsche in his earlier books. I feel that some concerns are dated — voicing a stigmatising narrative of psychiatry that I had thought was long gone. But as he is still talking about it, I think he has an audience of vulnerable patients and family members who need correct information about mental illness and its management. I believe he needs to be engaged with, rather than ignored (however tempting that seems). He rightly quotes Dibbern "(Gotzsche) is not a great diplomat. But it is also necessary to shout loudly in this area." But as mentioned earlier, there is no need to be abusive.

PS. I am not looking forward to his rejoinder to my review!

Author: Sunita Simon Kurpad (sunita.sk@stjohns.in, https://orcid.org/0000-0001-8965-3304), Professor, Department of Psychiatry and Head, Department of Medical Ethics, St. John's Medical College and Hospital, Bengaluru, INDIA

Conflict of Interest: None declared **Funding:** None

To cite: Simon Kurpad S. Sense and nonsensibility. *Indian J Med Ethics.*

Published online first on November 19, 2025. DOI:10.20529/IJME.2025.087

Submission received: August 1, 2025

Submission accepted: September 5, 2025

Manuscript Editor: Sanjay A Pai

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