

IS THYROID DISEASE TOO EXPENSIVE FOR THE NHS TO TREAT?

12th July 2007 - Doctors giving evidence at the GMC Fitness to Practise hearing of Dr Gordon B Skinner taking place in Manchester have stated that if patients are given thyroid hormone it would cost the NHS a lot of money. Dr Skinner is before the GMC because he treats patients with thyroid hormone when they have apparently “normal” blood test results. He has successfully treated many patients, some diagnosed with CFS/ME. One GMC doctor stated, ‘This patient is 40 years old and it would mean that she would get all of her medications free of charge for life’. None of the complaints to the GMC regarding treatment were from patients and none of the doctors giving evidence has said that patients have been harmed. In some cases the doctors who have complained are continuing treatment because the patients are now well. Others have stopped treatment with the result that the patients are now seriously ill again.

Ironically, treatment for hypothyroidism is very inexpensive especially compared to prolonged treatment for the many individual symptoms.

Symptoms of an underactive thyroid include tiredness, cold intolerance, weight gain, dry skin, intestinal problems, depression and often a constellation of other seemingly unrelated signs and symptoms which are often dismissed by doctors (including Professor A. Weetman, President of the British Thyroid Association and the GMC Expert Witness in this case), as somatoform disorders. These symptoms are often treated with inappropriate medication, particularly anti-depressants. If these patients do have hypothyroidism, it would be considerably less expensive for the NHS to treat them with thyroid medication than it would be to send them to a succession of different specialists, to pay them benefits because they are unable to work and to prescribe a cocktail of expensive drugs such as Prozac, statins, HRT and Amiodarone, which often prove ineffective and sometimes downright dangerous. Professor Weetman admitted that some of his evidence was theoretical and speculation and when asked why Dr Skinner’s patients were getting well, he stated that this was due to his warmth, empathy with the patient and the placebo effect. The panel questioned him saying “If it was the placebo effect, surely there would be a blanket effect in respect of symptoms and not just some of the symptoms would disappear.”

Lyn Mynott, chair of Thyroid UK, states, “There is a lot of controversy about the reliability of the thyroid function test, presently the only one accepted by the medical profession, but now some doctors believe that the present form of blood testing is not reliable enough.” Thyroid UK is undertaking a study to find which test best correlates with symptoms – saliva, urine or blood. She states, “Other types of testing, as used in the US and some parts of Europe, seem to correlate much better with symptoms than the standard blood tests and so we felt we should conduct a study to confirm which is best.”

The GMC is also planning to take action against other doctors who are successfully treating hypothyroid patients whose blood thyroid levels are “normal” but who are still suffering with hypothyroid symptoms. If the GMC were to prevent these doctors from helping these patients, the cost of providing state benefits for them would explode and the cost to the NHS of prescribing ineffective drugs would be immeasurable.

ENDS

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Notes to the Editor:

Thyroid UK is a non-profit organisation campaigning for, and providing information and support to those with thyroid or related disease.

Aims of Thyroid UK

- to provide advice, information and support to sufferers of thyroid disease
- to promote public awareness in regard to thyroid disorders
- to act as a resource centre and disseminate information
- to encourage scientific research for the education, alleviation, care, treatment and cure of thyroid disease
- to raise funds needed to achieve the stated objectives

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