

Doctors at war

The public punishment of Dr Colin Brewer at the end of what became known as the Stapleford Case was a sad, expensive and embarrassing debacle which highlighted serious rifts in drug treatment, says **Tom Carnwath**

DR Colin Brewer, founder of private drug treatment clinic the Stapleford Centre, was struck off the medical register in November for serious professional misconduct in November after a two year General Medical Council (GMC) investigation into allegations of inappropriate drug prescribing. But his methods were also commended by the very panel which struck him off.

The Stapleford Case, the most prolonged and expensive review in the GMC's history, is the latest in a long line of GMC reviews of private doctors going back to that of Anne Dally in 1987. Ironically Colin Brewer was asked by the Home Office to take over Dr Dally's patients when she was herself struck off, in effect acknowledging that there was a group of patients who were not well served by the standard treatment then available in London.

Many of these patients, and their later successors, gave evidence to the GMC that they had been greatly helped by Dr Brewer's treatment, when they had not been able to achieve stability elsewhere. Almost uniquely the panel went out of its way to praise Dr Brewer before striking him off, pointing to his significant contributions to addiction medicine, his clinical concern, his lack of mercenary motivation and his willingness "rightly in some instances" to practice outside established guidelines in the best interests of his patients.

This has been a sad outcome for those of us who have learnt a lot from Colin over the years, particularly from his experience as an early adopter of procedures such as naltrexone implants, which may well become standard practice in the future. Nonetheless, he was inclined to very eccentric treatment which sometimes led to unsatisfactory outcome, including death on one occasion. Some private doctors in previous cases were much more clearly out of order, and were rightly erased. In other cases erasure seemed an unjust over-reaction. Particularly sad and unnecessary was the case of Dr Adrian Garfoot. It was not clear that any patient suffered harm at his hands, and many benefited enormously. He had always been a dedicated and conscientious doctor, and with the

right support and education he could have continued to be so.

We must ask why private clinics such as the Stapleford have been able to thrive in London. At the time that Dr Brewer took over Dr Dally's patients, there was a major division between addiction specialists about the best way to treat opiate addicts. Many were in favour of abstinence-based treatment, whereas others clearly saw the advantages of harm reduction, including maintenance prescribing, particularly after the arrival of HIV infection. The ACMD report Aids and Drug Misuse (1988) strongly advocated this latter approach, but not all were persuaded. For many years subsequently there were districts where it was still impossible to access adequate doses of methadone. Against this background the private clinics provided a vital, often life-saving, alternative for those not helped by NHS treatment.

The Home Office has understandable concerns when high doses of controlled drugs are prescribed. But why does the GMC save its fire for these occasions? Equally culpable clinically are those who under-treat their patients, thereby increasing their risk of infection and death. Had pressure been applied to these as well, the private addiction doctor would probably have disappeared long ago.

In a field of practice where moral opinion often weighs as heavily as clinical evidence, the GMC relies on clinical consensus to assess those who transgress. Unfortunately mainstream consensus is not always correct. Back in 1987, and for some years after, the views of certain private doctors about adequate maintenance prescribing were more justified by evidence than that of many NHS specialists and GPs - even though their actual practice was often questionable. The NHS has moved forward since that time. Had the private doctors been equally flexible about improving their practice, addiction medicine could have avoided this expensive and embarrassing debacle. •

The Home Office has understandable concerns when high doses of controlled drugs are prescribed.

Tom Carnwath is a consultant psychiatrist working with substance misuse services in County Durham