Gordon R B Skinner MD (Hons) DSc, FRCPath FRCOG
22 Alcester Road
Moseley
Birmingham
B13 8BE
Tel/Fax 0121 449 8895

9th October 2007

I have enclosed or e-mailed you three documents which are critical as the panel of the GMC versus Gordon Skinner have decided on my impairment to practise on misinformation and flawed principles; if it is not written I fear that these misconceptions will become enshrined as GMC policy with catastrophic influence on Endocrinologist and Family Practitioners who – in plain words – will be too terrified to use clinical judgement and will be mindlessly hidebound by 'Guidelines' (real or imaginary) and unproven precepts based on misinterpretation and/or over-interpretation of laboratory information.

The documents enclosed are as numbered:

Document 1

A refutation of the Panel's views and their belief in proven allegations; this Document was in fact presented to the Panel. Predictably, the prosecuting barrister interpreted these views as lack of insight. I do not agree and believe that if the Panel is not appraised of these views at this stage, they will rest assured that their views and opinions have been generally accepted by both profession and laity. I believe that their views should be firmly but politely contradicted in the public arena or we will have allowed a serious disservice by omission to present and future patients with hypothyroidism. (1**) Considerations on Fitness to Practise Panel Determination 7th September 2007**

Document 2

This is a press release prepared by a sympathetic colleague which to some extent enshrines the views expressed in document 1; this colleague wishes to be anonymous which in its own way underlines the environment of fear which now besets the medical profession where any contradiction or criticism of the powers-that-be will endanger your career; 'that it should come to this' (2) **GMC versus Dr Gordon Skinner: A sliver of hope in a sea of despair**

Documents 3 and 4

In some ways these are the most important documents as they contest the proposed Guidelines on diagnosis and management of hypothyroidism. This is critical and I have lodged these critiques as Documents of Record at various sites – available on request – to provide a written notification for the future reference for both the profession and laity.

(3) **Document of Record concerning UK Guidelines for thyroid function test**

(4) **Critique of proposed 'UK Guidelines for the use of thyroid function tests'**

Document 5
From a personal point of view - according to the Bolam ruling - if other colleagues follow my therapeutic strategy this should negate the entire case. I shall be making firm representation to Mr Jenkins, my defence barrister to present this point in the strongest possible terms in his final summing up but the frustration has been that for some technico-legal reason - which usually is a load of old hogwash - this survey has not been 'admitted into court' which is disappointing as it would negate the whole process. (5) **Thyroid Replacement in Clinically Hypothyroid Patients who have Free Thyroxine or Thyroid Stimulating Hormone within 95% Reference Intervals**

The ramifications of these proceedings extend beyond the fate of yours truly in that I suspect a bad result will ensure that patients will continue to be hypothyroid through servile reliance on thyroid chemistry or will slip back into a parlous state of health where decisions on levels of replacement have not been based on the most important evidence of all namely the patient's clinical features.

I also suspect that potential adverse effects will be talked up to an unacceptable level. There is no evidence of immediate or long term adverse outcome in patients who are the focus of these proceedings namely patients who are clinically hypothyroid with the thyroid chemistry within the 95% reference intervals. The Panel was obliged to listen to non-relevant evidence on a different set of patients namely patients with subclinical hypothyroidism and it is a major concern that this evidence has and will be incorrectly translated to patients with a quite disparate problem.

I think you may be wondering if at this stage it would not be better to present a more ameliorating stance to the Panel. This will be disastrous in the long term and will be considered an overt admission of error or impairment to practice. I think we owe it to the patients to stand firm and make rigorous but reasoned academic argument on these issues concerning the diagnosis and management of hypothyroidism.

Kind regards,
Gordon RB Skinner MD, DSc, FRCPath, FRCOG