

23rd March  
2006.

Tei -

Dear G.M.C.

RE - DR Gordon R.B. Skinner.  
MD(Hons) DSC FRCPath FRCOG.

I feel that I Need to Put  
Pen to Paper to fully explain  
How I came to be under the  
Care of the above gentleman  
and the service I have  
recieved from him.

My Details.




## Case history

2,

At around the age of  I became  
ill



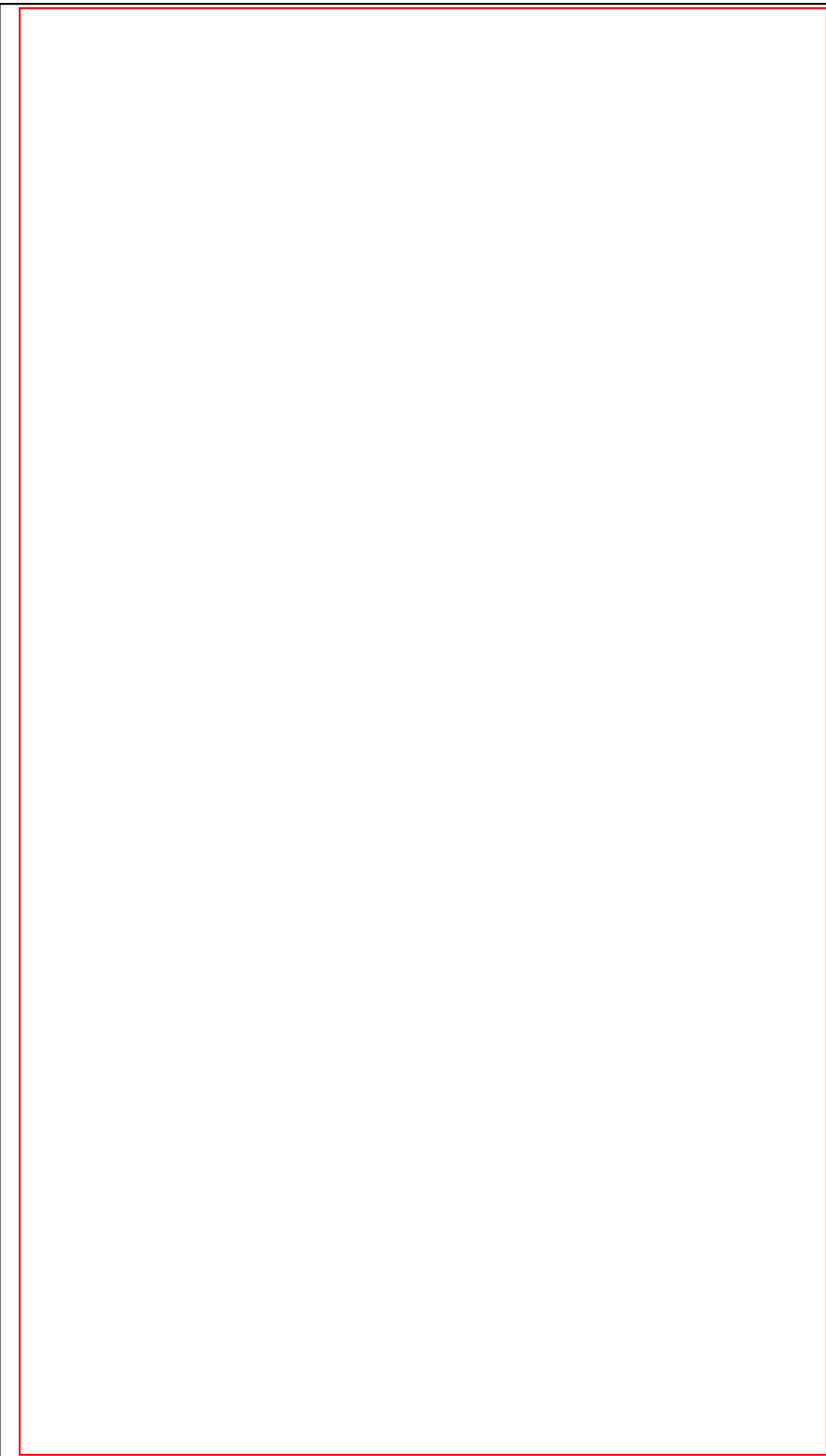




I struggled with my health  
for a long while, adapting  
to my state of poor health  
and dragging myself into work  
but little social life etc as  
I felt not too good!








“  
C








I was devastated to be  
reversed treatment, I had  
had most of my thyroid gland  
removed and left to suffer,  
The misadventures were  
devastating to myself and  
my husband.

I searched in vain for  
someone to help me get my  
health back and to help  
us get the child we wanted!  
this is where I found Dr  
Skinner, Luckily in



## My Experience with DR SKINNER

I really don't know where to start. I wish I had found him years ago.

He is a Gentleman, he listens, does not rush you, believes your symptoms and has a wonderful bedside manner. He has a wonderful sense of humour and he is clinically very sound. (I've met a few dodgy doctors who were not up to date in my  experience).

After a full and thorough assessment he felt that I was 'Hypothyroid' and




May benefit from thyroxine 10,  
replacement therapy. He  
prescribed thyroxine for me

### Results of treatment

Well, nothing short of a ~~miracote~~  
miracle! My husband has a  
new wife and my son has a new  
mommy.

I feel so much better, almost  
back to my old self,





My husband is amazed at my improvement/progress and family and friends have commented on how much better I am.

Dr Skinner has given me my quality of life back. He is an excellent Doctor who I would (and have) recommended. He deserves nothing but praise for his excellent service to patients like myself who have been failed by the NHS. (How sad is that


12,

I am lucky, I have internet access, a supportive husband, finances to enable a private consultation and English is my first language. How does a person who has no internet access, who speaks no English and is an benefits but ~~because~~ is unable to work because of 'Hypothyroidism' get help, They Don't!

Things must be changed to help Patients like myself who have not had care / adequate assessment. 'TFTs' are not reliable, Doctors must not go on this alone.

[redacted]  
[redacted] - without the  
Expert help of Dr Skinner






I would be getting gradually B,  
worse and draining my NHS' for

..... The list is endless  
(including state benefits for  
a lot of people who have not  
got a supportive husband in  
full time employment

I am angry that I have had  
to fight for so long and pay  
privately, but Dr Skinner is  
priceless, I thank God he  
has helped me and my family.

I understand that he is being  
mailed by yourselves (GMC)  
and would welcome your  
contact me if you have  
any questions about the





Excellent care I have  
\*recieved from him.

I am sorry this has been  
a long letter , its been a  
long Journey for me that  
no one else should suffer.

Dr Skinner should be Praiseed  
for his excellent care.

I feel so strongly that  
I have had such poor  
treatment

15,  
I would like a full  
response from yourselves about  
this letter and how the GMC  
will be looking into my  
poor treatment by all the  
Doctors I have come in contact  
with whilst battling for  
Thyroxine after having most  
of it removed !!!

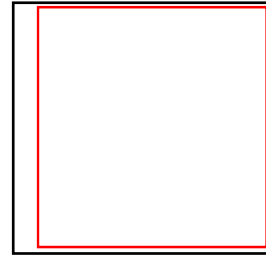
I await a speedy reply.

Yours Sincerely.



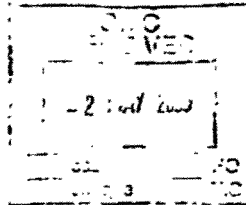
Telephone [redacted]

[redacted]



28 April 2006

The General Medical Council  
Regent's Place  
350 Euston Road  
London  
NW1 3JN



Dear Sirs

**Dr Gordon Skinner**

Dr Gordon Skinner has been before the GMC – Interim Orders Panel and I would like to say that I feel the GMC is being very heavy-handed in treating this excellent and caring doctor in this way.

Although I have never been a patient of Dr Skinner, I have, for a number of years, been aware of his work. About [redacted] years ago, Dr Skinner advised a friend of mine who had been unwell and putting on weight for years. Within a few months, my friend improved out of all recognition. Her weight normalized without dieting, she became much more energetic and happy.

I have a number of friends with thyroid insufficiency and cannot help wondering if it is the use of fluoride toothpaste and mouthwashes that induces this condition. I'm sure these thyroid problems were not so common in the past. And fluoride was once used as a means of remedying hyperthyroidism.

I hope that Dr Skinner will be treated fairly and that the GMC will listen to the thousands of people who support him and who believe that the hospital tests are missing a whole subset of hypothyroid patients. [redacted]

[redacted]

[redacted]

Thanking you

Yours faithfully

[redacted]

[redacted]





06 May 2006.

Mr Adam Elliott  
General Medical Council  
Regent's Place  
350 Euston Road  
London

**Adjudication Section**

**09 MAY 2006**

Dear Mr Elliott,

I understand that Dr Gordon Skinner has to appear for a review before the Interim Orders Panel of the General Medical Council on the 15<sup>th</sup> June 2006 and I would like to write to you today in support of Dr Skinner.

[redacted]  
[redacted] I progressively went on to experience a number of different symptoms not experienced before, the most notable of which was [redacted]

[redacted]  
[redacted] I continued to go back and forth my GP for the next six years continually complaining of symptoms, which progressively got worse. I had blood tests taken, which I was always told were normal and eventually in [redacted], frustrated at feeling so unwell, I was referred to an Endocrinologist at the [redacted]. After a few consultations and blood tests taken, I was informed my blood tests were all normal, and that I should be pleased to learn there was really nothing wrong, **totally disregarding the fact that I still felt absolutely awful. Regardless of this, I was still discharged.** [redacted]

[redacted]

Then in the spring of [redacted] after hearing about Dr Gordon Skinner, I asked my GP whether she would refer me to see him. This she agreed to do, then for the first time in [redacted] years, following a rather lengthy consultation (in excess of an hour), Dr Skinner was the only doctor who went through my complete medical history, most thoroughly, then armed with blood test results, he diagnosed, what was to him, he said, quite obviously 'hypothyroidism'.

Thyroxine was advised, at a dose of [redacted] increasing to [redacted] after [redacted] weeks, then to stay on that

[redacted]

[redacted] I continued to visit my GP, complaining that I didn't feel right at all. My GP unable to explain why this was happening or resolve the problem, I contacted Dr Skinner and made arrangements to go and see him again.

So in [redacted] [redacted] years following the commencement of Thyroxine to my immense relief, Dr Skinner recognised immediately the problem, explaining that I was probably having trouble with the conversion process from non-active to active thyroid hormone. This was most likely as a result of my system crying out for more thyroid hormone, [redacted]  
[redacted] as I went on to feel so unwell. This probably made my system lazy and not

efficiently able to deal with the thyroid hormone it now had at its disposal. This was why I was then prescribed Armour Thyroid. Then for the first time in over  years gradually within the next  my life was completely transformed, every symptom completely disappeared and for the first since my operation back in  I actually felt my old self again.

I cannot express strongly enough how Dr Skinner to me has been my saviour. Without his help, expertise and understanding I dread to think what sort of life I would be leading today. He gave me back my life.

I wasn't the only one who suffered during that time, my children were deprived of their mother and my husband deprived of his wife. This is something I will never ever forget. To be told all was fine, when I certainly felt far from fine and we had another  years to endure before eventually feeling normal again and that was ultimately and purely down to the knowledge, understanding, care and dedication of one person alone, that was Dr Gordon Skinner, nobody else.

I was failed miserably by the NHS, they let me down big time, just like so many others I come across on a regular basis, I have absolutely no doubt whatsoever of this. How anybody could have the audacity to question or criticise the integrity and ability of Dr Skinner, as a doctor is beyond contempt. As far as I am concerned, many doctors should take a leaf out of Dr Skinner's book. At the end of the day, he was the only doctor who gave me his undivided attention, looked at the overall picture, came to a conclusion, which proved to be 100% correct. Every other doctor I saw gave me a fraction of that time in comparison, took only a outline history and on the basis of my blood tests alone, made the decision that there was absolutely nothing wrong with me, totally disregarding the fact that I continued to feel absolutely awful, not once did anybody, except for Dr Skinner, acknowledge the fact that prior to my operation in  I felt perfectly well and that there was probably a connection here.

Any adverse decision made about Dr Skinner, as I see it and I'm sure as countless others see it too, will be a travesty of justice. Dr Skinner should never have been brought before the GMC. I have lost count of the conversations I have had with hypothyroid sufferers, who under the care the local Consultant Endocrinologist, though they've continued to complain of symptoms, have still been discharged because their blood tests were 'within the normal range', which was exactly what happened to me in  years ago, so nothing has changed! If more doctors took the stance of Dr Skinner in their patient care, in noting the patient's clinical presentation, then treating that patient on an individual basis, using their blood tests results as guidance, not purely as a diagnosis, I have absolutely no doubt whatsoever, from my own experience, many thousands of patients with thyroid disease in this country, would regain their former good health and if certain doctors took their heads out of their own backsides, spent more time towards true patient care, instead of feeding their own over inflated egos, by starting off treating their patients as individuals, with the respect they deserve and the same care and consideration shown by Dr Skinner and much less time creating what appears to be nothing but a witch hunt, simply to destroy Dr Skinner's good name for their own gratification.

I thought the GMC was created for the benefit of the patient. What is this country coming to when a doctor who time and time again, dedicated in his work to true patient care, and who has been able to restore the health of many thousands of individuals, who having consulted him, and many of whom were bitterly failed by the very same individuals, now hauling Dr Skinner before the GMC. This surely is a true travesty of justice.

~~Yours sincerely~~

15.5.06.

Dear Alison Thompson,

I am writing to you in support of Dr. Skinner.  
I was very ill. I had seen many doctors none of  
whom could find the cause. This was because they  
only went by the blood test for Thyroid illness.  
My blood test did not show my illness. I was left  
untreated. I became very ill, life was impossible.

I was  
fortunate enough to hear of Dr. Skinner. My G.P. at the  
time referred me and when I saw Dr. Skinner he  
knew at once why I was so ill. But he did lots  
of tests and asked questions. It was his knowledge  
and awareness that saved my life. He was kind and  
compassionate and I felt maybe there was hope after  
all. Dr. Skinner saved my life. You never forgot



some one who has saved your life. Please take  
note of my letter as part of the hearing.

Thank you.

Yours sincerely



Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

**Adjudication Section**

**17 MAY 2006**

Dear Mr Elliot,

Re: Letter in support of Dr Skinner in relation to IOP hearing 15/6/06

I am writing to express my total support for Dr Skinner. Before I saw Dr Skinner, I had debilitating symptoms, [REDACTED] Now thanks to Dr Skinner's excellent and thorough medical care, I am on the optimum treatment for my hypothyroidism and my health has been transformed.

Please could you send me an acknowledgement of receipt of this letter and confirmation that this letter will be included with other letters in support of Dr Skinner and taken into account at the hearing. I believe that the GMC have behaved in a disgraceful manner towards Dr Skinner to date and would like the GMC to apologize to Dr Skinner and his patients as a matter of urgency. Please could you also advise me of any complaint procedures available to patients in relation to the GMC's behaviour in this matter.

Yours sincerely,

[REDACTED]

c.c. Dr G R B Skinner

c.c. Professor Sir Graeme Catto, President of the GMC

c.c. Alison Thompson, Assistant Registrar, Adjudication Section

Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

**Adjudication Section**

**17 MAY 2006**

Dear Mr Elliott,

**Re: letter in support of Dr Skinner (IOP hearing 15/6/06)**

I wish to express my dismay that Dr Skinner is to appear before yet another IOP hearing. There is absolutely no reason why this should be taking place when Dr Skinner has helped so many patients.

In addition, the diagnosis and treatment given to me by Dr Skinner, has been approved of by [redacted] after discussing the matter with his colleague [redacted] at the University Hospital of [redacted] [redacted] and [redacted] are well known endocrinologists, and any criticism of Dr Skinner's protocol in cases such as my own would also be a criticism of [redacted] and [redacted]'s consensus of opinion that the treatment given to me by Dr Skinner should be continued by the NHS. I would like to receive confirmation that this letter will be used in support of Dr Skinner at the IOP hearing on 15/6/06.

Yours sincerely,

[redacted]  
[redacted]

c.c. Dr G R B Skinner

c.c. Professor Sir Graeme Catto, President of the GMC

c.c. Alison Thompson, Assistant Registrar, Adjudication Section



[Redacted]

[Redacted]

Adjudication Section

12<sup>th</sup> May 2006

17 MAY 2006

**Mr A Elliott  
Interim Orders Panel  
General Medicine Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN**

COPY


Dear Mr Elliott.

I have referred 2 patients to Dr Skinner privately and wish to state that my interactions with him have been satisfactory.

Yours sincerely

[Redacted]

[Redacted]

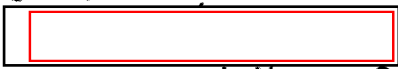
  
The General Medical  
Council,  
Regent's Place  
350 Euston Road  
London  
NW1 3TN

16th May 2006

GMC RECEIVED	
22 MAY 2006	
<input type="checkbox"/> cash cheque	<input type="checkbox"/> PO T.C.

Dear Sirs

Dr. Gordon Skinner

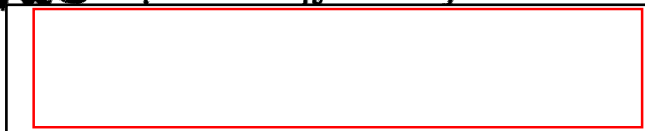
Dr Skinner has treated me for hypothyroidism over . He has changed my life since diagnosing it. I feel a completely different person, well and with a new zest for life.

There are so many aspects of my health which have improved. I just find it ~~so~~ amazing.

I have to thank Dr Skinner completely and utterly. He is the only Dr who has recognised my problem. I owe him so much and would be devastated if he were not allowed to carry on. With

works as a Doctor.

Yours faithfully





Adjudication Section

30 MAY 2006



Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London NW1 3JN

25<sup>th</sup> May 2006

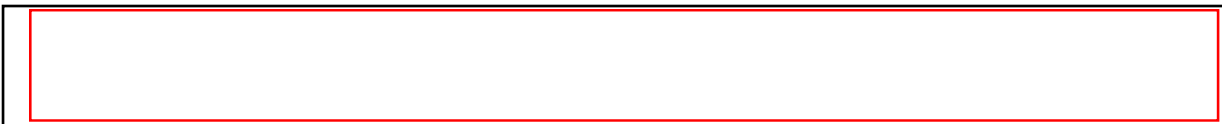
Dear Mr Elliott

I write to place on record my support of Dr Gordon Skinner who is to appear before the Interim Orders Panel on 15<sup>th</sup> June.

The General Medical Council are behaving disgracefully as far as I am concerned in trying to discredit Dr Skinner and I wish to tell you why I have complete faith in him.

In [redacted] I was seen by a 'top' endocrine specialist, at the [redacted]

[redacted] This diagnosis was primarily the result of a blood test, there were no in depth questions as to my 'life' health thus far at that privately funded appointment.



During the weeks that followed there was no improvement in my health and it became clear to me that it was going to be up to me to seek help for my condition.

I was forced to seek for myself what was wrong, and it happened that I met someone who had suffered symptoms akin to my own and it was she who introduced me to literature about thyroidism which revealed so much to me that I related to. Through the understanding that I gained from researching about the condition I was became aware of [redacted] Diane Holmes experience and of course the work of Dr Skinner.

I visited him at his surgery on [redacted] where at my first visit Dr Skinner gave me a very thorough medical history interview and examination before declaring that I had classic hypothyroid symptoms and prescribed me with a prescription for a dosage of [redacted]ngs of Thyroxine. Over the next few weeks this dose was slowly increased and I began to feel much better and I was aware that my life was going to be wholly different. I have to tell you that I feel 100% improved since I began the Thyroxine.

My present dosage is [ ] hgs daily which enables me to lead a greatly improved and active life, something which I was unable to do before this treatment.

After taking the medication for [ ] I know that it is this medication that has restored my health, and I fully recognise that this is due entirely to the care and diagnosis that I have received from Dr Skinner.

He has a tremendous depth of knowledge on the subject of Thyroidism. He is a wonderfully gifted person, skilled in helping hundreds of Thyroid sufferers like myself. He is committed to helping people who would otherwise have to endure a totally unnecessary life of pain and misery.

Yours Sincerely

[ ]

[ ]

CC Alison Thompson, Assistant Registrar, General Medical Council, Regent s Place, 350 Euston Road, London. NW1 3JN

[REDACTED]

28 May 2006

Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
LONDON  
NW1 3JN

Adjudication Section

31 MAY 2006

Dear Mr Elliott

**Re: Dr Gordon Skinner - IOP 15 June 2006**

My wife suffered with hypothyroidism for [REDACTED] YEARS !

But her Blood Test results indicated 'Normal'.

Despite her displaying a catalogue of symptoms characteristic of the illness, her GP as a consequence refused her appropriate treatment.

This cannot be right, can it?

There has to be something wrong with the present NHS guidelines to GPs if these result in a prime slice of someone's life being ruined - entirely unnecessarily.

***All that was required was adequate doses of Thyroxine!***

***And a doctor who acknowledged the obvious indications of the variety of symptoms which my wife displayed and gave her the appropriate treatment: Dr Skinner.***

Both she and I are totally indebted to him.

But not just us: our daughter as well.

And, as we have discovered in recent times, many thousands of others, who have regained healthy lives as a result of his care.

The medical profession MUST learn from his work, not seek to refute it. It must alter the guidelines given to GPs about the Blood Test.

It has a duty not to allow people's lives to be ruined as my wife's was for so many years.

Yours sincerely

[REDACTED]

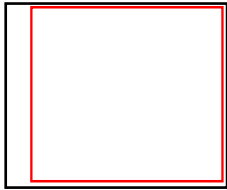
[REDACTED]



918

To: PP- please acknowledge 30 MAY 2005

cc: GC.



Dear Sir,

On Thursday, June 15<sup>th</sup> you are due to hold an enquiry into the professional practice of Dr Gordon Skinner.

I [redacted] was horrified that a professional body such as the General Medical Council could debate someone's future in such a way. Surely in a court of law in this country one would give equal weight to the defence and nobody would consider evidence which was produced anonymously. Yet many, many people had taken the time and trouble to write in favour of Dr Skinner and their letters were ignored, and at least two anonymous letters were used against him.

I hope the hearing this year is more worthy of such a body,  
Yours faithfully,



1- 1465556

Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
LONDON NW1 3JN

Adjudication Section

01 JUN 2006

30<sup>th</sup> May 2006

Dear Mr Elliott,

**Re Dr Gordon Skinner – IOP Appearance: 15 June 2006**

I write as a long mismanaged case of hypothyroidism, which, as I continued to worsen, was eventually diagnosed as ME. My 'normal' blood tests denied me appropriate treatment for [ ] years, despite an overwhelming clinical profile. Only in the excellent hands of Dr Skinner did I make a rapid, complete and uncomplicated recovery. What miracle cure did he embrace? *Adequate, carefully monitored doses of Thyroxine, nothing more - and at minimal expense to the NHS.* Put very simply: Dr Skinner gave me back my life. But, I lost [ ] prime years of my life through simple neglect.

Dr Skinner has also transformed the life of my daughter whose complex thyroid condition responded rapidly to his treatment regime. This delighted her GP, experienced in Endocrine Medicine, who recognised excellence when he saw it.

Wake up GMC – listen to what is being said. It is surely more important to embrace men of excellence with sound knowledge and belief in their convictions and allow them to continue doing what they do best: curing patients. *It is incomprehensible to me to think that you would attempt to curtail the career of a doctor of Dr Skinner's calibre.* His fine touch with thyroid dysfunction leaves legions of grateful, fully recovered patients – in strong contrast to their previous medical experiences. Better by far, surely, that his knowledge and experience should be shared by the countless sufferers in desperate situations similar to mine.

**Thyroid medicine is in need of a shake-up. It is time to move forward.**

**The following questions need to be addressed – URGENTLY:**

*WHY does the stringency of the National Guidelines for the treatment of thyroid conditions leave so many thousands and thousands of patients untreated and in deteriorating health?*

*WHAT is wrong with the thyroid diagnostic tool – 'the blood test', which is open to such wide interpretation – and which, by its very nature excludes and therefore, denies, so many patients treatment? WHY does **this** not give the GMC cause for **great concern**?*

*WHY do NHS doctors fail to use their clinical skills, relying instead upon these biochemical tests which exclude so many ill people, and thus legitimately exempt them from treating their patients?*

WHAT makes decent NHS doctors too fearful to follow their natural *clinical* instincts to treat patients *appropriately*? Clearly they are terrified of contravening the set guidelines lest such intelligent and autonomous behaviour on behalf of their patients should jeopardise their careers.

WHY do Endocrinologists prefer to observe, but not treat these patients, favouring instead an inappropriate diagnosis: that of ME?

WHY is the correlation between neglected hypothyroidism and ME not recognised by the GMC? When it is obvious that ***correct treatment*** [outside the guidelines] for hypothyroidism ***works***, WHY is it not being followed?

*WHY is the GMC endorsing this deeply unsatisfactory state of affairs which is preventing countless thousands of patients being restored to normal health? Moreover, at very little expense to the NHS and huge benefit to the fitness of the nation as a whole. It is beyond belief that when a solution exists to rectify such misery, it is not being embraced.*

***In the light of such serious considerations one can only despair at the time and trouble being taken to discredit Dr Skinner.***

I would be grateful if you would acknowledge receipt of this letter and confirm that you have read it.

Yours sincerely,

[Redacted]

1<sup>st</sup> June 2006

Mr Adam Elliott,  
Interim Orders Panel Secretariat,  
General Medical Council,  
Regents Place,  
350 Euston Road,  
London,  
NW1 3JN

**RE: Gordon R B Skinner ,** [Redacted]  
[Redacted]

Dear Mr Elliott,

Further to my last letter I would like to write to you in support of Dr Skinner who is a very respected and eminent doctor and has been instrumental in improving the health of many patients who have been unable to obtain the relevant help and treatment by the medical profession.

It is a great pity that his success with treating hypothyroidism has not been acknowledged by our colleagues.

I hope the General Medical Council will consider this matter with an open mind which is essential if we are to continue working to improve our patients' health.

Yours sincerely,

[Redacted]

[Redacted]



Adjudication Section

01 JUN 2006

12.5.106

Dear Mr Elliott,

I galkē luāi my  
daughter's<sup>\*</sup> consultant, Dr  
Gordon Skinner, is shortly  
to appear before the S.N.C.

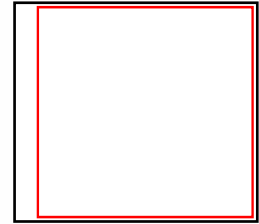
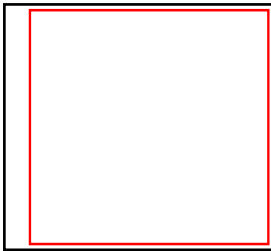
[redacted]  
[redacted] I find  
this surprising. If you  
could have seen her  
before she started treat-  
ment with him - you  
would not have recognised  
her. In his case she  
has been completely

\*

restored to normal &  
vigorous health & I am  
endlessly grateful to you.

Yours sincerely,





30 May 2006

Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Adjudication Section

02 JUN 2006

Dear Mr Elliott,

Re: Dr Gordon Skinner

I have been asked to write to you by Dr [redacted] PhD. I understand Dr Skinner is to be reviewed by the Interim Orders Panel on 15 June 2006. I write to confirm that I have a patient whose care I share with Dr Skinner. I can further confirm that my anecdotal experience with the diagnosis and management of hypothyroid patients is that laboratory investigations alone are sometimes not adequate in helping us to define the correct dose. I have therefore been previously guided by Dr Skinner's expert opinion and have found his advice satisfactory. In addition I wish to point out that my patient certainly feels physically much better when her dose is adjusted based on Dr Skinner's guidance rather than laboratory investigations.

Please do not hesitate to contact me if you need any further information.

Yours sincerely,



Tel.

2nd June 2006

Dear Professor Batts & members of G.M.B.

RE: DR GORDON SKINNER

I write to request that you and your members refrain from the witch-hunt against Dr Skinner, regarding the management of thyroid disease.

Thyroxine level normal, were filed away in my medical records without action.

The General Medical Council is involved in complicity by bringing serious harm and even death to patients, by permitting the inappropriate prescribing of HRT to women. Some women have thyroid autoimmune disease, not correctly diagnosed, due to the inepticiency of doctors.

Stop the witch-hunt against compassionate doctors, who work in the best interest of the patient. Convict and punish appropriately any doctor who does wilfully knowingly cause serious harm or death to a patient.

Failure of the G.M.B. to comply with my requests, will have serious detrimental consequences, for the G.M.B. and further tarnish its already fragile reputation.

Yours sincerely,



[REDACTED]

Ref. Dr. Skinner, [REDACTED]

[REDACTED]

Adjudication Section

1.06.06.

05 JUN 2006

Dear Sir,

[REDACTED] After being ill for  
[REDACTED] years I am at last  
re-gaining my health.

"The gift of life" is surely  
what the medical profession  
is all about, certainly Dr.

Skinner has done that for  
me, my gratitude is immense,

I have met and discussed  
the Early Day Motion T28 (the  
raising awareness of hypothyroid-  
ism and its misdiagnosis)

with my local Member of Parliament  
[redacted] He was most  
interested and he wrote to  
me telling me he was signing  
the Petition.

Reaching [redacted] was a great  
milestone for me, having to retire  
early, often unable to leave  
my home, made it seem there  
was little to look forward to.  
You should see me now!

Only as a sufferer or with  
someone close to you suffering  
can you understand how  
severe an illness it is. I  
am one of the lucky ones —  
I went to see Dr. Skinner.

Yours sincerely,

[redacted]

Mr. Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
350 Euston Road  
London  
NW1 3JN

**Adjudication Section**

**05 JUN 2006**

05 JUN 2006 10:00:00

Dear Mr. Elliott,

Re. Dr. G. R. B. Skinner. IOP 15<sup>th</sup> June, 2006

I wrote to you last year with regard to Dr. Skinner's initial IOP hearing on 29<sup>th</sup> June, 2005.

I would just like to reiterate that I support Dr. Skinner 100% and he has restored my health where others have failed.

Yours sincerely,

[Redacted Signature]

[Redacted Name]

  
31<sup>st</sup> May, 2006

Mr. Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Adjudication Section

**05 JUN 2006**

Dear Mr. Elliott,

Re. Dr. G. R. B. Skinner. IOP 15<sup>th</sup> June, 2006

I am just writing in support of Dr. Gordon Skinner as he has enabled me to live a normal life. Something I could not have done without him treating me for hypothyroidism.

I believe there should be far more research into this subject, particularly as so many have benefited from treatment even though their blood chemistry is 'normal'.

Yours sincerely,









Mobile 


6th June 2006


Re: Dr Gordon Skinner

Dear Mr Elliott

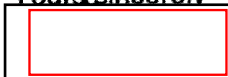
Since writing to you a year ago my mother has made amazing progress. As *her son*, I am well aware when this illness affects her. As doctors you know her less well, and have less time to judge. For me there is no doubt at all that she has not only improved but is back to her old self.

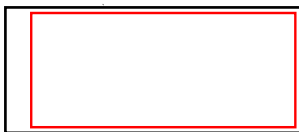


 She is not  
tireless, but I would describe her as back to normal.

I am not grateful to Dr Skinner for returning my mother to health, I am grateful to *him for returning my mother, because she was almost unrecognisable* under the shadow of  Dr Skinner's holistic and accurate approach to an illness which seems to go largely under the radar of conventional medical practice has impressed us all greatly.

Yours sincerely





To: Professor Sir Graeme Catto,  
President of the GMC  
Regent Place,  
350 Euston Road,  
London, NW1 3JN

Adjudication Section

06 JUN 2006

5<sup>th</sup> June 2006

Dear Professor Catto

Re: Doctor G R B Skinner MD (Hons) DSc FRCPath FRCOG

I refer to Dr. Skinner's appearance before the IOP on the 29<sup>th</sup> of June 2005 last year, which I attended. At the end of that hearing, I was at a complete loss to understand why it had been called in the first place. I subsequently wrote to you on the 27<sup>th</sup> of August 2005 [following receipt of the transcript] to express my views and concerns in detail and to ask a number of specific questions. I eventually received a courteous letter from Mrs. Alison Thompson on the 30<sup>th</sup> of September 2005 [on your behalf]. However this letter did not address any of the issues raised by me, it simply re-iterated the procedures relating to IOP hearings and stated that you were unable to comment on individual cases under investigation by the GMC.

I now hear that Dr. Skinner is to appear again before the IOP on the 15<sup>th</sup> of June 2006. I am therefore writing this letter in full support of Dr. Skinner and of his carefully considered and sympathetic treatment of hypothyroid patients including that of both my daughters, which I also described fully in that letter of the 27<sup>th</sup> of August last year and which I attach again for ease of reference.

Almost [redacted] has passed since I got in touch with you and during that period, the health of both my daughters has continued to improve month on month and I have no one else to thank for this but Dr. Skinner and his treatment regime, without which [I have no doubt whatsoever] they would still be seriously ill or worse. I therefore insist that this letter plus my previous letters, be attached to Dr. Skinner's case notes in support of him and I would like a written acknowledgement that this is to happen. I assume that all letters of support from his patients and others will be treated likewise and taken into full consideration this time round.

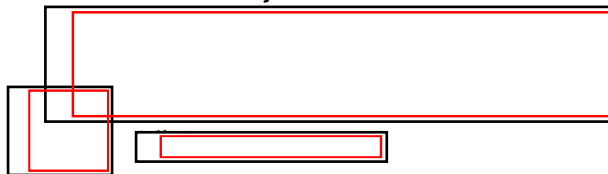
I was able to meet for the first time with some of Dr. Skinner's other patients at [redacted]. All had come to support him and all without question, spoke very highly of him and were being caused needless worry and upset, because of the IOP hearing and the threat that presented to them in respect of continuing treatments and of course to Dr. Skinner himself. Those present were dismayed that Dr. Skinner's methods were being called into question, especially as he was responsible for helping them back to health! I also met other parents [like myself] who have total confidence in the way that Dr. Skinner had treated their children and I can think of no better expression of trust in an individual than this.

Finally, I would like to refer you to one of your own website press releases [27/3/06 - again copied to you for ease of reference] which describes from research, what patients require from their doctor. These include putting the patient first, being a good listener and having good communication skills. I also note that the revised draft of Good Medical Practice [and I quote from the press release] "states that there should be a partnership and shared decision making between doctors and their patients. Doctors and patients see the concept of a partnership as an important and realistic way of working". I couldn't agree more. Dr. Skinner meets all such criteria easily and treats his patients with dignity and

with respect for their intellect, which is greatly to his credit. He should therefore be permitted to do what he does best and that is to continue to provide, the most appropriate and optimum treatment for each of his patients, according to the severity of their [hypothyroid] condition and individual needs.



Yours sincerely



Cc Dr. G R B Skinner  
Mrs. Alison Thompson [GMC]  
Mr. Adam Elliott [GMC]

Adam Elliott  
Interim Orders Panel  
Regents Place  
350 Euston Road  
London NW1 3JN

Judication Section

06 JUN 2006

**Re Dr. Gordon R B Skinner**

Dear Mr. Elliott,

On 23rd June 2005 I sent you a letter in support of Dr. Skinner, since then I have been in good health. When diagnosed by Dr. Skinner I was very ill indeed, unable to function normally and in steady decline. I had dozens of hypothyroid symptoms, but a TSH of ☐ damned me.

Two bones of contention which form part of the allegations against Dr. Skinner, are:-

1. I had a normal thyroid profile when diagnosed.
2. I take supra-physiological doses of thyroid hormones.

Unfortunately, the latter makes me normal even if it upsets the blood tests. I do have signs of slight hyperthyroidism and some of hypothyroidism, but on balance I'm doing pretty well. The most likely explanation is thyroid hormone resistance, an avenue I'm currently exploring with a highly capable NHS specialist. This is a very complex area and I'll leave out the details, suffice to know there are many ways in which thyroid hormone action can be impaired. In my experience most endocrinologists have little or no understanding of thyroid hormone resistance, they will nonetheless tell you it's impossible to be hypothyroid with a normal TSH.

At the end of my letter last year I wrote:-

I feel that the GMC is being used to fight an academic disagreement over the appropriate diagnosis and treatment of hypothyroidism. This should be done via **research**, appraising **clinical outcomes** and **debate** in the medical journals. Invoking the GMC disciplinary procedures is unethical, creates great anxiety and harms patients.

I would like to raise the points in bold type and how they have been influenced by Dr. Skinner being called before the GMC.



As regards research into the diagnosis of hypothyroidism using clinical assessment (assisted by blood tests), appraising clinical outcomes and debate I can confidently report there has been none.



Dr. Skinner performs his duties in a cautious and safe manner, I wouldn't go near him if he didn't. I believe the current restrictions are against patients interest. They reinforce the "blood test only" dogma and create a climate of fear, leaving patients without care, inappropriate medication and the temptation to go it alone.

For a non-sufferer is difficult to imagine the impact of hypothyroidism. Along with unremitting fatigue, cognitive impairment, emotional disturbance and a profound apathy there are consequences, such as being unable to carry out day to day activities and hold down a job. There is an immense strain on family life as the patient is no longer able to pull their weight and perhaps irritable and emotionally unstable. Each patient has their own unique challenges. In my case it was a loss of identity.

Thank-you for taking the time to read this letter.

Yours faithfully,





Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
LONDON NW1 3JN

Adj

Section

06 JUN 2006

31 May 2006

Dear Mr Elliott,

**Re: Dr Gordon Skinner**

I was very surprised to hear that Dr Skinner is to appear before you again. Why? Given the experiences of my family, we strongly believe that it is not Dr Skinner who should be called to account for his professional attention to patients, but all the doctors who prefer to turn a blind eye to them.

My mother had the great misfortune to fall into this category. She was very unwell indeed, and had been for years. Her regular blood tests were said to be 'normal' and therefore she did not qualify for treatment – an extraordinary state of affairs when she was so very obviously ill, and deteriorating before our eyes.

[Redacted]

[Redacted] Her problem was a long neglected case of hypothyroidism.

My mother's life changed when she was referred to Dr Skinner. **For the first time ever she was thoroughly examined and evaluated by a doctor who clearly knew a great deal about errant thyroids.** In his care and with careful monitoring, she made an excellent recovery. Within [Redacted] months she was transformed and within [Redacted] restored to completely normal health. This was all achieved with a drug called Thyroxine. It had taken [Redacted] years to find Dr Skinner, but in his hands recovery was rapid. He has also very successfully treated my sister and a friend, all of whom had longstanding hypothyroidism. **We owe him a great debt of gratitude for returning them to normal life – hence our confusion that you seek to destroy him.**

Yours sincerely, [Redacted]

[Redacted]

[Redacted]



Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
LONDON NW1 3JN

7th June 2006

Dear Mr Elliott,

DOCTOR GORDON SKINNER

I am writing to you as the daughter of [redacted] patient of Doctor Gordon Skinner, in support of Dr Skinner and the continued excellent treatment he gives my Mother. My Mother, who is hypothyroid, has been transformed by Dr Skinner's treatment and never ceases to amaze me with her continued improvement. So much so that [redacted] ago I decided to, I decided that it was possible for me to continue my [redacted] ~~something~~ with the peace of mind that my Mother was physically and mentally strong enough to not need me living close to her; something I did not imagine possible before she started her treatment with Dr Skinner.

Yours sincerely,

[redacted]

[redacted]

Adjudication Section

07 JUN 2006



31<sup>st</sup> May, 2006

Mr. Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Dear Mr. Elliott,

Re. Dr. G. R. B. Skinner. IOP 15<sup>th</sup> June, 2006

I wrote to you prior to Dr. Skinner's first hearing on 29<sup>th</sup> June last year. I still feel exactly the same as I did then and support Dr. Skinner wholeheartedly. He does his utmost for his patients (my two daughters and a few friends of mine are also patients of his), with very thorough health checks at each consultation. The most I ever had from doctors before consulting Dr. Skinner were a few questions and a blood test. No other doctor has ever given me such a thorough examination and thus forming a clinical judgement for diagnosis along with blood test results.

*At the hearing in June 2005, we were told the GMC had never seen anything like it before; so many patients there supporting a doctor who was being charged with being a danger to the public! Why would we be there in of support him if we thought he was doing us harm?*

I happened to be talking to an acquaintance the other day. Her husband [redacted] was taking [redacted] mcg Thyroxine a day and had been extremely well on that dose, with no clinical signs and symptoms of hyperthyroidism. A few months ago, this gentleman's specialist insisted he reduced his medication by half. This because his blood tests were high FT4 and below TSH. So, on [redacted] mcg per day, this poor person is now so ill [redacted]  
[redacted]  
[redacted] *This I think, demonstrates the crazy world we live in, where blood tests have taken over from clinical assessment.*

Dr. Skinner should not be punished for his ability to diagnose and treat hypothyroidism. Instead, he should be applauded for his work.

Endocrinologists, GP's and biochemists would do well to look at Dr. Skinner's work on hypothyroidism and learn from his success. Ask the patient for their assessment of

him! When will there be research into the correlation between blood test results and clinical signs and symptoms of hypothyroidism?

I have read this weekend that Dr. Andrew Wakefield's findings on measles in the gut may well have been confirmed by a team from Wake Forest University School of Medicine in North Carolina. Dr. Stephen Walker said 'Of a handful of results we have in so far, all are vaccine strain and none are wild measles'.

I believe that what this demonstrates, is we all have different opinions, some right and some wrong, but without the research and trials, the truth will never out and in the meantime patients suffer.

'Inconvenient Scientists'! That's how Al Gore recently described the Bush's administration view of scientists' proof of global warming. Is that what the Wakefields and Skinners are to some members of the medical profession?

The GMC by hounding Dr. Skinner, appear to be totally oblivious to the effect on patients, (past, present and future) that an adverse outcome at any hearing would have on them.

***I have said this before and will say it again, why is it a crime for a doctor to make his patients well?!***

Yours sincerely,

[Redacted signature]

[Redacted contact information]

Private & Confidential



For the attention of  
Mr Adam Elliot  
Interim Orders Panel  
GMC, Regent's Place  
350 Euston Road  
London NW7 3JN

8 June 2006

Re Dr Gordon Skinner  
Interim Orders Panel  
10.30 am – 15 June 2006

Dear Sir

I am concerned to hear that Dr Gordon Skinner is to appear again before the Interim Orders Panel.

As I have written before, following a lifetime (I am now ☐ of suffering ☐ and unexplained illis I was finally found to be hypothyroid. I had a low free T4 and an extremely high TSH. However, despite being treated with thyroxine I still remained unwell. Thankfully my GP referred me to Dr Skinner. I am extremely grateful to him for helping me to attain good health for the first time in my life. My family are distressed that I suffered ill health unnecessarily when the treatment was so simple.

I am at a loss to understand why Dr Skinner is being hounded in this way.

Yours faithfully

☐  
☐

PS Would you please acknowledge receipt of this letter and put this letter before the Interim Orders Panel.



[REDACTED]

Adam Elliott Esq.,  
Interim Orders Panel,  
GMC, Regent's Place,  
350 Euston Road,  
London  
NW1 3JN

Adjudication Section

08 JUN 2006

June 5th 2006

Dear Mr. Elliott,

I am dismayed to learn that once again I need to write to you, to express my support for, my appreciation of, and my very deep gratitude to Dr. Gordon Skinner, who is once again up before you for an examination. I find it hard to believe, and cannot understand why? Last year the farce over his supposed crime of not having sent a letter, disproven even before the examination, was bad enough. I am wondering on what probably trivial charge he is now to be castigated?

I am grateful that I am not the patient involved, although this was nearly the case; [REDACTED]

[REDACTED]

[REDACTED]

I did also suggest my GP might like to get some details of my state of health of [REDACTED] ago, when I first saw Dr. Skinner, because he did all the old-fashioned things, like actually look at me, and noticed I was jaundiced; indeed he used a large magnifying glass, to examine eyes, skin, tongue. He asked about and listened to symptoms, got a full blood test including Vit B<sub>12</sub> and cortisol, which hugely surprised my GPs and they could see no reason why. This may help explain their lack of help to me, as these were exactly the things looked at by Professor [REDACTED], whose patient I now am.

[Redacted]

[Redacted]

This is why I feel so very grateful that Dr. Skinner exists, for my sake, and for those of us hypo-thyroid sufferers who are misdiagnosed or simply left 'to rub along somehow' as another GP partner put it. I was only seriously ill for [Redacted], rapidly going downhill by the time I saw him, but I have now met others who were left to 'rub along' for five or eight years, who have perhaps greater cause to be grateful to him.

This hounding of a kindly and helpful, effective, good doctor who actually looks at patients rather than some computer screen, does not convey a good image of the GMC. There is an appearance of pique on the part of the GPs who have been shown up by the fact he is doing good where they have failed. I am one of the many who hope you will understand this, and act accordingly and allow him to continue to help this large group of sufferers.

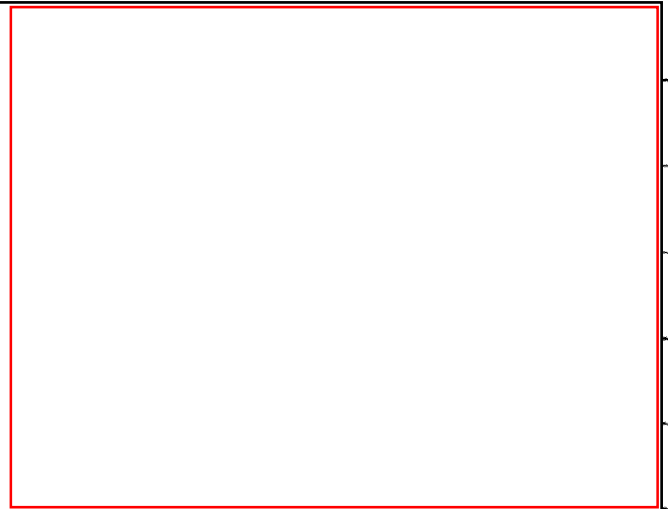
Yours sincerely,

[Redacted]  
[Redacted]

[Redacted]

Adjudication Sect

09 JUN 2006



Dear Alison Thompson/  
Adam Elliott,

I am writing to support Dr  
Skinner, I cannot understand  
why you have to witch hunt  
him and other doctors who  
have helped me after many  
years of ill health. Due to  
the blood tests not picking  
up hypothyroidism. I am now  
 yrs old and have got my  
life back in the last   
years due to medication from  
Doctors such as Dr Skinner. Even

my G.P. was amazed at the difference, [redacted]

[redacted]

[redacted], now I can actually get on a bus which I haven't been able to do for years, People and my family are amazed at the change in me. Thanks to Dr Skinner.

Yours faithfully

[redacted]



Please let this letter be used  
and taken note of by Dr Skinner  
Leaving

976

Dear Prof Sir <sup>Greene</sup> Graham Catto. TO: PP

9/6/06

Tel 0113 2892952

Dear Mr Adam Elliott or Alison Thompson

I am writing this letter in support of Dr Gordon Skinner who is to appear before the GMC on June 15<sup>th</sup> 2006. This man is a pioneer in the treatment of M.E and Thyroid problems. He works very hard and long hours to help his patients. He has to work with one hand behind his back because of his problems with the GMC. I have been ill for about  years with all the symptoms of an intractable thyroid and I can't begin to tell you about all the hassle and problems I have had with NHS doctors trying to get help because my blood test were in the normal range

although I'm still ill I see the light at the end of the tunnel. I implore you to listen to Doctor Skinner and let him carry on his good work as lots of people depend on him. One day someone will find a cure for cancer or the common cold will then be listened to. I hope so. I wish Dr Skinner all the luck in the world we need doctors like him.

yours sincerely

Adjudication Section

09 JUN 2006

8 June 2006

Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London NW1 3JN

cc. Alison Thompson  
Assistant Registrar

Dear Mr Elliott

I am writing once again to show my support for Dr Skinner. I would also like to underline my sincere wish that he is allowed to continue to practice and help people like myself who suffer from hypothyroidism.

Dr Skinner has, quite simply, given me and my mother our lives back. Whilst my case was not as severe as my mother's, it was certainly showing the rapid tendency to become a severe medical condition.

My mother was unable to conduct her life in a normal manner until she was introduced to Dr Skinner by a friend of mine, a fellow hypothyroid patient. ☐

Dr Skinner is a professional in the truest sense of the word. His work is based on years of research – that of treating his patients and truly understanding the condition of hypothyroidism. Not one of his patients will speak against him – the only people that will are certain members of the medical profession who have been 'shown up' by his caring and correct treatment.

As a patient of Dr Skinner's myself, I can only explain to you how he has changed my life. I have not felt as well as I do now since my early teens. Why should I have gone through over ☐ years of my life feeling below par? I too have been misdiagnosed with a variety of illnesses – all of which have miraculously vanished since taking carefully prescribed thyroxine. I am very lucky to have a medical practice who were 'brave' enough to allow me to seek a treatment that they themselves could not pursue due to the restrictions put on them resulting from the inadequateness of the traditional thyroid tests.

I look to you, the GMC, to recognise an excellent, caring and thorough doctor. Please understand that there are changes needed in the testing of thyroid patients. It is a condition that does not display itself in any one way. It is more important that the medical profession look at and listen to their patients symptoms rather than go by tests that do not necessarily portray a true picture.

*I believe that you will do the right thing and support Dr Skinner for the sake of all thyroid sufferers.*

Yours sincerely

[Redacted signature]

[Redacted name]

Adjudication Section

09 JUN 2006

Our Ref : MJL/MED

7<sup>th</sup> June 2006.

Mr. A. Elliott,  
Interim Orders Panel,  
General Medical Council,  
Regents Place,  
350, Euston Road,  
London, NW1 3JN

Dear Sir,

**Gordon R. B. Skinner, MD(Hons) DSc FRCPath FRCOG.**

I have known Gordon Skinner for a number of years and have, thankfully, received his expert opinion on my Hypothyroidism condition. His advice to my own G.P has assisted me in my treatment which for the past [ ] years has given me a quality of life which would not have been the case if left untreated. His understanding of the condition should not be underestimated, this with his ability to consider the patient and their fears as a "whole" in my view raises him far above the usual "experts" in the medical field.

I am at a loss to understand, why again he is the subject of investigation by the Interim Orders Panel. What are you hoping to achieve in this, your concentration on those GPs and others not performing in the best interests of their patients would be a better and more effective use of resources.

I require your written reassurance that my letter will be brought to the attention of the Interim Orders Panel on the 15<sup>th</sup>, June, 2006.

Yours Faithfully,

[ ]

Cc to Alison Thompson, Assistant Registrar.

[Redacted]

Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
LONDON NW1 3JN

**Adjudication**

**09 JUN 2006**

6 June 2006

Dear Mr Elliott

**Re: Dr Gordon Skinner – IOP Appearance: 15 June 2006**

Appended to this note is a piece written in support of Dr Skinner, by me, on behalf of my late sister. I have hesitated to use such a powerful tool to press forward the case I and my family continue to make in support of Dr Skinner, because of the very personal nature of the material disclosed. However, I feel the circumstances require it.

[Redacted]

[Redacted]

We have all been touched by the tragedy of hypothyroidism – for that is what it is. Lucky people pass the great ‘Blood Test Exam’ and get treatment. The unfortunate do not.

- **THIS** is what needs to be addressed by the GMC – the wretchedly discriminating blood test.
- NHS Guidelines are in need of serious re-evaluation.
- Doctors need greater education in thyroid medicine and the freedom of their own clinical judgement rather than enforced reliance on the above.

Let nobody be in any doubt:

**HYPOTHYROIDISM – THE GREATEST UNNOTICED PANDEMIC IN HISTORY.**

Will the GMC please do something about *this* and leave doctors like Dr Skinner, who are so effectively treating patients against all the odds, alone to continue their good work.

Yours sincerely,

[Redacted]

P10



[Redacted]

Members of my family have rallied in righteous indignation to support Dr Skinner and this will be the sixth letter sent to the GMC. We are a 'thyroid family,' cognisant of the great difficulties faced by us, and so very many others, in our attempts to get adequate treatment for the wretched condition of hypothyroidism. Thanks to Dr Skinner my daughter and I are 100% well again.

[Redacted]

*Two years later I was referred to Dr Skinner and thanks to his excellent clinical knowledge and correct treatment of my condition, I made a superb and sustained recovery. Not a day goes by that I am not eternally grateful to him for returning me to LIFE. You see, I was only denied eighteen years of life, not my life in the final sense. Had I encountered him sooner I am under no illusions whatsoever that he would have done the same for my sister: cured her. After all, hypothyroidism is just that. It is not ME. It is a wholly treatable condition. She could have been saved. We all have to live with that tragic knowledge.*

Our family **WHOLLY** support Dr Skinner. We are appalled by the efforts of the GMC to besmirch his reputation. It is ridiculous that a man of his calibre should be subject to such harassment. His wide clinical experience should be made public and shared for the benefit of doctors and patients alike, NOT SILENCED.

[Redacted]

6<sup>th</sup> June 2006

[REDACTED]

For the attention of Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
350, Euston Road,  
London  
NW1 3JN

11<sup>th</sup> June 2006

Adjudication Section  
12 JUN 2006

Dear Sir

Dr. G.B. Skinner

[REDACTED]

The dissatisfaction of patients with a lack of diagnosis and poor management within the NHS is clearly extreme. It is difficult to find a parallel anywhere else in medicine. The standard of care, diagnosis and treatment offered by NHS practitioners falls so far short of reasonably expected standards that desperate patients seek management of their disease elsewhere, and Dr. Skinner is one of the very few doctors who, through his knowledge and research, has helped thousands of patients regain their health.

There are thousands of such dissatisfied patients throughout the UK and the NHS is ignoring their plight. Dr. Skinner, along with an ever-growing number of caring physicians recognises that for many patients whose blood tests are within the so called 'normal' range, but who are suffering many hypothyroid symptoms, that, without treatment, they will remain ill, and some will die. Unhappily, and a cause of great concern to patients and many medical practitioners, such organisations as the British Thyroid Association, (who are made up of a group of 'self appointed' experts), deem that patients should only be treated with thyroxine ONLY if their blood results are out of range. Dr. Skinner is one who takes a proper history and physical examination and can make a diagnosis, which is obvious to good physicians. We have the examples of Murray and Hertoghe in the first two decades of the last century, whose descriptions of their clinical approach are without peer, and are just as true today as they were then.

Dr. Skinner has not treated me, but his great reputation grows daily for being the kind, considerate, knowledgeable man he is with a determination to do nothing else but make his patients well. The numerous Internet Hypothyroid Support Groups can evidence this. Patients seek a consultation with him from all corners of the UK. [REDACTED] that Dr. Skinner is [REDACTED] TPA-UK is campaigning for better diagnosis and management of hypothyroidism and will fight for patient's rights as long as this is necessary. This is a strong indictment on the NHS protocol.

The prospect of, potentially, thousands of patients suffering thyroid disease becoming unable to avail themselves of Dr. Skinner's care, is appalling. More appalling would be the prospect of the future of thyroid patients under teachers, such as Professor A. Weetman (President of the British Thyroid Association), who, in a recent published article stated, "The majority of

*patients who demand thyroid hormone treatment for multiple symptoms, despite normal thyroid function tests, have functional somatoform disorders".*

Is it any wonder that patients leave the NHS to seek care from great doctors outside the NHS such as Dr. Gordon Skinner?

Yours sincerely

[Redacted signature]

[Redacted signature]

12. 6. 2006

Dear Sirs,

I am writing in support of doctor Gordon Skinner who has been the person to help my daughter [redacted] to regain her health and happiness after [redacted] years of illness.

She has hypo thyroidism but has been inadequately treated until having a consultation with Dr. Skinner.

I [redacted] have been surprised that the general practitioners whom my daughter attended refused to prescribe the dosage of drugs prescribed by Dr. Skinner. The doses recommended by Dr. Skinner were to my knowledge not uncommon in the 1950's.

Yours Sincerely

[redacted]

Adam Elliott  
Solicitor  
Interim Orders Panel  
Regent's Place  
350 Euston Road  
London NW1 3JN

12 June 2006

By Fax: 0207 189 5179

Dear Sir

**Dr Gordon R B Skinner**  
**Review Hearing before Interim Orders Panel: 15 June 2005**

I have been a patient of Dr Gordon Skinner for [redacted] plus years. I am amazed to hear that he has been called before the panel again to justify his manner of treatment of patients given the successful outcome of the hearing on this matter in June last year. Frankly, though I respect the GMC enormously I struggle to understand how it can be a good use of resources to continue to review something that has already been settled. Dr Skinner needs no supervision, he is an excellent doctor who saved my career. Should his licence be revoked and I be placed under the care of someone less knowledgeable, able and experience, I would have serious doubts about my well being. I explain why below.

Dr Skinner's treatment of me has been exemplary, I cannot find fault with it. Judge for yourselves.

I want to stress that his treatment of me has changed my life and given me back the energy, drive, commitment, focus, and good health, which I had lost in my early [redacted]'s (see below). [redacted]

[redacted] As you will understand I am extremely concerned that if he is unable to treat me after 15 June 2006, my quality of life will deteriorate to a level lower than I was at when he first began to treat me about [redacted] years ago as I am now [redacted] years older. If this were to happen I would almost certainly be unable to perform the functions of my current employment or be in a position to provide for my family as I have been doing and which they are unable to do.

Below I cover my condition prior to treatment and how I came to be treated by Dr Skinner.



### Symptoms/Infections prior to treatment

At the time I was referred by my, then, GP, Dr [redacted] to Dr Skinner I had been suffering from a variety of symptoms for many months resulting in repeated absences from work. My GP and other health professionals had been treating me for them. My symptoms and the cause of my repeated absences from work were the following symptoms:

[redacted] My boss told me that he thought I was unwell and should seek treatment, which resulted in me going to my GP to ask him to look into the problem as a whole.

While I explained to my GP that I felt he had provided good treatment for the repeated illnesses and [redacted] the overall situation was deteriorating.

At the time my GP was treating my father for hypothyroidism and had referred him to Dr Skinner a reputable practitioner in the field. My GP suggested a blood test. The results showed above normal range TSH count, but a T4 reading at the very bottom of the acceptable range as based on the then current standard blood test guidelines. My GP had referred my father to Dr Skinner and, in view of the family connection, did the same with me.

### Treatment by Dr Skinner

When I saw Dr Skinner he took a full history from me based on answers to a very detailed questionnaire and 1.5 hour consultation where he asked me additional very specific and detailed questions about my health to date and since I began feeling unwell. He also undertook a blood test and gave me a physical examination involving blood pressure and heart rate and pulse strength [redacted]

[redacted]. He also carefully examined my neck, eyes, mouth/tongue and nails. [redacted]

[redacted] All my subsequent appointments involved completion of a further questionnaire, a detailed interview about how I am feeling and what is going on in my life in terms of how demanding it was as well as an identical physical examination. On each occasion Dr Skinner took/takes detailed notes.

Following the results of the initial blood test he undertook - which showed approximately the same results as those done by my GP and T3 count below normal range (for which I had not been tested before) – Dr Skinner started me on a dose of armour thyroid and monitored me by physical examinations and blood tests throughout the following [redacted]

Once I began to feel well, Dr Skinner continued to monitor me [redacted] sending regular updates to my GP. My dose was subsequently reduced to the current equilibrium of [redacted] grain armour thyroid plus 200 mu of thyroxine.

### Results of treatment by Dr Skinner

I started to see an improvement [redacted] within a few weeks of treatment beginning, which was noticeable to others within [redacted] months. [redacted]

[redacted] Within [redacted] months, my husband was remarking he was beginning to see the woman he married again. [redacted]

Within [redacted] months of starting to take armour thyroid and thyroxine, I began to start feeling really well. [redacted]

[REDACTED] I continue well and fit, though Doctor Skinner continues to monitor me regularly with blood tests, physical examinations and discussions about my how I have been feeling.

I should also state that my father improved radically following treatment with armour and thyroxine by Doctor Skinner and hence had an enjoyable last [REDACTED] years to his [REDACTED] year long life rather than being in the same constantly exhausted state that I found myself in.

### **Conclusion**

In all respects I believe his treatment of me and the monitoring of my dosage thereafter have been exemplary and exactly what I would expect of a good physician. I, therefore, continue to be very surprised to hear his methods and practice have been called into question yet again. I feel strongly that he is being mis-treated by those in the endocrine field and by the GMC in perpetuating the review cycle and placing constraints on his practice - which required me to sign a register on my last visit and write in it what dose I was taking plus have to present prescriptions that said in bold letters for the treatment of hypothyroidism only – unnecessarily embarrassing. I would say that it is, therefore, long overdue that this restriction is removed. After [REDACTED] years on the same dose surely it is not necessary to monitor my dose – given, after all that it works. I have, therefore, signed the Thyroid patient's petition, which is being presented to the GMC – the first petition I have ever signed in my life. This man is beyond reproach in his practice in that not only does he look at blood tests, but he looks at the person and their symptoms and treats them accordingly. How there can be anything wrong with that I am at a loss to

understand. While I would almost certainly have received treatment based on assessment of blood tests alone, a person who relied solely on blood tests would have given me an insufficient dose and I would, therefore, almost certainly not be living my life to the full today. I wonder about how other patients without a family history of hypothyroidism would have been treated; had they had the sort of ambiguous results I had would they have been prescribed too little thyroxine and not been able to cope? Would armour have been available? In both cases I feel sure his patients would have suffered. Would their lives have been ruined by a diagnosis based on an arbitrary "normal" range of thyroid hormones and so they were not prescribed additional thyroid treatment despite the fact that as an individual they needed additional thyroxine to be well? One wonders at the costs of other drugs to the NHS needed to treat symptoms that would disappear if thyroxine were prescribed to patients in the normal range who feel unwell – anti-biotics, anti-inflammatories, anti-depressants and others (a whole bunch of anti – something drugs.) Surely a review of treatment of hypothyroidism is long overdue for NHS budgetary reasons as much as anything else led by Dr Skinner's pioneering work.

I ask you to take the above facts into account and to support Dr Skinner (who has made me well) and allow him to continue his practice. I cannot express how worried I am that without his treatment I will be returned to my previous state of ill-health or be treated by an endocrinologist or GP who can/will only prescribe thyroxine (and not armour thyroid) to me and will no doubt refuse to treat me on any basis other than the results of blood tests! I am also extremely concerned that any resulting ill health will affect my ability to work and hold down a job and hence my ability to support my family.

You may also like to know that while I have been waiting to see him for appointments in his surgery in [redacted], I have seen people there from all over the country, which is a great compliment to Dr Skinner as the distances involved are significant. Conversely, it is a sad indictment of the medical profession that these people cannot get proper treatment in their locale.

[redacted]  
[redacted] If you would like any further information I shall be happy to provide it and look forward to hearing from the GMC with what I hope will be a successful conclusion. I wrote last year and received no response which given the further review was extra-ordinary.

Should it be other than a successful outcome for Dr Skinner I would also like you to let me know immediately what arrangements the Panel will put in place for the continuing treatment of his patients as in my view to leave them (and myself) without an alternative would be unconscionable. [redacted]  
[redacted]

I will not hesitate to use any leverage I have to cause you to re-consider an adverse decision should no alternative arrangements be made. I would have to explain to my

Adam Elliott – Solicitor, Interim Orders Panel  
Page 6 – 12 June 2006

family why I had become so ill and it is only fair to let you know that one of them is a life peer in the house of lords – is it necessary to take this so far and make so much fuss. I ask you not to put me or my family in that position.

With many thanks for considering the content of this letter and I look forward to hearing from you.

Yours faithfully

[Redacted signature box]

CC: Doctor Gordon Skinner – [Redacted]  
T Simpson – GMC - [tsimpson@gmc-uk.org](mailto:tsimpson@gmc-uk.org)



Adjudication Section

12 JUN 2006

9<sup>th</sup> June 2006

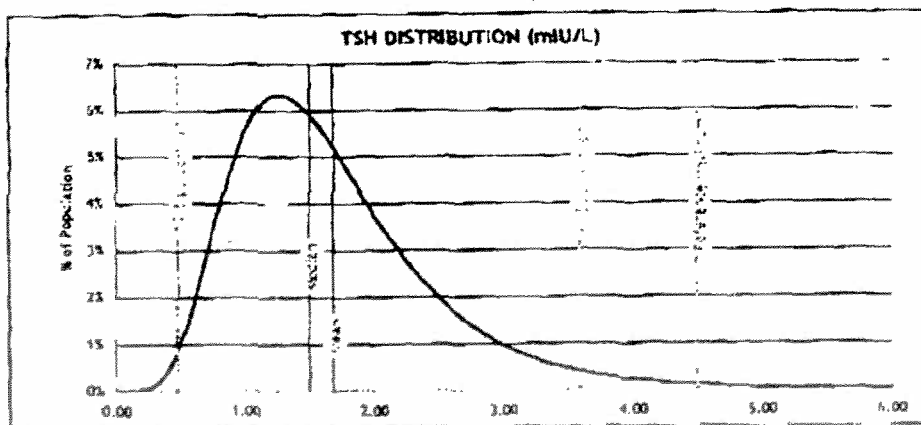
Mr Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
150 Euston Road  
London  
NW1 3JN

Dear Mr Elliott,

I am writing in support of Dr Gordon Skinner who is appearing before the Interim Orders Panel on Thursday June 15<sup>th</sup> 2006.

I lost almost ☐ years of my life to firstly undiagnosed, then under-treated hypothyroidism. This was largely due to the belief amongst a great many in the medical profession that if thyroid function blood tests fall within the reference range, even marginally, then the patient does not have thyroid disease even if very symptomatic. The American Academy of Clinical Endocrinologists (AACE) recognised that the TSH range was too broad well over three years ago and significantly reduced their reference range<sup>1</sup>; this country has yet to follow their excellent example. A more recent study in 2005<sup>2</sup> came to the conclusion: "It has become clear that previously accepted reference ranges are no longer valid as a result of both the development of more highly sensitive TSH assays and the appreciation that reference populations previously considered normal were contaminated with individuals with various degrees of thyroid dysfunction that served to increase mean TSH levels for the group."

That our TSH range is too broad is beautifully illustrated by the graph below, taken from an article by Thyroid Australia on 'Normal TSH'<sup>3</sup>, based on a study of 65,000 people in Norway<sup>4</sup>.



A further problem that I encountered, also one shared by many patients, is that when a patient is, at long last, finally formally eligible for treatment, their treatment then consists of restoring their blood tests to within the range, again often marginally, and again not taking symptoms into account. With regard to thyroxine treatment the 1996 Consensus statement for good practice etc. [BMJ 31/8/96]<sup>5</sup> stated: "The correct dose is that which restores the euthyroid state and relieves symptoms. In most patients these will be achieved by a dose of thyroxine resulting in a normal or slightly raised serum thyroxine concentration, a normal serum triiodothyronine concentration and a normal or below normal serum thyroid stimulating hormone." Dr Anthony Toft, an eminent endocrinologist, in his BMA book 'Understanding Thyroid Disorders'<sup>6</sup> states that "Your GP or thyroid specialist will usually prescribe a dose of thyroxine that raises the fT4 and TT4 to the upper part of the normal range and reduces the TSH level in the blood to the lower part of the normal range."

In some patients a sense of well-being is achieved only when FT4 or TT4 is raised and TSH low or undetectable." I'm afraid that in my experience and that of many others this 'usually' just does not happen. Many doctors seem unaware that a high-normal FT4 and a low-normal TSH should be aimed for in a bid to eliminate symptoms. In addition to this most, if not all, would immediately think hyperthyroid and reduce medication if blood tests are fractionally outside of range, even in the absence of any over-active symptoms at all.

I was fortunate enough to consult a doctor who looks beyond the blood tests and looks at the patient as a whole and treats accordingly. Admittedly this was not Dr Skinner, although he would have been my first choice had I lived nearer to his practice, but it was one who shares his open and effective approach to the treatment of thyroid disease, which also encompasses the above recommendations for treatment. This open-minded doctor has enabled me, and many others like me, to regain our health, as indeed has Dr Skinner.

Since regaining my health [REDACTED]

[REDACTED] In the course of this I have spoken to many patients who can't speak highly enough of Dr Skinner and the improvement that his treatment has made to their lives. His method of treatment can and does restore health and improves patients' lives, not to mention those of their families, immeasurably.

Dr Skinner is to be applauded for this achievement, not condemned and brought before such a panel as this. No doubt there are many other doctors who would like to treat their patients in the same manner were it not for the threat of similar action being taken against them. Failure to adequately treat hypothyroidism is a scandal, as is pillorying the doctors who do successfully treat those cases that fall within the current so-called 'normal' ranges.

This scandal needs to stop. Now.

Yours sincerely,

[REDACTED]  
C.C. Dr Gordon Skinner

References:

1. AACE 2003 Campaign Encourages Awareness of Mild Thyroid Failure, Importance of Routine Testing. <http://www.aace.com/pub/tam2003/press.php>
2. Leonard Wartofsky and Richard A Dickey. The Evidence for a Narrower Thyrotropin Reference Range Is Compelling' *The Journal of Clinical Endocrinology & Metabolism* Vol. 90, No. 9 5483-5489 <http://jcem.endojournals.org/cgi/content/abstract/90/9/5483>
3. <http://www.thyroid.org.au/Information/NormalTSH.html>
4. T Bjørø et al, 'Prevalence of thyroid disease, thyroid dysfunction and thyroid peroxidase antibodies in a large, unselected population. The Health Study of Nord-Trøndelag (HUNT).' *European Journal of Endocrinology* 2000 143:639-647.
5. Consensus statement for good practice and audit measures in the management of hypothyroidism and hyperthyroidism (BMJ 1996;313:539-544, 31 August). <http://bmj.bmjjournals.com/cgi/content/full/313/7056/539>
6. Understanding Thyroid Disorders, by Dr Anthony Toft. ISBN 1-898205-92-2

[REDACTED]

8 June, 2006

Adjudication Section

12 JUN 2006

Adam Elliott Esq.,  
Interim Orders Panel,  
GMC, Regent's Place,  
350 Euston Road,  
London  
NW1 3JN

Dear Mr. Elliott,

I refer to the appearance of Dr Gordon Skinner before the Interim Orders Panel on Thursday, 15<sup>th</sup> June 2006 at 10:30 a.m. and wish to put before the panel my experience of Dr Skinner's treatment.

In summary, my health is a demonstration of the efficacy of Dr Skinner's treatment and of the natural thyroid preparation, Armour Thyroid. Dr Skinner's insistence that blood tests are of limited use for diagnosing hypothyroidism, and cannot be relied on without clinical observation, is vindicated. Furthermore, his recommendation of natural thyroid, which includes T3 and other substances as yet undiscovered, has given me a much improved quality of life.

[REDACTED]

Some time after this I read Dr Skinner's book, *The Diagnosis and Treatment of Hypothyroidism*, and realised that increasing the Thyroxine dose would indeed improve my condition so increased the dose gradually over many weeks [REDACTED]

[REDACTED]  
[REDACTED] I felt that there was more improvement to come.

In [REDACTED] I decided to try natural thyroid and stopped taking Thyroxine in favour of [REDACTED] grains of Armour Thyroid since Dr Skinner had indicated the benefits of Armour Thyroid in his book. Certainly, after [REDACTED] weeks I had more energy [REDACTED]

[REDACTED]

[REDACTED]

June 9, 2006

Dr Skinner saw me on [ ] and suggested taking [ ]  $\mu$ g Thyroxine daily

[ ] At this point I saw Dr Skinner again who asked me to stay at this level until the end of the month, [ ]

[ ] - Dr Skinner's regime must be having effect.

Now at a dose rate of [ ]  $\mu$ g Thyroxine plus [ ] grains Armour Thyroid I feel I am ready to undertake some fairly energetic engagements, [ ] activities that I could not have contemplated [ ] ago.

Through his book and consultations, Dr Skinner is guiding me back to full health. I have great respect for my GP, Dr [ ], but without Dr Skinner's experience of hypothyroidism, he was not in a position to prescribe fully effective thyroid treatment so that I was not attaining the quality of life that I am now experiencing. I know at least two other people who have benefited more dramatically than me from Dr Skinner's recommendations.

*The Diagnosis and Treatment of Hypothyroidism* admittedly takes a light-hearted approach to a serious subject but in so doing, Dr Skinner has written a guide that will amuse sufferers and help them to co-operate knowledgeably with their medical advisors in a complicated therapy. It is a book that deserves wide recognition.

I urge the GMC to give full support to Dr Skinner and to extend the influence of his practice.

Yours sincerely



[redacted]  
[redacted]  
Mr. T. Simpson,  
Caseworker for the Interim Orders Council,  
G.M.C. Regent's Place,  
350 Euston Road,  
London, NW1 3UN.

Adjudication Section

12 JUN 2006

Dear Sir,

Dr Gordon Skinner of Warwickshire

I understand from the telephone receptionist at the G.M.C. that you are dealing with a hearing into the efficacy of Dr Gordon Skinner's treatment of patients suffering with hypothyroidism. This astounds me as in late June of last year I sent a letter to a Mr. Adam Elliott, Solicitor, in support of Dr. Skinner's treatment. The letter remained unanswered so I assumed that the support of so many grateful patients had reassured the G.M.C. As I was not personally a patient, I hoped that my comments and support might carry some weight.

It seems unnecessary to deal at length with the reasons why I have complete faith in Dr. Skinner's diagnosis and treatment. (In case the G.M.C. records are less than complete, I enclose a copy of the June 2005 letter.) Nevertheless, I would like to emphasise that my thanks and appreciation of Dr. Skinner's care and attention to detail continues, as he treats my daughter,

[redacted]. In her early [redacted]s, she began to show symptoms very similar to her father's. These might have ended a highly successful [redacted] career as [redacted]'s physical and mental strengths were undermined. Instead, thanks to Dr. Skinner's diagnosis and continuing treatment, she remains an extremely competent [redacted].

[redacted]. Perhaps, on this review, members of the I.O.C. may wish to give a measure of notice to the tremendous support Dr. Skinner's treatment receives from his patients. I read in The Times that American medics believe that most over 75-year-olds suffer to a greater or lesser extent with hypothyroidism. Surely, any treatment that alleviates the problem should receive maximum support, and the possibilities of missed diagnosis be taken very seriously.

Yours faithfully

Caps (2005 letter)

[redacted] [redacted]





Adjudication Section

12 JUN 2006

Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
LONDON NW1 3JN

5 June 2006

Dear Sir,

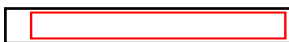
Dr Gordon Skinner

I understand that Dr Skinner is to appear before your panel on Thursday 15 June. I should be grateful if you would put my note before the Panel.

You will now have on your file three letters from me (dated 25 June 2006, 24 November 2005 and 11 April this year) in support of Dr Skinner, plus my family history document that I attached to my original letter.

I enclose an up-to-date note plus letters from my son and daughter.

Yours faithfully



Copy for Alison Thompson, Assistant Registrar, GMC

Interim Orders Panel

Dr Gordon Skinner

Thursday 15 June 2006

You may wonder why some of us are returning to the Interim Orders Panel to support Dr Skinner. I have put some thought into my position and I should like to share this with the Panel.

I was fortunate that my GP was able to diagnose [redacted] correctly and referred me to the appropriate local Endocrinologist. He in turn was good at explaining the prognosis, but fell very short when it came to treating my condition. He was unprepared to acknowledge that many of my symptoms were a consequence of my hypothyroidism and simply offered to prescribe me with anti-depressants. My GP (who has known me for years) and I were shocked and instinctively felt this was the wrong approach. She referred me to Dr Skinner.

I have no doubt that seeing how I have turned round [redacted] since being on the additional drug Tertroxin, [redacted]

[redacted]

If the thyroid illness turns out to be familial, we are bound to be sceptical of the clinical assessments that we find today. My father [redacted] [redacted] also suffered with hyperthyroidism for 15 years. [redacted] I feel sure he suffered the same symptoms. [redacted]

Perhaps the Panel might wonder why so many of us turned to Dr Skinner after inadequate treatment by our GP (though not in my case) or the shortfall in the endocrinologist we were referred to? Was this doctor a soft-touch for patients who, like spoilt children, didn't get the sweeties or treatment they'd wanted? Did they imagine he would wave a magic wand and after months or years cure all their symptoms? Was it really worth travelling all the way to [redacted] from far-flung places when the patient was probably feeling lack-lustre and pretty depressed and desperate? Yes, those who make this decision did so for very good reasons and at last were listened to before being treated, and not patronised. Dr Skinner's holistic approach is excellent.

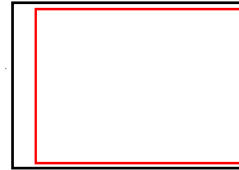
Although I am aware of the increasing pressures many doctors are under, why put Dr Skinner in the position you have? This is a doctor who not only successfully treats his patients, but helps them to restore self-confidence that has so often been destroyed by their condition and by endocrinologists who may be brilliant at the theory of thyroid and illness it may cause, but seem to be sadly lacking in the treatment of such problems. I do wonder if Dr Skinner, who has found his success through unusual circumstances, is seen to be rocking a boat that is just keeping afloat in rough waters.

Please, members of the GMC who make up your Interim Orders Panel, start listening to patients who have a family history of thyroid problems and realize that you are in the presence of a doctor who has remarkable skills. Incidentally, the blood test results after a year's treatment pleased both my GP and Dr Skinner, and surely that is the news that impresses endocrinologists more than the fact that I feel just fine.

[redacted]  
6 June 2006

Adjudication Section

**13 JUN 2006**



8 June 2006

For the attention of  
Mr Adam Elliot  
Interim Orders Panel  
GMC Regent's Place  
350 Euston Road  
London NW7 3JN

Re Dr Gordon Skinner – Interim Orders Panel  
10.30 am 15 June 2006

Dear Sir,

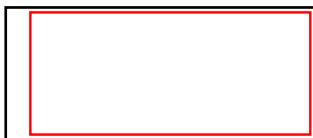
I write again in support of Dr Gordon Skinner.

In [redacted], after a lifetime of illness, my then [redacted] year old son deteriorated rapidly and was eventually told [redacted]. His suffering and the effect on the whole family were devastating. [redacted]  
[redacted] he was effectively abandoned by the medical profession.

We had the good fortune to find Dr Skinner who recognised [redacted]'s numerous symptoms as those of an underactive thyroid, which is prolific on both sides of [redacted]'s family. Dr Skinner's treatment returned [redacted] to good health, to school and a future, all of which were being denied him for the sake of a questionable blood test.

I am at a loss to understand why Dr Skinner is under scrutiny when he is succeeding in an area where all others have clearly failed.

Yours faithfully



Please note: I should be grateful if this letter could be put before the IOP. Please acknowledge receipt of this letter.

FAO:- Mr Adam Elliott  
Interim Orders Panel  
Regents Place  
350 Euston Road  
LONDON  
NW1 3JN

14<sup>th</sup> June 2006

Tel: [redacted]

Dear Sir,

**Re: Dr Gordon Skinner - IOP 15<sup>th</sup> June 2006**

I write in support of Dr Skinner who I understand is to come before the GMC tomorrow on a disciplinary charge.

I speak as one who has suffered from thyroid disease for some [redacted] years. Medical knowledge is constantly changing and it is a fact that some areas of our knowledge are more complicated than others. I am sure Thyroid Disease is one of these areas. However the current refusal of doctors, and their governing bodies, to acknowledge that they are failing to listen to their patients when it comes to the treatment of disease in this country is mind-boggling.

I will not bore you with my history save to say that in my, and others opinions, my treatment at the hands of NHS doctors over the years has been abysmal. I have not been diagnosed when I should have been and have been mis-diagnosed on more than one occasion; I have also been given drugs that have had serious consequences. Has anything happened to these doctors? I do not think so.

Dr Skinner is one of a rare breed of doctors who is not only highly intellectual and well qualified but who CARES about the people he is trying to help. To the extent that he knows what doctors 50 years ago knew – that the best thing you can do is listen to your patient.

I understand that one of your objections is that he may prescribe medication when the blood test results do not indicate that such treatment should be administered. There are hundreds of people who have become well because he has treated them on the basis of their symptoms and state of health NOT their blood tests. This sort of practice was NORMAL 50 years ago – why has the medical profession become a slave to tests. It is a fact that many people feel extremely unwell despite their 'normal range' test results. The very research on which these 'ranges' have been built has been brought into question several times by esteemed research bodies. In the United States those very ranges have been altered again and again and are varied according to individual needs - the range being much narrower and lower than their British counterpart.

There are many doctors in this country, including professors of medicine in some of the large London teaching hospitals, who have prescribed drugs to their patients,



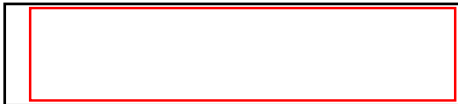


having so called 'normal' test results, because they know from the patient's clinical history that it is required. I am one of the people so treated. Are the GMC going to prevent all these doctors from practising? I think there would surely be a shortage of doctors if they did.

As to the other allegations made against Dr Skinner not one has any real substance in the reality of treating the patient.

I sincerely hope that the GMC will show that they have true common sense and drop this 'witch hunt' against Dr Skinner.

Yours sincerely,





11<sup>th</sup> June 2006

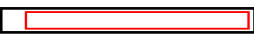

Mr Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
350 Euston Road  
London NW1 3JN



Adjudication


14 JUN 2006

Dear Mr Elliott

A Letter in Support of Dr Gordon Skinner

I understand that Dr Skinner is facing the panel to assess his fitness to practice. I would very much like to tell you about my contact with Dr Skinner as a patient. And, most importantly, how his clinical judgement and insight has brought about such an immense improvement in my health, that I shall be returning to work by  after  years absent.

I have met with a number of doctors and consultants during the last  years and, due to my symptoms, thyroid dysfunction had been mooted as a diagnosis on a number of occasions. This provisional diagnosis only to be retracted when the laboratory seemingly disagreed, returning all my blood tests within normal range. I have endured a pretty wretched  years where my symptoms were frustratingly belied by normal blood tests. Thankfully, that frustration was shared by some doctors, including my locum and regular GP and a referral to Dr Skinner was issued.

I have to confess that all those 'normal' blood tests have somewhat skewed my concept of normal, but nonetheless, the following is what I consider normal. 



(continued...)

[redacted]

[redacted]

My husband and I met with Dr Skinner in [redacted] I was asked to read an A4 piece of paper detailing over a hundred possible symptoms attributable to thyroid disorders and highlight those relevant to me. This paper will be updated on each subsequent meeting with Dr Skinner providing an invaluable tool in assessing my treatment and charting my progress. No doctor had ever asked me to complete such a task before which I think was missing a precious opportunity. [redacted]

[redacted]

[redacted] Dr Skinner has initiated such a simple but invaluable exercise. Throughout my hour long consultation, many questions were posed and repeated if necessary, reassuring me that I had imparted all that I wanted to and that Dr Skinner had collated enough information. In concluding he proposed an incremental programme of thyroxine treatment. The schedule was given to me to keep and refer to.

Within days of taking just [redacted]mcg of thyroxine I was feeling some undeniable improvements. [redacted]

[redacted]

(continued...)

Before starting to write this letter I read the foreword to the Choosing Health white paper, the principles given are undeniably judicious – there is nothing more important than the good health of our families and each other. It is therefore, rather galling that the evidence based medicine championed by the same government would have denied me the thyroid hormone I needed to restore myself to the good health Labour so prize for us all. With Dr Skinner's guidance I hope to avoid aggravating the £12bn benefits burden on the UK economy. For this reason, and all those previously detailed, I believe Dr Skinner's insight, advice and clinical judgement to be priceless and hope that the GMC will allow him to continue to help people like myself.

Thank you very much for taking the time to read my letter.

Yours sincerely

[Redacted signature box]  
[Redacted name box]

Private & Confidential

For the attention of  
Mr A Elliot,  
Interim Orders Panel,  
GMC,  
Regent's Place,  
350 Euston Road,  
London,  
NW7 3JN

9th June 2006

Re: Dr Gordon Skinner, IOP, 10:30am, 15 June 2006.

AGJ:JG

14 JUN 2006

Dr. Sir,

I am writing in support of Dr Gordon Skinner as I am concerned to hear that he is to appear before you again. ( [redacted] )

( [redacted] ) My brother was extremely ill resulting in a diagnosis [redacted] at age [redacted]. All consultants failed to offer answers [redacted]

[redacted]

[redacted] His suffering impacted on the whole family. [redacted] himself, missed



over [ ] years of school. Dr Skinner acknowledged his symptoms, the familial thyroid problem and failure of the blood test to highlight the problem and allowed [ ] to return to school and resume a normal life with treatment with thyroxine and tertrocin. I have seen for myself that [ ] is a transformed person. Both he and the family have been rescued from a desperate situation.

I cannot understand why such an experienced and successful doctor is being questioned. Surely the current blood test should be under scrutiny and not Dr Skinner, as it is failing doctors and undermining clinical judgement.

Yours faithfully

[ ] [ ]

s/would you please acknowledge receipt of this letter and put this letter before the Interim Review Panel.



Adjudication Section

20<sup>th</sup> June, 2006

**22 JUN 2006**

Mr. Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Dear Mr. Elliott,

Re. Dr. G. R. B. Skinner. IOP 15<sup>th</sup> June, 2006



I appreciate the hearing was to see that Dr. Skinner has not strayed from his conditions, but it was mentioned that Dr. Skinner has not had formal training in endocrinology and yet he has to have agreement from GP's regarding medication. These GP's have had far less experience of thyroid treatment than Dr. Skinner. His interest in the thyroid was as a virologist and the connection to ME.

What one GP told a friend of mine when after so many years of illness she asked if it could be a thyroid problem, is not to be repeated here. She has recently changed GP's and he has agreed that he is sure there is a problem. I am hoping when this lady

is well enough, she will put in an official complaint to the GMC about her treatment, or lack of and of the rudeness of that doctor.

It is GP's like these who have over the years so badly let me and my daughters down. Dr. Skinner has saved our lives.

Yours sincerely,

A rectangular box with a red border, used to redact the signature of the sender.A rectangular box with a red border, used to redact the address of the sender.



23<sup>RD</sup> June 2006

Mr Adam Elliot  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

RE: DR GORDON SKINNER

I consider myself to be extremely fortunate to be informed of Dr Skinner and his work in [redacted]. Since being diagnosed with severe hyperthyroidism in [redacted] my health and mental state deteriorated on a grand scale and culminated in my having to cease to work. I am now 100% fit and well with no thyroid disorder and that is due to Dr Skinner.



Out of desperation I contacted the Thyroid Action Group to see if there was any support or other avenues to consider. Luckily during the first of two conversations, the group recommended I contact and see a Dr Skinner. I was told he was a private Dr who is very good and successful in treating people with thyroid disorders particularly those who aren't seeing any improvement with their illness.

Dr Skinner was extremely difficult to get an appointment to see. He was booked up for months in advance but in [redacted] I managed to get in to see him. Just sitting in the waiting room was an amazing experience due talking and listening to others who had been ill for many years and were now feeling significantly better – all because of Dr Skinner and his knowledge of the subject.

I can vividly remember this day I went to see Dr Skinner at his practise in [redacted] I remember it so well because it changed my life. I took my GP notes and referral letters along to show Dr Skinner. What impressed me so much is that he read my notes and then looked at me and said, your notes state your hyperthyroid but I'm looking at someone sitting opposite me whose clearly hypothyroid. This is exactly what I had suspected, I was on too much medication but neither of my Drs had accepted this for the last [redacted]  
[redacted]

Dr Skinner proceeded to write to my GP to say that I should come off the medication which I did and I have never taken any medication since. I continued to have my blood and thyroid function tests [redacted] and now I am completely 100% well. I truly believe that if it wasn't for Dr Skinner, I [redacted] would be taking thyroxine for the rest of my life.

Yours sincerely

[redacted]



03 July 2006

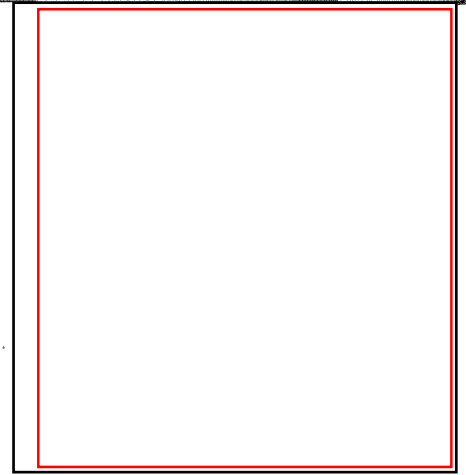
Our Ref: PJ/JE

Your Ref:

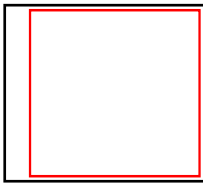
Dear [REDACTED]


Thank you for your letter of 29 June 2006. Naturally I am sure you will understand I cannot discuss the patient you mentioned, [REDACTED], in any way. However I have had a letter from Dr Skinner when dealing with her in [REDACTED] and a telephone conversation after that time concerning her care. I found him to be courteous and professional and most important of all, there has been an improvement in the patient that we shared. I hope this is helpful to you.

Yours sincerely



06.07.2006





Dear 

Thank you for your letter dated 29<sup>th</sup> June.

This is to confirm that I have a patient who has hypothyroidism who regularly sees Dr Skinner.

My patient is very happy with Dr Skinner's care of her. He, from my point of view, writes full, prompt letters.

Yours sincerely,



**By Fax to 0121 449 8895**


Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN


10<sup>th</sup> July 2006

Dear Mr Elliott

**Regarding Interim Orders Panel Hearing – Dr Gordon Skinner,**

I understand that you wish to receive a reference regarding Dr Skinner.



I am a registered medical practitioner. 

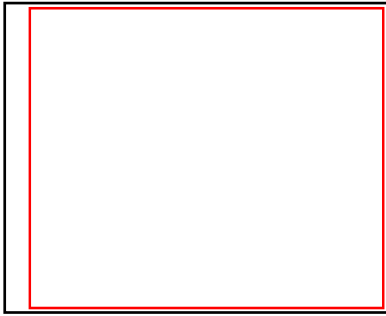
Over the last  I have had reason to refer patients to Dr Skinner for his opinion regarding their thyroid disease.

During this time I have found his advice to be very useful and helpful for me in the continued management of these patients. Likewise, patients have spoken very highly of his clinical manner. I have also found him to be extremely comprehensive in his level of communication- letters being both informative and prompt, and I remain happy in referring patients to him.

I trust this information is of value to you

Yours sincerely



10<sup>th</sup> July 2006

Dear Professor Catto

Re Doctor G R B Skinner MD (Hons) DSc FRCPath FRCOG

For the record, I have written to the GMC on 3 occasions now in respect of the above Doctor. The first letter was addressed to Adam Elliott and was dated the 20<sup>th</sup> of June 2005, the remaining two letters were addressed to yourself and dated the 27<sup>th</sup> of August 2005 and 5<sup>th</sup> of June 2006 respectively. All my letters have been written in support of Dr. Skinner who has been treating both my daughters and has been responsible for their recovery following serious and debilitating illness as a result of under treated hypothyroidism. [Redacted]

I have gone into quite some detail with regard to my daughters and the way that Dr Skinner helped their recovery in my letter to you dated the 27<sup>th</sup> of August. My daughters are not isolated cases and I now know from speaking to very many of his patients [whom I met at the GMC] that they have been greatly helped by him also.

Therefore I cannot understand the failure of the GMC and its Interim Orders Panel to grasp the fact that, here is a doctor who is treating his patients appropriately and is helping them recover from severe ill health and [I re-iterate] that I am at a loss to understand why he was brought before the IOP in the first place.

Following on from Dr. Skinner's recent IOP hearing on the 15<sup>th</sup> of June 2006 at the GMC London, I now need you to clarify some issues. Up until now I have let matters rest believing naively that given the overwhelming support for Dr. Skinner, the case would by now have been closed, but since the case continues I must now consider the serious implications and consequences for my daughters for the future.



These comments follow and for ease of reference, I have referred to the transcript itself, which I know is readily available to yourself and your colleagues. The questions and issues raised, to which I would appreciate a response are shown in bold. These mainly concern procedure in general, although obviously will relate to this particular hearing.

1. At the start of the proceedings, introductions were not made and it was only as the hearing progressed that those of us present in support of Dr. Skinner began to get an idea of the function of each of the panel members. This may be the way that IOP hearings are conducted but personally I found this to be discourteous.

2. PAGE 1 PARA A At the start of the process, the Chairman pointed out that the hearing was to be public. Mr. Glasgow who it later transpired from the transcript was appearing on behalf of the council said "I fear so" I would like to know what was meant by this remark – you may wish to ask Mr. Glasgow in order to provide me with a response. However, if it was meant as an attempt at levity then it was both inappropriate and unprofessional given the gravity and serious nature of this hearing for both Dr Skinner and his patients.
  
3. PAGE 1 PARA C The Chairman has made an assumption that we [Dr. Skinner's patients and their families] had attended previously. This was in fact not the case, many of those present on this occasion had not attended previously and so the whole process was new to them. [However, the supporters who attended last time and were unable to attend on this occasion, requested that they be sent the transcript – as this hearing continues to have serious implications for them].
  
4. PAGE 1 PARA D Mr. Glasgow did however, re-iterate the test for the benefit of those present ie "that the panel is satisfied in all circumstances that there may be an impairment of the practitioner's fitness to practice which poses a real risk to members of the public, or may adversely affect the public interest or the interests of the practitioner." May I respectfully point out Sir, that Dr. Skinner does not represent such a risk. The GMC has received hundreds of testimonials from both his patients and families of his patients as well as other medical professionals, none of who consider Dr. Skinner to be a risk in any respect. In fact [and it is a fact not opinion], the reverse is true. He has brought his patients to wellness and saved many lives by his meticulous and holistic approach in treating them for hypothyroidism. In this hearing, the letters of support were mentioned briefly but did not form part of the hearing at this time. However, could I ask, is it normal IOP practice for credence to be given to letters of support from patients in the defence of doctors appearing before the IOP? or is credence given only to those who have medical qualifications? I ask these questions because in the previous hearing the hundreds of letters of support from the patients appeared to carry no weight whatsoever and in this hearing, even though people had continued to write further letters of support, these were only mentioned in passing.
  
5. PAGE 2 PARAS A to E These paragraphs detail the restrictions placed on Dr. Skinner following the hearing in June 2005. These concerned patient's records which Dr Skinner had been asked to produce for this panel and which were in an anonymised format [as previously requested by the panel]. A detailed and laborious discussion of these records [that Dr. Skinner had done his utmost to produce] as requested for this panel then followed. These discussions feature largely throughout the transcript. It appears that Dr. Skinner had indeed supplied everything that had been asked for – yet the panel was not quite satisfied with the style of presentation. Almost a half an hour of debate ensued on the relative merits and difficulties posed by post-its, tabs and photocopying. As a result, in producing the determination Dr. Skinner was asked to re-submit his records in readiness for the next interim hearing in 3 months time in a different format. This time, although his records were to remain anonymised, he was required to identify his new referrals by their initials and NHS numbers. Now here is where I see a dilemma and I would like to ask you for a response in respect of the above as follows. If the original papers submitted were anonymised – what was their value to the panel? Would not anonymised records be worthless for the purposes of proving or disproving a case?
  
6. Conversely, at PAGE 11 PARA A/B it states that "the panel reminds you that in complying with the conditions imposed, you must always consider the issue of patient confidentiality". Please correct me if I have mis-understood here, but I have yet another question to ask in order to clarify the situation. Would not patient confidentiality be compromised if Dr. Skinner were in turn to comply with the terms set out by the determination? That is, if patient initials, coupled with the NHS numbers were to be submitted by Dr. Skinner would those patients then be identifiable? [and thus contravene the Data Protection Act 1998].



7. Linked to the above is the question of cost. I have no doubt the panel consisted of highly paid professional people. The panel really only discussed matters of administration for half an hour, then deliberated for a further two and a half hours. Could you explain to me why the above could not have been dealt with by means of correspondence. **Therefore could you tell me the approximate costs [including expenses] to the tax payer for the services of this panel for the afternoon in question?** Furthermore, questions of effectiveness and efficiency arise given that the panel was 3 hours late in starting.
8. During the hearing, albeit briefly, there were allegations mentioned which concerned Dr. Skinner's prescribing methods. Two patients were mentioned in connection with this [PAGE 4 PARA F/G], and were identified by the initials Miss V and G, but since these were not discussed at all, it was unclear whether or not they were cases that had been mentioned from the original hearing in 2005 or completely new. Furthermore there appears to be, not one shred of evidence that I have been witness to, to suggest that anyone has actually come to any harm under Dr. Skinner's care. There is however, plenty of evidence to suggest that many patients have not received appropriate treatment and care from other medical practitioners and this is why such patients have turned to Dr. Skinner for help. There is basically a difference of medical opinion being aired as part of this case, which I believe to be outside the remit of the IOP. **Could you confirm whether or not, differences in medical opinion and treatment are outside the remit of the Interim Orders Panel?**
9. Thus, it seems we arrive at the crux of the matter. Dr. Skinner makes his patients well because he treats the underlying cause of their condition, by prescribing the appropriate level and combination of thyroid hormones. This is because each patient is unique and Dr. Skinner sets out to determine the optimum treatment for each individual. Whilst Dr. Skinner includes blood tests as part of his diagnosis, he also considers presenting symptoms, family history and carries out clinical examination including pulse, BP etc. He does not - as has been alleged in PAGE 5 PARA A "frequently prescribe thyroid hormone therapy to patients with no evidence of thyroid disease and adjusts the dose often without biochemical testing". This is not just my opinion, I have met large numbers of Dr. Skinner's patients and their families at both hearings [who I would never have met otherwise] who would agree with the above. It would appear that the people [endocrinologists?] who have made such allegations have apparently never met any of the patients concerned, in which case how could they possibly pass comment!
10. At the end of the hearing and after the determination was read out, Dr. Skinner asked to speak, but was denied that opportunity, in a most abrupt way. The patients who were there to support him were quite appalled. This is a doctor who we have all come to respect and trust and it was disgraceful for him to be treated in such an ill-mannered and off-hand way. Surely, if a person is not permitted to speak in their own defence or query some aspect of a document, which has serious implications for them, then that is a very sad day indeed. Dr. Skinner did not deserve to be spoken to in such a way, he is highly thought of by his patients and their families who have full confidence in him and his care plans.
11. This respect in which Dr. Skinner is held is not just confined to his patients and their families. Such respect was further endorsed, during the initial hearing when several of his medical and professional colleagues have described him in terms such as kind, caring, professional and have stated that he puts his patients first. They have also said that they are happy to refer patients to him [fact not opinion] and have indeed done so.
12. I should like to point out that the abrupt and uncalled for treatment of Dr. Skinner at the end of the hearing was omitted from the transcript provided [for the 15<sup>th</sup> of June], but there are almost 40 witnesses to the above. I personally felt that the hearing was conducted in a most rushed and unprofessional manner throughout. Furthermore, Mr. Glasgow appeared to

be quite ill prepared when making his submission to the panel as recorded in the transcript [PAGE 3 PARAS B, C D and E].

I am sorry that this has turned into such an epistle but it is at least substantially shorter than the transcript of the first hearing [49 pages] and this hearing [11 pages]. However I do have some further questions to ask. **Will any notice be taken of this letter? [my previous letters have not resulted in a response to my questions] and To whom are the GMC and its Interim Orders Panel accountable?** I await your detailed and speedy response, to the above questions. This situation if not resolved, could have dire consequences for not just Dr. Skinner but all hypothyroid sufferers now and in the future - a situation which for myself and my family [and all the others who fully support Dr. Skinner] is quite unacceptable.

Finally, I have not witnessed any sense of sympathy by the GMC for the concerns of the patients and their families in all of this. This whole business is causing unnecessary worry for us all. Large numbers of us have attended both public hearings, despite the great expense in time, trouble, money, inconvenience and effort and we have done so for a purpose. This purpose is to ensure that the care and treatments that have been beneficial to us all continue - we are not prepared to take a backward step into ill health yet again after experiencing such excellent care. Therefore, we demand to be heard!

Yours sincerely



CC Dr. G R B Skinner  
Professor Norman MacKay - [GMC] Chair of the IOP [15/6/06]  
Chair of the Fitness to Practice Panel - [GMC]  
Alison Thompson - Adjudication Manager [GMC]  
Dr Mark Dudley - Medical Protection Society  
Mr. Ralph Shipway Radcliffe Le Brasseur

[Redacted]

Adam Elliot and Alison Thompson,  
Assistant Registrars at the Adjudication Section,  
*The General Medical Council,*  
Regent's Place,  
350, Euston Road,  
LONDON  
NW1 3JN.

Adjudication Section

**12 JUL 2006**

10<sup>th</sup> July 2006

Dear Adam and Alison,

I am writing this letter in support of Dr Gordon Skinner.

I speak as I find, and if it wasn't for this Doctor whom I have the greatest respect my son and myself may well have been dead now, this is no exaggeration.

[Redacted]

[Redacted] Dr Skinner has been the only Physician out of many dozens of Consultants and GP's within NHS- some of whom I found very upsetting and downright rude- who could put all of my Symptoms and Clinical signs together along with relevant blood tests.

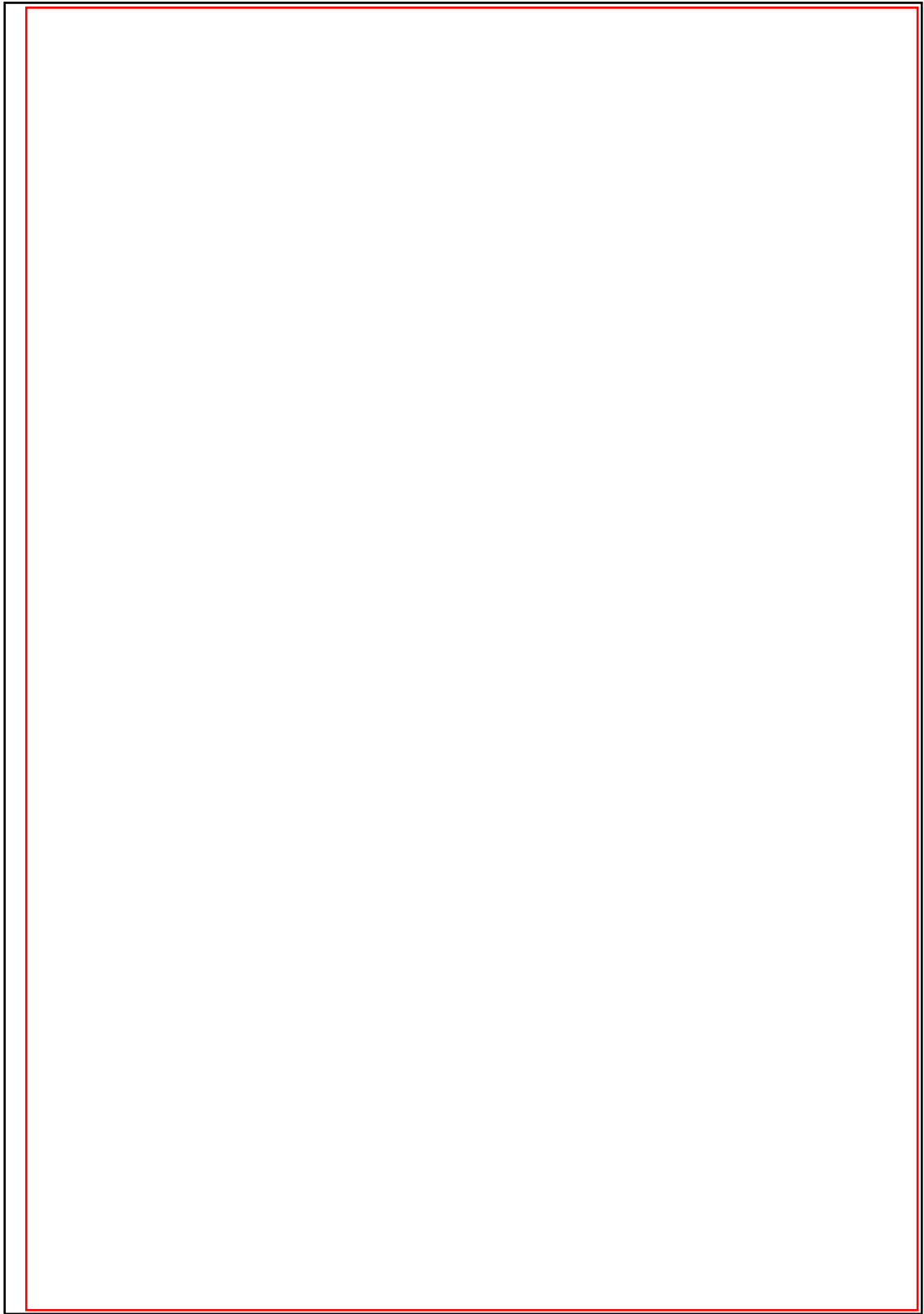
My son who is in his [Redacted] now was very ill and had suffered many life-threatening infections some of which had hospitalised him. [Redacted]

[Redacted]

[Redacted]

[Redacted]





We need Doctors like Dr Skinner who understand how to treat and diagnose and have the experience.

A patient should have the right of choices to his treatments and it breaks with Hippocratic Oath to be mis-treating patients like this.

I have the added stress of debts because of idiots in NHS.

I know of another GP who was jealous of Dr Skinner in my area and said 'he thinks everyone is hypothyroid' – well I for one think he may have a point.

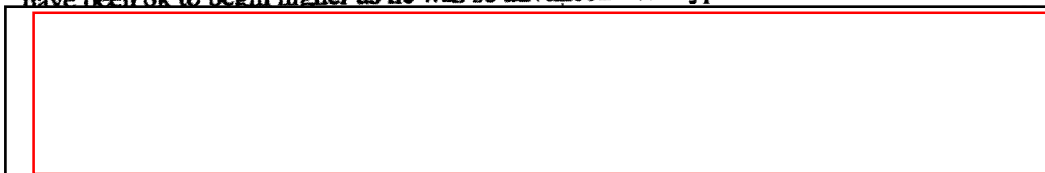
Both my mother and I had Viral Pneumonia-I was told by a Solicitor that this definitely damages the thyroid gland. So it would be same with other virulent viruses.

Thank you for your time in reading this and I sincerely hope Dr Skinner is saved-if not it is criminal and we have very few that can treat effectively.

Other doctors are nervous because of GMC waging a war against them.

Most seem disinterested in their patients in NHS and confused with over reliance on blood tests when Euthyroid-and altering dosages despite patients telling them they feel well on their maintenance dosage. Patients are often on ridiculously low doses of Thyroxine when often they need T3 too as most don't absorb and convert.

Dr Skinner started my son's treatment at correct low dose although I feel now he would have been ok to begin higher as he was so advanced with hypo.



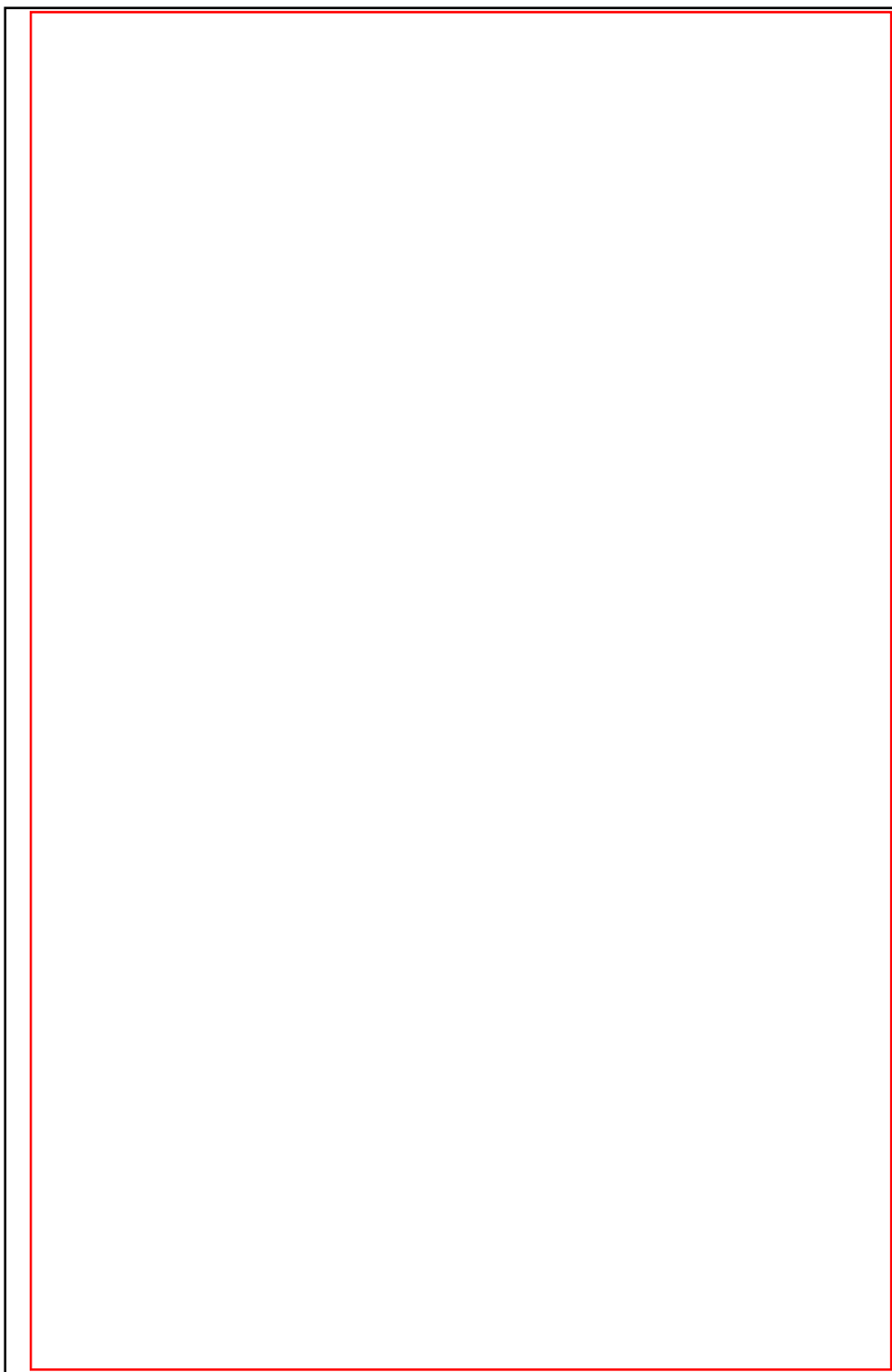
Please do listen to this and spare Dr Skinner as most doctors in NHS break rules and get away with it because Patients are afraid to complain because it makes life difficult in future with doctors and striking off anyone who complains.

Yours Sincerely,









COPY ONLY

Adjudication Section

13 JUL 2006

6 July 2006

Professor Sir Graeme Catto  
President of the GMC  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Dear Professor Sir Graeme Catto,

Re: Letter in support of Dr Skinner in relation to IOP hearing 7/8/06

I am writing to express my total support for Dr Skinner. Before I saw Dr Skinner, I had debilitating symptoms and was incapable of working. Thanks to Dr Skinner, I no longer suffer debilitating symptoms.

Words do not fully express how thankful I am to Dr Skinner. I would like you to know that I have great respect for Dr Skinner and his colleagues in the medical profession. My thanks also go to the NHS doctors and endocrinologists, who have approved of the thyroid replacement treatment that Dr Skinner has prescribed for me and enabled me to receive ongoing NHS prescriptions for this treatment.

However, [REDACTED], I would like to express my concerns about the GMC procedures. I understand the necessity of an organization such as the GMC, however the fact that such an excellent, caring and professional doctor as Dr Skinner has had to be present at 'IOP hearings' casts serious doubts in my view, on the reliability of the GMC to look out for patients.

Please listen to letters such as this that you have received in support of Dr Skinner and take the views of patients such as myself into account. Nothing less than a complete dismissal of this ridiculous case and an apology to Dr Skinner is acceptable.

The GMC is supposedly concerned about protecting patients but in this case, who protects patients from the GMC? To whom does someone complain if the GMC proceeds with unfair, inappropriate and indiscriminate procedures against their doctor? Please could you let me know the answer to this question as a matter of urgency, as I need to know to whom the GMC and their staff are accountable, so that I can pursue this query as a matter of extreme importance. I would appreciate your help in this matter.  
Yours sincerely

[REDACTED]  
c.c. Dr G R B Skinner  
c.c. Alison Thompson, Assistant Registrar, Adjudication Section  
c.c. Adam Elliott, Interim Orders Panel  
c.c. Chair of the Interim Orders Panel  
c.c. Chair of the Fitness to Practise Panel  
[REDACTED]  
c.c. Dr Mark Dudley, Medical Protection Society  
c.c. Mr Ralph Shipway, Radcliffe Le Brasseur

COPY ONLY



6 July 2006

Professor Sir Graeme Catto  
President of the GMC  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Adjudication Section

13 JUL 2006

Dear Professor Sir Graeme Catto,

Re: Letter in support of Dr Skinner regarding IOP hearing on 7/8/06

I am concerned that an IOP hearing has been scheduled for 7/8/06 when the premise on which this hearing has been called is without foundation. On the contrary, on the basis of my own experience and the experience of the various patients that I have had the pleasure of meeting at  Dr Skinner has provided excellent care.

I have read the transcript of the hearing of Dr Skinner on 29/6/05 and would like to raise the following concerns:-

1. Dr Paul Cundy of Village Surgery wrote to the GMC on 24/2/04 and has commented on his patient's TFT results but does not appear to have commented on the presence or absence of symptoms of hypothyroidism before and after treatment. Dr Paul Cundy could be putting patients at risk by not evaluating physical symptoms fully. Dr Skinner states that the patient's clinical features justified the diagnosis and institution of treatment and that she significantly improved on thyroid treatment.
2. Likewise, the consultant physician and endocrinologist Dr P has written a letter indicating that he is concerned about blood test results but appears to have no concern about whether the presence or absence of symptoms has been evaluated before and after thyroid treatment. Such a lack of concern could be putting patients at risk.
3. Dr Liz Jordan wrote to the GMC on 26/1/04 about a concern raised by a local community pharmacist. I am concerned that this pharmacist took it upon themselves to question a treatment without knowing the results of any physical evaluation of the patient concerned. The fact that Dr Liz Jordan backed up these concerns again indicates that a physical evaluation was of no importance to her and such a lack of concern could be putting patients at risk.
4. Dr Blair wrote to the GMC on 27/2/04 saying that he advised his patient against taking thyroxine as he felt there was no clinical indication and yet on 26/3, Dr Skinner has written a letter describing the clinical indications of hypothyroidism. Dr Blair could be putting patients at risk by failing to carry out a thorough clinical examination.

5. Dr Toft wrote to the GMC on 19/7/04 complaining that Dr Skinner had given two patients thyroid treatment resulting in hyperthyroidism both clinically and biochemically as evidenced by blood test results and yet no actual description of symptoms of hyperthyroidism has been given. Dr Toft could be putting patients at risk if he is making a judgment on thyroid blood test results alone without actually considering the presence or absence of symptoms prior to and during treatment.
6. Professor John Lazarus wrote to the GMC on 14/4/03 saying "we urge you to take the necessary steps to protect this often vulnerable group of patients as soon as possible" and yet in my case Professor John Lazarus backed Dr Skinner's treatment protocol. This indicates that when he was given enough details about a patient he was obliged to agree with Dr Skinner's diagnosis and treatment regime.

I have read the transcript of the hearing of Dr Skinner on 15/6/06 and would like to raise the following points:

1. On Page 4 of the transcript, a letter from Dr Toft has been quoted, which raises concerns for me since by criticising Dr Skinner's diagnosis and treatment without having read the medical notes of each of Dr Skinner's patients and without having any idea of their physical symptoms before and after treatment, Dr Toft could be putting Dr Skinner's patients' lives at risk by recommending that their doctor should no longer be giving them the treatment that they require.
2. On page 10 of the transcript, it says '*However, a failure to comply with either the requirements of these conditions and/ or the spirit of these conditions may indicate a serious lack of judgement on your part and a repeating pattern which could have grave consequences both for patients and your registration.*' Pray tell me how the GMC would evaluate whether Dr Skinner is complying with the spirit of these conditions? In addition, please could you let me know who would take responsibility for the decline of patients that would occur if the GMC prevented Dr Skinner from continuing to treat them? In addition, please could you let me know why the many patient letters sent to the GMC have been given scant attention?

Yours sincerely

Coralie Phillips B.Sc. (Hons)

c.c. Dr G R B Skinner  
c.c. Alison Thompson, Assistant Registrar, Adjudication Section  
c.c. Adam Elliott, Interim Orders Panel  
c.c. Chair of the Interim Orders Panel  
c.c. Chair of the Fitness to Practise Panel  
c.c.   
c.c. Dr Mark Dudley, Medical Protection Society  
c.c. Mr Ralph Shipway, RadcliffeLeBrasseur

*ARKS*



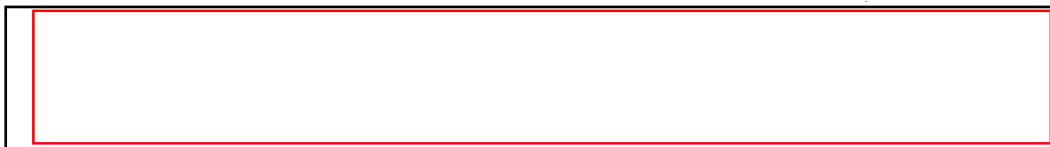
13<sup>th</sup> July, 2006

Mr. Adam Elliott  
GMC  
350 Euston Road  
London  
NW1 JJN

Dear Mr. Elliott,

Testimonial  
Dr. Gordon R. B. Skinner  
IOP hearing - 7<sup>th</sup> August, 2006

I saw Dr. Skinner for the first time  because, although I was taking thyroxine which was prescribed by my GP,



My GP wouldn't increase my medication, so I asked to be referred to Dr. Skinner. Dr. Skinner increased the amount by

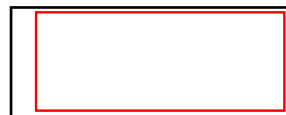
☐ I had a long consultation with Dr. Skinner and he was very thorough in his questioning and examination. He has the understanding and knowledge of how people are feeling, despite relying on blood test results.



I feel  mcg is the right dosage for me.

Friends and family are now telling me how well I look and I cannot emphasise enough, the difference it has made to my life and I only have Dr. Skinner to thank for this.

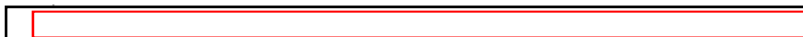
Yours sincerely,



Copies sent to:

✓ Dr. Mark Dudley, MPS, 33 Cavendish Sq., London W1G OPS

Mr. Ralph Shipway, RadcliffeLeBrasseur, 5 Great College Street, Westminster, London SW1P 3SJ





17th July 2006

Adam Elliott,  
Interim Orders Panel,  
The General Medical Council,  
Regents Place,  
350 Euston Road,  
London,  
NW1 3JN.

Adjudication Section

18 JUL 2006

Dear Sir,

I write regarding the G.M.C. calling Dr. Gordon R. B. Skinner, MD (Hons) D.Sc., FRCPath, FRCOG, to a Public Hearing on the 7th August 2006 .

I have been a patient of Dr. Skinner since  and since that time he has restored me to full health. He has always treated me in a courteous, kindly and respectfully thoughtful manner and his consideration of my condition since my first appointment in  helped me to obtain the health I have now.

I am now  years old but was registered with underactive thyroid in  but I struggled for  long painful years under N.H.S. treatment before a chiropracter advised me to get better medical treatment.

I write in support of Dr. Skinner at this Public Hearing.

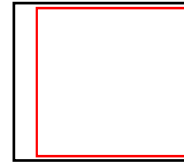
Yours faithfully,





Adjudication Section

**.18 JUL 2006**



15.07.06

Dear Ms Thompson,

Thank you for your reply to my letter of 30<sup>th</sup> May 2006, and I note that the IOP is unable to reach any conclusion about the veracity of the information of Dr Skinner's case. It seems even more strange therefore that much more weight appears to be given to one or two accusations rather than the numerous letters of support from a large number of his patients.

There has been no finding of fact against Dr Skinner yet the IOP seems to increase its conditions on his practice. Their main concern is now the pagination of his documentation. If this pagination is so important the method should have been set out clearly at the outset and time not wasted at the hearing.

In the penultimate paragraph of the Determination (15.06.06) it is stated "these conditions are the minimum required to protect adequately the members of the public and provide sufficient safeguards both for the public interest and, owing to a potential lack of insight and judgement, your own interests." Accusations of potential lack of insight and judgement are nonsensical, we could all be accused! Doctors who do not treat patients with clinical signs of hypothyroidism fail to protect the public but are not chastised by the GMC, yet a doctor who has helped hundreds of patients to regain their health has to undergo this humiliating and unnecessary investigative procedure.

A most serious and unnecessary situation on the 15<sup>th</sup> June, however, was that Dr Skinner was not allowed to say anything at the end of the proceedings although he asked to do so. Perhaps the "pressing national emergency elsewhere"(p6) of the soccer world cup was more important than justice.



Yours sincerely



Adjudication Section

19 JUL 2006



Sunday, 16 July 2006

Saga Magazine  
Letter page

Dear Sir/ Madame

The GMC is clamping down on doctors who, on account of their experience and conviction, are treating low thyroid patients on clinical grounds.

Patients who have been lucky enough to find such a doctor have been saved from much suffering, a wretched quality of life, and even death.

Now such doctors are being threatened with de-registering in spite of an excellent success rate.

On financial grounds alone, the cost to the country of the growing numbers of inactive and chronically sick people is very high; the cost of the remedy- thyroxine is tiny.

Yours truly,

[Redacted signature box]

[Redacted address box]

Copy to: GMC. att. Adam Elliott  
ii Medical Protection Society, att. Mark Dudley

Adjudication Section

19 JUL 2006



Sunday, 16 July 2006

The Editor  
Letter Page  
Independent Newspaper

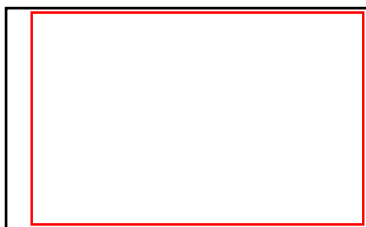
Dear Sir/Madame

There are many thousands of people in this country who are being refused treatment for their low-thyroid condition. This is because, although they show clearly this illness by their symptoms, laboratory tests show them to be apparently "normal".

A perceptive and experienced doctor can nevertheless remedy this, by careful observation and tests ( temperature, tongue, neck, blood pressure, for example) Many patients like this have been brought back to health and live again a normal life.

The GMC however, are trying to stop doctors acting according to their knowledge and experience and want to insist on chemical blood tests alone, in spite of the fact that these tests are missing many severely low-thyroid patients. The result of this is wide spread illness, costing the country a great deal of money in loss of work and health treatment. The tiny cost of thyroxine would save that.

Yours truly,



Copy to: G. M. C. att. Ada Elliott.  
ii) Medical Protection Society att. Mark Dudley.

Ref. Dr. Skinner.

15.07.06.

Dear Mr. Eliot,

I wish to reiterate all of what I said in the previous letter I sent to you. For several years I had no life, now I do, what more can I say, there is no greater gift, made possible by one man Dr. Skinner through <sup>his</sup> medical care.

Yours most sincerely,

Adjutication Section

20 JUL 2006



21st July 2006.

Mr. Adam Elliott,  
Assistant Registrar,  
Adjudication Section,  
The General Medical Council,  
Regent's Place,  
350 Euston Road,  
London NW1 3JN.

Dear Sir,

I am writing to draw to your attention the invaluable service which Dr. Skinner is providing for a large number of hypothyroid patients.

I have been a patient of Dr Skinner's since [redacted]. At that time I had been ill for [redacted] years and had been diagnosed [redacted]. I was quite severely ill with [redacted]

I went to Dr Skinner because I had hypothyroid symptoms and physical signs [redacted] [redacted] which my G.P. had discovered but was unable to treat, as my blood test was within the normal range, albeit with a very low T4 and a TSH which seemed to be rising at every test.

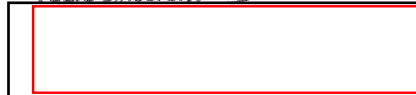
Dr. Skinner examined me very thoroughly, taking my blood pressure, blood pulse rate etc. and discussed my medical history, asked me many questions and looked at my blood test results. [redacted] At the end of the examination Dr. Skinner diagnosed me as hypothyroid. He contacted my G.P. who was happy for him to give me a prescription for a small dose of Armour thyroid. Within [redacted] of taking the medication I felt better. Since seeing Dr. Skinner I have continued to improve. Although I have still had periods of relapse these are less severe and of significantly shorter duration. I am considerably better. I am able to [redacted] [redacted] lead a relatively normal life.

In conclusion my recovery has been largely due to Dr Skinner's treatment and I am very indebted to him for his assistance.

I should be very much obliged if my letter could be included in the evidence used in reviewing Dr Skinner at the next IOP meeting on 7th August 2006.

I thank you for your assistance.

Yours sincerely,



copy to Professor Sir Graeme Catto.

Adam Elliott,  
Interim Orders Panel,  
G.M.C.  
Regent's Place,  
350, Euston Road,  
London NW1 3JN



22<sup>nd</sup> July 2006.

Dear Mr. Elliott,  
**Dr. Gordon Skinner**

I am writing to express my concern over Dr. Skinner being asked to attend another hearing before the G.M.C.

I have been disabled for many years and am under the care of Professor [redacted]  
[redacted] One of the doctors there realised that I was hypothyroid despite a FT4 level just within the reference range. When an appointment to see an endocrinologist was postponed, I went to see Dr. Skinner.

At that time, I was in a severely weakened state, unable to look after myself, work or take part in any kind of normal life. I was struggling with incapacitating symptoms that included [redacted]  
[redacted]. I was steadily growing worse.

Since Dr. Skinner began treating me my health has improved so much that I will soon be returning to work. Professor [redacted]' team has followed my progress and never suggested that any change be made to Dr. Skinner's choice of prescribing.

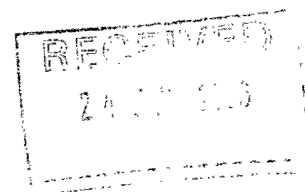
Dr. Bill Reith of the Royal College of General Practitioners has said that being hypothyroid "is a disease where it is crucial that the doctor treats the patient and not the blood test result." I have endured years of unnecessary illness because this is so often forgotten.

Dr. Skinner has treated me according to my symptoms and has made my life worth living again. I hope that he will be allowed to continue to help others.

Yours sincerely,

[redacted]





21 July, 2006.

Mr Ralph Shipway,  
RadcliffeLeBrasseur,  
5 Great College Street,  
Westminster,  
London,  
SW1P 3SJ.

Dear Mr Shipway,

**Dr Gordon Skinner**

For a period of  years until  I was a patient of Dr Skinner who I consulted as I was suffering from Hypothyroidism. During my treatment I found him to be attentive and caring, and at all times completely professional. He was always correct in his conduct and after each consultation meticulously wrote to my General Practitioner and other consultants; indeed, he often spoke to them by telephone if he felt it would be helpful. He was always available to me by telephone if I had a serious episode, and I was even able to speak to him whilst he was abroad on holiday in one instance.

I have suffered increasing illness of various nature over the past  years and have been referred to many consultants of differing specialities; so I have much experience of consultations and treatment as a patient for many years. During all that time I cannot recall having been treated by such a caring, careful practitioner, and I am very distressed to hear that such a fine doctor should be the subject of disciplinary action by his peer group, The General Medical Council.

Yours sincerely,





18<sup>th</sup> July, 2006

Adjudication Section

**24 JUL 2006**

Mr. Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
350 Euston Road  
London  
NW1 3JN

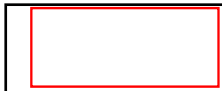
Dear Mr. Elliott,

Re. Dr. G. R. B. Skinner. IOP 7<sup>th</sup> August, 2006

I wrote to you last year with regard to Dr. Skinner's initial IOP hearing on 29<sup>th</sup> June, 2005.

I would just like to reiterate that I support Dr. Skinner 100% and he has restored my health where others have failed.

Yours sincerely,



[redacted]  
[redacted]  
20<sup>th</sup> July 2006

Mr Adam Elliott  
Assistant Registrar, Adjudication Section  
The General Medical Council  
Regent's Place  
350, Euston Road  
London  
NW1 3JN

Adjudication Section

24 JUL 2006

Dear Mr Elliott

**Re: IOP Review of Dr Gordon Skinner**

I was dismayed to hear that this wonderful doctor is the subject of an investigation. I would like to offer my wholehearted support to Dr Skinner.

I have been one of Dr Skinner's patients since [redacted]. When I first asked my GP to refer me to him I was very ill indeed, with all the classic clinical signs of hypothyroidism. [redacted] reference range', and although my GP had prescribed a low dose of thyroxine, I was still unwell and deteriorating fast. On a scale of one to ten I would put my quality of life at no more than two as I became increasingly disabled by my illness. [redacted] back 'clear' [redacted]

[redacted]

Dr Skinner's name was recommended to me via two different sources, and since becoming a patient I have never looked back. Under his fantastic, solicitous care my health has steadily been restored to me – to the point where I can work again and have a very good quality of life.

I have at all times found Dr Skinner totally professional, compassionate, completely committed, and very thorough – and what's more, he actually makes ill people better! What more could anyone want from a doctor?

I have been very carefully monitored as his patient. At each of my appointments Dr Skinner carries out a full clinical appraisal, he takes blood samples where necessary, and, most importantly, takes account of how I actually feel. Any change in medication has been closely monitored, and I have always known that I could phone him for advice if I had any concerns. He has kept my GP fully informed by letters.

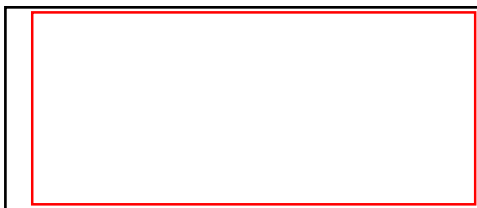
I see from reading the report of the hearing on 16<sup>th</sup> June 2006 that there are concerns about Dr Skinner 'prescribing outside recommended guidelines'. Perhaps it is time for the GMC to look at the guidelines instead of the doctor.

It is abundantly clear to me (as it is to the many patients with thyroid problems and other doctors who support Dr Skinner's work) that it is the guidelines which are putting patients' health in jeopardy, not the doctor. Thyroid testing and treatment is flawed: my GP's reliance on a blood test to tell her whether I was hypothyroid or not rendered me practically bedridden! Before tests like TSH existed, I believe doctors prescribed medication based on a clinical appraisal and how a patient felt – which is exactly what Dr Skinner is doing now with great success. And thank heavens that we have courageous doctors like Dr Skinner who treat their patients and not their blood tests, or there would be very many more people, quite unnecessarily, condemned to a miserable life with untreated hypothyroidism.

It would be a retrograde step for the medical profession if the GMC took action to restrict the work of this enlightened doctor.

I ask that you would please take my comments into account when considering your Review.

Yours sincerely



Copy also to: Professor Sir Graeme Catto, President of GMC

Adam Elliot  
Interim Orders Panel  
General Medical Council  
350 Euston Road  
NW1 3JN

Adjudication Section

24 JUL 2006

20<sup>th</sup> July 2006

Dear Mr Elliot

I have just been informed that Dr Gordon Skinner is again being brought before the Interim Orders Panel, this time on 7<sup>th</sup> August 2006. I wrote to you last year (copy enclosed) on this matter but wanted to again express my shock and concern.

As I stated in my last letter Dr Skinner diagnosed my hypothyroidism and successfully treated my condition. This was after 3 NHS General Practitioners, 2 NHS Consultants and my Company's doctor were unable to reach accurate diagnoses.

In the [ ] years that I have been a patient of Dr Skinner's I have always received the highest standards of care from his practice. I can only reiterate my previous thoughts that Dr Skinner's manner and attitude are extremely professional and exemplary.

I simply fail to comprehend why the General Medical Council persist in wasting public resource in such an obvious attempt to vilify this private practitioner. Dr Skinner has successfully treated many hypothyroid patients who have been failed by the NHS. Surely it would be more appropriate for the GMC to turn its considerable might to ascertaining why patients like myself have to struggle and suffer unnecessary ill health due to a failing of the NHS.

I would appreciate an answer to this letter and would like this and my previous letter to be taken into account at your Interim Orders Panel.

I look forward to hearing from you.

Yours sincerely

[ ]

cc: Dr. Mark Dudley Medical Protection Society  
Mr Ralph Shipway, RadcliffeLeBrasseur

[ ]



18<sup>th</sup> July, 2006

Mr. Adam Elliott  
Interim Orders Panel  
GMC  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Adjudication Section

24 JUL 2006

Dear Mr. Elliott,

Re. Dr. G. R. B. Skinner. - IOP 7<sup>th</sup> August, 2006

I would just like to reiterate my support for Dr. Skinner, as he has enabled me to live a normal life. Something I could not have done without him treating me for hypothyroidism.

I believe there should be far more research into this subject, particularly as so many have benefited from treatment even though their blood chemistry is 'normal'. As far as I can see, there doesn't seem to be any correlation between the blood test results and signs and symptoms of hypothyroidism.

Yours sincerely,





18<sup>th</sup> July, 2006

Mr. Adam Elliott,  
Interim Orders Panel  
GMC  
Regents Place  
350 Euston Road  
London  
NW1 3JN

**Adjudication Section**

**24 JUL 2006**


Dear Mr. Elliott,

Dr. Gordon R.B. Skinner – IOP Hearing, 7<sup>th</sup> August, 2006

Quote from Nathan Becker, M.D., F.A.C.E., F.A.C.P., Assistant Clinical Professor of Medicine, University of California at San Francisco.

“Amid this confusion, treatment with thyroid hormone – to the point of TSH suppression – is often diagnostic as well as therapeutic. These remarks would be considered heresy by academicians. Physicians and patients should, however, remember that academicians are often passionate, idealistic, eccentric, quarrelsome, and self-serving. They often do research, publish, teach, but rarely see or care for the thyroid sufferers”.

In the determination of 15<sup>th</sup> June, 06, you state in the transcript page 6 A/B that the next meeting of the panel, should be held within 3 months. The 7<sup>th</sup> August certainly comes within this time limit. I sincerely hope the GMC barrister this time, is less concerned with pagination, post-its and tabs and more concerned with the patients welfare!

I am concerned that you would not change the date of the next hearing so that Dr. Skinner could attend. Dr. Skinner and  apparently cannot be there because they have a pre-arranged meeting regarding their MRSA vaccine. I would have thought with the state of our hospitals today, that the MRSA vaccine is a necessity!

Dr. Skinner is a very caring doctor, who gives you a very thorough examination at each consultation. Without him, and thanks to him, my family wouldn't be able to live a normal life.

Transcript page 5 F. The panel concluded these are serious allegations etc....If they are so serious, why do you have so many testimonials from Dr. Skinner's patients and why don't you listen to our side of the story?

Mr. Glasgow at the last hearing did make passing reference to the testimonials. I say passing, as I think the different panels that sit should be made very aware of the support Dr. Skinner receives from his patients.

Do you and the various members of these panels understand the strain this is putting on the patients, (apart that is, from Dr. Skinner)? I would like to remind you that I and both my daughters are patients of Dr. Skinner. With these panels being held closer and closer together, we are wondering what will be the outcome of our lives if (God forbid) Dr. Skinner is suspended or the worse case scenario, struck off?

Will our GP's be afraid to carry on prescribing in a manner that makes us well, because the GMC is giving the impression it is wrong to medicate until the patient is well?!

You say in the transcript page 3 A, Dr. Skinner frequently prescribes thyroid hormone therapy to patients with no evidence of thyroid disease and adjusts the dose, often without any biochemical testing. When you say NO evidence of thyroid disease, I presume you mean by blood test. Perhaps one of the endocrinologist's that the GMC consult would care to comment on the signs and symptoms I had before consulting Dr. Skinner. I was euthyroid according to blood tests taken over many years. ☐

☐

☐ This believe it or not was just a few of my symptoms and yet Mr. Glasgow in a quote from a letter of complaint to the GMC says 'My concern is that Dr. Skinner's treatment is, inappropriate, dangerous and based on no formal training in endocrinology! (Have they never heard of thyroid resistance, also doctors and endocrinologists often incorrectly interpret the blood test results as the readings need to be at least in the high end of the range for FT4 and low end of range for TSH. Most labs don't even test FT3)?!

The GMC state that Dr. Skinner is not an endocrinologist (which by the way, his patients know). GP's don't have any formal training in endocrinology, and yet they can diagnose and treat hypothyroidism.

To the lay observer, the above appears rather contradictory!

I am only a member of the public who had over ☐ years of ill health due to the failure of the medical profession! Where do I and my successfully treated daughters come in all this?

As for too big a dose of thyroid medications, any endocrinologist would (or should) know that if you up the medication in 25mcg increments, then if you are very slightly over-medicated, it is obvious and the dose can be slightly reduced. The patient will let his physician know if he feels he is taking too much thyroid medication.

I am becoming increasingly concerned that the panel aren't giving any thought to the damage that would be done to the patients by suspending Dr. Skinner.

My health and that of my daughters and thousands of Dr. Skinner's patients will be put at risk.

Maybe the panel should take into account recent research that is questioning the blood tests. T. Bjoro – 65,000 patients. His research results came up with a bell curve (in fact not a true bell curve) that is completely skewed to the left!

I sincerely hope the next panel reads the testimonials. **A court of law would not be able to come to a judgement without ALL THE EVIDENCE in front of them!**

Yours sincerely,



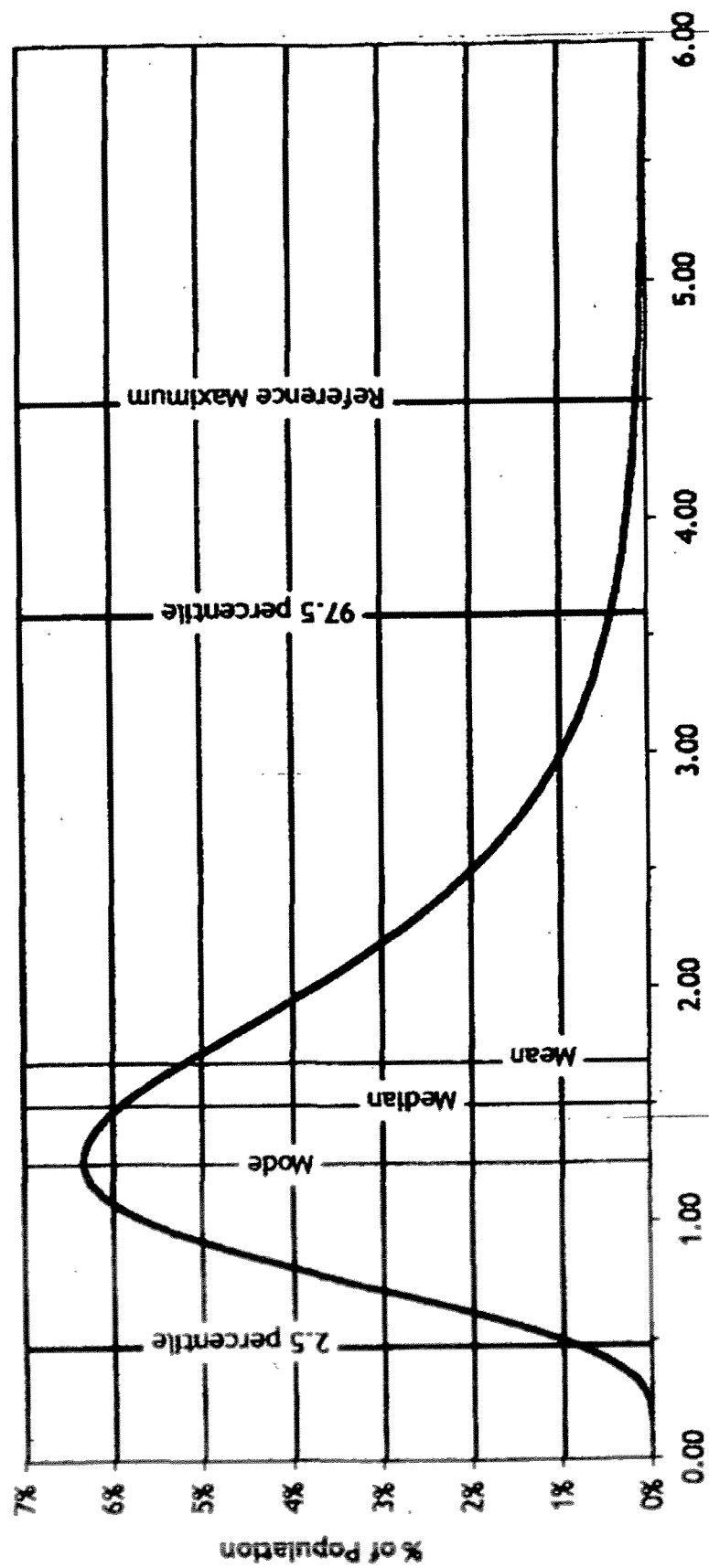
Copies to:-

Dr. Mark Dudley, MPS

Mr. Ralph Shipway, RadcliffeLeBrasseur

Dr. Gordon Skinner

# TSH DISTRIBUTION (mIU/L)



**An interesting review by Alex Forman, which I believe the GMC should read.**

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**Reviews Written by  
Alex Forman (San Rafael, CA, USA)**

**Page: 1**

**This book could change your life, June 8, 2001**

Dr. Richard Shames and his wife, Karilee, who is a skilled nurse, have written a book that has the potential to help millions of people feel better. As a practitioner of medicine working at the Preventive Medical Center in San Rafael, California, I have been using some of the philosophy and techniques that I learned directly from Dr. Shames to help many patients. These patients suffer from the most common symptoms such as: fatigue, depression, weight gain, insomnia, headaches, joint and muscle pain, memory loss, frequent colds and viruses, cold hands and feet etc. Previously I was at a loss to help these people and could only tell them that there was nothing "wrong" with them and that their problems were not "medical" at all. It turns out that I, along with most medical practitioners, were victims of our own dogma. In reality, when it comes to thyroid disorders, many people have so-called "normal" tests, and yet when given thyroid hormone, their quality of life improves dramatically. I am not speaking of a short term placebo response, that we see frequently with any healing intervention. Many of my patients get better and stay that way, simply from taking thyroid hormone that no "well trained" medical practitioner would dare give them, because their tests were "normal". Fortunately, with this book, the Shames family has broken that taboo and the genie is out of the bottle at last.

This book is directed and designed for the health consumer and it will help to empower them to demand the treatments they are entitled to receive. It is organized as a step by step program to help the health consumer understand the nature of the problem they may be facing and what the potential solutions are. The reader is educated at each step and encouraged to take more control over their own health care. While many Physicians encourage the mystique of the "all knowing" omnipotent Doctor, the Shames's are completely committed to breaking down that power relationship in their work. This book goes a long way to making the health consumer a more equal partner. I was particularly glad to see the emphasis on women's health issues and the encouragement of women to ask for more assistance with the problems of mid-life that are so often simply dismissed as "oh well, that's menopause for you". Women have been the victim of a patriarchal health system for too long and this book is one of many that helps women patients get the medical care they are entitled to.

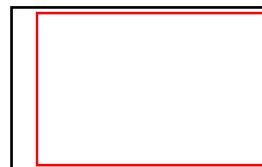
The Issue of thyroid dysfunction is brought down to earth in this book and the reader is given a wide range of options to try. Rather than simply accepting the divine judgment that "your thyroid is normal according to the tests", the patient has several choices, if her/his symptoms are interfering with their life. They can ask for more tests, as the simple basic thyroid tests do not necessarily have all the information needed. Particularly they can request that their thyroid antibodies be checked. I have seen many patients, who responded magnificently to thyroid medication, when their only abnormal result was high levels of these antibodies. Of course, conventional medical

dogma denies this possibility and will only treat people who have a TSH level above 5. Even if all the tests are normal, this book encourages the patient to ask for a trial of thyroid hormone treatment. I can assure you that many people will improve with this simple intervention and there is no risk if one is carefully monitored. Finally, if the standard thyroid treatment fails to improve things, there are other types of thyroid hormones that might help, including the often ridiculed natural thyroid. Dr. Shames reports on many cases of people who responded far better to combinations of T4 and T3 hormone, rather than the standard T4 treatment alone. As with all who challenge the conventional dogma, I am sure there will be those who criticize this new approach. Remember anyone who takes on the established medical dogma will be critiqued severely, but often these pioneers turn out to be correct. I believe that Dr. Shames' view will turn out to be correct in the end. The tyranny of the "normal" thyroid test will be broken and there will be a new paradigm developed to explain why so many people get better with thyroid hormone supplements. While you may not find everything in this book to your liking, there were parts that I did not agree with, the overall message and thrust of this book is one of liberation and empowerment for so many women and men who are not being helped by modern medicine today.

If you or someone you care about does not feel well, from the symptoms mentioned above, you owe it to yourself to try the program recommended in this book. Of course there is no guarantee for success, but there is no risk to you if it is done with the guidance of a caring practitioner and the potential reward is nothing less than a return to a vibrant healthy life. Rich and Karilee Shames deserve our thanks and gratitude for bringing this issue out to the public and I truly hope that this new book helps spark an important reevaluation of this entire area of medicine. The fact that the forward was written by Dr. Nathan Becker, of the Department of Endocrinology at the University of California, San Francisco shows that this is not a fringe idea any longer. I also conduct research at UCSF and know that Dr. Becker is one of the leading authorities on thyroid dysfunction. I hope this review encourages more people to read this book and act on its important recommendations.



Professor Sir Graeme Catto  
President,  
G.M.C.  
Regent's Place,  
350, Euston Road,  
London NW1 3JN



24<sup>th</sup> July 2006.

Dear Professor Catto,

**Dr. Gordon Skinner**

I have been informed that the above named is being asked to attend another hearing before the G.M.C. on 7<sup>th</sup> August 2006.

I would like the panel to be aware of the help Dr. Skinner has given my wife, [redacted]. She has been seriously ill for [redacted] years. During that time she has attended numerous specialists none of whom were able to halt her decline.

[redacted] is under the continuing care of Professor [redacted] at [redacted]. [redacted] One of the doctors in the Professor's team realised that she was hypothyroid despite a FT4 level just within the reference range and an appointment was made for her to see an endocrinologist. Unfortunately the appointment was postponed. With her health deteriorating, she felt that she was unable to wait any longer. I made an appointment with Dr. Skinner after obtaining clearance from her GP.

At the first appointment he took a detailed history of the illness and concluded that she was hypothyroid. He prescribed Thyroxin, giving precise instructions about the amounts to take. Her treatment began with a low dose, which was gradually increased to the most beneficial level.

For the first time, there was an improvement in her health, which is continuing. Professor [redacted]' team has noted the positive change and has not raised any objections to Dr. Skinner's treatment.

Dr. Skinner's help and advice has been invaluable and I hope that he will be able to continue to practise.

Yours Sincerely

[redacted]

[REDACTED]

Mr. Adam Elliott  
Interim Orders Panel  
General Medical Council  
LONDON NW1 3JN

25 July 2006

Dear Mr. Elliott,

Re: Dr Gordon Skinner – IOP Hearing 7<sup>th</sup> August 2006

[REDACTED] Like all his patients, I am outraged that he is once more before the GMC. If his patients died or were left damaged by his treatment – it would be understandable that he be called to account. *Not so, quite the contrary. This man of unblemished character and superior intellect, with extensive knowledge and vast experience of successfully treating the intricacies of hypothyroidism and M.E. is being pursued like a common criminal ..... albeit, with none of the apparent legal niceties attendant upon those called to account in a British Court of Law.*

Given the failure of many practitioners to recognize the needs of patients who present with classical signs and symptoms of hypothyroidism, frequently diagnosed with ME as they worsen - one might wonder what these patients are supposed to do. To whom should they turn, ignored as they are, as their lives slip by in increasingly serious ill health? *The fact that they fail The Great Blood Test Examination' – that gold standard diagnostic tool that decrees either treatment and recovery, or neglect and deterioration, is the blight which casts shame upon this complex area of medicine. It permits doctors to sit on their hands and ignore the evidence of their own eyes.*

I fell into this category. [REDACTED]

[REDACTED] My GP followed the NHS Guidelines to the letter, safely able to ignore my condition in the light of those excruciatingly miserable words, repeated again and again: "your blood tests are within normal limits." To those familiar with this experience it is as good as saying 'stop wasting my time.'

*But I persisted. Eventually small doses of Thyroxine were forthcoming and there was a tangible improvement in my condition. Sadly I needed more than the NHS Guidelines permitted to attain recovery. I was referred to an Endocrinologist to make my plea, feeling like a junkie begging for a fix. THIS IS WHEN MY WORLD CLOSED IN. WITHIN THE SPACE OF A STARTLINGLY SHORT CONSULTATION I WAS DECLARED TO HAVE [REDACTED] and no further treatment was forthcoming.*

At the end of my [REDACTED] lost years I encountered Dr Skinner. Carefully assessed and closely monitored by him I responded to his effective and simple regime of Thyroxine in ADEQUATE DOSAGE. I was restored to complete normality within [REDACTED] months: the cost to the NHS minimal – and for me – the return of my life.

Dr Skinner's successes are numbered in their thousands. It is time for this unwarranted and persistent criticism of his clinical judgment to stop. Better by far that his knowledge and experience be shared for the benefit of many more patients, with other doctors following his demonstrably sensible treatment regimes. They work. *His patients recover.* Thankfully.

Yours sincerely

[REDACTED]

To: Mr Adam Elliott /  
Ms Alison Thompson  
Assistant Registrar, Adjudication Section,  
The General Medical Council  
London NW1 3SN.

ACQULEIGH SECTION

27 JUL 2006

26th July 2006.

Dear Sir/Madam.

I am writing to you in support of  
Dr Gordon Skinner.

I have found him to be an excellent and  
conscientious doctor, who has been of the  
greatest help to me in addressing my chronic  
health problems. Whereas numerous other doctors  
over many years have failed to help me at  
all.

Dr Skinner recognised that I was  
suffering from hypothyroidism; which condition  
had remained undiagnosed for a very con-  
siderable length of time, causing me unnecessary  
misery with an assemblage of distressing  
symptoms. This naturally inclines me to  
question the competence of the other (mainly  
NHS) doctors whom I had previously consulted.  
And the reliability of the blood testing system  
used by the NHS.

2.

Although not yet restored to optimal health, I have experienced a great improvement in my symptoms, and therefore in the quality of my life, since being prescribed Armour natural thyroid by Dr Skinner. I fully anticipate further improvements if this treatment remains available to me. It is not distressing to me to think that it may become unavailable.

I therefore have no hesitation in giving my wholehearted support to Dr Skinner. Far from being criticised, hindered or prevented from treating his patients just as he considers appropriate, he should be positively encouraged.

Otherwise the consequences will be dire for so many of us, as well as being a wholly undeserved professional tragedy for Dr Skinner himself. I respectfully urge you not to allow such a thing to happen.

Yours faithfully,

Copies for information to :

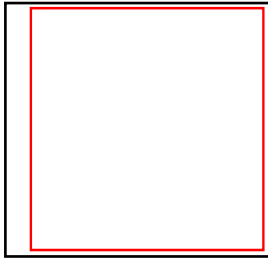
1) Professor Sir Graeme Catto.

2) Dr Mark Dudley, M.P.S.

3) Mr Ralph Shipway.

4)

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27<sup>th</sup> July 06

Dear Mr Elliott,

I am writing to support Dr Gordon Skinner, and am amazed the GMC have still not cleared his name of any wrongdoing.

In January [redacted] I was completely grounded after [redacted] years of diminishing health. I was given the [redacted] diagnosis and my health continued to deteriorate so that by the time I first saw Dr Skinner in [redacted]

[redacted] Despite my blood tests not showing anything other than the Epstein Barr virus, my symptoms were 'text book' for hypothyroidism and adrenal dysfunction. Dr Skinner prescribed Armour Thyroid and a low dose of steroid and the following [redacted] years have seen me getting better, [redacted] I have a full and active life with my husband and family, which I had completely lost. I am so totally grateful to Dr Skinner that he saw fit to look at my clinical symptoms first not just my blood tests. Isn't that what doctors used to do and should do?

I hope that this farce will stop and Dr Skinner will be allowed to practise medicine in peace, helping people like myself to regain their lives.

Yours sincerely

[redacted]

[redacted]

Copies to: Professor Sir Graeme Catto  
Dr Mark Dudley  
Mr Ralph Shipway

[redacted]



27 July 2006

Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
LONDON  
NW1 3JN

Dear Mr Elliott

**Re: Dr Gordon Skinner - IOP 7 August 2006**

I am writing to you - again - in support of Dr Skinner because my wife suffered with hypothyroidism for [redacted] years until Dr Skinner gave her appropriate doses of thyroxine, which restored her to full health in a matter of months.

[redacted] years of 'half life' for want of being prescribed adequate doses of thyroxine! Recovery within months! Does this not shout out as skilled treatment by a professional who has specialised in the area of hypothyroidism? Someone whose close understanding of this disease should be made known widely rather than be stifled for incomprehensible reasons?

Do you want even one more person to be deprived of the prime of their life because a blood test result falls within arbitrary limits despite the countless symptoms of acute hypothyroidism?

I wrote to you only two months ago in support of Dr Skinner. What is more, I wrote to you for the same reason just thirteen months ago. Three times in just over a year! Is this reasonable behaviour on the part of the GMC? Or does it constitute unreasonable hounding of him?

Dr Skinner has restored full and active life to thousands of people who, without his considered treatment, would have continued in the 'half life' to which they were condemned by GPs who slavishly adhered to the Blood Test Guidelines for individuals suffering from hypothyroidism, ignoring the obvious symptoms displayed by their patients simply because the Guidelines said they were 'well'.

Both my wife and I are totally indebted to Dr Skinner. And our daughter too, whose health has improved immeasurably since becoming his patient. And several friends and acquaintances. And that is just our immediate experience. This is repeated countless times across the country.

Please acknowledge the skill, judgment and expertise of Dr Skinner. Alter the hypothyroid blood test guidelines now.

If it were your wife or daughter you would act on this right now!

Yours sincerely

[redacted]  
[redacted]  
[redacted]

Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London NW1 3JN

Monday, July 31, 2006

Dear Mr Elliott,

**Re: Dr Gordon Skinner - IOP Hearing 7th August 2006**

I am writing to attest to the dramatic improvement in the health of my colleague [redacted] following her treatment under Dr Skinner.

I work closely with [redacted] and remember the past weeks and months when, due to a whole host of incapacitating symptoms, she was incapable of working or indeed enjoying her life at all. Since returning to work, having been treated by Dr Skinner, [redacted] is a different person. She has renewed energy, she looks terrific and feels 'normal again'. She is once more engaging socially with her colleagues and friends, taking regular exercise, (something she was incapable of doing previously). She is once more up to speed with work and taking on the considerable responsibilities of a recent promotion.

It is extremely obvious to me that whatever treatment [redacted] has undergone, it has worked.

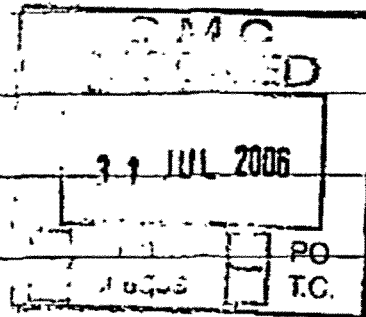
[redacted] pre and post this treatment are two entirely different people and we are all utterly delighted that she is now so positive and clearly on the road to full physical and emotional recovery and is healing daily from the trauma of this debilitating condition.

I believe her recovery is due to the care, specialist knowledge and commitment of Dr Gordon Skinner.

Regards

[redacted]

*Sent via e-mail*

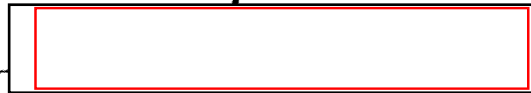


25-7-06.

Dear Sir or Madam

I'm writing to say I'm in support of Dr Skinner work. I've had a Thyroid problem for many many years and been through the NHS gauntlet all of which was of no help to me at all. and out of desperation I went private through recommendation from someone else. and now thanks to him I'm on the mend. and feel confident in him ~~as~~ as a doctor which I've never felt before. as he actually listens to his patients and understands our condition and symptoms. so why ever we as

patients should ever have to write  
our support for someone who helps  
so many people to get their health  
and lives back and feels normal  
not like zombies with brains is  
beyond me. I wish I knew of him  
years ago as thyroid runs in my  
family. so through him no one  
else in my family will suffer  
like me you can be sure of that  
yours truly



Adjudication Section

31 JUL 2006

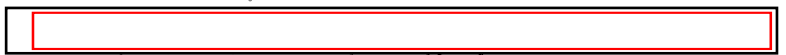




Dear Sir/Madam,

24<sup>th</sup> July 2006

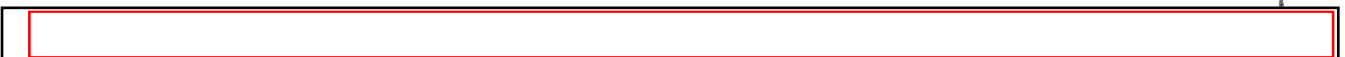
My family and I feel we need to write this letter to lend our support to Dr Skinner and his medical team. We all feel it would be a great loss to all his patients if he was prevented from practising through GMC regulations.


My daughter was



. After a lot of years not feeling in good health at all, she consulted a nutritional therapist. This kind lady suspected low thyroid, so my daughter obtained a referral from her GP to consult Dr Skinner. His diagnosis was definitely low thyroid which may have been since birth. She feels very angry that she was let down by the NHS and that this problem was only dealt with at the age of  without the help of doctor Skinner there would be no quality of life for her, but now she can enjoy life to the full.

My concerns with health were



 Through the process of trying to sort this, it was apparent that I was having thyroid problems as well. My GP did help me, but felt we needed Dr Skinner's help on the dosage of thyroxine, which I was very pleased to accept.

My husband had an accident about a year before my daughter's problem. [redacted]

[redacted]

[redacted] So he was referred to Doctor Skinner, who confirmed the diagnosis. He is now [redacted] and feeling able to face life a bit better now.

We are all very concerned about Dr Skinner as there is going to be a lot of ill people slipping through the net and just having to struggle through life with the wrong diagnosis.

Yours Sincerely

[redacted]



Adjudication Section

01 AUG 2006

For the attention of Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regent's Place  
350 Euston Road  
London NW1 3PN

27 July 2006

Dear Mr Elliott,

Dr Gordon Skinner

I enclose my latest contribution in defence of Dr Skinner. I should be grateful if you would put this before the Panel that is to meet on 7<sup>th</sup> August at 9.30. I don't know whether you always send copies of letters to Dr Skinner's legal representative, Mr Ralph Shipway of RadcliffesLeBrasseur and the Medical Defence Union lawyer representing him; I should be grateful if you would do so.

Just to remind you, you should also have on file four letters with accompanying notes from me (dated 25 June 2005, 24 November 2005, 11 April 2006, and 5 June 2006.)

Yours sincerely,

✓ Copies to: Alison Thompson, Assistant Registrar, GMC

I should firstly like to make a statement about the last IOP deliberation regarding Dr Skinner on 15 June 2006. I find it quite extraordinary that Dr Skinner was told to be at the GMC at 9 am that day to meet his legal team and that the Meeting was set for 10.30 when clearly this was never to be the case. As you know, Dr Skinner has requested that public attend these hearings and some of us travelled far to be at the GMC in time. Clearly the timetable was set for that day, and it seems extraordinary that we were misled. If it was inconvenient for us, it must have been awful for Dr Skinner who didn't meet with his legal team until late morning and they weren't able to see the relevant papers until then. Our time was well spent that morning, as it happens, but we were appalled by his situation.

Since being aware that I had a thyroid problem, I have coped with the symptoms as they emerged of my hyperthyroid state, and since irradiation my system in its changed hypothyroid state has balanced well with thyroxine and more recently with tertroxin, as recommended by Dr Skinner and prescribed by my GP.

You can imagine how upsetting it is for patients of Dr Skinner's to realize what he is being put through by the GMC, especially when our quality of life has been taken to a level unimagined before treatment by him. [redacted]

[redacted]

Members of the Panel, can you imagine how angry we were when we heard the summing up in the afternoon and we were reminded 'it determined that it was necessary for the protection of members of the public and in the public interest to make an order imposing conditions on your registration for a period of 18 months.' Perhaps as doctors you may come from different specialties, but believe me, having seen [redacted]

[redacted] a father who was hyperthyroid for [redacted] years before diagnosis and then lacked the treatment I have been privileged to get, and an aunt who was hypothyroid, clearly (as I now recognise the symptoms) but was never treated and had a lamentable quality of life, when you have been correctly treated, you do *everything possible* to support the doctor who has the skill, wisdom, experience and expertise to treat your individual situation correctly. For the GMC to reiterate that Dr Skinner does not have the expertise in this area when he has successfully treated patients for over 8 years is a monstrous injustice; why else would people from all over request referrals to see him does his reputation count for nothing?

You may well be aware that a great many of us feel it is vital that the whole question of diagnosis and treatment of thyroid is openly discussed and researched so that future generations, and many living patients, are properly treated without the over-reliance of blood tests but instead proper clinical appraisal of signs, symptoms and medical history. If one is party to a genetic problem such as thyroid and have been successfully treated, one does everything possible to see such treatment is perpetuated. Please listen to Dr Skinner's patients.

[redacted]

27 July 2006

Adjudication Section

01 AUG 2006

29.7.2006

Mr Adam Elliott  
Assistant Registrar  
Adjudication Section  
General Medical Council  
Regent's Place  
350 Euston Road  
LONDON NW1 3JN

c.c. Dr Mark Dudley MPS  
Mr Ralph Shipway

Dear Mr Elliott,

**IOP for Dr Gordon Skinner, 7.8.2006**

I have been informed by several contacts of the above further IOP for Dr Gordon Skinner.

I wrote to you initially on 24.6.2005 on this matter, in support of Dr Skinner for the Public Hearing of this case on 29.6.2005. I am greatly saddened and very concerned that this most unfortunate case is still ongoing and that Dr Skinner continues to be harassed by the GMC.

The details set out in my letter of 24.6.2005 (copy attached) hold, but in the meantime more evidence of thyroid problems in ME/CFS and FMS patients has been reported. In particular **Dr Byron Hyde** gave evidence to **Dr Ian Gibson MP** for his current **Inquiry into Progress in the Scientific Research of ME** on 10<sup>th</sup> May 2006. He also gave an important lecture at the **Invest in ME Conference** on 12<sup>th</sup> May 2006 in London. Additionally he provided comprehensive details of his research into ME/CFS and his clinical findings in a booklet entitled **A new and simple definition of Myalgic Encephalomyelitis and a new simple definition of Chronic Fatigue Syndrome**. On p2, under Section 10,- **Endocrine Dysfunction** he states:

"This feature is common and tends to be a late appearance and is most obvious in the:

- a) **Pituitary-thyroid axis:** This is common. Changes in serum TSH, FT3, FT4, Microsomal Ab., PTH, Calcium and phosphorus rarely occur until one or more years after illness onset and usually only after several years. This can be followed by ultrasound of the thyroid gland, where a steady shrinking of the thyroid gland occurs with or without the development of non-serum-positive Hashimoto's thyroiditis (a seeming contradiction of terms) and a significant increase in thyroid malignancy. Serum positive changes occur only after years.
- b) **Pituitary-adrenal axis changes:** this finding is infrequent.
- c) **Pituitary-ovarian axis changes;**

- d) **Pituitary-(adrenal?)-Bladder dysfunction:** occurs frequently in the early disease in some people. It is unknown if the cause is due to this link."

You will agree that these findings are most important and support the work which Dr Skinner has done. They would also indicate that thorough research into these areas is urgently required.

I therefore request that you dismiss Dr Skinner's case and allow him to practise and treat his patients in the competent and successful manner from which so many often very sick patients have benefited.

Yours sincerely,



Encl. Copy of my letter of 24.6.2005

August 2006

01 AUG 2006

**Re: Dr Gordon Skinner - IOP Hearing 7th August 2006**

29 July 2006

**Adam Elliott**  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London NW1 3JN

cc. **Ms Alison Thompson**  
Assistant Registrar  
**Dr Mark Dudley**  
Medical Protection Soc.  
**Mr Ralph Shipway**  
Radcliffe LeBrasseur

Dear Mr Elliott

Further to my previous letters, most recently being of 8 June 2006, I am writing to show my ongoing support of Dr Gordon Skinner. Again, I would also like to underline my sincere wish that he is allowed to continue to practice and help people like myself who suffer from hypothyroidism and who had been misdiagnosed for many years by the general medical community.

My hypothyroidism is now well managed under the guidance of Dr Skinner. Without his recognition of what transpired to be overwhelmingly obvious symptoms, I would not be the well person that I am today. I had been treated for a range of 'conditions' that all stemmed to one key issue: my thyroid was underactive and probably had been for many, many years.

My mother was a far more serious case and Dr Skinner has, quite simply, given mother her life back. Pre-diagnosis, my mother was unable to conduct her life in a normal manner until she was introduced to Dr Skinner by a friend of mine, a fellow hypothyroid patient. [REDACTED]

[REDACTED]

In my opinion, my mother was let down by almost all of the medical profession that she met and was given so many misdiagnoses which prolonged her suffering. She was often ridiculed by doctors and specialists who refused to believe that the current medical tests could be wrong or not show the true story. It was only through perseverance on her part that she saved herself from a life that had become almost unbearable.

Dr Skinner is a professional in the truest sense of the word. His work is based on years of research – that of treating his patients and truly understanding the condition of hypothyroidism. Not one of his patients will speak against him – the only people that will are certain members of the medical profession who have been 'shown up' by his caring and correct treatment.

As a patient of Dr Skinner's myself, I can only explain to you how he has changed my life. I have not felt as well as I do now since [redacted] Why should I have gone through over [redacted] years of my life feeling below par? I too have been misdiagnosed with a variety of illnesses – all of which have miraculously vanished since taking carefully prescribed thyroxine. I am very lucky to have a medical practice who were 'brave' enough to allow me to seek a treatment that they themselves could not pursue due to the restrictions put on them resulting from the inadequateness of the traditional thyroid tests.

I look to you, the GMC, to recognise an excellent, caring and thorough doctor. Please understand that there are changes needed in the testing of thyroid patients. It is a condition that does not display itself in any one way. It is more important that the medical profession look at and listen to their patients symptoms rather than go by tests that do not necessarily portray a true picture.

I believe that you will do the right thing and support Dr Skinner for the sake of all thyroid sufferers.

Yours sincerely

[redacted]

[redacted]



30-7-06.

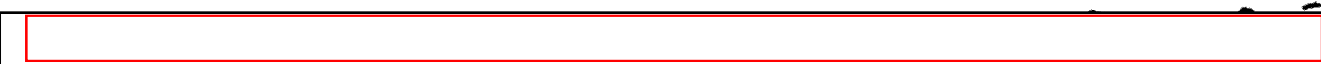
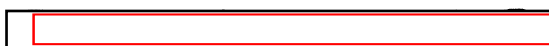
Adjudication Section


01 AUG 2006



DEAR ALISON THOMPSON,  
RE

DR SKINNER OF



I AM SO GRATEFUL TO  
DR SKINNER, AFTER  YEARS  
OF ILLHEALTH I NOW HAVE  
A LIFE! (BETTER THAN LAYING IN <sup>BED</sup>)

MY GP & MYSELF HAVE  
ALWAYS FOUND DR SKINNER  
PROFESSIONAL, I WONDER WHY  
THERE IS NOT MORE BEING

DONE TO HELP PEOPLE  
LIKE US WHO THE NHS  
HAVE FAILED.

YOURS SINCERELY



P.S. KEPT LETTER SHORT AS  
ITS ONLY TO MAKE A PROTEST,  
TO HOPEFULLY KEEP A GENUINE  
CARING DR IN PRACTICE!  
DR SKINNER UNDERSTANDS WE  
ALL ARE INDIVIDUALS AND  
GUIDE LINES NEED TO BE  
MORE FLEXABLE!!

August 1, 2006

Dear Sir or Madam,

I am writing in support of Dr Gordon Skinner.

I was diagnosed by my gp with a severely underactive thyroid several years ago. On the thyroxine I was prescribed I continued to worsen week by week, month by month. [redacted]  
[redacted]  
[redacted]

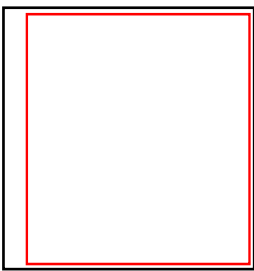
gp and feeling extremely desperate when I contacted Thyroid UK and through word of mouth of other thyroid sufferers decided to see Dr Skinner.

My dose of thyroxine was increased and I was put on T3 and within a very short time I began to feel and see an improvement. I am still taking thyroxine and T3 and I definitely know it was the T3 that made all the difference to me. [redacted]  
[redacted]  
[redacted]  
[redacted]

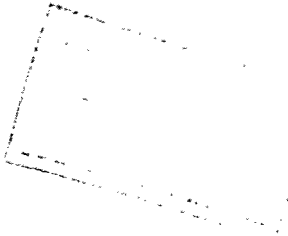
I had to fall out with my gp over the T3 issue and I am now with a gp who understands that I need this as well as the thyroxine, but if I had not seen Dr Skinner and been put on a trial of T3 I am scared to think where I would be today. I am sure in a sense he has saved me.

Please don't take away the opportunity for him to do this for other women.

Sincerely,



Mr Adam Elliott  
The General Medical Council  
Regent's Place  
350 Euston Road  
London  
NW1 3JN



1<sup>st</sup> August 2006

Dear Sir,

**Re: Dr Gordon RB Skinner – IOP hearing 7<sup>th</sup> August 2006**

I write to express my dissatisfaction with the news that Dr Skinner is to be brought before the Interim Orders Panel of the GMC once more.

I have been a patient of Dr Skinner for some  years now and can confirm that my experience of his clinical practice is beyond reproach. He has never failed to communicate his findings both to me in layman's terms and to my GP. He has always acted properly during consultations and has, to my knowledge, kept adequate notes of our meetings.

I had understood that it was not the Interim Order Panel's responsibility to adjudicate on matters pertaining to treatment methodologies but it appears to me from reading the transcripts of his "trials" that the real reason why he is being persecuted is that he is applying a methodology which does not conform to currently perceived wisdom. Without adequate funding and clinical trials to prove or disprove that the methods used by Dr Skinner (and other doctors around the world) work, I fail to see how this can be used as a method of hounding a good Doctor out of practice but unfortunately for those of us who have received enormous benefit from his ministrations, that seems to be precisely what is intended by the GMC.

I am certain that, Dr Skinner would jump at the chance to prove that his methods have merit or even to enter the debate with those who have an open mind on the subject but this opportunity is being denied him by a panel who only seem interested in denying his patients access to a Doctor who has genuinely helped them.

I urge you respectfully to consider what will become of those who, like me, were dismissed as incurable by conventional endocrinology but who have been able to live a normal life again following his treatment. I consider myself fortunate to have been

successfully treated by him but if you prevent him from seeing others, you will condemn them to a sorry and shortened existence. I am sure that the IOP feels it is its duty to protect patients from "Bad" doctors. Dr Skinner is not in this category.

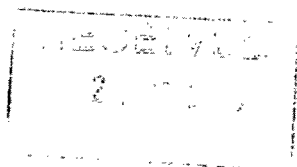
Yours faithfully,

[Redacted signature block]

cc Dr. Mark Dudley, MPS, 33 Cavendish Sq., London, W1G 0PS

Mr. Ralph Shipway, Radcliffe Le Brasseur, 5 Great College Street, Westminster, London SW1P 3SJ

[Redacted line]



Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1

1<sup>st</sup> August 2006

**To whom it may concern**

**Re: GMC IOP Dr R.B. Skinner**  
**7<sup>th</sup> August 2006**

Having battled with ill health for many years, I feel it necessary to write in support of Dr Skinner. He is a brilliant and dedicated doctor who has helped many people get well and, if allowed to continue to practice I do not have any doubt will help many more in the future.

I was referred to Dr Skinner, by my own practitioner in , as all other avenues were none specific. After  years of treatment, under the wing of Dr Skinner, my health improved from being incapacitated to living a virtually normal life. However, my NHS doctor, in his wisdom, has asked me to reduce my medication, which I agreed to do. Unfortunately after many years of good health have now found myself on a downward spiral once again.

I could not and will not go back to the disabling ill health I experienced before Dr Skinner's intervention. I wish to point out that this is all about responsibility. In my opinion there is too much political camouflage and not enough patient care!

In a world of litigation, the practitioner is restricted from using clinical observation since technology has taken us into the twenty-first century the patient has been drawn back into the dark ages and, in many cases, left to fend for themselves if a blood test result shows normal. I might add that this is not an exact science and the public would be better served if the medical professionals took a new look at the way blood tests are deliberated. What has happened to a doctor's duty of care? I feel very fortunate that my own doctor has listened to me and given me support over the years, which I am thoroughly thankful for.

I believe it logical to prescribe medication, when clinically indicated and in the best interest of the patient!



I hope my comments have been helpful and would be happy to discuss this further, if that would be helpful.

Yours sincerely

[Redacted signature]

[Redacted name]

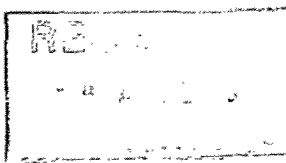
Copies to: General Medical Council  
Regents Place  
350 Euston Road  
London NW1

Dr Mark Dudley  
MPS  
33 Cavendish Square  
London W1G 0PS

Mr Ralph Shipway  
Radcliffe Le Brasseur  
5 Great College Street  
Westminster  
London SW1P 3SJ

[Redacted signature]

Mr. Ralph Shipway,  
RadcliffeLeBrasseur,  
5 Great College Street,  
Westminster,  
London  
SW1P 3SJ



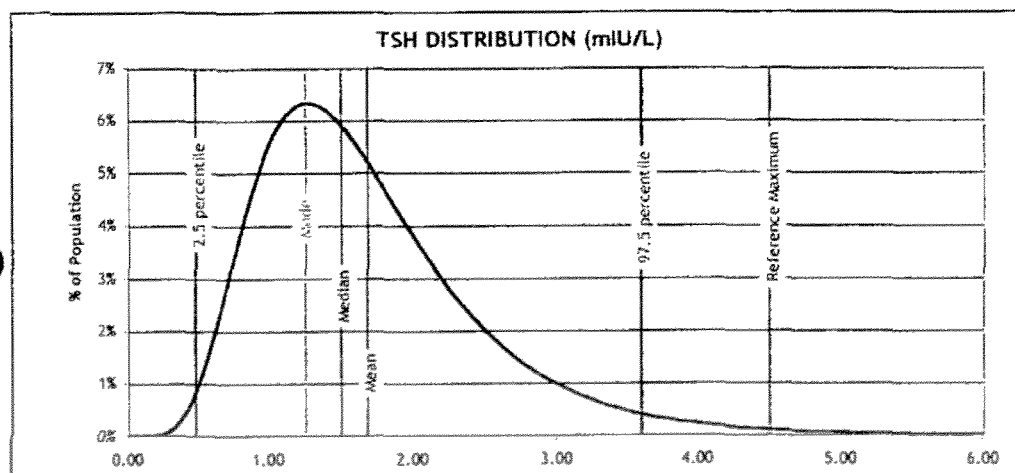
2<sup>nd</sup> August 2006

Dear Mr Shipway,

Further to my letter of 9<sup>th</sup> June to Mr Adam Elliot, I am again writing in support of Dr Gordon Skinner whose case was considered by the Interim Orders Panel on Monday 7<sup>th</sup> August 2006.

I lost almost ☐ years of my life to firstly undiagnosed, then under-treated hypothyroidism. This was largely due to the belief amongst a great many in the medical profession that if thyroid function blood tests fall within the reference range, even marginally, then the patient does not have thyroid disease even if very symptomatic. The American Academy of Clinical Endocrinologists (AACE) recognised that the TSH range was too broad well over three years ago and significantly reduced their reference range<sup>1</sup>; this country has yet to follow their excellent example. A more recent study in 2005<sup>2</sup> came to the conclusion: "It has become clear that previously accepted reference ranges are no longer valid as a result of both the development of more highly sensitive TSH assays and the appreciation that reference populations previously considered normal were contaminated with individuals with various degrees of thyroid dysfunction that served to increase mean TSH levels for the group."

That our TSH range is too broad is beautifully illustrated by the graph below, taken from an article by Thyroid Australia on 'Normal TSH'<sup>3</sup>, based on a study of 65,000 people in Norway<sup>4</sup>.



A further problem that I encountered, also one shared by many patients, is that when a patient is, at long last, finally formally eligible for treatment, their treatment then consists of restoring their blood tests to within the range, again often marginally, and again not taking symptoms into account. With regard to thyroxine treatment the 1996 Consensus statement for good practice etc. [BMJ 31/8/96]<sup>5</sup> stated: "The correct dose is that which restores the euthyroid state and *relieves symptoms*. In most patients these will be achieved by a dose of thyroxine resulting in a normal or *slightly raised* serum thyroxine concentration, a normal serum triiodothyronine concentration and a normal or *below normal* serum thyroid stimulating hormone." Dr Anthony Toft, an eminent endocrinologist, in his BMA book 'Understanding Thyroid Disorders'<sup>6</sup> states that "Your GP or thyroid specialist will *usually* prescribe a dose of thyroxine that raises the fT4 and TT4 to the upper part of the normal range and reduces the TSH level in the blood to the lower part of the normal range. In some patients a sense of well-being is achieved only when fT4 or TT4 is raised and TSH low or undetectable." I'm afraid that in my experience and that of many others this '*usually*' just does not happen. Many doctors seem unaware that a

high-normal fT4 and a low-normal TSH should be aimed for in a bid to eliminate symptoms. In addition to this most, if not all, would immediately think hyperthyroid and reduce medication if blood tests are fractionally outside of range, even in the absence of any over-active symptoms at all.

I was fortunate enough to consult a doctor who looks beyond the blood tests and looks at the patient as a whole and treats accordingly. Admittedly this was not Dr Skinner, although he would have been my first choice had I lived nearer to his practice, but it was one who shares his open and effective approach to the treatment of thyroid disease, which also encompasses the above recommendations for treatment. This open-minded doctor has enabled me, and many others like me, to regain our health, as indeed has Dr Skinner.

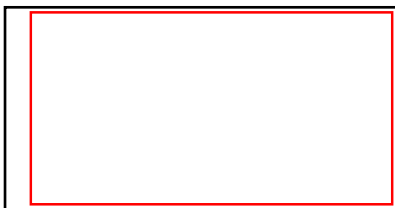
Since regaining my health I now

I have spoken to many patients who can't speak highly enough of Dr Skinner and the improvement that his treatment has made to their lives. His method of treatment can and does restore health and improves patients' lives, not to mention those of their families, immeasurably.

No doubt there are many other doctors who would like to treat their patients in the same manner were it not for the threat of similar action being taken against them. Failure to adequately treat hypothyroidism is a scandal, as is pillorying the doctors who do successfully treat those cases that fall within the current so-called 'normal' ranges.

This scandal needs to stop. Now.

Yours sincerely,



C.C. Dr Gordon Skinner

#### References:

1. AACE 2003 Campaign Encourages Awareness of Mild Thyroid Failure, Importance of Routine Testing. <http://www.aace.com/pub/tam2003/press.php>
2. Leonard Wartofsky and Richard A Dickey, 'The Evidence for a Narrower Thyrotropin Reference Range Is Compelling' The Journal of Clinical Endocrinology & Metabolism Vol. 90, No. 9 5483-5488 <http://icem.endojournals.org/cgi/content/abstract/90/9/5483>
3. <http://www.thyroid.org.au/Information/NormalTSH.html>
4. T Bjørø et al, 'Prevalence of thyroid disease, thyroid dysfunction and thyroid peroxidase antibodies in a large, unselected population. The Health Study of Nord-Trøndelag (HUNT).' European Journal of Endocrinology 2000 143 639-647.
5. Consensus statement for good practice and audit measures in the management of hypothyroidism and hyperthyroidism (BMJ 1996;313:539-544, 31 August). <http://bmj.bmjjournals.com/cgi/content/full/313/7056/539>
6. Understanding Thyroid Disorders, by Dr Anthony Toft. ISBN 1-898205-92-2

**Adjudication Section**

**02 AUG 2006**



1 August 2006

Adam Elliott  
Assistant Registrar  
The General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Dear Mr Elliott,

**RE: DR GRB SKINNER IOP Meeting 7<sup>th</sup> August 2006**

My first appointment with Dr Skinner was in [redacted]. He was the first Doctor I had seen who was prepared to listen to me and have a detailed discussion of my medical history, background and symptoms without relying solely on my thyroid blood test result for diagnosis.

I think myself lucky that my GP referred me to Dr Skinner. I feel very let down by the NHS and their reluctance to treat patients like myself with 'Normal' thyroid blood test results who quite clearly have many clinical signs of an under-active thyroid.

Following successful and continued treatment by Dr Skinner my health has returned to normal. The majority of my symptoms have disappeared. I have a healthy [redacted] year old son who I am in no doubt I would never have had if I was not taking thyroid medication.

The GMC will be doing both myself and many other people in the UK (who might find themselves in the same position as me), a great injustice if any further proceedings are taken against Dr Skinner. We need more doctors like Dr Skinner who are prepared to treat patients with thyroid conditions by looking at the clinical symptoms without an over reliance on blood test results. Instead further research needs to be undertaken and Dr Skinner's method of treatment should be considered as a way forward for the future treatment of thyroid disorders.

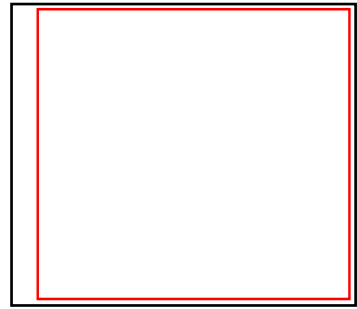
Yours sincerely,

[redacted]

[redacted]

cc Sir Graeme Catto, GMC President  
Dr Mark Dudley, MPS  
Mr Ralph Shipway, RadcliffeLeBrasseur

[redacted]



Adjudication Section

**02 AUG 2006**

Mr. Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Rd.  
London NW1 3JN

Re: Dr. Gordon Skinner - 10P Hearing 7th August, 2006

Dear Mr. Elliott,

I am writing in support of Dr. Gordon Skinner.

Dr. Skinner's understanding of thyroid dysfunction and how to treat it - and not confusing it with other illnesses such as ME, as appears to be commonly the case - has resulted in my friend, , recovering to her former glory. Having suffered for over a year, once treated by Dr. Skinner, she rapidly went from

, to returning to a normal life, her wonderful cheery self once more.

I do hope the medical council recognise the importance of his excellent work and decide to support him whole-heartedly.

Yours faithfully,

[Redacted]

Adjudication Section

03 AUG 2006

Adam Elliot  
GMC  
Regent's Place  
350 Euston Road  
London NW1 3JN

2 August 2006

Dear Sir

We are writing to declare our strong support for Dr. Skinner whose case, we believe, you are considering yet again on August 7<sup>th</sup>.

Dr Skinner has helped hundreds of people who, like us have been let down by the National Health Service.

We [Redacted] were absolutely horrified at the Council's disregard for the health of the individual patient.

[Redacted]

Yours sincerely,

[Redacted]

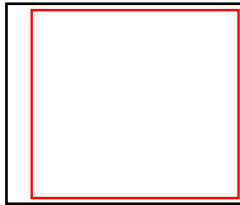
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Cc to Dr Mark Dudley, Mr Ralph Shipway, [Redacted]

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Application Section

03 AUG 2006

Mr. Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
LONDON NW1 3JN

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Dear Mr. Elliott,

Hearing – Dr. Gordon Skinner 8<sup>th</sup> August 2006

I wrote to support Dr. Gordon Skinner's first hearing in 2005 [redacted]  
[redacted]. I am forwarding a copy of my original letter all  
of which points still stand, and I would be grateful if these points would be considered  
as my contribution for the forthcoming hearing.

I would firstly like to let you have my comments regarding the recent hearing. [redacted]

[redacted]  
[redacted] Many patients had come to support Dr. Skinner from all parts of  
the U.K. [redacted] As I am sure you are aware the 'hearing'  
consisted of a mere thirty minutes of waffle about the format and tabulation of Dr.  
Skinner's requested submission. In fact I believe it was as asked for and no  
omissions were mentioned during this nonsensical conversation.

When it was noted that the public were present at the meeting, a comment was made –  
I understand from the transcript by Mr. Glasgow – that 'I fear so'. Since when in this  
country should anyone fear a public hearing? Dr. Skinner obviously doesn't because  
he has requested that everything be 'in the open'. I understood our legal system was  
based on justice not only being done but being seen to be done. I was shocked at Dr.  
Skinner's treatment by the GMC. That this eminent doctor who has helped so many  
people (including myself) should be treated in this way is an absolute disgrace.



I know that Dr. Skinner's work has been recognised in research and I wonder how many other doctors would be so well supported by their clients at a difficult time like this?

[Redacted]

[Redacted] I have found Dr. Skinner to be thorough at every stage of the treatment I have received. He has always worked with and through my G.P. He has always been available for me to report any side effect of any medication. He has always been thorough in requesting regular blood tests from my health centre during this entire time. Whenever I have visited his surgery he has gone through all basic pulse, blood pressure and similar tests in conjunction with blood test results as a norm before discussing my condition. This over the last five years.

My conversations with other of his patients who I have met either in his waiting room or at the GMC hearings have all been consistent with my experience. In fact in my personal experience his standards of patient treatment and care are of the very highest professional level. I wish I could say the same for every doctor I have visited.

[Redacted], what this eminent physician is being put through is an absolute disgrace and only brings disrepute to those intent on trying to ruin an excellent professional. As an observer, I am absolutely amazed at what I see happening.

Yours truly,

[Redacted]

[Redacted]

C-Mr. Mark Dudley - Medical Protection Society  
Mr. Ralph Shipway  
Dr. Gordon Skinner

**Adjudication Section**

**03 AUG 2006**



01/08/2006

Mr Adam Elliot  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Rd  
London  
NW1 3JN

Dear Mr Elliot

**Re: Dr Gordon Skinner - IOP Hearing 7<sup>th</sup> August 2006**

I am writing to you as a friend of [REDACTED], a patient of Dr Skinner. [REDACTED] has informed me of the above hearing and I wanted to write to you.

Before [REDACTED]'s rather hellish year she was a very vibrant character, energetic and full of life. Over this past year she had become extremely weak [REDACTED] - the root of her misery was her Thyroid.

Since undergoing treatment with Dr Skinner [REDACTED] is back to the girl I used to know. She has bounced back to reality, being able to lead a normal life and returning to work once again. And it is all thanks to Dr Skinner.

Please don't prevent Dr Skinner from treating patients further, including my good friend Davina. He has been a saviour and he should be able to continue to do so.

Many thanks.

Kind regards,



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**Adjudication Section****03 AUG 2006**

**From:** [REDACTED]  
**To:** <athompson@gmc.uk.org>  
**Sent:** 31 July 2006 13:19  
**Subject:** Dr Skinner

Dear Sir, I am shocked and disturbed at the difficult time you are giving Dr Skinner. If the GMC are really interested in the welfare and health of all of us, then maybe it would be more prudent to investigate the incorrect way that thyroid issues are tested by the National health instead of picking on an excellent Dr, who has without a doubt saved hundreds of lives, including mine, with correct diagnosis of thyroid problems and treatment that has brought us all back to good health.

It is a wellknown fact that the National Health do not diagnose thyroid properly. There are at least 10,000 patients on the data-base of throid UK, all of whom had been ill for many years, but thanks to this charity organizatoin, the majority of them are well, thanks to Dr Skinner and a few other private Doctors. Surely, if you REALLY are Doctors in the true sense of the word, you would acknowledge the problem with thyroid disease diagnostic proceeedures, and DO something about it, instead of playing silly and disturbing games with one of the best Doctors for thyroid problems. It is a disgrace, and there will always be many, many, patients at your silly hearings, no matter how difficult you try to make it for them. The proof of DR Skinner's abilities to deal with thyroid disease, lies in all the patients you see at the hearings who are well enough to attend, and if you carry on like this, you will all live regret it, as your behaviour will be taken beyond the four walls of the hearing room, I assure you. There are now thousands of people Dr, Skinner has made well by his method of treatment and that is powerful proof of his capabilities, I warn you.

So lay off and concentrate on some of the mediocre Doctors in your National Health system, instead of picking on one of the best Doctors that we have at present.

Yours Truly,

[REDACTED]

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Adjudication Section

04 AUG 2006



Mr. Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London NW1 3JN

04/08/06

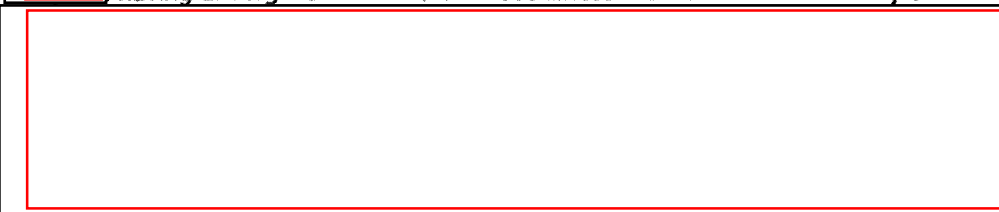
Re: Dr Gordon Skinner - IOP Hearing 7th August, 2006

Dear Mr. Elliot,

The circumstances in which I am writing to you seem quite unbelievable. I am a patient of the above mentioned doctor and write regarding his IOP Hearing on the 7<sup>th</sup> August. I write out of support for him and his work and horror that it is possible he might be prevented from treating people like myself, who he has taken from a life of prospective misery and ill-health to one of happy normality.

I was diagnosed with an underactive thyroid in [redacted] and suffered for the following [redacted] years, slowly getting worse even though doctors were treating me with varying doses of thyroxine. [redacted]

[redacted] having undergone tests for numerous illnesses I was at the end of my tether.



[redacted] I was fast losing any semblance of 'normal' life. I have dreadful memories from this period and never wish to experience such trauma again.

I knew that the doctors trying to diagnose me with other illnesses [redacted] were simply wrong. I already had thyroid disease, why should there be something else wrong? Through word of mouth and endless research on my family's and my part we found Dr Skinner.

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Barely daring to believe that we may have found someone to help me we went to see Dr Skinner. He read my blood results and examined me. More importantly he talked to me. He discussed liothyronine and explained why he thought it would help. I went away and took his prescribed course. Within weeks I was out walking my dog, meeting friends for a coffee and generally feeling heaps better. Within  weeks I was full of energy and itching to return to work.


I am now better, feeling full of life and vitality. There isn't a shadow of doubt that the mix of throxine and liothyronine Dr Skinner prescribed made me well. I am getting better all the time and cannot bear to think what my prospective future would have been without his care.

With this in mind and the many other patients he has treated please allow him to continue his good work to the full.

Please find enclosed all the letters of support from my family and friends and do not hesitate to contact me should you have any questions on this matter.

Regards




  
Mr Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN


**By Fax and Post**




4 August 2006

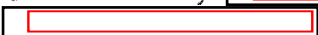

Dear Mr Elliott,


**Re: Doctor Gordon Skinner - IOP Hearing 7 August 2006**




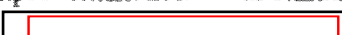
My daughter,  has told me of the IOP hearing concerning Dr Skinner, which is scheduled for Monday next, 7 August 2006.

I write in wholehearted support of Dr Skinner, one of whose patients is in fact my daughter  mentioned above.

I am no medical expert but, as a desperate father of a (then)  year old young woman, who was very ill at the time, it was recommended that we should consult with Dr Skinner. At that time, numerous doctors had tried to fathom the nature of Davina's malaise. Thyroid problems had been mentioned but no treatment seemed sufficiently to help  towards recovery. 

 In the final analysis, and without one single shadow of a doubt, all 's consultations with medical practitioners, up to the point of meeting Dr Skinner, had effectively come to nought. Her health was continuing to decline, and in essence the medical profession had failed her.

Then we met Dr Skinner. Then, someone truly began to listen. And then,  was prescribed a different course of treatment, which led to immediate improvements on a scale of which I can only describe as miraculous.

The results speak for themselves. Quite simply,  year I had a very sick daughter. Her doctors had apparently failed her. We met Dr Skinner and he treated her.  weeks later the improvement in her was stunning and a further  weeks later, or so, she returned to work  For me, and for my daughter, the facts could not be simpler. For the GMC to take any action against this fine doctor would be the most catastrophic miscarriage of justice imaginable.


I urge the panel, with all my being, to do nothing but support this good doctor, in everything he does. In my humble opinion, he should become a beacon to others, within his specialism, rather than pilloried for his success.

I would be glad to appear in person, on Dr Skinner's behalf, to recount our experiences if ever required.

Yours sincerely,





c.c. Mr Ralph Shipway, RadcliffeLeBrasseur


  
Mr. Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London NW1 3JN






Re: Dr Gordon Skinner - IOP Hearing 7th August, 2006



Dear Mr. Elliot,



I hereby give my full support to Dr. Gordon Skinner in his appearance at the IOP Hearing on 7<sup>th</sup> August, 2006.

While I have not met Dr. Skinner personally, I am a long-time friend of his patient,   


For as long as I've known her,  has been an energetic, life-loving girl who was always busy and never seem to tire. It was for good reason she was affectionately known in our social circles as "Energizer Bunny".



All that changed a few years ago when  was inexplicably struck down by her appalling illness. I was absolutely shocked by her decline. From having an almost boundless enthusiasm for life,  was quickly unable to perform even the most basic daily tasks:  For months she saw a wide range of specialists, but no one could pinpoint the cause of her affliction.  miserable and with no obvious remedy in sight,  then went see Dr. Skinner.

Over a very short space of time 's recovery was nothing short of miraculous. Having no medical background, I cannot comment on the treatment prescribed. However, I can attest to the fact that once 's began to see Dr. Skinner she immediately began to recover. The correlation was direct and obvious.

After such a long time, 's is finally nearing full-health. I therefore find it abhorrent that her treatment may be prematurely ended. In the most basic terms, Gordon Skinner's treatment gave  back her life.

I urge you to allow him to continue his work, for the sake of not only my dear friend, but also for the many others who need it so much.

Yours sincerely,

Victoria Atkinson  
18 Daymond Street  
Sugar Way  
Peterborough  
Cambridgeshire  
PE2 9RW

Mr. Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London  
NW1 3JN

Sunday, August 06, 2006

Re: Dr. Gordon Skinner – IOP Hearing 7th August 2006

Dear Mr. Elliott

I am writing to you regarding a great friend of mine, [REDACTED]  
in order to help support the case of Dr. Gordon Skinner.

[REDACTED] was treated by Dr. Skinner and it is my belief that his good work  
and diagnosis lead to the dramatic and sudden improvement in my  
friend's health.

I have known [REDACTED] for [REDACTED] years, [REDACTED]  
[REDACTED]. [REDACTED] was the picture of  
health; [REDACTED]. She radiated fun, confidence and  
happiness. [REDACTED]  
[REDACTED]  
[REDACTED] was at that time still fit and  
well and full of energy.

[REDACTED]

[REDACTED]

It was apparent that [REDACTED] had become very unwell but the diagnosis was unclear and the treatment not appearing to have much effect. For the next few years I saw [REDACTED]'s condition gradually deteriorate and the only answer being for her illness was some sort of Thyroid problem. She was given a cocktail of drugs, none of which appeared to help make her better.

Around [REDACTED] ago, I saw a very different girl to the once I once knew, [REDACTED] was unable to care for herself properly or go to work. It was heartbreaking to see my once vivacious friend battling to get well and keep positive when she was having to move back home and be cared for.

[REDACTED]

[REDACTED], I heard from Davina to say that she was being treated by a new consultant, namely Dr. Gordon Skinner, and finally she felt someone was taking her condition seriously and trying to get her better.

[REDACTED]

I saw a massive turnaround in [redacted]'s health in the months she was treated by Dr. Skinner. I could see colour flooding back into her cheeks and her energy slowly returning! [redacted]

[redacted]

I truly believe that if it wasn't down to the work of Dr. Skinner [redacted] wouldn't be where she is today. He has transformed her life and I am very grateful to him for that.

Dr. Skinner's good work must be recognized and taken seriously so he can continue his good work in order to help many others with the same condition.

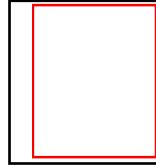
I would be very grateful if this letter be taken in mind during the hearing of Dr. Gordon Skinner on 7<sup>th</sup> August 2006.

Yours sincerely

[redacted]

Santia Rami





Mr. Adam Elliott  
Interim Orders Panel  
General Medical Council  
Regents Place  
350 Euston Road  
London NW1 3JN

Re: Dr Gordon Skinner - IOP Hearing 7th August, 2006

06 / 08 / 06

Dear Mr Elliott

I am writing to you in order to express my support for Dr Skinner's work in treating countless numbers of patients suffering on a daily basis with thyroid diseases. His leading approach to combating these conditions must be institutionally recognised and fully supported for important progress to be achieved.

☐ Dr Skinner's patient, suffered severely from hypothyroidism and one could clearly see that it impacted upon her daily life. On her so called 'good days' she was happy and energetic yet this could take a sharp turn for the worse when she would quite suddenly become extremely fatigued both physically and mentally. As a close friend this was very distressing to witness as I could do nothing about it.



☐ years have passed and the difference between now and how she used to be is quite remarkable. She is once again full of energy and very happy. She can go back to work, meet friends, play sports and partake in those activities we often take for granted. I have no doubt that this is due to Dr Skinner's efforts. The evidence of the positive effects of his treatments can be found by speaking to other patients. He has given a quality of life back to those suffering from thyroid disease that has, until now, not been fully achieved but must be recognised and therefore supported by the medical establishment.

Please support Dr Skinner's work - take note of those patients he has treated and allow him to continue to do so with your help and backing.

Regards

☐

*sent via e-mail*



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Our ref: GH/YM

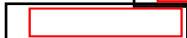

10 August 2006

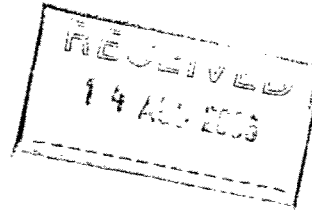
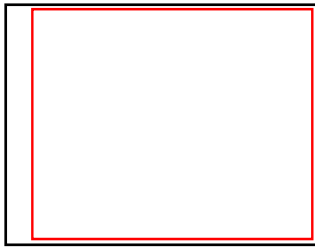
To Whom It May Concern  
Re: Dr Gordon R B Skinner  
22 Alcester Road  
Moseley  
Birmingham B12 8BE

Dear Sir/Madam

I can confirm that I have a shared patient with Dr Gordon R B Skinner and that Dr Skinner and I have spoken on the telephone several times and in all of our telephone conversations I have found him pleasant and professional. He does seem to care a lot about the patient and I can say each interaction has been satisfactory.

Yours sincerely





Dear Ralph Shipway,

This is a letter of support for Dr. Gordon R B Skinner.

[REDACTED]

Dr Skinner is in the process of treating our [REDACTED] year old son [REDACTED] who has

[REDACTED]

Dr. Skinner prescribes armour thyroid for our son who before this treatment was so ill. [REDACTED]

[REDACTED]

[REDACTED] His dramatic improvement in health to myself and his mother is astounding.

[REDACTED]

My sons GP monitors his thyroid levels regularly and is more than happy with the situation and of course the improvement in our sons health.

Possibly more importantly our sons pediatrician (NHS) has given this treatment his approval and has indicated this to his GP in a letter [REDACTED]

On a personal note, I can't tell you how much Dr. Skinner has improved the quality of our sons life, [REDACTED]

[REDACTED] It is amazing to watch him interacting with his peers where as before Dr. Skinner came into our lives my son was unable to hold a coherent conversation and often unable to speak at all.

Thank god for brave and dedicated individuals like Dr. Skinner who to me are real doctors in the real sense as they always remember there oath "DO NO HARM" because in our humble opinion there was far more harm being done by trying nothing.

Yours sincerely,

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



**Adjudication Section**

12 August 2006

**17 AUG 2006**

Dear Sir/Madam

I am writing in support of Dr G Skinner who I believe is being checked by the GMC. It is only through the dedication of this man and the way he diagnoses Thyroid conditions (which incidentally was deemed perfectly acceptable by the medical profession for many years) that I am well today.

I attended my GP with 27 of the 35 recognised symptoms of having an under active thyroid gland about  years ago now.

I told my GP all my symptoms ()

When the blood test came back within the prescribed range therefore showing my thyroid to be "normal" she was amazed. When I then said "well, what's wrong with me then, if you were so convinced it was my thyroid?" she shrugged her shoulders and could offer no explanation and I was sent away with no answers or solution. Thank goodness that someone pointed me in the direction of Dr Skinner who was prepared to listen to me (and I can assure you I am not suffering from a somatoform disorder) and who questioned me extensively about my symptoms.

Incidentally my GP is a very conscientious doctor, in whom I do have a great deal of faith, unfortunately she has a very closed mind like the majority of the medical profession seem to have about diagnosing Thyroid problems any way other than this magical blood test.

It is because of Dr Skinner's dedication and concern for his patients that I am as well as I am today and I would urge you to bear this in mind in your future dealings with him.

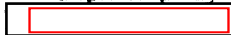
Yours faithfully,

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Cont'd.....

Mr Adam Elliott  
Assistant Registrar, Adjudication Section  
General Medical Council  
Regent's Place  
350 Euston Road  
London  
NW1 3JN

cc. Sir Graeme Catto  
Ms Alison Thompson  
Mr Mark Dudley  
Mr Ralph Shipway







31 August 2006

Fitness to Practice Office  
General Medical Council  
Regent's Place  
350 Euston Road  
London  
NW1 3JN

General Medical Council	
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Dear Miss Collins

Re: PC/2004/0395/01 Dr Skinner

Thank you for your reply of 19 July 2006.



I understood, Dr Skinner having been admirably up front and honest with his patients about his situation, about his registration having had conditions imposed upon it. But, thank you for the general information you shared about that.


What I really want to understand is what is intended to be achieved by the register/logbook of patients and their appointments and GPs which we are requested to sign. What is the thinking behind this specific measure, given that Dr Skinner already keeps excellent records of appointments and regularly contacts patients' GPs in writing after appointments. You gave general information about his registration but did not answer this question.

I have refused to sign the register but have written an explanatory note in it giving my contact details should anyone wish to take the matter up with me. I also want to use this letter to make clear that this refusal should not be misconstrued as a lack of support for Dr Skinner. I simply feel very unhappy signing things when I don't understand the purpose of them.

I look forward to hearing your explanation of this specific measure as soon as you are able to respond.

Yours faithfully,



To: Professor Sir Graeme Catto,  
President of the GMC  
Regent's Place,  
350 Euston Road,  
London, NW1 3JN

18<sup>th</sup> September 2006

Dear Professor Catto

**Letter in Support of Doctor G R B Skinner MD (Hons) DSc FRCPath FRCOG**

I refer you to my letter dated the 10<sup>th</sup> of July in which I raised a number of issues and asked a number of questions in relation to Dr Skinner's IOP hearing dated June the 15<sup>th</sup> 2006. Mrs. Alison Thompson responded on your behalf on the 2<sup>nd</sup> of August with comments which did not really answer all the points which I put to you and so I am raising some of these again. However since there was yet another hearing held on the 7<sup>th</sup> of August, I have waited for the transcript to arrive in order to gain a fuller picture of the situation before writing to you with my comments and queries as follows.

Points 1 and 3 in my original letter

It would seem that the GMC have taken on board comments made in relation to the way the hearing was conducted as the transcript for the hearing of the 7<sup>th</sup> of August indicates that the hearing was conducted in a more professional manner. This has also been confirmed to me by some of the people who attended on that day. I have no further comments therefore to make in this respect.

Point 2 of my original letter

It seems you are unable to ascertain what was behind Mr. Glasgow's comments of "I fear so." However, it appears that the subsequent IOP hearing [7<sup>th</sup> of August] did bear in mind that flippant remarks are not appropriate at these hearings, given the gravity of the situation for both Dr. Skinner and his patients.

Point 4 of my original letter

I was glad that you have confirmed that the IOP panel does take into account letters of support and testimonials of patients and that the panel does decide how much weight these are given. I also acknowledge that it is not the role of the IOP panel to evaluate evidence or reach findings of fact during these hearings. Nevertheless, it seems that from the comments made during the hearing of the 29<sup>th</sup> of June 2005, that the panel had received very many such testimonials – so many in fact that they had not been properly paginated within the bundles submitted by the panel. As a witness to the proceedings it did seem to me that much more weight had been given to the very few complaints [which were mainly from endocrinologists who had never met or treated Dr. Skinner's patients or from anonymous correspondents?], so could I have your comments on this please?

Points 5 and 6 of my original letter

This related to confidentiality, Dr. Skinner has provided and continued to provide all the records [anonymised] requested by the panel as a result of the various determinations following each hearing. The panel keeps varying its requirements and it would appear again to the onlooker that the whole process is less than efficient and incredibly pedantic with regard to the changing requirements. In addition, the GMC panels concerned with this case have to date been less than careful with regard to patient anonymity, again raising the question of professionalism and the feeling I have had of these hearings being rushed. You may wish to refer to the transcripts to have this confirmed and again, could I have your comments.

Point 7 and the penultimate paragraph of my original letter

I asked who funded the GMC, as I had concerns about this in relation to tax payer's money. I have been told that the GMC derives most of its funds from fees paid by doctors – could you please tell me therefore, where the remainder of these funds come from and the percentage split between the various funding sources. In addition, I asked the question to whom is the GMC accountable? I did not ask to whom I would make a complaint, which I assume would be to yourselves. Could you therefore also clarify this point?

Point 12 of my original letter

This voiced concerns regarding Mr. Glasgow and how he appeared to be ill-prepared. With regard to the transcript of the 7<sup>th</sup> of August, it seems from several instances that this was still the case. I have also noted that there seems to be lack of continuity with these hearings, with numerous changes of panel members and chairpersons. I think that this could disadvantage any doctor as each time any new panel member has to familiarize them selves with the case. For example, during this last hearing, Mr. Glasgow who was not involved in the hearing of the 29<sup>th</sup> of June 2005, sought to regurgitate issues which had been strongly refuted not just by Dr. Skinner but by the patient concerned at the time. In addition, it was not made clear whether or not any fresh allegations had been received, could you clarify please?

Point 10 of my original letter

You did not choose to comment on the fact that Dr. Skinner was refused the opportunity to speak at the end of the June 2006 hearing. Is it normal practice to deny doctors the chance to speak in their defence or comment or ask questions in relation to the hearing and the determination?

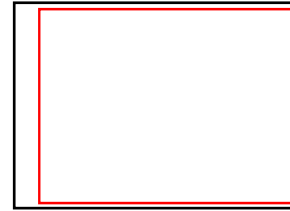
Finally, I must also repeat that Dr. Skinner makes his patients well because he treats the underlying cause of their condition, by prescribing the appropriate level and combination of thyroid hormones when needed. This is because each patient is unique and Dr. Skinner sets out to determine the optimum treatment for each individual. Whilst Dr. Skinner includes blood tests as part of his diagnosis, he also considers presenting symptoms, family history and carries out clinical examination including pulse, BP etc. He has been responsible for returning my daughters to optimum health in this way. He does not - as has been alleged “ frequently prescribe thyroid hormone therapy to patients with no evidence of thyroid disease and adjusts the dose often without biochemical testing” and I continue to be at a loss to understand how this excellent doctor has been brought before the IOP.

I look forward to your comments on the issues I have raised.

Yours sincerely



CC Dr. G R B Skinner  
Alison Thompson – Adjudication Manager [GMC]  
Adam Elliott - GMC  
Dr Mark Dudley – Medical Protection Society  
Mr. Ralph Shipway Radcliffe Le Brasseur



6 October 2006

Ms Patricia Collins  
Investigation Officer  
Fitness to Practise Directorate  
The General Medical Council  
5<sup>th</sup> Floor, St James's Buildings  
79, Oxford Street  
Manchester  
M1 6FQ

Dear Ms Collins

**Dr Gordon Skinner's Fitness to Practise Hearing**

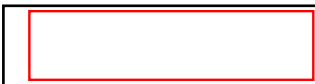
Dr Gordon Skinner has been before the GMC Interim Orders Panel and I attended the hearings of his case at the GMC on Thursday 15<sup>th</sup> June and on Monday August 7<sup>th</sup>. I have recently been told that there is to be a hearing as to his Fitness to Practise, on Monday January 8<sup>th</sup> at 9.30 am. Please could you confirm that this information is correct, where the Hearing will take place and whether the public will again be admitted. It might be most convenient for you to do this by Email. My Email address is above.

As I told the GMC previously, I have never been a patient of Dr Skinner but have for a long time been aware of his work with ME/CFS patients. Also, Dr Skinner transformed the life of a friend who had for years suffered from undiagnosed hypothyroidism. Through my attendances at the GMC, I have seen at first hand the tremendous support that Dr Skinner has from his patients, many of whom have been returned to health after years of suffering. Some claim that Dr Skinner saved their lives.

I have also come to appreciate that Dr Skinner is no average General Practitioner. He is also an able academic and a medical researcher with an open mind. As such, his opinions should be respected. There is absolutely no respect from the general public for doctors who claim that symptoms they cannot explain must inevitably be psycho-somatic. Dr Skinner's book, *Diagnosis and management of hypothyroidism*, is extremely interesting and fully explains the rationale behind his treatment of hypothyroid patients. It is to be hoped that all the members of the panel considering his Fitness to Practise will read it.

Since the IOP's involvement in his case, Dr Skinner has complied fully with an onerous regime of reporting on his clinical activities. The case against him seems to rest largely on professional jealousies and events over which he could have had no control. It will be a disaster to his patients and a public scandal if his registration as a doctor is terminated.

Yours faithfully



Cc Mr R.R. Shipway (RadcliffeLeBrasseur), 

General Medical Council	
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Original was Poor Quality	
- 9 OCT 2006	
I have read this document and agree to improve	
I have physical objects not	

Copy.



12<sup>th</sup> October, 2006.

Mr. Scott Geddes  
Head of Adjudication Dept.  
Fitness to Practise  
5<sup>th</sup> Floor  
St. James's Buildings  
79 Oxford Street  
Manchester  
M1 6FQ

Dear Mr. Geddes

**Dr. Gordon R. B. Skinner**

I have heard from  about a reply that you sent to her regarding Dr. Skinner's IOP in London on 15<sup>th</sup> June, 2006.

I would like to confirm, that to me the Chairman of the Panel was rude in dismissing Dr. Skinner's request to speak. He could so easily (if Dr. Skinner were not allowed to speak), have just said, I'm sorry, but the rules say you are not allowed. It was immediately after the determination and before the hearing closed. Dr. Skinner raised his hand and asked 'please may I spe..... The reply from the Chairman cut Dr. Skinner off in mid word and then said words to the effect of, 'no you may not, the hearing is now closed'.

I have to say 'words to the effect of', because it was not in the transcript!!! In retrospect, I am sorry that I didn't mention it in my follow up-letter to the GMC, a copy of which I have enclosed. Of course, at the time, I hadn't received my copy of the transcript from the GMC, so would not have known then that it would not appear.

If this were a judicial court, the GMC would surely be in contempt of court.

I will be writing to you again with a testimonial for Dr. Skinner when the GMC have finally managed to set a date for the FTP. Why from January to July? Surely the GMC must be sure of their evidence by now. Maybe there are just too many testimonials from patients and doctors!

I believed the GMC were there for their patients. At the moment the GMC are making life very distressing for the patients of Dr. Skinner. My daughter is a patient of his, but the GP took over her management of thyroid medication some time ago. Because of recent illness, she contacted Dr. Skinner (who was absolutely brilliant, I must add) who then wrote to her GP. As the GP did not reply, Dr. Skinner tried to



ring him (at least three times we believe). Because of the GMC allegations, the GP would not return Dr. Skinner's calls.


I BELIEVE THE GMC IS CAUSING DISTRESS AND DAMAGE TO PATIENTS BY THEIR ACTION. Dr. Skinner on the other hand, has made us well.

I have enclosed copies of testimonials that I sent to the GMC in London for two of the IOP hearings, one for the 15<sup>th</sup> June, 06 and one for the hearing of 29<sup>th</sup> June, 06. The previous ones are all in support of Dr. Skinner. Also, a copy of my letter to the GMC after the 15<sup>th</sup> June hearing.

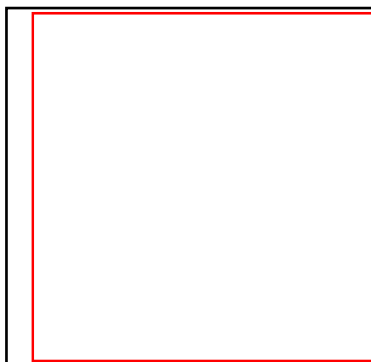
Also, I have attached a copy of the graph depicting the results from the study by T. Bjoro where 65,000 of the Norweigan population were surveyed for their TSH results.

Finally, there is a print out of the words used by A D Toft. Interesting, as they seem to shadow Dr. Skinner's treatment of patients.

Yours sincerely,

A redacted signature area consisting of two overlapping rectangular boxes with red borders. The top box is larger and the bottom box is smaller, partially overlapping the bottom-left corner of the top box.





21<sup>st</sup> October 2006

Ms. Patricia Collins  
Investigation Officer  
Fitness to Practise Directorate  
General Medical Council  
5<sup>th</sup> Floor  
St. James's Buildings  
79 Oxford Street  
Manchester  
M1 6FQ

Dear Madam,

This letter is written to express UNRESERVED SUPPORT for Dr. Gordon R.B. Skinner MD (Hons) DSc FRCPath FRCOG and his treatment of my wife at his [redacted] Clinic in [redacted].

My wife, [redacted] suffers from [redacted]. She is on suitable medication for the condition but had never really enjoyed the full benefits which she was led to expect from this medication until she was advised to consult Dr. Skinner regarding thyroid balance. After visiting our (helpful and forward-thinking) GP for a letter of referral, we attended an appointment at Dr. Skinner's [redacted] clinic in [redacted].

After this initial appointment, during which Dr. Skinner was professional, attentive and helpful (I was present at the interview with my wife), he sent a letter to our G.P. to request that tests for thyroid function should be arranged. The initial tests indicated that the various levels were just within the 'normal' range – though on the low side – but further tests showed a TSH level below the 'normal' range (test results available)

When [redacted] saw Dr. Skinner again in [redacted] he suggested an initial daily dose of [redacted] micrograms of Levothyroxine Sodium, increasing to [redacted]

[redacted]

The effect of this small dose of Levothyroxine was IMMEDIATE and SUSTAINED. [redacted]

[redacted] Since then her response to the

treatment has 'levelled out' such that she does not experience dramatic changes, [redacted]

[redacted] We are not medically qualified and can therefore only guess that the Levothyroxine is [redacted]

[redacted] providing a (needed) boost to bring the thyroid function back to normal. The fact that [redacted] noticed such a change in her mobility, and that this change has been sustained, would suggest that there is rather more than a mere placebo effect at work. In fact she felt slightly over-medicated on [redacted] a day and reduced them to [redacted] to achieve the best effect.

Dr. Skinner was perfectly professional during both of [redacted]'s interviews and, as far as we are aware, followed all necessary procedures with regard to other associated medical practitioners, record keeping etc.. His advice and diagnosis has certainly helped [redacted] and we would recommend anyone who has concerns regarding their thyroid function to consult with him.

Having read documentation of the GMC's dealings with Dr. Skinner, including a transcript of the meeting of the GMC Interim Orders Panel on Thursday 15<sup>th</sup> June 2006, I feel that there is cause for concern over the way in which Dr. Skinner has been treated. From some of the comments and accusations made it would seem that Dr. Skinner has rattled a few cages and, possibly, bruised a few egos with his obvious success in solving some thyroid-related problems. If he has fallen down with regard to a few beaurocratic niceities (we have no personal evidence of this), that is regrettable, though hardly "*a real risk to the members of the public*"; if, however, he is at risk of being vilified because he has managed to show the way to other (so called) experts in the field of endocrinology by using a common-sense, patient-oriented approach to consultation and diagnosis, then such an attitude would have to be considered as childish and stupid, and would be unworthy of both highly qualified medical practitioners or the Medical Establishment in general.

In our experience Dr. Skinner's advice and actions have been exemplary. We trust that any further consideration of Dr. Skinner's fitness to practice will take these views into serious consideration.

Yours faithfully,

[redacted]

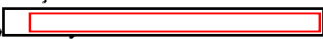
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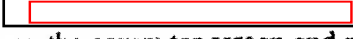
  
24<sup>th</sup> October 2006

Dear Mr Shipway

**Re the diagnosis and management of hypothyroidism**

I begin this letter by first making it clear that it is not a criticism of individual GPs, community paediatricians, or NHS consultants. Rather it is a plea that the current belief system, GP training, NHS protocol, and consequently NHS practise, is formally investigated.

At present, the system which relies exclusively on blood tests as the only diagnostic criteria, disables a GP's sound clinical judgement, and leaves individuals like my eldest son undiagnosed, misdiagnosed and untreated for years.  I might add that without the intervention of a private consultant, Dr Skinner, my son would still remain untreated and be living the life of an extremely restricted invalid.

The problems need to be addressed. Clinically hypothyroid but biochemically euthyroid patients are not just being denied treatment but are also not being clinically appraised. Until my youngest son was seen by Dr Skinner, (who carries out a clinical appraisal, including signs symptoms and family history)   
  


They did not notice because they were too busy looking at the results on the computer screen and not at the patient. As the GP said to me, "But, look (pointing at the computer screen), he's normal".

There are two points to be made here. The first is that I have sympathy with my caring and very conscientious GP, she is caught between the sick child, the blood test result, and NHS protocol. Her hands are tied. The second point is that it would seem crucial to me that the doctor treats the patient and not the blood test. Clinical appraisal is an art, based on knowledge and experience, and the GMC needs to re-instate its place in thyroid diagnosis.

In similar vein, I would ask that it is GPs and not lab technicians who diagnose the patient. Lab technicians have never seen the patient, are unable to take account of signs, symptoms and family history. Their test is a useful addition, but as it cannot measure metabolic status of the tissues, should not be used as a sole indicator of hypothyroidism.

We have also noticed that when our GP asked for a whole thyroid profile, the result, much to her frustration and ours, is repeatedly returned incomplete. It would seem that TSH is measured, sometimes T4, rarely if ever T3. If clinical appraisal is not used, and labs refusing to test, how then are those with conversion difficulties to be diagnosed and treated?

GPs are given the responsibility of diagnosing and managing thyroid conditions. However, in Chris's case, the blood test results were misinterpreted. His TSH was above average but within

"normal" reference range, his T4 below the national average but within "normal" reference range. The consultant, community paediatrician and the GP seemed unaware that the distributions are not 'bell shaped' that TSH average peaks towards the lower boundary and T4 to the upper boundary. One of the doctors mentioned, a conscientious and caring professional, had the grace to say that she 'did not know anything about this'. Is this really fair to her or to us? We would ask that doctors, if they are to have this responsibility, are at least trained in statistics and thyroid management so that they can interpret the blood test results, rather than rely on the misleading word 'normal'. If not, then they need advisors to help them.

We would also draw your attention to and ask you to read, the enclosed letter regarding EDM 728, sent to my MP [redacted], which calls for the reference ranges to be narrowed as they were in the USA three years ago, thus alleviating the suffering of many people. I would call on the GMC to take the lead in this.

Diagnosis is also missed because of inaccurate myths regarding hypothyroidism. For example, more than one GP, in all sincerity, have informed me that within a month of thyroid replacement, a patient is cured of all symptoms. Otherwise the patient is not hypothyroid. How many hypothyroid patients have been denied treatment because they could not repair quickly enough? From our own experience we know that the process can be gradual. [redacted] improved dramatically, but it was only in the last [redacted] that his mental functioning improved. We would ask that doctors reappraise their knowledge of thyroid conditions and that training is given to dismantle myths that deny the patient treatment.

My son's recovery has relied on a prescription of Armour Thyroid. A postal lottery exists. [redacted] is unable to obtain Armour Thyroid on the NHS in [redacted]. The GP was advised not to prescribe by [redacted].  
Armour Thyroid is authorised by the FDA (Food and Drugs Administration) prepared to USA Pharmacopoeia Standards. I find it surprising that the American regulatory authorities are not trusted. The product has not harmed my son but is healing him. It seems unfair that my son has to pay for his treatment. I would request that the GMC institute a process to allow the GP to prescribe Armour Thyroid to my son without her feeling there is any potential risk to her.

Our major concern is for my son's treatment once Dr Skinner retires. Because of the difficulties referred to above, my son cannot rely on appropriate treatment from the NHS. Doctors have spent years of their lives training, and rely on their salaries to pay their mortgages and raise their own families. I imagine it is difficult for them to risk this and their professional reputation, to step outside of NHS protocol and treat my sick son. And yet, if my son is to continue to improve, this is the dilemma; either he remains sick or they remain within the NHS protocol. It is clearly an unsatisfactory situation for both parties, but particularly for my son.

Dr Skinner has reinstated my belief in the medical system. He is a skilled and knowledgeable practitioner, an honourable and compassionate man, with his patients' well being at the heart of his practice. He has consistently worked in partnership with my GP, requiring a referral letter from her, and writing to her after each consultation. He has carefully and cautiously prescribed, and only after clinical appraisal and regular blood tests.

It seems ludicrous to me that when his practice is so transparent and his patients recovering that he should be criticised for such niceties as pagination (see recent hearing transcript). My suggestion



would be that Dr Skinner knowledge is made available to a future generation of doctors, and the knowledge and expertise not lost. Otherwise clinically hypothyroid patients but chemically euthyroid patients like my son will be left without a practitioner prepared to treat them. What then? A return to ill health?

In conclusion, I would ask that belief systems re thyroid diagnosis and management currently held are re-appraised, including:

- clinically hypothyroid but biochemically euthyroid patients given access to treatment by NHS practitioners
- GMC to enable GPs to treat the above with a trial of thyroid replacement without fear of losing professional reputation and being labelled 'a maverick'.
- GP training given, particularly in:
  - interpretation of blood test results, including statistical analysis
  - diagnosis and management of thyroid conditions
  - clinical appraisal included in diagnosis
  - myths re recovery exploded (e.g. full recovery may take time)
- Reference Ranges narrowed
- Labs to provide whole thyroid profile when requested
- Armour Thyroid made available on the NHS
- a formal investigation conducted with further necessary research

The present beliefs deny patients diagnosis and treatment, and in [redacted]'s case lost him his childhood, his education, his friendships. He didn't lose his life, he just couldn't live. His message to you is simple, "Please listen to the patient, I know when I am feeling better, and I know the difference between being housebound and the life I have now"

After [redacted] years of severe ill health, [redacted] first saw Dr Skinner [redacted]  
[redacted] Dr Skinner's treatment has resulted in the beginnings of a normal life. This is the motivation in writing this letter; that so many others who suffer unnecessarily, may have their suffering alleviated, and are given their lives back.

yours truly

[redacted]

[redacted]

[redacted]

Cc:

Dr L Fox MP  
Dr Skinner  
Mr Shipway  
Dr Dudley  
Professor Catto  
Ms Collins

Ms C Henesy  
Ms Thompson  
Mr Wood  
Mr Elliott  
Ms Dewhurst  
Mr Swain

Ms Goldsach  
Ms Floyd  
Ms Oliver  
Ms Sawtell  
Mr Hiscock

## Appendix A

### [REDACTED] – History of Illness

#### A Clinically Hypothyroid and Bio-chemically Euthyroid Patient

##### *Intro and overview*

I write to provide additional information in support of the request to provide Armour Thyroid. I know you are well aware of my case history, but I have included a summary which you may find useful. The summary covers the [REDACTED] years of my illness and helps explain how my thyroid treatment has enabled me to recover. [REDACTED]

##### *History of my illness and my amazing recovery*

At the age of just [REDACTED] years I became ill [REDACTED] I seemed unable to recover, the change was dramatic, from a fit, sport loving non stop child to [REDACTED]



[redacted]

In [redacted] my parents consulted Dr [redacted] who kindly referred me to Dr Skinner. I saw Dr Skinner for the first time in [redacted]. He examined the blood test done in [redacted] and noticed that although within reference range [redacted]'s results were not average for the population. He took a careful family history (maternal great granny, granny and three aunts all hypothyroid), and conducted a physical examination. This included taking pulse [redacted] temperature [redacted] blood pressure, examined the thyroid, skin pallor and tongue and took note of general demeanour. He also asked me many questions about my life and my energy levels. Dr Skinner treated us with respect and was very professional in his approach. I had not been examined or received such a clinical appraisal in all the previous years. Rather, there is an over reliance on blood test results as the diagnostic tool. This results in clinically hypothyroid but bio chemically euthyroid patients like me being denied diagnosis and treatment,

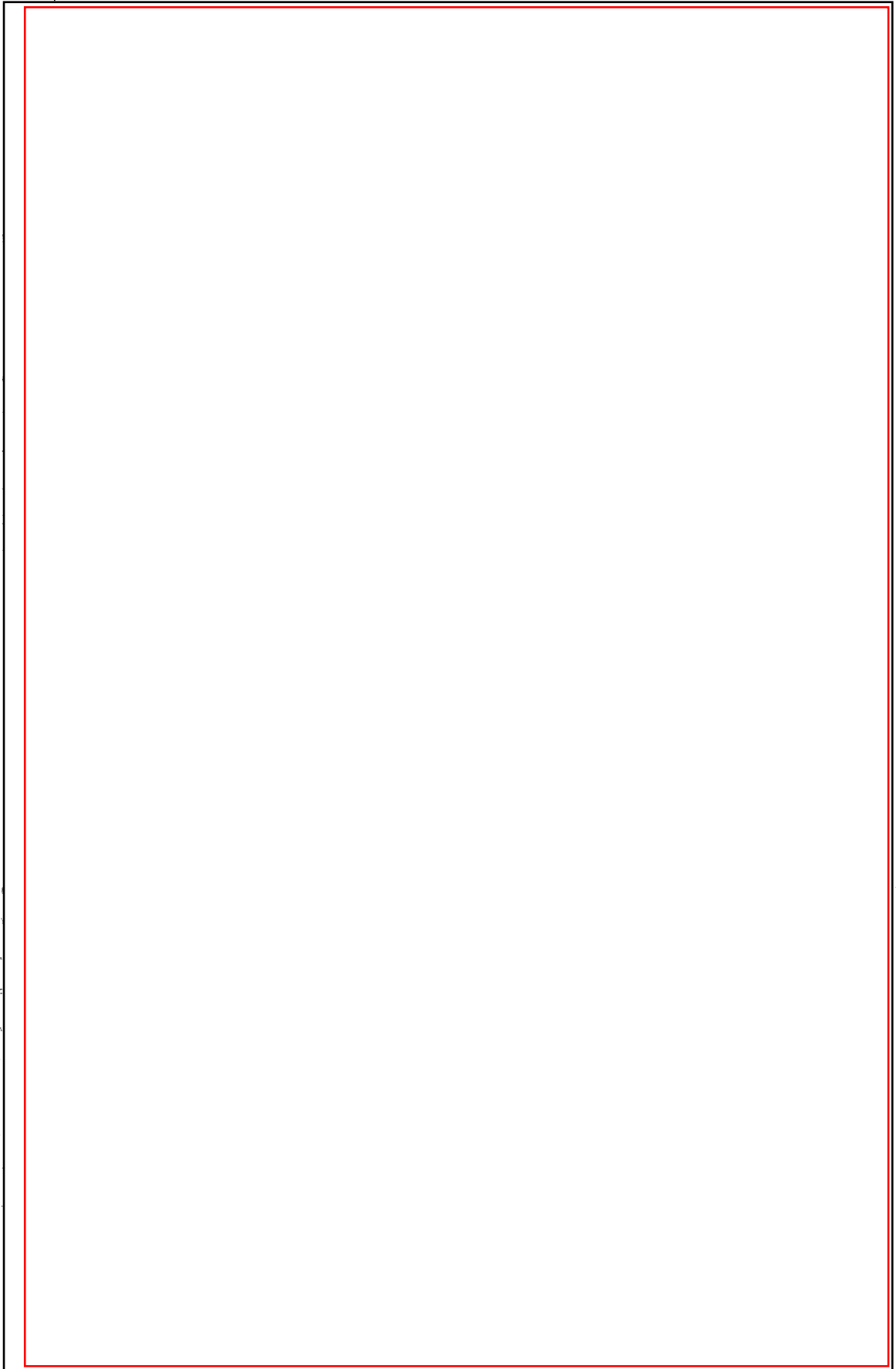
Dr Skinner prescribed an increase in Armour Thyroid, and asked that I phone him in two month's time to report on progress. He wrote to my GP, Dr [redacted] (who thinks he writes a very nice letter) and working in partnership with her, asked for a blood test [redacted] after a dose increase. He then saw me at [redacted] intervals, making a careful clinical appraisal. My dose gradually and incrementally increased to [redacted] grains. After several visits and dosage adjustment I am now taking [redacted] grains of Armour Thyroid. Dr Skinner advised me that recovery would take time, [redacted] years or more and this has proved to be correct

The results have been magnificent; I now have my life back. I have much more energy and live almost completely normally, although I have a significant amount of catching up to do after being ill for about [redacted] years over all. [redacted]

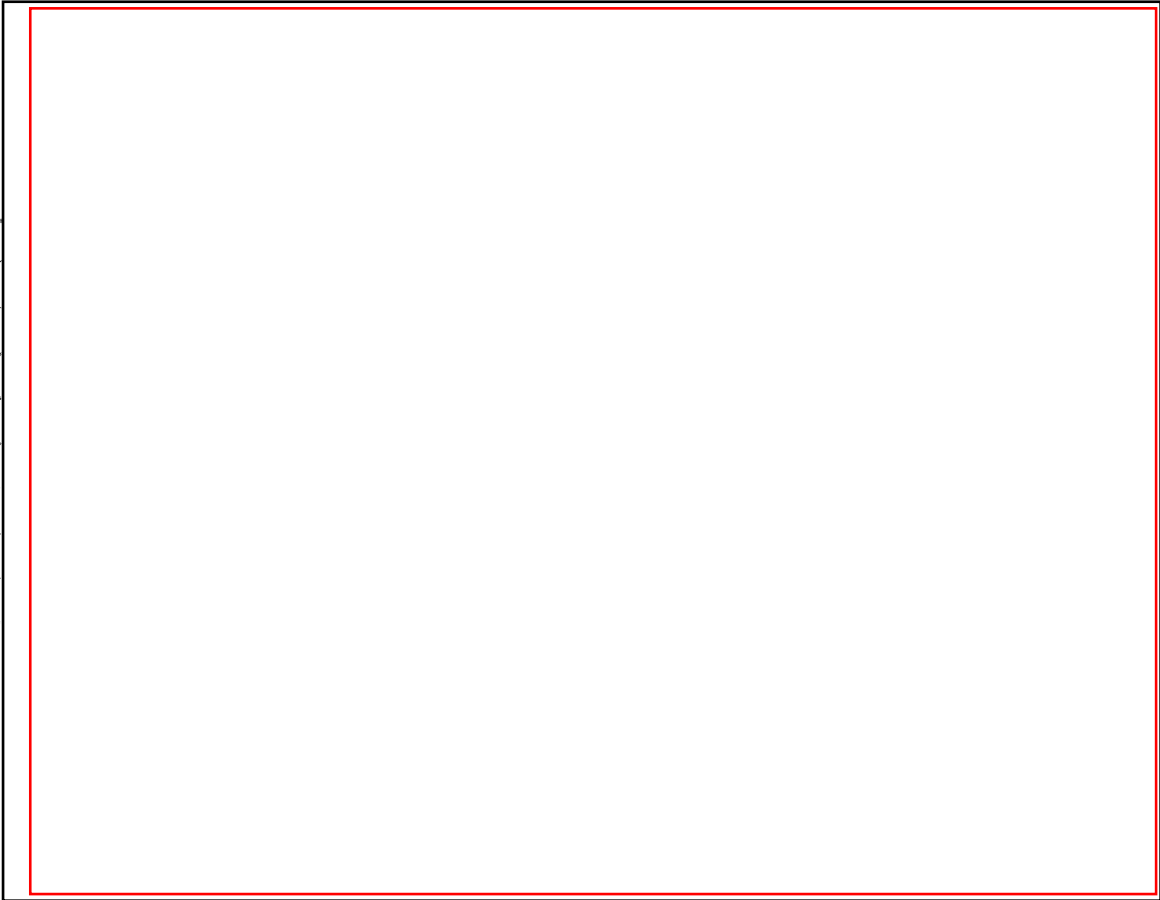
[redacted]

In short, the Armour thyroid has cured me, after [redacted] years of illness I have my life back. I have Dr Skinner to thank for this.

[redacted]

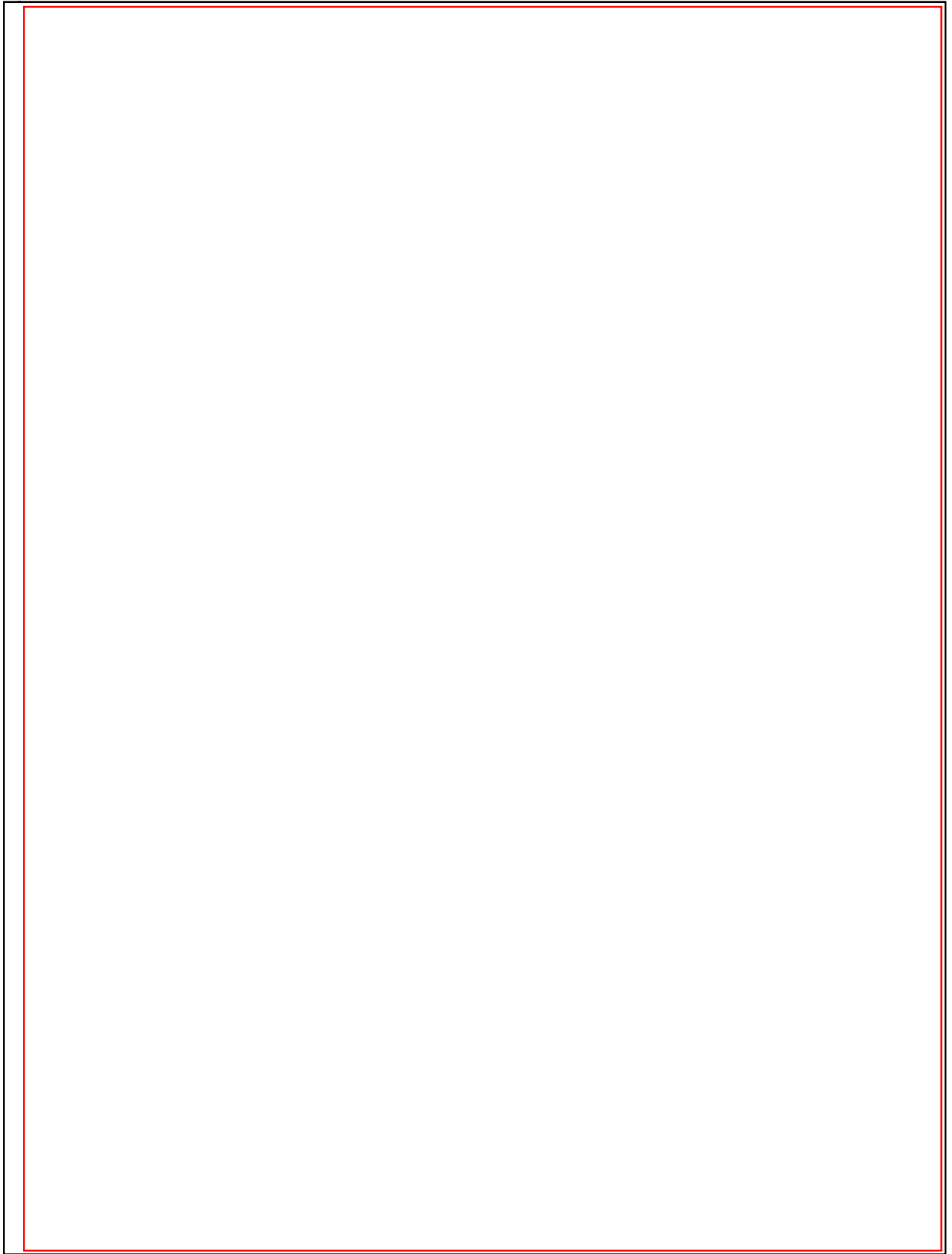


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*End of Appendix A*





*End of Appendix B*

[redacted]  
15/11/2006

Dear Ms. Patricia Collins.

Re : Dr Skinner's Fitness to Practice

I am writing to say that I have a very high regard for Dr Skinner. He treated me for my hypothyroid condition in [redacted]. I was at that time feeling dreadful, and thought that I was most likely being undertreated by my G.P in [redacted]. My blood tests however had shown that I was just within the range for normal results. [redacted]

[redacted] My GP positively didn't think I needed to be referred to a specialist Endocrinologist and so I was left to flounder. Looking on the internet, initially thinking that I might be suffering from ME, I came upon the name of Dr Gordon Skinner and the fact that he had treated many people in similar circumstances to myself. I persuaded with difficulty my GP to refer me to him.

I saw him privately, [redacted] was given a thorough physical examination, and he re-viewed my blood test results. He was sure that I was under treated, and had been for a long time. I was put on Armour, a natural, not synthetic Thyroid preparation, and within a few days I was feeling considerably better. [redacted]

[redacted] I saw him at [redacted] intervals for [redacted] years. My health continued to improve. He maintained that I myself would be the best judge of how much medication I needed, because I would feel well when the optimum level had been reached. [redacted]

[redacted] He was easily contacted by phone when it was necessary. At no time did I feel as bad as I had before he treated me, and I felt he really listened to what I was saying about how I felt. He wrote back to my GP after each visit.

I think it is outrageous that someone who is very experienced in treating people like myself should be being considered unfit to practice. My experience would say he was very fit.

Most, I suspect, of the people he sees have had problems in getting a proper diagnosis from their GP and in many cases any specialists they have been referred to. I say this because in looking at the [www.patient.co.uk](http://www.patient.co.uk) site there are written up 183 hypothyroid patient experiences, mostly very unhappy ones, in comparison to 28 hyperthyroid patient experiences, which has I am sure a correlation to the fact that hyperthyroid patients are routinely referred to an Endocrinologist in a hospital setting. These experiences cover the same period since 27.07.05.

I would urge most strongly that the case for unfitness to practice in the case of Dr Skinner is dropped.

Yours sincerely,

[redacted]

General Medical Council	
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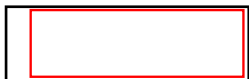
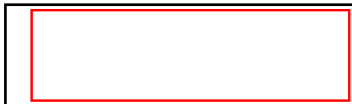
16th November 2006

Ms Patricia Collins,  
Investigation Officer,  
Fitness to Practise Directorate,  
General Medical Council,  
5th Floor,  
St. James's Buildings,  
79 Oxford Street,  
Manchester,  
M1 6FQ

Dear Madam,

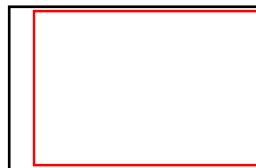
In support of Dr. Gordon R. B. Skinner, MD(Hons), D.Sc., FRCPath, FRCOG,  
whose Fitness for Practice Hearing has been postponed until July 2007, I enclose a  
copy of a letter I have found necessary to send to my M.P., 

Yours sincerely,



General Medical Council	
Original was a Photocopy	Page 2
Original was Poor Quality	
Date recd	21 NOV 2006
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Document had physical objects ref:	

COPY



16th November 2006

[Redacted] M.P.  
[Redacted]

Dear Mr. Miller,

Thyroid U.K. Campaign for Dr. G.R.B. Skinner. MD(Hons). D.Sc.,  
FRCPath, FRCOG.

I have been a private patient of Dr. G. R. B. Skinner for [Redacted] years. I was diagnosed with Hypothyroidism in [Redacted]. By the time of my first appointment with Dr. Skinner in [Redacted] my Hypothyroidism had reached such a stage under standard N.H.S. treatment that I was suffering from amongst many things [Redacted]; I could go on but the list is too long. Dr. Skinner has helped me very carefully and thoughtfully to at last bring me back to full health. He has helped many people, mainly women, throughout the whole of the United Kingdom, who suffer with thyroid problems, who have found it necessary to have to seek better treatment because they are not being properly treated by the National Health Service, this has been an on-going problem for decades. Dr. Skinner has done his utmost to cure his patients and is a wonderful humanbeing who is dedicated to bringing his patients back to full health.

Charges of Not Fit to Practice have been brought against Dr. Skinner by the General Medical Council but not proven. His case is to be reviewed in July 2007. Please support Thyroid U.K. to enable Dr. Skinner to carry on his good work. I enclose a copy of Thyroid U.K. views on this matter.

M.P. [Redacted] has also been trying to help U.K Thyroid sufferers by putting an Early Day Motion before Parliament:-  
EDM 728 II.10.05

"That this House calls on the Government to raise awareness of hypothyroidism and the dangers of misdiagnosing an underactive thyroid and to promote the use of a range of treatments including thyroxine to address the current inadequacy of testing, diagnosis and treatment of the condition."

As from September 2006 161 M.P.s had signed this Motion.

Yours sincerely,

[Redacted]



16 November 2006

Dear Sir/Madam

Dr Gordon Skinner

I write to express my support and gratitude for Dr Skinner.

I have been a patient of Dr Skinner since [redacted], when I had an undiagnosed thyroid condition that my NHS General Practitioner could not assist with. At this time he offered a very thorough assessment (far more than just scrutiny of blood tests) of my health needs.

Since then I have [redacted] and it is Dr Skinner I have turned to for support in managing my condition. Again, he has provided an excellent, supportive service in terms of my health needs and presenting symptoms.

As a professional myself whose own skills are in the field of assessment, I consider Dr Skinner to be exemplary, he conducts a thorough and holistic assessment, which does not simply rely on a blood test. I consider this a far more satisfactory and robust approach to addressing my symptoms. Certainly, whilst receiving a service from Dr Skinner my health has improved and I have complete confidence in his skills and expertise.

Please, I need this doctor available to me so as I can maintain a good level of health.

Yours faithfully

[redacted]  
[redacted]

Ms Patricia Collins  
Investigating Officer  
Fitness to Practise Directorate  
General Medical Council  
5<sup>th</sup> Floor  
St James Buildings  
79 Oxford Street  
Manchester  
M1 6FQ

<b>General Medical Council</b>	
Original was a Photocopy	
Original was Poor Quality	
22 NOV 2006	
Original has been Photocopied to improve Scan Quality	
Document had physical objects on it	

cc. Mr R R Shipway

[redacted]

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**Letter Re: Dr G R B Skinner's Fitness to Practise (FTP) Hearing in 2007**

**Appendix 1.**

**Testimonial in favour of Dr G R B Skinner by C Phillips B.Sc. (Hons)**

**Appendix 2.**

**Testimonial in favour of Dr G R B Skinner by D Roach B.Sc. (Hons)**

**Appendix 3.**

**A copy of our book to be treated as part of our testimonial in favour of  
Dr G R B Skinner\*: Hypothyroidism in Childhood and Adulthood**

**A personal perspective and scientific standpoint**

**By C Phillips and D Roach**

**Appendix 4.**

**A copy of Personal Correspondence from Dr Toft which supports the type of  
treatment protocols, sometimes used by Dr G R B Skinner**

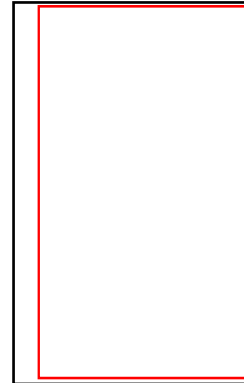
**Appendix 5.**

**A copy of Personal Correspondence from Professor Maurice Scanlon to our GP  
(following discussion with Professor John Lazarus), which supports the treatment  
protocol of Dr G R B Skinner**

**Appendix 6.**

**A copy of Personal Correspondence from Professor Maurice Scanlon, which states  
the importance of appreciating the severe difficulties which may be experienced by  
individuals with hypothyroidism**

**Private & Confidential**



1 December 2006

Ms Patricia Collins (Investigation Officer)  
& all Members of the Fitness to Practise Panel,  
Fitness to Practise Directorate,  
General Medical Council,  
5<sup>th</sup> Floor, St James's Buildings,  
79 Oxford Street,  
Manchester  
M1 6FQ

Dear Ms Collins & all Members of the Fitness to Practise Panel,

**Re: Dr G R B Skinner's Fitness to Practise (FTP) Hearing in 2007**

My sister and I have both been treated by Dr Skinner and we would like to provide testimonials (Appendix 1 & 2) and information (Appendices 3-6) in support of Dr Skinner. Please could you send us confirmation that our testimonials and information will be given appropriate consideration by all members of the FTP Panel.

In our case there has been a consensus of opinion between Dr Skinner, Professor [redacted] and Professor [redacted] on the way that we are being treated. This agreement has resulted in us receiving our current treatment (which was originally prescribed by Dr Skinner) via the NHS ([redacted])

Yours sincerely,

[redacted]

[redacted]

P.S. We look forward to a reply from each member of the GMC FTP panel involved in Dr Skinner's FTP hearing and from all the individuals to whom we have sent a copy of this correspondence.

c.c. Dr G R B Skinner & Afshan Ahmad  
c.c. Mr R Shipway, RadcliffesLeBrasseur  
c.c. Dr M Dudley, Medical Protection Society  
c.c. Professor G Catto, President of the GMC  
c.c. Ms C Henesy, Assistant Registrar at the GMC, London  
c.c. Ms A Thompson, Adjudication Manager at the GMC, London  
c.c. Mr Andrew Wood, Assistant Registrar at the GMC, London  
c.c. Mr A Elliott, of the Interim Orders Panel at the GMC, London  
c.c. Ms A Dewhurst, Performance Assessment Officer at the GMC, London  
c.c. Mr P Swain, Head of Case Presentation at the GMC, London  
c.c. Ms R Goldsach of the Adjudication Section at the GMC, London  
c.c. Ms C Floyd, Investigation Officer at the GMC, Manchester  
c.c. Ms J Oliver, Claimant Solicitor at the GMC, London  
c.c. Ms T Sawtell of GMC Legal at the GMC, London  
c.c. Mr J Hiscock, Legal Assistant at the GMC, London



**Appendix 1.**  
**Testimonial in favour of Dr G R B Skinner by C Phillips B.Sc. (Hons)**

Appendix I. Testimonial in favour of Dr G R B Skinner by [redacted]

It is unthinkable that a doctor as excellent, professional and caring as Dr Skinner should be called before a Fitness to Practise hearing. I trust Dr Skinner with my life and wellbeing. If Dr Skinner is punished for his treatment protocols then it means that he is being punished for helping patients such as myself and my sister which in turn would mean that other doctors may no longer be willing to help patients such as myself and my sister for fear of similar punishment. This means that any punitive action towards Dr Skinner by the GMC is a threat to the wellbeing and lives of patients such as ourselves.

[redacted]

Dr Skinner makes the care of patients his first concern and respects the right of patients to be fully involved in decisions about their care as recommended by the GMC itself.

Dr Skinner provides excellent clinical care and as recommended by the GMC, made an adequate assessment of my condition based on my history, symptoms and an appropriate examination, and took suitable and prompt action by providing the necessary treatment for me as an individual.

Furthermore, in the case of my sister and I, Dr Skinner's treatment protocol has been endorsed by NHS endocrinologists. In our case there has been a consensus of opinion between Dr Skinner, Professor [redacted] and Professor [redacted] on the way that we are being treated. This agreement has resulted in us receiving our current treatment (which was originally prescribed by Dr Skinner) via the NHS ([redacted])

[redacted]

Therefore, unfounded concerns that have been raised previously with the GMC by various medics and which have contributed to the initiation of these unnecessary proceedings have been overridden by the information that we have provided

[redacted]

In my case Professor [REDACTED] backed Dr Skinner's treatment protocol. This indicates that when Professor [REDACTED] was given details about a patient's clinical status, he agreed with Dr Skinner's diagnosis and treatment.

**Appendix 2.**  
**Testimonial in favour of Dr G R B Skinner by D Roach B.Sc. (Hons)**

Appendix 2. Testimonial in support of Dr G R B Skinner by [redacted]

With regard to the Fitness to Practise (FTP) hearing planned for 2007, I [redacted] request that this testimonial in support of Dr Skinner and all the information in this file

[redacted]

Having developed hypothyroidism during childhood, I was severely ill and I owe my life to the doctor who diagnosed this and treated me. During adulthood, NHS doctors had difficulties with the management of my hypothyroidism and I was seriously ill for a long time due to under treatment of my hypothyroidism. Hypothyroidism can be a debilitating and life threatening condition. Thankfully my GP referred me to Dr Skinner and thanks to Dr Skinner's careful and excellent treatment, I am now on appropriate thyroid treatment and my health has been transformed for the better. My [redacted] sister has had a parallel experience as she also has hypothyroidism.

[redacted]

[redacted] When NHS endocrinologists considered my own medical case in detail, they agreed with the thyroid treatment that Dr Skinner was providing and helped me to continue to obtain the same treatment on an ongoing basis via the NHS.

*I am incredulous that such an excellent and professional doctor as Dr Skinner is being called to a Fitness to Practise hearing in the first place. I trust Dr Skinner with my life and wellbeing and I fully support Dr Skinner. From a patient perspective, I would like to make the following points about my medical care when I have consulted Dr Skinner;*

My right to be fully involved in decisions about my care was respected and confidentiality was respected. Dr Skinner is polite, considerate and truthful. My privacy and dignity were respected. I was listened to and provided with information in a way that I could understand.

Dr Skinner provided me with outstanding clinical care. A full assessment of my condition was made, based on history, symptoms and an appropriate clinical examination. Additional investigations were also looked at and suitable and prompt action was taken.

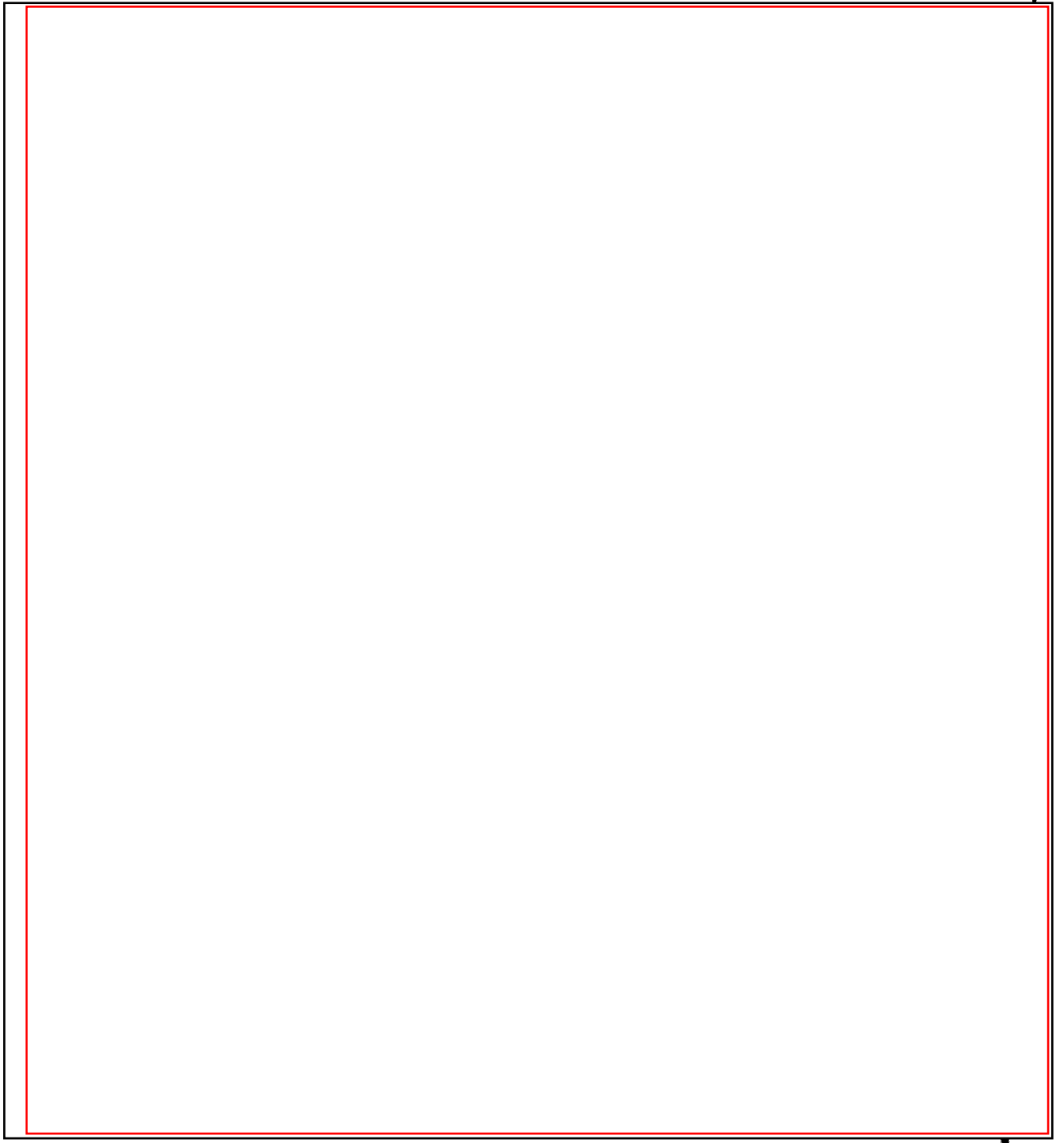
Dr Skinner has helped me to regain my health and wellbeing by prescribing appropriate thyroid treatment for me. If the GMC deters doctors from treating patients such as myself, I fear that the GMC is a risk to such patients. Such patients need protection from the GMC and I fear that the GMC does not have sufficient accountability.

Professor [REDACTED] has been supportive of the way in which I have been treated by Dr Skinner. Dr Skinner is an exceptionally good doctor who should be congratulated on the way in which he has helped patients such as myself. I am grateful for Dr Skinner's excellent and professional care [REDACTED]

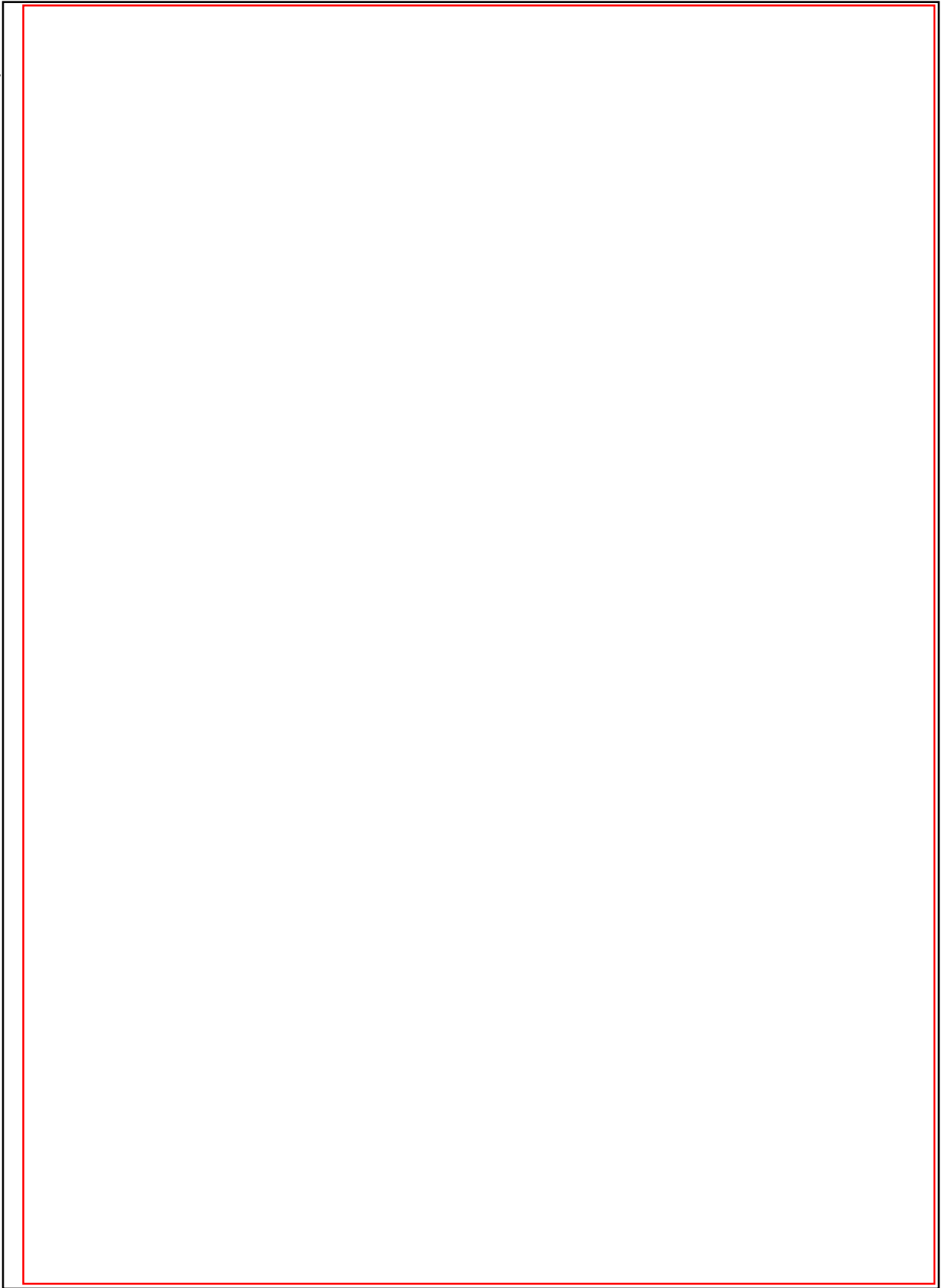
[REDACTED] My sister and I would be grateful to receive an individual response to our testimonials (in support of Dr Skinner for the FTP hearing) from each GMC FTP panel member involved in Dr Skinner's FTP hearing.

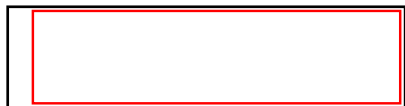
To conclude, I [REDACTED] wish to express my total support for Dr Skinner. In the interests of patients such as myself, I urge each individual member of the GMC FTP panel to take notice of all the information that I have provided in support of Dr Skinner.

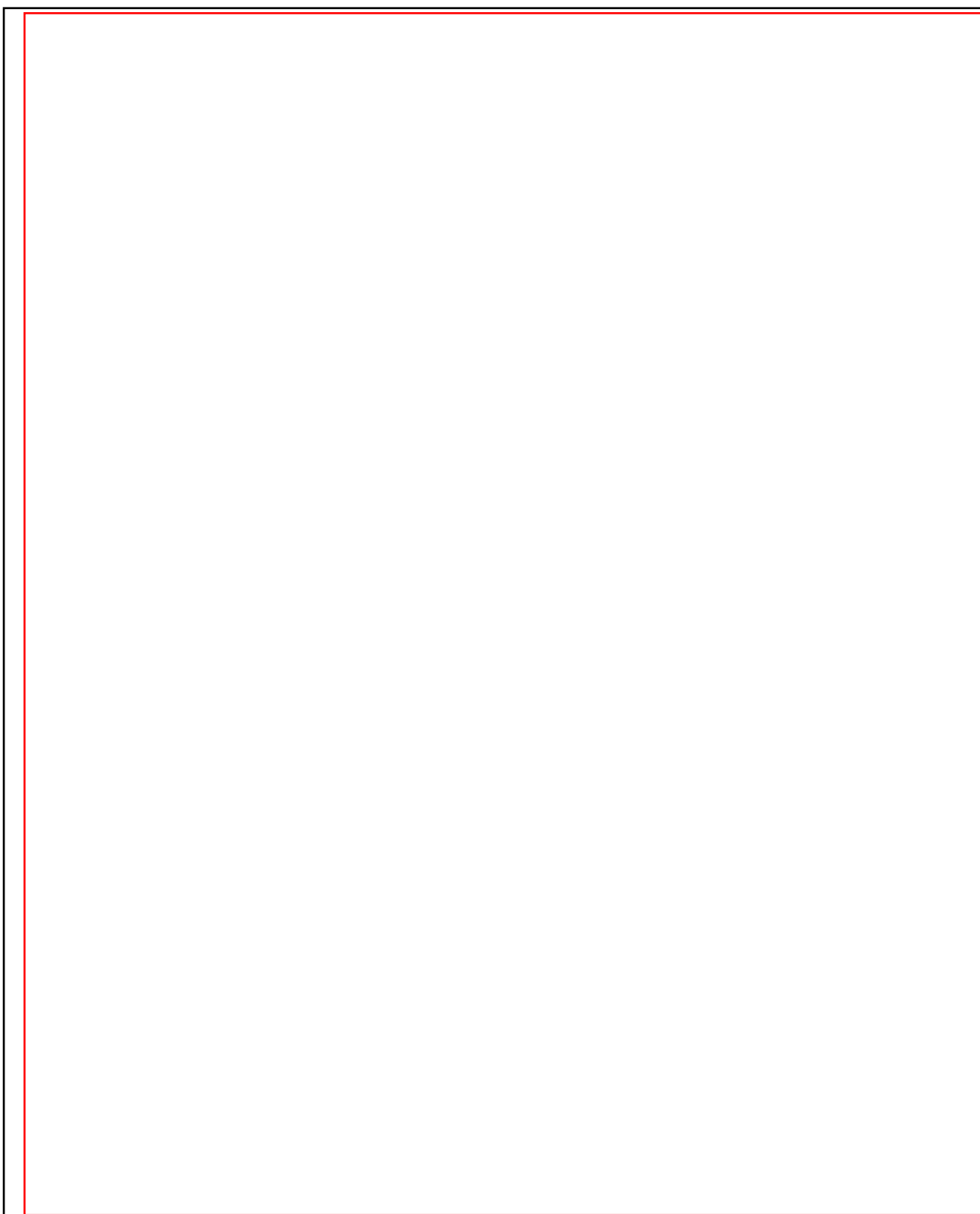




















18th December 2006

Ms Patricia Collins,  
Investigation Officer,  
Fitness to Practise Directorate,  
General Medical Council,  
5th Floor, St James's Buildings,  
79 Oxford Street,  
Manchester M1 6FQ

Re: Dr. Gordon Skinner - Fitness to Practise hearing

Dear Ms. Collins,

I understand there is to be a Fitness to Practise hearing to review Dr. Gordon Skinner's competence to prescribe thyroid replacement medication.

I write as a patient of Dr. Skinner for the last  years.  years ago my career

was brought to a halt. Weakness, disorientation and feeling faint made it impossible to continue. My GP told me at the time that tests (including a thyroid test) indicated nothing wrong and sent me to a behavioural therapist, who also found nothing wrong. Another private therapist told me I was in the wrong career. He was actually right – I could not continue.

years later I was recommended to Dr. Skinner. After a blood test and examination he suggested I try thyroid replacement. Starting with  grain ( mg) armour thyroid daily we progressed slowly to a higher dosage, eventually -grain. It was NEVER increased without a further examination and frequent further blood tests. For the first time in years I experienced an improvement in my condition. It was clearly explained to me that, given normal reference levels, thyroid replacement was generally considered inappropriate. Furthermore Dr. Skinner warned me of the symptoms of hyperthyroidism and the potential danger in taking too high a dosage.

I would like to make the following points.

- 1) Dr. Skinner always discussed his proposed course of action with me and maintained a consistently cautious approach to treatment by thyroid replacement, advising me if he thought there could be other possible causes for my problems. Later my GP was able to

confirm that the dosage prescribed by Dr. Skinner left me still within normal reference levels in accordance with blood test results.

- 2) Dr. Skinner's concern for his patients' well-being was self-evident. It was also seen in the modest fees he charged in comparison with other colleagues in specialist medical fields.
- 3) I am aware from his publications that Dr. Skinner would welcome more extensive trials and scientific investigation of the issues surrounding thyroid replacement but has been unable to obtain the necessary support.

I heard by chance that Dr. Skinner had been summoned to appear before the GMC, not from Dr. Skinner himself.

Dr. Skinner's patients have typically suffered an inability to work, carry out their day-to-day family responsibilities and in some cases even to get out of bed. In view of this it was striking to observe the energy and motivation, following thyroid replacement therapy, shown by those who had travelled long distances to attend the hearings.

If patients presenting with clinical symptoms of hypothyroidism are to be dismissed without treatment, because the condition is not confirmed by the blood test, is it not reasonable to ask for a fresh look at accepted reference levels? Dr. Skinner has demonstrably transformed the lives of patients previously diagnosed by their GP as suffering from untreatable ME, or chronic fatigue syndrome, or nothing at all. I wonder what harm he has done to offset such gains. If it is for his patients' protection that he is to be stopped from practising it will be necessary to take into account the supposed 'benefits' of withdrawing thyroid medication from those who have used it responsibly for years, and found themselves restored to active life.

*Is it not time now for investigation, rather than condemnation?*

Yours sincerely,