



Introduction

On 4th-5th October 2018, Cochrane's Governing Board held a series of three webinars at different times across the two days so that Cochrane's global community could easily attend at least one of them. The webinars were hosted by the Governing Board Co-Chairs, Marguerite Koster and Martin Burton, and were open to all Cochrane members. A total of 175 individual attendees joined the webinars, although this number was an underestimate as some Cochrane members gathered around a single computer to join. The aims of the webinars were:

1. To provide context and more information about the Board's decision to end Professor Peter Gøtzsche's membership of Cochrane, and therefore his position as a Member of the Governing Board and as Director of the Nordic Cochrane Centre.
2. To hear perspectives from across the Collaboration about this decision and its impact on the organization; and to address questions and concerns.
3. To look to the future for Cochrane.

The slides presented by the Co-Chairs and CEO Mark Wilson can be accessed from the Cochrane Community website. Following this presentation, the majority of the time on the webinar was spent answering questions received from the Cochrane community by e-mail before the webinars, and from those attending the webinars. Despite this, not all of the questions posed were able to be answered due to time constraints. The Board Co-Chairs promised to answer every question received in writing in addition to the answers given during each of the webinars. This Questions and Answers document fulfils that pledge.

The three webinars can be accessed on the Cochrane Community website. They are unedited, and all Cochrane members are encouraged to watch and listen to one of them. If you have any further comments or questions, please do not hesitate to contact the Governing Board at governingboard@cochrane.org.

Governing Board
17 October 2018

The role of the Governing Board

The generic principles of good governance for all not-for-profit organizations are universal and whatever Cochrane's legal constitution, and wherever our legal and charitable base is located, these would apply. Twenty-five years ago, Cochrane's founders established it as a UK charity, and a UK Company. We are therefore bound by UK law to follow the rules set out by the Charity Commission (see [here](#)). The members of the Governing Board are the Trustees of the Charity and the duties and Code of Conduct of Trustees are very clearly defined by the Charity Commission (quotations from the documents are included below in italics). The Trustees are ultimately responsible, as individuals and as a group, for ensuring that the Charity delivers its mission and in a way that honours its principles, values and obligations.

- The Trustees make collective decisions, democratically, by a majority vote, according to our governing document (the "[Articles of Association](#)"). *"Decisions do not usually have to be unanimous ... but once the trustees have made a decision, they must all comply with it, including any who disagree.... Ultimately, you may feel that you have to resign in order to distance yourself from the decision."*¹
- Individuals become Trustees either by election or appointment. However, the moment they join the Board they are expected to act not in the interests of those who voted for them, or their own perceived constituents, but *"in the best interests of the Charity"* above all. Trustees do not represent those who voted for them. *"You must avoid putting yourself in a position where your duty to your charity conflicts with your personal interests or loyalty to any other person or body."*²
- The former Steering Group was an entirely elected Board, whose members were elected from a variety of constituencies. Even then, the Board members were supposed only to act in the interests of the Charity as a whole.
- Charity Boards in which all members are elected are becoming increasingly rare and this format is no longer seen as optimal in terms of good governance.
- Trustees must:
 - always act in the best interests of the charity – they must not let their personal interests, views or prejudices affect their conduct as a trustee;
 - act reasonably and responsibly in all matters relating to the charity – acting with as much care as if they were dealing with their own affairs, taking advice if they need it;
 - only use the charity's income and property for the purposes set out in our Articles of Association
 - make decisions in line with good practice and the rules set by our Articles of Association (including excluding any trustee who has a conflict of interest from discussions or decision-making on the matter).
- The principles of good governance are embraced by many organisations, including all Cochrane's major funders. They not only expect but require Cochrane to have in place strong governance mechanisms.

¹ <https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3/the-essential-trustee-what-you-need-to-know-what-you-need-to-do>, Section 6.2

² <https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3/the-essential-trustee-what-you-need-to-know-what-you-need-to-do>, Section 6

Questions Received from the Cochrane community and Answers provided by the Governing Board

What was the ‘bad behaviour’?		
Person	Question	Answer
<p>Questions submitted privately by email to Governing Board</p>	<ul style="list-style-type: none"> • What exactly is Peter blamed for? What is "bad behaviour"? As long as we are not told, this sounds like defamation. • The Governing Board has stated many reasons why Peter Gøtzsche has been expelled and part of them are contradictory: it is about personal attacks and harassment but not about the HPV review etc. Can the Governing Board formulate what exactly are the factual events that led to the conclusion that Peter Gøtzsche has brought the Cochrane Collaboration has acted contrary to the interests of the Charity? • We feel very unsafe by the formulation of the Governing Board of having ‘zero tolerance for bad behaviour’. Last year, we have commented on Twitter on Cochrane Policies by means of a cartoon. This was followed by an e-mail message from the Cochrane Communications department Jo Anthony asking us to refrain from commenting on Cochrane matters this way. Given the involvement of the communications department this is apparently ‘bad behaviour’. Can the Governing Board comment if this falls under ‘zero tolerance for bad behaviour’? • The Governing Board says in one of its statements that there was no other option than to expel Peter Gøtzsche. I can still see a range of options that potentially could have led to a less disastrous result for example an amicable split up. In general, in case of workplace conflict, there is evidence that alternative 	<p>Trustees have a responsibility to ensure that Cochrane is a safe and trusted environment for everyone involved with it. The decision relating to Professor Gøtzsche was as a result of a sustained pattern of disruptive and inappropriate behaviours, over a number of years, which undermined Cochrane’s collaborative culture and were detrimental to the charity’s work, reputation and members. Specific examples have been given, in the Board’s Statements of 17th September and 26th September, and most recently in the webinars. Some important, specific examples of bad behaviour include:</p> <ul style="list-style-type: none"> • In 2015, Professor Gøtzsche publicly criticized Cochrane’s editorial staff in a letter to the British Medical Journal, suggesting that his research was being “denigrated” by Cochrane editors and that “unsurprisingly” it had been suggested to him that this was because they were seeking to “protect psychiatry’s guild interests”, or even that they tried to “protect the drug industry”. This attacked the heart of Cochrane’s mission and values as an organization, baselessly undermining its credibility and independence. Professor Gøtzsche was forced, later, to apologize for this. • In February 2018, a physician wrote to Cochrane having received correspondence from Professor Gottschee, written on Cochrane Nordic letterhead and signed as the Director of Cochrane Nordic. The letter did not represent the views of Cochrane. The physician made a formal complaint about the correspondence, saying that in his view the correspondence had the effect of “impugning your [Cochrane’s] credibility which is your most important asset”.

	<p>dispute resolution is beneficial for all parties. Why did the board not seek such solution? The legal review explicitly did not have the objective to resolve the dispute.</p> <ul style="list-style-type: none"> • I should like to ask: what exactly is supposed to have done? As a breast cancer patient, I have always found his views on breast screening to be sound. It was very confusing at the recent Colloquium to have accusations of 'bad behaviour' made in public, without any details of what the bad behaviour was supposed to be, or even who the miscreant was. This does not seem to me to be an acceptable way to go about any such problems as may exist. 	<ul style="list-style-type: none"> • In March 2018, a physician wrote to Cochrane with concerns about evidence being given by Professor Gøtzsche as an expert witness at a serious criminal trial. The report was signed by Professor Gøtzsche in his capacity as Director of Cochrane Nordic and written on Cochrane Nordic letterhead with the Cochrane organizational motto "Cochrane Nordic: Trusted evidence, etc" inscribed at the top. Cochrane is not active in the field of individual forensic psychiatry and did not endorse the views put forward by Professor Gøtzsche. • He has made, and continues to make, serious, defamatory and outrageous allegations against colleagues in Cochrane Groups, senior members of the Board, and Cochrane staff, none of which have evidence to support them – some of which are now in the public domain, some of which are not. • As a member of the Governing Board, he repeatedly breached the Cochrane Trustees' Code of Conduct. • The Board also invites Cochrane members to note his behaviour since 13th September: he has breached his obligations as a Trustee and as a member of Cochrane and has released many confidential and personal documents onto his personal website. He has exhibited an outrageous pattern of behaviour which has damaged Cochrane's reputation and is clearly not in the best interests of the organization. <p>The Board will continue to respect the private and confidential nature of the issues it considered relating to Professor Gøtzsche's pattern of 'bad behaviour'. Many members of Cochrane are health professionals, most are employees of outside institutions, and all of us are patients. The Board respects the fundamental human right of Cochrane employees, members and the general public to privacy and confidentiality. Professor Gøtzsche states in his complaint to the UK Charity Commission: 'I do not need anonymity. As I firmly believe in Cochrane's core values about openness, transparency and accountability, I have uploaded this complaint on my website, www.deadlymedicines.dk'. However, in doing so he has breached the rights to privacy and confidentiality of others. It is surely right that if someone makes a totally unfounded, scurrilous and malicious allegation about your behaviour, with little or no chance for you to respond to it, this</p>
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		<p>should not be published. You – as an individual – have the right to protection from the damage that this may cause you.</p> <p>The phrase “zero-tolerance for bad behaviour” has an established meaning. The Board disagrees with the argument that simply because Professor Gøtzsche has been in the organization for a long time, he should receive “special treatment” and his bad behaviours should be “overlooked”. However, the Board recognises the need better to define acceptable and unacceptable behaviour. The action that was taken by the Board was reasonable in the circumstances and after all other options had been exhausted. The Board will carefully consider how a similar situation can be avoided in future. In conjunction with the representative body within Cochrane – the Council – it will develop and refine its policies, in particular those dealing with behaviour and conflict resolution.</p> <p>The Board will ensure that the Collaboration Agreements with Centres and others are reviewed and new, legally binding ones put in place. The Board will also ensure that the Spokesperson Policy is reviewed and made easier to understand, implement and follow.</p> <p>The websites of Cochrane groups are owned and managed by Cochrane; and visitors to Cochrane Group sites have a legitimate perception that views expressed on those sites are those of the organization unless it is clearly flagged that they belong to the individual. Cochrane Group leaders and office holders tweeting under Cochrane branded handles have a similar responsibility to ensure that they make this distinction clear. Cochrane has always encouraged members to consult with Central Executive Team staff when there is a question about whether it is appropriate or not to speak on behalf of Cochrane. When in doubt, members have been asked to indicate verbally or in writing that the views expressed are their own and not those of Cochrane. One of the responsibilities of Cochrane’s Central Executive is to provide guidance to Cochrane leaders and members on communications bearing Cochrane’s name, preferably before a communication is made by those looking for support and assistance, or after the fact.</p>
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<p>Question submitted privately by email to Governing Board</p>	<ul style="list-style-type: none"> You have written that inappropriate behaviours by Professor Gøtzsche, has been "detrimental to the charity's work, reputation and members" This is an evidence-based organization, please produce some evidence that Cochrane's reputation has been damaged. People might credibly argue the opposite: that the issues raised by Professor Gøtzsche, and others who ask difficult questions, have enhanced Cochrane's reputation. 	<p>Scientific issues and difficult questions raised by Professor Gøtzsche and others are not at issue in this case.</p> <p>Reputation is about trust. The public's trust in Cochrane is adversely affected when a member in a senior leadership position acts in the way that Professor Gøtzsche has acted over many years, and those bad behaviours are not dealt with by the organization. The time and effort from Governing Board members, staff and others inside the organization required to deal with a regular, repetitive pattern of misbehaviour diverts resources and has a negative impact on the ability of the organization to do its normal, day-to-day work for the benefit of the public.</p>
<p>Luis Carlo Saiz</p>	<ul style="list-style-type: none"> Regarding the first Board statement made public at the past Colloquium, was Prof. Gøtzsche informed about the document-making process, taking into account that he was still a Board member at that moment? Thanks again. 	<p>It was not permissible for Professor Gøtzsche to be part of the Board's deliberations in preparing the Board Statement as he was "conflicted". This is standard Board practice. In any event, he had at that stage already breached his fiduciary responsibilities as a Trustee, and confidentiality.</p>

<p>Was the Board stifling academic debate and did it have a conflict of interest?</p>		
<p>Leire Leache</p>	<ul style="list-style-type: none"> First of all, thank you for the opportunity to discuss this major issue openly. I would like to ask why was taken into consideration by the same committee that expelled him. Don't you think this situation is clearly unfair? 	<p>The Board continues to act – as it has always done – with integrity, within the powers and responsibilities that it has, and following the rules by which it is governed. The decision to end Professor Gøtzsche's membership was not taken until 25th September 2018. A decision to notify him that his membership would be terminated subject to the Board receiving and considering his representations, was made on 13th September. The Board</p>

<p>Question submitted privately by email to Governing Board</p>	<ul style="list-style-type: none"> The same people that voted to expel Peter Gøtzsche now decided to expel him. One would not expect any different, right? No matter the rule you cited this is not good. I strongly suggest that the whole Board be (re-elected now in 2018/ 2019 elections. There is no need that the existing rudimentary board members resign. They should be functioning as the acting Board until the elections at the end of 2018 / beginning of 2019. Please comment. 	<p>did receive representations and considered them in a fair and objective manner. It reached a unanimous decision to end his membership on 25th September. The Board diligently and correctly followed the process it is obliged to follow, as set out in our Articles of Association.</p> <p>The Board were diligent in following “due process” as advised by Cochrane’s legal advisors. The Charity Commission requires Trustees to “take reasonable steps to find out about legal requirements, for example by reading relevant guidance or taking appropriate advice when you need to.” This was done by the Board in order to ensure a fair process and to meet the Board’s governance responsibilities. At the time, this was done despite Professor Gøtzsche’s original opposition to an independent review being conducted, and his insistence that only the Board could make a decision on these matters. The legal advice was that an independent legal review was the correct way forward. The Board did make the final decision, and it considered the findings of the independent legal review as part of that decision-making process.</p> <p>From the start of the recent process the Board emphasised, to the legal advisors guiding it, Cochrane’s wish to be a transparent organization. The Independent Review conducted by Counsel examined allegations made about Professor Gøtzsche and made by him against a member of the Senior Management Team. He has also subsequently made further allegations about others. Whilst the senior lawyer (Counsel) conducting the legal review concluded that both the member of the Senior Management Team and others had done nothing wrong and had acted with honesty and integrity, the normal rules of confidentiality and personal privacy prevent the Board from releasing any further information.</p> <p>The Board plans to announce the timetable for Board elections in the next week, and for new Board members to be in place by December 2018.</p>
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<p>Fergus Macbeth</p>	<ul style="list-style-type: none"> • I get the sense that there are two cultures in Cochrane - an academic one and a corporate 'business' one and there seems to be a perception that there is a disconnect between them. Though this is not the cause of the recent problem it appears to have surfaced more clearly as a result. How will the Board address this in the future and try to bridge what seems to be a gap? 	<p>The Board are unwavering in its support for the direction of travel that is embodied in <i>Strategy to 2020</i> and which we will soon review as we look beyond 2020.</p> <p>Whilst Cochrane may once have been seen as a “federation” of relatively autonomous entities, that model is no longer tenable in the governance environment of 2018. Anyone who wants to use the Cochrane name and logo must accept and abide by the rules and regulations of the Charity.</p> <p>Cochrane’s changes in organizational structure and function are not at odds with the principles of scientific debate and the ability to express one’s opinions. The changes are simply those that are required in a complex, global environment where clear accountabilities and good governance are paramount. In the past there has been a degree of “push back” and challenge to these ideals. Indeed, from some quarters this has been intense and relentless from some individuals who are reluctant to be accountable for their Cochrane work, because they ‘are not paid by Cochrane’. The Board recognizes the need to make these accountabilities more clear to all its leaders and members in the future, and will seek to communicate them widely and diligently. It will welcome input from members of Council, and others in leadership positions in Cochrane, to help further clarify these accountabilities.</p>
<p>Michael Brown</p>	<ul style="list-style-type: none"> • It would be helpful in our talking points to include information regarding Cochrane's current financial relationships with industry - I've always assumed there are no relationships but confirmation that this is indeed the case would be helpful. 	<p>The Board agrees about the importance of communicating that Cochrane has no financial or other relationships with industry.</p>
<p>Jani Ruotsalainen</p>	<ul style="list-style-type: none"> • What is the justification for removing the limitation on the number of terms for Governing Board chairs? Can you understand how that might appear unpalatable? 	<p>There are – and never have been – any plans to remove the limitation on the number of terms for the Co-Chairs. This is, and will remain, two terms of two years. That is, a maximum period of four years as a Co-Chair.</p>

Was the decision to end Professor Gøtzsche's membership disproportionate?

<p>Question submitted privately by email to Governing Board</p>	<ul style="list-style-type: none"> • Please can you explain why writing to a funder to ask for missing data from a trial using Cochrane letterhead is violating the Cochrane spokesperson policy? Surely that is what all Cochrane authors regularly have to do in order to avoid the reporting bias which blights most Cochrane Reviews . Surely this action is something to be rewarded and encouraged. 	<p>It is important that when anybody within a Cochrane group writes to anybody, about anything, it should be made clear in what capacity they are writing. This is particularly important if the person writing has roles both inside and outside Cochrane. If they are writing in a personal or professional capacity, about something that is not related to the official work of the Cochrane group, they must be careful not to confuse the recipient of the letter. Confusion may be engendered by using a Cochrane letterhead, e-mail or designation, when it would be more appropriate to use an alternative.</p> <p>Professor Gøtzsche had a longstanding record of refusing to abide by Cochrane's policy and pledges he had made in this regard; he refused to follow the guidance he was offered; and he rejected the responsibility he was repeatedly asked to bear in mind.</p>
<p>Question submitted privately by email to Governing Board</p>	<ul style="list-style-type: none"> • In the webinar, you indicated that you were warning Peter Gøtzsche over 15 years for his misbehaviour. However, he was elected to the Governing Board recently which indicates that Cochranites wanted to have someone like him on the Board. 	<p>As mentioned in the webinar, Professor Gøtzsche maintained a consistent pattern of disruptive and inappropriate behaviours, over a number of years, which undermined Cochrane's collaborative culture and were detrimental to the charity's work, reputation and members. He consistently placed his own interests above those of Cochrane. Many of his behaviours were beyond explanation by academic or cultural differences. Furthermore, multiple warnings were given, and conversations took place over many years in concerted attempts to deal constructively with the issues.</p> <p>While Professor Gøtzsche was democratically elected to the Board of Trustees, and perhaps some may have held out hope that he could work collaboratively with the Board and act in the best interests of the Charity, he failed to do so. The Board found that he had breached the Trustees Code of Conduct by 11 votes to zero with one abstention.</p>

<p>Question submitted privately by email to Governing Board</p>	<ul style="list-style-type: none"> • With strategic Goal 4 in mind, how much has the legal advice and involvement cost already? And a linked question is whether an upper limit has been set to ensure that it does not become a serious drain on Cochrane resources. 	<p>The Board is mindful of all aspects of its fiduciary responsibilities, including the need to seek professional advice when necessary, to protect the reputation of the Charity and to be accountable for expenditure. At the very start of this process (in early 2018) the Board carefully considered the need to use a proportion of the Charity's reserves, kept aside for emergencies such as this, to undertake the Independent Review. The reserves are also there to be used in unpredictable situations, such as dealing with the consequences of the ongoing actions against the Charity, its employees and its Trustees by Professor Gøtzsche. The Board will monitor expenditure on professional fees carefully with the Senior Management Team.</p>
<p>Questions submitted privately by email to Governing Board</p> <p>Emma Dennett</p>	<ul style="list-style-type: none"> • I really appreciate the moral and just standpoint and actions of the board in dealing with the behaviour of this individual. Bringing in good governance is central to Cochrane's future. • Young people need to hear about the strengths of Cochrane and the excitement and constructive nature of the people in it. How can we help bring these important features of the organization into the public gaze, particularly to attract in the young and bright people to take the work forward? • In response to [the question] - why not have some MEs and IS giving a plenary on the fab work done in the groups in Chile? Let's be real - we do quite a bit to drive the organisation forward with data management, prioritization, partnerships KT etc. It has been refreshing seeing younger faces at plenaries in Cape Town and Edinburgh, but they have not been the people on the ground in Cochrane. • Thank you very much for this webinar. I appreciate the dignity and integrity being shown by all senior members of Cochrane. 	<p>The Board is grateful for your support. Thank you. As you say, this whole episode is primarily about governance; ensuring that Cochrane is governed as any high-performing UK-based charity should.</p> <p>We believe that young people may be put off joining Cochrane by the sorts of bad behaviours that that have been the subject of the current situation. The Board agrees that our future lies in the hands of younger people. We are proud of the many efforts underway across the Collaboration to encourage young people to engage. However, we note the comments by Hilda Bastian in a recent blog. Referring to the sorts of events that result from the behaviour of people like Professor Gøtzsche she says: "These episodic clashes are more than just inconvenient: they are deeply costly, in time and energy that could be used constructively. And yes, they do damage Cochrane's reputation, and repel contributors." We do not want potential contributors to be repelled; we want them to be attracted to Cochrane.</p>
<p>Jani Ruotsalainen</p>	<ul style="list-style-type: none"> • Given that the spokesperson policy is so unclear that it enables multiple interpretations of "Cochrane-related activities", is it then a fair basis for judging Peter's behaviour? 	<p>The Board determined that Professor Gøtzsche had breached the Code of Conduct for Trustees by 11 votes to zero with one abstention. They considered many different bad behaviours over a number of years, not simply breaches of the Spokesperson Policy.</p>

		<p>It is noteworthy, however, that Professor Gøtzsche is the only Cochrane Group leader who has consistently flouted Cochrane’s Spokesperson Policy, refused to accept guidance on how it should be applied, and broken pledges he has made in relation to future action.</p> <p>The Board will ask the Central Executive Team to consult with the Cochrane community to clarify the Spokesperson Policy still further as a guide for Cochrane leaders and members.</p>
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Was there a lack of transparency?		
<p>Questions submitted privately by email to Governing Board email</p>	<p>Why does an organisation that is devoted to transparency refer to confidentiality as soon as it comes to personal issues?</p> <p>I do not understand why you kept it confidential? Can we NOW receive the allegations against Peter Gøtzsche and his defence?</p>	<p>It is entirely appropriate that the Board has respected its duties to privacy and confidentiality in relation to the issues it considered in this case. Cochrane’s commitment to ‘transparency’ does not trump all its other principles, values and obligations. As mentioned above, many members of Cochrane are health professionals, most are employees of outside institutions, and all of us are patients – and therefore we all expect the organizations of which we are a part to respect our own privacy and confidentiality in circumstances like this.</p> <p>The Board respects the fundamental human right of Cochrane employees, members and the general public to privacy and confidentiality. Professor Gøtzsche states in his complaint to the UK Charity Commission: ‘I do not need anonymity. As I firmly believe in Cochrane’s core values about openness, transparency and accountability, I have uploaded this complaint on my website, www.deadlymedicines.dk’. However, in doing so he has breached the rights to privacy and confidentiality of others. It is surely right that if someone makes a totally unfounded, scurrilous and malicious allegation about your behaviour, with little or no chance for you to respond to it, this should not be published.</p>
<p>Jan Hornbøll Hansen</p>	<p>The Collaboration Agreement between The Nordic Cochrane Centre and Central Executive Team suggested a procedure for dealing with disputes, which suggested Centre Directors could</p>	<p>Professor Gøtzsche himself elected to refer the recent disputes directly to the Governing Board, ignoring the possibility of the Centre Directors Executive making an advisory judgement as set out in the Collaboration</p>

	advise the board. Why did the board choose not to involve centre directors in this dispute?	<p>Agreement between Cochrane’s Central Executive and the Nordic Cochrane Centre.</p> <p>The Board then followed the legal advice it received in determining how best to handle this dispute.</p>
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What about the ‘media storm’?

Question submitted privately by email to Governing Board email	As I understand, the Governing Board has been warned about the probably disastrous media echo after the expulsion of from the Board and from Cochrane. Why did they nevertheless do as they did?	The Board does not accept that there has been a “disastrous media echo”. The information provided in the Board webinar presentation (see slide 15) shows that in September only a tenth of all media mentions of Cochrane around the world were linked to the termination of Professor Gøtzsche’s membership, and two-thirds of the press enquiries have come from the Danish or Scandinavian-based press. Much of the so-called “crisis” has been fuelled by Professor Gøtzsche and those who continue to support him (despite his outrageous and shocking behaviour). The Board has received significant support for its decisions from Cochrane members, partners and funders.
Richard Morley	Is there anything more that Cochrane and the wider Cochrane community can do to respond to online criticism, including from the anti-vaxx community who are using this present situation to undermine Cochrane and its evidence?	The Board is disappointed that the current events are being used – by some – to try and undermine Cochrane by those who have an ‘axe to grind’ against the organization. But we are confident that we will not be undermined. The debate is not about Cochrane evidence, which continues to be produced with care and dedication by our many members around the world, to the highest possible standards.

What is the future of the Nordic Cochrane Centre and who has authority over Cochrane Groups?

<p>Question submitted privately by email to Governing Board email</p>	<p>One of the issues is that a Cochrane Centre carries out more projects than only those mentioned in the Function of Centres document: for example, non-Cochrane Reviews . The same holds for Cochrane Review groups. Can these projects not be carried out under the umbrella of Cochrane? It is unclear which can and which cannot. The legal counsel advises to make this clearer to avoid future conflict. I think this is very important. Does the Governing Board have the intention to do this? Will this be based on a broad discussion with Cochrane entities?</p> <ul style="list-style-type: none"> • The same as for the Functions of Cochrane Centres holds for the Spokesperson Policy. It says that when you are expressing a view on Cochrane-related issues etc. It is not clear what to do when the issues are non-Cochrane related as for example in the case of the non-Cochrane review carried out by a Cochrane entity. Do we have agreement when you can use your Cochrane affiliation? What if you only have the Cochrane affiliation and no other employer? • Peter Gøtzsche complains that the Nordic Cochrane Centre’s website has been changed without his permission. Who owns the content of our websites and who has the permission to make changes? This is also a vital question in avoiding future conflict. 	<p>Many Cochrane Groups are located within departments of institutions such as hospitals, universities, etc. Some of the work that these departments do is solely for Cochrane and is the sort of work included in the written agreements they make with the Collaboration. Anything of this sort – work undertaken under the terms of the Collaboration Agreement – is certainly “Cochrane work”.</p> <p>Work that is not undertaken under these arrangements is not “Cochrane work”.</p> <p>If a project is a “Cochrane project”, it should be reported as such in a Group’s report to the Central Executive.</p> <p>We are aware that many people want to use the Cochrane “name” and designation, as an advantage in grant applications, in order to secure funding for projects. If this funding is for Cochrane work or projects, this is legitimate. It is also not wrong to seek funding for a project and mention that individuals in the grant application have skills derived from their Cochrane work.</p> <p>It is not permissible to apply for funding for a project outside the scope of your Cochrane work, and lead those awarding the funding to believe that they are supporting a Cochrane project.</p>
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<p>Question submitted privately by email to Governing Board email</p>	<p>Is it possible for a Centre to withdraw and continue to identify themselves with a Cochrane name? How will associate / affiliate Centres or other units that have been linked to Cochrane Nordic be positioned in the case of withdrawal?</p>	<p>It is not possible for a Centre (or any other Cochrane group) to withdraw from Cochrane and to continue to use the Cochrane name. Any group that uses Cochrane’s name and logo must be accountable to Cochrane, follow Cochrane policies and practices, and act at all times in the best interests of the organization and the benefit of the public.</p> <p>Cochrane’s Central Executive Team is in contact with the Nordic Cochrane Centre’s host institution and major funder to discuss its future and to protect and sustain the work of the Centre and its employees. Any Associate or Affiliate Centre or other unit that is linked to any Centre, is free at any time to discuss its future and aspirations with the Central Executive Team. This includes any desire it may have to become a Centre in its own right.</p>
<p>Madeline Boscoe</p>	<p>It would be good to know what the Nordic group members reaction is. do you have any sense of this informally?</p>	<p>Members of the Senior Management Team have been in contact with staff at the Nordic Centre; and parts of the Central Executive Team are co-located in Copenhagen alongside the Nordic Cochrane Centre staff. More formal engagement with Nordic Cochrane Centre staff will follow formal clarification of the Centre’s future support from its main funder (the Danish Ministry of Health) and its host organization (the Rigshospitalet).</p>

Cindy Farquhar	I think that the status of the Nordic CC needs to be made clear to the organisation as soon as possible as I understand that they are having a 20th anniversary celebration on the 12th October.	See above. The Central Executive Team will clarify the future status of the Nordic Cochrane Centre – and funding support for the three Review Groups the Danish Ministry of Health funding supports - as soon as possible following discussions with its funder and host organization and communicate this to the Cochrane community. The Nordic Cochrane Centre’s anniversary symposium went ahead on 12 th October.
Maria Ospina	I understand RevMan was developed by the Nordic Cochrane Centre. Do you anticipate any problems in the use/licensing of RevMan as a result of the recent events?	There are no problems in this regard as all the appropriate licenses and agreements are in place and owned by Cochrane.
Narelle Willis	The Nordic Cochrane Centre hosts some very important parts of the editorial structure - Archie and RevMan. What are the plans to ensure these vital structures will be maintained	These important programmes are licensed and controlled by Cochrane itself. The technology team moved formally to Cochrane’s Central Executive Team in 2015. The funders and host institutions have transferred full Intellectual Property and control to Cochrane and keep in perpetuity their use of the software. The core activity and future development of Archie and RevMan will continue entirely unaffected by this issue.

What comes next?		
Question submitted privately by email to Governing Board	Listening to today’s webinar, I believe you have done an admirable job navigating a difficult legal, cultural and administrative quagmire. I was impressed with the neutral tone of the presenter/board members and the clear communications, strategic path and future activities of the collaborative and its mission. As you expand in the USA please let me know how I can further the organization’s goals. I’ve valued my contribution as a consumer reviewer and look forward to further involvement either directly or continuing as a consumer reviewer.	Thank you very much for your response. The Board appreciates it very much. We are looking forward to working with colleagues and friends in the United States to build a vibrant and high functioning network. There will also be opportunities for Cochrane members to put themselves forward for election, or to apply for the appointed places on the Board in the next few months.

<p>Question submitted privately by email to Governing Board</p>	<p>I believe the Board is there to hold the executive, including the CEO, to account. Thus, does the Board already or now intend to evaluate how the organisation structure is working and delivering. This includes:</p> <ul style="list-style-type: none"> a) relating to the current upset, in relation to CEO line management of centres; b) in terms of the Council, a check that its remit ensures that practical concerns impinging on the work of entities including CRGs can be aired, such as the impact of the linkage project on CRGs; c) in terms of evaluating expectations engendered by a booming membership but a smaller number of people who can actually produce the increasingly complex products. 	<p>The Board takes its role in overseeing how the organization is working and delivering very seriously. It receives detailed monitoring and reporting reports and feedback on all aspects of Cochrane’s performance and holds the CEO, Editor in Chief and rest of the Senior Management Team and the Central Executive to account for leading and supporting the organization’s delivery of our Strategy to 2020. It also appraises the performance of the CEO regularly.</p> <p>The question relating to the role of the CEO in managing the Centres (as approved by a Board that included four Centre Directors and one Deputy Director, and is encapsulated in the Centres’ Collaboration Agreements) is especially relevant. We agree that the existing Collaboration Agreement can be further clarified and we look forward to working with Centre Directors so that it can be revised and improved. It is important to note that some aspects of the agreement that have now been found to be problematic were introduced in 2016 at the specific request of Centre Directors, led by Peter Götzsche, and not opposed by the Centre Directors Executive at the time.</p>
<p>Jos Verbeek</p>	<p>Given that the fall-out of the conflict with has been so enormous and the vote on the expulsion of was so divisive, why did the board not consider resigning completely? This would enable a fresh start.</p>	<p>Cochrane’s Trustees make collective decisions, democratically, by a majority vote, according to our governing document (the “Articles of Association”). When people disagree with a decision made by any Board, it is easy to criticize the process. Such criticism, in this case, is misguided and unwarranted. Inevitably, when decisions are taken by a majority vote, there will always be a minority for whom the result is not the one they want. That is the result of the democratic process within organizational governance. In these circumstances, to expect a Board to dissolve, or stand for re-election, is inappropriate and unrealistic. The Board continues to act – as it has always done – with integrity, at all times in the best interests of the Charity, and following the rules by which it is governed.</p> <p>It is not uncommon for individuals to resign from a Board because they cannot support a majority decision, democratically taken. It is the duty and obligation of those who remain to carry on and run the organization. This is “best practice” on any company or charity Board.</p>

	<p>However, electing only half the board grossly distorts a representation of the Cochrane members.</p> <p>Please do not sincerely consider partial re-election. This would show that the board members priority is to remain board members and not representing the thousands of volunteers that drive Cochrane. Eventually, this would be to the disadvantage of everybody, including the board members.</p>	
Sally Crowe	<p>How can Cochrane learn from the communications aspect of this situation? It felt at times that there was a vacuum of information which was filled by speculation, gossip and misrepresentations - thank you for this webinar - this is a good communications strategy!</p>	<p>The Board has learnt many things from the recent events. We regret that many people within Cochrane, including some in leadership positions, and others who are responsible for teaching evidence-based practice, have been prepared to reach decisions on the basis of evidence that they know to be incomplete and which they might have assumed to be biased.</p> <p>The situation which led to a “vacuum of information” was not of our making. The Board has been constrained in what it has been able to say by the rules of privacy and confidentiality that Professor Gøtzsche and his supporters have – from 13th September onwards - disregarded. When we have been able to speak out, we have done so and will continue to do so.</p>
Juan Erviti	<p>Would you be ready to offer yourselves for a motion of confidence, that is, resigning from the Governing Board and also applying as candidates to the new elections? This would give Cochrane people the opportunity to explicitly support you.</p>	<p>No. It is in fact not legally possible for the Charity to do this, but the Board believe it is neither necessary nor desirable . Every member of the existing Board has either been democratically voted onto the Board or had their appointment democratically approved by the full membership at an AGM. There is no doubt about our legitimacy.</p> <p>The Board notes that when people do not agree with a democratic decision (to remind you, the decision to end Professor Gøtzsche’s membership was a majority decision taken by the full Board of 12 members) they often criticise the process. As mentioned above, elections will be held in the next two months and again in the early part of 2019 to return the Board to its full complement of seven elected members. The Board will also appoint three members to fill the vacant places for appointed members.</p>

Paul Garner	Thank you. I appreciate the governing board doing what it should be doing-instituting good governance. People are watching.	Thank you for your comment. The Board strongly believes that many people (members, funders and supporters) are indeed watching this process. And many are supportive of the action that has been taken.
Jan Hornbøll Hansen	What kind support can members of Cochrane expect from Central Executive Team if they're the target of harassment by people who disagree with their research?	<p>If anyone in Cochrane are being harassed by people who disagree with the results of Cochrane work, they should inform the Central Executive Team immediately. Depending on whether the work in question is a review or another Cochrane activity, either the Editor-in-Chief or CEO may be involved.</p> <p>It is critically important that bullying and harassment within the organisation is reported and dealt with. Many of us are employees of organisations with such policies, but within Cochrane things may seem to be more difficult because there are not always contractual arrangements in place.</p> <p>The Board is fully committed to making sure that suitable policies and procedures are put in place as soon as possible to deal with these matters. These will be developed in conjunction with the Council.</p>
Emma Jackson	Given that CRG staff/others are employed by organisations other than Cochrane, should all such 'staff' be required to sign up to some sort of MOU with Cochrane, even if not legally-binding?	<p>The recent events have emphasised to the Board the need for formal, legally binding agreements between all Cochrane groups and the organization. This is for many reasons but an important one is to protect the people who do Cochrane work, and the Charity itself.</p> <p>The Board is aware that in some parts of the organization there is an unwillingness to do this. It will become an absolute requirement that if you want to use the Cochrane name and logo, and be part of the Cochrane Collaboration, those institutions that host Cochrane groups will have to agree to a set of mutually agreed rules. It will have to be the host institutions who give this undertaking; it cannot be an individual. This is to protect both the staff of the group, and Cochrane. In this globalised world of the 21st Century, this is not unusual in academia, commerce, or the charitable sector.</p>

Jordi Pardo Pardo	What happens now with the Cochrane Reviews Professor Gøtzsche is authoring? Is he allowed to keep working on them?	Professor Gøtzsche can continue to be an author on Cochrane Reviews.
Olga Ahtirschi	Will you keep working on the key issues that Peter raised and that he was elected on, e.g. Cochrane reviewers should be free of conflicts of interest?	The Board began work more than twelve months ago on a process to review the commercial conflict of interest policy and establish a second policy on academic conflict of interest. The group leading this work (led by the Editor-in-Chief) has already begun to do so. The group will consult across the community and the Board look forward to receiving its recommendations.
Madeline Boscoe	Have the board members who resigned due to the disagreement made a statement?	The Board is unaware of any recent statement from the members who resigned.
Jeremy Grimshaw	Thank you to the Board. Whilst I am disappointed that Cochrane has needed to do this, I fully support the Board's decision. I think the information provided in this webinar is extremely helpful and is more than we have had before. I wonder about the wisdom of stating that there will be no further statements though. A minority of Cochrane members are likely to participate in these webinars. Further external organisations (potential partners, funders etc) also are not represented. Without going over the top, I think we need to be prepared to further communicate about this (especially given that Prof Gotzsche is unlikely to stop promoting his side of the story). I would welcome your comments on this.	Thank you for your comments and your support. For the avoidance of doubt, the Board wishes to make it clear that we will make whatever statements are necessary to provide clarification and information. What we will not do, however, is publish any of the confidential information that we believe it is right and proper to keep confidential. We deplore the tactics of Professor Gøtzsche in making selected confidential documents public, and those of his supporters who encourage him or promote their circulation via social media. These are not behaviours consistent with the values of Cochrane, nor do they do anything to promote the reputation of the charity.
Eva Madrid	Is there a Policy for Membership elimination that all members can become acquainted with?	The rules around membership are contained in the Articles of Association and in the Terms and Conditions of membership that all Cochrane Members sign up to when they become members. What has become clear is that Cochrane needs a Code of Conduct for Members and a set of procedures to deal with breaches of these. The Board will ensure that these are developed and will do so in conjunction with Council as the democratically elected body within Cochrane.

Luise Ravnskjaer	As the Board has been evenly split in this matter, it is safe to assume that our entire organisation is now divided. What do you intend to do to unite us again?	The Board was not “evenly split” on this matter. Eight Board members (two thirds) were willing to move forward with the decision that had been taken. As you know, the requirement to have a majority of elected Trustees over Appointed Trustees led to the need for two appointed Trustees to volunteer to stand down.
Luise Ravnskjaer	Question on governance. Are the now vacant seats on the board to be filled with alternates, or are all seats subject of re-election at the next assembly?	Elections will be held in the next two months and again in the early part of 2019 to return the Board to its full complement of seven elected members. The Board will also appoint three members to fill the vacant places for appointed members.
Peter Tugwell	What can we do to proactively demonstrate our support internally and externally for the current board and leadership?	The Board has been pleased to receive message of support from a wide range of people, via a number of different routes. People should feel free to communicate their support in whatever way they feel most comfortable.