We wish to refer a case of a doctor to the General Medical Council for investigation over concerns regarding serious professional misconduct, particularly in relation to dishonesty.

The registered medical practitioner in question is **Dr Jonathan Michael Lord (GMC number 3440986)**, Consultant in Obstetrics & Gynaecology and current Medical Director of MSI Reproductive Choices UK.

Concerns

1. Dr Lord may have deliberately provided misleading and incorrect information to the National Institute for Health and Care Excellence (NICE) to influence a decision in favour of his political stance in relation to abortion pill reversal therapy using Progesterone.

   NICE published guidelines on 24th November 2021 on the use of Progesterone for preventing recurrent miscarriage.[1] The guideline stated "In November 2021, we reviewed the evidence and made new recommendations on the use of progesterone in threatened miscarriage."

   1.5 Management of miscarriage

   Threatened miscarriage

   1.5.1 Advise a woman with a confirmed intrauterine pregnancy with a fetal heartbeat who presents with vaginal bleeding, but has no history of previous miscarriage, that:

   if her bleeding gets worse, or persists beyond 14 days, she should return for further assessment

   if the bleeding stops, she should start or continue routine antenatal care. [2012, amended 2021]

   1.5.2 Offer vaginal micronised progesterone 400 mg twice daily to women with an intrauterine pregnancy confirmed by a scan, if they have vaginal bleeding and have previously had a miscarriage. [2021]

   1.5.3 If a fetal heartbeat is confirmed, continue progesterone until 16 completed weeks of pregnancy. [2021]

   In November 2021, this was an off-label use of vaginal micronised progesterone. See NICE's information on prescribing medicines.

   In the section on "why the committee made the recommendations", it is stated that "The committee confirmed that the recommendations for the use of progesterone are only for women with early pregnancy bleeding and a history of miscarriage. The

recommendations are not applicable in other circumstances, such as after the use of mifepristone."

This last statement was made following a consultative process and submissions made by a number of UK abortion providers (BPAS, BSACP, MSI Reproductive Choices UK) expressing concerns over the recommendation for Progesterone treatment in order to prevent miscarriage, specifically in relation to a possible use for Progesterone in preventing induced miscarriage after Mifepristone administration.[2]

In their submission to influence the NICE final guidelines MSI Reproductive Choices UK state:

"As an abortion provider we are aware of anti-abortion groups exploiting vulnerabilities among people who experience complicated feelings in the aftermath of their choice to have an abortion. Prescribing progesterone in such circumstances would be at best ineffective and at worse actively harmful.

We have received calls to our post-operation support telephone line from women who have been prescribed progesterone under these circumstances and have had a poor experience. *Unless the language is amended, we foresee a real likelihood that those with an anti-abortion agenda would exploit this as a loophole in the guidance which they could use to justify inappropriate or unsafe of progesterone for those experiencing emotional conflict, or indeed those experiencing reproductive coercion, having taken mifepristone.*

These individuals, many of whom are the most marginalised women and girls, should be protected. The guidance as currently drafted exposes them to exploitation and unsafe medical treatment."

No evidence was provided by MSI Reproductive Choices UK to NICE demonstrating that women had suffered a poor experience after they had received Progesterone from doctors attempting to help them preserve their pregnancies after they regretted that they had taken Mifepristone.

The GMC has recently investigated two doctors who had provided this abortion reversal service using Progesterone and both cases were closed without any actions against the doctors involved as there was no evidence to support any professional misconduct on their part and there were no complaints from any women to support any of the allegations that had been made against the doctors involved. Indeed, many witness statements from women who sought help from the doctors providing the abortion pill reversal service were presented as evidence to the GMC. All of these witness statements suggested that very helpful and supportive care was received from these doctors. The GMC obtained their own expert medical evidence and their expert acknowledged that Abortion Pill Reversal using Progesterone may provide benefit and refuted the notion that this treatment is ineffective: *"The allegation that APR treatment is ineffective is not supported by available literature. In fact, available evidence suggests that there may be a treatment benefit…"* [3.2.2.1.]

It is a real concern therefore that Dr Lord, in his role as Medical Director of MSI Reproductive Choices UK, may have provided NICE with misleading information to influence a decision regarding a possible use of Progesterone in helping women who had taken Mifepristone and who desperately wanted to preserve their pregnancies.

2. One of the patients who provided a strongly supportive witness statement for one of the doctors who tried to assist her with abortion reversal treatment using Progesterone stated that she had felt pressurised and scared by Dr Lord when he personally contacted her on her mobile telephone without warning on Wednesday April 28th 2021.[3,4,5] At that time, she was unwell and vulnerable having developed complications relating to an incomplete pharmacologically-induced abortion. She had sought help from MSI but was very unhappy with the lack of care and support that she was offered. Even though she had not proceeded with the Progesterone reversal therapy and had continued with the abortion, she turned to the doctor who had earlier offered to help her preserve her pregnancy. After explaining her on-going symptoms to him and the lack of support from MSI, he helped her to receive appropriate care through her local NHS services.

   Dr Lord, having already made a complaint about this doctor to the GMC, contacted her and apparently tried to persuade her to provide a false witness statement against the doctor who had helped her, presumably to convince the GMC that this doctor was guilty of professional misconduct. When the patient would not continue speaking to him by telephone (she actually blocked his attempt to call her), Dr Lord then sent her an email on the same day. In this email, he informed her falsely that ***"there are other patients who have raised concerns, and when this happens we have a duty to report those concerns to the medical regulator, the GMC."***

   There is no evidence to support this statement. It appears that Dr Lord may have been desperately trying to persuade this patient with misleading information that the doctor who had helped her, was guilty of causing concerns for other women. This was in order for her to support his false allegations made against another doctor.

3. Dr Lord has continued to speak out against abortion pill reversal treatment using Progesterone, claiming that there is no evidence to support its use and that it may be dangerous. He continues to make statements to this effect despite the investigation already carried out by the GMC in relation to this issue and directly contradicting the opinion of the expert witness employed by the GMC to investigate.

   While Dr Lord is entitled to express his opinion on this issue, it is concerning that he, as the spokesperson on behalf of the RCOG on matters relating to abortion, is providing inaccurate and misleading information to the general public in relation to abortion pill reversal therapy.

   In particular, he has repeatedly suggested that one study has shown an 82% foetal survival rate if the first abortion pill, Mifepristone, is taken alone and not followed by the second recommended abortion pill, Misoprostol.[6] In stating this, he attempts to

demonstrate that using Progesterone to prevent miscarriage after Mifepristone has been taken, is no better than expectant management alone. The statistic he uses is from a study by Bernard et al, published in the British Journal of Obstetrics & Gynaecology in 2013.[7]

This study was designed to ascertain whether or not there was an increased incidence of congenital malformations in children who survived to birth, after their mothers had taken Mifepristone alone or a combination of Mifepristone and subsequent Misoprostol in early pregnancy and miscarriage had not occurred despite exposure to these drugs.

It was an observational prospective study, carried out over a thirteen-year period in France, in fifteen centres. Women who had taken either Mifepristone alone or both abortion pills but where abortion had not occurred were invited to participate. A total of 105 women were enrolled and followed prospectively. This was a self-selecting group where pregnancy had continued despite exposure to the abortion-inducing drugs. No effort was made to ascertain how many women had completed abortion following one or both of these drugs. The subjects were only eligible to participate in the study if abortion had not already occurred.

Following enrolment, the mothers were followed up. Of 46 women in the cohort that had been administered Mifepristone alone, there were 37 subsequent live births (82.2%). Of 59 women who had received both Mifepristone and Misoprostol, there were 57 live births (96.6%). It would be non-sensical to extrapolate from these results that Mifepristone exposure in early pregnancy could lead to an 82% live birth rate with expectant management alone and even more non-sensical to suggest that the combination of Mifepristone and Misoprostol fails to result in miscarriage in up to 97% of cases. The authors certainly do not claim that there can be a high survival rate after exposure to either or both of the abortion drugs. Indeed, in the introductory section of the paper, the authors state “according to the results of clinical trials, the rate of continuing pregnancies after medical termination of pregnancy with combined mifepristone and prostaglandin analogue [misoprostol] ranges from 0.5 to 2.8%.” This is a long way from a 97% continuing pregnancy rate.

Furthermore, the editorial comment in the same issue of the journal[8] suggests *“…if pregnancy does continue after mifepristone alone (and of course about 80% will abort after this alone)…”* This correct figure of 20% survival after Mifepristone alone is more accurate than the wildly false claims made by Dr Lord.

In making such exaggerated claims to downplay the effective role of Progesterone in abortion pill reversal therapy (with a proven live birth rate of 50-55%), it can only be concluded that he is deliberately attempting to mislead the public and medical regulators about the true efficacy of Progesterone in this context or else he has a very poor understanding of how to interpret scientific and medical data. In either case, he should not be allowed to continue making such misleading statements as an authoritative spokesperson.

4. Dr Lord has also persisted in providing misleading information, along with colleagues in the RCOG, BPAS and BSACP when they attempt to demonstrate that abortion pill reversal using Progesterone may be dangerous. They quote from a very small study that was discontinued prematurely after only 12 subjects had been enrolled (2 of whom had voluntarily withdrawn from the study) allegedly on the grounds of excessive risk of haemorrhage related to participation in the study.[9]

   While the authors and readers are entitled to reach different conclusions from this very small study, the concern arises in relation to how the study is described to inflate its potential credibility. It is frequently referred to as a properly-conducted randomised controlled trial by the abortion providers. While the trial was randomised in the sense that participants could be assigned by chance to one of two groups: an active study group assigned to receive progesterone therapy or a placebo control group. No attempt, however, was made to control for a wide range of potential variables such as gestational age, maternal age, maternal past medical or past obstetric history, maternal medications or pre-existing co-morbidities, maternal body mass index or size, maternal ethnicity etc.. To persist in calling such a questionable study a “randomised controlled trial” is misleading and frankly dishonest.

In view of these concerns, we believe that Dr Jonathan Lord should be investigated for possible professional misconduct by:
- deliberately providing misleading information to a patient and causing distress to that same patient;
- by providing misleading information to the general public;
- by providing misleading information to NICE and
- by providing misleading information to the GMC

to further his own political ideology and vehement opposition to abortion pill reversal therapy and doctors providing that service.

Yours sincerely

[redacted]

References:

1. https://www.nice.org.uk/guidance/ng126

2. https://www.nice.org.uk/guidance/ng126/update/ng126-update-1/documents/consultation-comments-and-responses

3. https://www.dailymail.co.uk/news/article-9753587/Woman-40s-felt-scared-pressured-quizzed-abortion-reversal-treatment.html

4. Witness statement of [redacted] (with consent)

5. Email see below – Jonathan Lord to [redacted] 28th April 2021

6. https://www.thetimes.co.uk/article/us-activists-pushing-unethical-and-risky-abortion-reversal-pill-2vp7g8mgh

7. Bernard N, Elefant E, Carlier P et al. *Continuation of Pregnancy After First-Trimester Exposure To Mifepristone: An Observational Study.* BJOG.2013:120(5):567-574

8. Cameron S. *Reviewer's Commentary On Continuation Of Pregnancy After First-Trimester Exposure To Mifepristone: An Observational Study.* BJOG. 2013;120(5):575

9. Creinin M, Hou M, Dalton L et al. Mifepristone Antagonization With Progesterone To Prevent Medical Abortion: A Randomized Controlled Trial. Obstet Gynecol, 2020 Jan;135(1):158-165

On behalf of: Dr Dermot Patrick Kearney
Witness: [redacted]
Date: 16 June 2021

FPD reference – C1-2927295984

BEFORE THE INTERIM ORDERS TRIBUNAL
BETWEEN:

GENERAL MEDICAL COUNCIL

Applicant

- and -

DERMOT PATRICK KEARNEY

Respondent

WITNESS STATEMENT OF [redacted]

I, [redacted] of [redacted] state as follows:

1. I make this witness statement in support of Dr Dermot Kearney.

2. The facts and matters set out in this statement are within my own knowledge unless otherwise stated, and I believe them to be true. Where I refer to information supplied by others, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

3. I am [redacted] years old with two boys [redacted]. In March 2021 I discovered I was 5 weeks pregnant. It was a difficult time because my partner, who does not live with me and has a young daughter, had just been through the death of his father from covid. He did not pressure me, but he did not want a baby. He was grieving and trying to support his family. I contacted my GP and then I went to Marie Stopes on a self-referral.

4. I phoned Marie Stopes on 23 March and arranged for them to call me back. I cancelled the first call back because of the guilt I was feeling.

5. In the meantime I had to go to hospital for an early pregnancy scan due to severe pain in my pelvis.

6. On the second call back from Marie Stopes I spoke to a nurse. I was doubting whether I should have an abortion, but they did not ask me about that, although she mentioned that a counselling service was available. She did not ask me about any previous medical problems. I told them about the pelvic pain, but they did not seem very interested. I felt very alone and that there was no care.

7. The pills came in the post and I took the first one. I was immediately distraught and I could not stop crying. My partner said “see if you can stop it”. I went online within an

hour. I knew that my friend in Germany had been given progesterone when she had experienced several miscarriages, and then she had a healthy baby. I found a website. I can't remember the name of it but a girl called Louise called me back.

8. Dr Dermot then called me. He was amazing. He was not at all judgmental. He was very professional. He told me about progesterone and the success rate. I think he said the chances of saving the baby could go up from 20 to 40% but I am not sure. He was not trying to sell me something I did not want. He told me how he could help me. He was not at all pushy. He told me he could send a prescription for progesterone to my pharmacy. They did not question the prescription at all but charged me £16 for it as it was a private one.

9. I started taking the progesterone. At that point I panicked and phone Marie Stopes and told them that I did not want to take the second abortion pill. I told them about the progesterone and they told me that it would not work. They told me that I needed to take the second abortion pill. They said there was no proven way to stop a miscarriage after the first abortion pill. They asked me about where I got the progesterone. I also contacted the early pregnancy clinic who told me to wait and see.

10. Then I started to bleed a lot and I was in pain. Dr Dermot got in touch to ask how I was. I was feeling very unwell. He thought I might have an infection and he suggested I go to A & E. When I arrived there they sent me to the Early Pregnancy Clinic to have a scan. They said there was retained tissue in my womb. The staff there told me that that they are against pills by post because it creates so much extra work for them in the NHS who have to deal with the complications that arise.

11. I also phoned Marie Stopes but they took 5 days to phone me back. When they did, they said I could have an appointment in 2 weeks' time. When I did not attend this appointment, they did not follow me up.

12. I stopped taking the progesterone after 3 days because I knew I had had a miscarriage,

13. In the following week I felt very unwell. I called an ambulance twice because I felt faint and sick. Every step of the way Dermot helped me. He texted me to ask how I was. He suggested an antibiotic I could ask for and at one stage he suggested I ask for a urine dip to check for a UTI. It turned out that I did in fact have a UTI.

14. I was ill for 3 months and had to give up everything. I had a scan at the gyny unit and then an emergency operation to remove the retained products of conception. I am still not better and am being investigated for the ongoing pelvic pain I am experiencing.

15. Then Jonathan Lord called me on my mobile phone. I know he is the head of Marie Stopes because I looked him up. I blocked him from my phone because I did not want to talk to him. He told me "I am glad our colleagues at the NHS are looking after you". But all he was interested in was who gave me the progesterone. I did not feel like a person to Marie Stopes.

16. Then on 28 April I received an email from Jonathan Lord. In that he suggested that he could arrange counselling for me at Marie Stopes and he could arrange to "bypass some of the routine system". He told me that the GMC would be in touch about the prescription of progesterone. I felt scared and pressurised by him at a time when I was vulnerable and ill. I feel that Marie Stopes are to blame for what has happened to me

and I do not wish to be used by them in some sort of complaint against Dr Dermot. I feel it is a breach of my confidentiality.

17. I have kept in touch with Dr Dermot. I was blown away by his kindness. He never pushed anything on me. He just cared. He never pushed religion on me. I am very concerned about what is happening to him so I offered to do what I could to help. He did not ask me to. At a time in my life when I had no hope, he was like a little light. If it wasn't for him I think I might even be dead now. He is a very busy man, but he makes time for people and he genuinely cares for you.

Statement of truth

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed:

Date: 16 June 2021

13:15

Confidential - follow up from care

Dear [redacted]

Thank you for taking the time to talk to me today. I apologise for calling out of the blue and disturbing you, especially given the difficult time you have had. I was sorry to hear that you are still unwell and do hope that you get better soon.

As we discussed, please feel free to contact me if there is anything I can help with – I'm sure our NHS colleagues will be looking after you well, but if there is anything you needed to ask or question, or if you felt it may be useful to access our independent counselling services at any stage then I'd be very happy to organise that (you can also call our direct line too on 0345 300 8090, but I may be able to help bypass some of the routine system).

The main issue I needed to raise was over your report of your contact with another doctor who prescribed you progesterone. There are other patients who have raised concerns, and when this happens we have a duty to report those concerns to the medical regulator, the GMC. The GMC's role is to protect patients and they may need to investigate whether there is any risk to other patients. As it involves protection of potentially vulnerable people, they have a legal right to compel us to release identifying information. I would like to reassure you that they are used to dealing with very difficult, distressing cases and would be very aware of the need for utmost privacy. They would only want to investigate whether there is a potential for harm, and if they did want to talk to you it would mainly be to ensure our records are accurate.

I do appreciate this can be upsetting, so please do not hesitate to contact me if you would like me to convey further information to the GMC, or have any other concerns or questions.

In the meantime I do hope you recover quickly and can move forward from what must have been an awful time.

Best wishes,

Jonathan Lord

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