



Commentary

Public health and the necessary limits of academic freedom?

D.N. Durrheim^{a,*}, A.L. Jones^b^a Public Health Medicine, University of Newcastle, Australia^b Faculty of Science, Medicine and Health, University of Wollongong, Australia

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Since medieval times, university academics have vigorously defended their “right of self-governance and the pursuit of scholarship and teaching without censure or constraint” [1]. Traditional definitions of this hallowed code have focused on the “complementary rights and obligations entitled to teachers and students as free enquirers” without specific mention of any societal obligations [2].

The inherent attractiveness of academic freedom of expression is treasured by the scientific community and attempts by society to suggest administrative or ethical boundaries to this freedom have historically triggered animosity. Oxford University’s first female vice-chancellor has stressed the importance of free speech and allowing extremist views to be aired on campus to teach students how to counter ideas they find objectionable” [3,4]. Professor Louise Richardson said “we need to expose our students to ideas that make them uncomfortable so that they can think about why it is that they feel uncomfortable and what it is about those ideas that they object to.” Asked by ‘The Daily Telegraph’ if that meant London-based groups like Cage – known to voice extremist views – should be welcomed on campus, she added: “Provided that they can be countered, I think that we should let them be heard. In that way we model to our students how you counter ideas you find objectionable” [3,4].

Sir Stephen Sedley, a former Lord Justice of Appeal in the UK, stated that “free speech includes not only the inoffensive but the irritating, the contentious, the eccentric, the heretical, the unwelcome and the provocative, provided it does not tend to provoke violence. Freedom only to speak inoffensively is not worth having” (Redmond-Bate v DPP) [5].

However, balanced with academic freedom and its underlying concept of free speech, there is the very real potential for feral academic liberty and free speech to do harm, as recognised by preventive anti-radicalisation strategies that UK universities have

signed up to under the UK Government Policy of “Prevent” and one that the Vice-Chancellor of Oxford supports [4]. When examined through the lens of public health, “academic freedom” is not without societal risk. This is particularly pertinent in the field of child health, where two recent controversial “scholarly” vaccine contributions, in Australia and Canada, could undermine community confidence in immunisation and immunisation uptake by parents for their children, by suggesting scientific doubt where doubt is not warranted on the basis of the evidence available.

In Australia, the University of Wollongong accepted, through its School of Humanities and Social Inquiry, a PhD thesis from a vocal anti-vaccination campaigner, Judy Wilyman, entitled “A critical analysis of the Australian government’s rationale for its vaccination policy” [6]. A central tenet of this work was an unsubstantiated claim that the World Health Organisation and the pharmaceutical industry were conspiring to promote vaccinations in the absence of evidence of safety and efficacy [7]. She alleged that these parties had “orchestrated hysteria” relating to a global swine influenza pandemic in 2009. She contested the overwhelming scientific evidence of Human Papillomavirus vaccine benefits in preventing cervical cancer and repeated the discredited claims of a link between vaccines and autism, without providing compelling scientific evidence to support her claim. A University of Wollongong spokesperson defended its actions, stating that the University “supports researchers’ academic freedom of thought and expression”. A group of health and medical experts from the same university made a public statement advising parents on the scientific evidence-basis for vaccination [8].

In Canada, University of Toronto health students were required by university lecturer and homeopath, Beth Landau-Halpern, to read and watch material stating vaccines are toxic and linking their use to serious health problems [9]. Amongst her various claims were a link between measles and varicella infection and beneficial child growth, and support of an association between vaccines and autism, violent behaviour and a range of disease, including “compromised general immunity irreparably.” No credible

* Corresponding author.

E-mail addresses: david.durrheim@newcastle.edu.au, David.Durrheim@newcastle.edu.au (D.N. Durrheim).

opposing scientific material was provided to facilitate this purportedly informed judgment, nor any scientific evidence to suggest her claims were factual. After an outcry by academic peers and the public, the University defended the course indicating that “the course content on immunization had not been unbalanced” and that “in context, [it] would enable critical analysis and inquiry”. Despite a media furor and condemnation by credible scientific peers, these “scholarly” contributions were defended by their host institutions under the banner of academic freedom. It is obvious that the scholastic university platform potentially provides opportunity for ideologists to influence students and the unsuspecting public under the guise of academic freedom and academic credibility. This is particularly so when a doctorate is awarded and the public cannot distinguish from title alone whether the holder has medical or academic credentials, or both.

We assert that when it comes to research and teaching relating to human health, university authorities should uphold the Hippocratic ethical obligation, “*primum non nocere*”, i.e. “First do no harm”; and consider the potential societal effects of unsubstantiated and non-rigorously peer-reviewed academic contributions. Where academic contributions are recognised to have the potential to cause harm to health, an effective risk management strategy should be in place to mitigate against public health risk from that harm. This strategy will ultimately also protect academic freedom in the long term. Further, it should go without saying that the nature of science is that credible data must be provided to support claims and conclusions.

Fuller, a great proponent for academic freedom recognised the potential danger and its potent antidote when he defined academic freedom as “the right to speak about anything – but in a way that involves an appeal to reason, argument and evidence” [2]. True scholars will always demonstrate a willingness to consider other opinions and to engage in robust academic dialogue, while being open to their position being proven false through compelling counter-evidence.

Although it would be preferable if all researchers and teachers adhered to these principles, the case studies we present demonstrate that this ideal cannot be guaranteed through current processes. Thus academic institutions, as employers and equippers, have an obligation to provide appropriate oversight to ensure the

scientific veracity of their teaching and research. The societal duty of ensuring the highest standards of scientific rigour, transparency and truly independent review must be their mantra.

Mechanisms that should be employed for bolstering sound science include: multidisciplinary panels of reviewers/examiners for confirming candidature and examining research students; external independent examiners with recognised content expertise, and transparency guaranteed by publishing the examiner’s comments as appendices to electronically available theses; where there are public implications of the thesis conclusions (e.g. health), a risk management strategy, including communication within and external to the institution, should be a critical component prior to acceptance of a thesis; and every thesis should pass an academic rigour test.

The principle of independent scholarship should continue to be prized but in our view it cannot be entirely unfettered. Academic autonomy must be balanced by ethical accountability and responsibility, particularly in the field of human health.

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