Dr Tess Lawrie (00:00):

Um, trial in the same way, so that it's...'cause it's called a systematic review. So we systematically evaluate each study. We use the same criteria. You saw the spreadsheet, we use the same criteria for risk of bias. And then we, um, we decide whether or not it's meaningful to pool the data and whether or not we need to do a sensitivity analysis to exclude those studies at high risk of bias.

Dr Andrew Hill (00:30):

Okay. I'll just share my screen, if that's aright... [to Self] can I share the screen?... Okay. If you just let me share the screen,...Uh... or I can send you a link. So this... can you let me share... is that... Is that doable?

Dr Tess Lawrie (00:49):

Um, there we go. You should be able to,

Dr Andrew Hill (00:59):

So you can see this is Metroevidence.org, and you can see Okumus here, RCT. There's the NCT number. There's the... so, it's right there.

Dr Tess Lawrie (01:13):

Alright, I'll look it up on the NCT.... but i cannot just simply take the data off here. So either your, you as a co-author of the Cochrane review, need to share that data and make...and make... a... and requested it via Dr Okumus. Um... Or ...um... We, you know, we can't use it. [pause while both look at the study information] Are the results there... just go up...

Dr Andrew Hill (01:41):

They should be, should be somewhere...I mean, he sent me...

Dr Tess Lawrie (01:45):

So, he submitted them, so, okay. So we can have a look at this. We can take the results off the top.

Dr Andrew Hill (01:51):

So, I mean, I think fundamentally...

Dr Tess Lawrie (01:55):

Could you just go back to that? I just want to get the NCT number.

Dr Andrew Hill (01:59):

Yeah, sure. Let me just, let me just email you the NCT number.

Dr Tess Lawrie (02:06):

But...um...you know, I really, you haven't answered my question about who, who pays you, um ...because... [Dr Hill interjects "It's Unitaid"] because it's critical...Um... Because also... In terms of the author list, Andy, there's you, and then there's, uh, someone from Imperial college and all the other authors are the authors of the individual ran, ...uh... studies that you've included, which is kind of irregular for a meta-analysis. You usually don't have, when you do a systematic review, you usually don't

include the authors of the studies because that inherently biases your conclusions. So, just like in our... review, we don't have any of the authors of the actual studies because it's got to be independent. That is a strangeness. And then the other thing is... um... the fact that there's no... Who is it? Did you get input from WHO, there isn't a WHO name on that paper... Why? If you're paid by WHO, who, who is it that you're talking to then who is influencing your... your conclusions? Cause when we talk, you say, you agree with me, but then on the, on the paper, there's no name there. None of those authors would have come...drawn those conclusions. So it's you and who?

Dr Andrew Hill (03:35):

I mean, I, I think I'm in a very sensitive position here...ah...what I'm trying to do...

Dr Tess Lawrie (03:40):

Lots of people are in sensitive to positions, they're in hospital in ICUs dying and they need this medicine. [Dr Hill "Well"] This is what I don't get, you know, because you're not a clinician, you're not at the coal face. You're not seeing people dying every day. And this medicine prevents deaths by 80%, so 80% of those people who are dying today don't need to die because there's ivermectin.

Dr Andrew Hill (04:10):

There are a lot, as I said, there are a lot of different opinions about this. As I say, some people simply...

Dr Tess Lawrie (04:16):

We are looking at the data, it doesn't matter what other people say. We are the ones who are tasked with the ...and we have the experience to look at the data and reassure everybody that this cheap and effective treatment will save lives. It's clear. You don't have to say, well, so-and-so says this, and so-and-so says that. it's absolutely crystal clear. We can save lives today. If we can get the government to buy ivermectin.

Dr Andrew Hill (04:43):

Well, I don't think it's as simple as that because you've got... [Dr Lawrie interjects "it is as simple as that"...] you've got trials...no...

Dr Tess Lawrie (04:52):

We don't have to wait for studies... we have enough evidence now that shows that ivermectin saves lives, it prevents hospitalization. It's saves the, the clinical staff going to work every day, being exposed. Um, and frankly, I'm shocked at how you are at how you are not, um, taking responsibility for, for, for, for that decision. And you still haven't told me who, who is it? Who is giving you that opinion? Because you keep saying you're in a sensitive position. I appreciate you are in a sensitive position, if you're being paid for something and you're being told a certain narrative... That is a sensitive position. So, then you kind of have to decide, well, do I take this payment? Because in actual fact, I can see the conclusions are not helpful. They're going to harm people. So maybe, maybe you need to say, I'm not going to be paid for this. I can see the evidence and I will join the Cochrane team as a, as a volunteer, like everybody on the Cochrane team is a volunteer, nobody's being paid for this work.

Dr Andrew Hill (06:11):

So, all right. So you've got the meta-evidence group who are looking at the same data, niche, look, look at their website.

Dr Tess Lawrie (06:17):

It doesn't matter. They can look at the data as much as they like – we are doing a Cochrane style review, and this is the way it happens. These are the parameters ...there are rules. How you evaluate the evidence there's rules, how you evaluate the individual studies and there's rules, how you interpret the data you don't just at the end say, Oh, well, there's an impression that we need more trials because meta analyses are not reliable. I mean, that's bizarre. Okay. There is a standard way by the, uh, by the Norway Norwegian Cochrane group that says that when you have moderate certainty evidence, this is how you interpret it... the findings. When you have low certainty evidence, this is how you interpret it So, all the way along, there's a standardized approach. You don't just do a meta-analysis. One, when there's all those other outcomes that you didn't even meta-analyze, you just meta-analyzed the death outcome, and then say, Oh, we need more studies.

Dr Tess Lawrie (07:13):

Let's put more people at risk? It's not on! You can't just, you can't do more randomized trials and say, you've got a 1% chance of dying, if you get ivermectin and you're in the hospital and you've got an 8% chance of dying in the control group, would you like to participate? Because no trial can be conducted from this point on without giving patients that information, because that is the result of a very well done review. I'm not talking about the one that we're about to do but the one that I did last week and am redoing now as a Cochrane review.

Dr Andrew Hill (07:52):

I think fundamentally, fundamentally, we're reaching the conclusion that we're making about the survival benefit is exactly the same. We're both finding a significant effect on survival.

Dr Tess Lawrie (08:05):

No, but I'm grading my evidence and I'm saying I'm sure of this evidence. I'm saying I'm absolutely sure it prevents deaths. We're just not sure by how much. There is nothing as effective as this treatment. What is your reluctance and who is - whose conclusion is that?

Dr Andrew Hill (08:27):

Okay, so the meta-evidence group have done the [Dr Lawrie Interjects 'No! I'm not talking about]... same thing...

Dr Tess Lawrie (08:29):

We have nothing to do with the meta-evidence group. They are completely... they have nothing to do with us. We are [Dr Hill interjects "They are also advising"–] independent. it doesn't matter what they're doing. We are independent. We have our criteria by which we evaluate things. So what I'm saying to you is we are doing this review in a Cochrane, style, and we don't look sideways and see what other people are doing and how they're interpreting things, because we have a standard approach. We know what we're doing, and the government, the NICE clinical guidelines and the World Health Organization use Cochrane reviews all the time to underpin their clinical practice guidelines. I know this because I'm involved in writing clinical practice guidelines for WHO.

Dr Andrew Hill (09:23):

Okay. So the, the, the, WHO is also looking at the data from this Meta-evidence website. That is, um, there's a woman called Dominique Costagliola, she's one of the top statisticians for the EMEA. They've done the same thing. And their conclusion – [Dr Lawrie interjects: “Dominic, Dominic who?”] Dominique, Dominique Costagliola.

Dr Tess Lawrie (09:37):

So, it’s Costagiola. So, is she the person at WHO who's influencing you?

Dr Andrew Hill (09:47):

No...She she's the person in the EM...she works with the EMEA. They say that they've looked [Dr Lawrie interjects "But you do have contact with her? Are you communicating with her']. Yeah. Yeah. They said, they've looked across in all the trials and the quality isn't high enough to make a conclusion on survival. Look at the website.

Dr Tess Lawrie (10:07):

It doesn't matter. It really doesn't matter. And you keep referring to other people. It's like, you don't trust yourself. Okay. If you were to trust yourself, you would know that you have made an error and you need to correct it because you know, in your heart, that this treatment prevents death.

Dr Andrew Hill (10:30):

Well, I know, I know for a fact that the data right now is not going to get the drug approved.

Dr Tess Lawrie (10:37):

Well, that is not up to you because you have not.., you don't make that decision. So stop jumping the gun. What we have to do is we have to provide the evidence the way we always do it as a Cochrane review. And then we can discuss implementation. And what happens. You can't say, Oh, we're not going to evaluate the evidence properly because they're not going to approve it down the line. That's not how we do it. We have to provide information so that they can build on it and make the implementation considerations. But Andy, know this will come out, you know, this will come at three weeks down the line. It will come out that there were all these barriers to the truth being told to the public and to the, to the evidence being presented. So please, this is your opportunity just to, to, to acknowledge those areas in your review, change your conclusions and, and, um, come on board with this Cochrane review, which is, will be definitive. It will be the review that shows the evidence and, and gives the proof. Okay. So I can't see how... you know, I can't see how you can say today, more randomized, controlled trials are needed and all that. Um, and, and then in three weeks' time say... Because our conclusions will be randomized controlled trials are unethical. This was the, this was the consensus on Wednesday night's meeting with 20 experts, ICU experts and so on.

Dr Andrew Hill (12:22):

It's not...it's not the consensus of the NIH. It's not the consensus of the WHO.

Dr Tess Lawrie (12:26):

Yeah, because the NIH is owned by the vaccine lobby.

Dr Andrew Hill (12:30):

That's not, that's not, that's not something I know about.

Dr Tess Lawrie (12:33):

Well, all I'm saying is this smacks of corruption and you are being played. So, [Dr Hill interjects "I don't think so"] Well then I don't, then you have no excuse because you're, you're, you're work at that review is flawed. It's rushed. It is not properly put together. The outcomes of interest are clinical outcomes that affect patients. And that nonsense about it doesn't pan out in animal studies... Who cares, whether they can prove something in animal studies when we've got the proof in human beings.

Dr Andrew Hill (13:14):

Well, I mean, that's, that's a big school of thought. If you don't have a mechanism...

Dr Tess Lawrie (13:17):

It's not a big school of thought. It's very obvious to doctors. What counts, if a patient dies that counts, if there's, if there's an animal study where they, they use X concentration to give an effect, well, you know, that's, that has no bearing on clinical practice. So...

Dr Andrew Hill (13:36):

You've just got to un.... You just got to understand that, you know, I am getting exactly the opposite criticism saying that everything that we're doing cannot be true, [Dr Lawrie interjects "Okay when a..."] because the animal models...

Dr Tess Lawrie (13:47):

...a person cannot be dead, well, the person is dead. You can't fudge death. So you can't say, well, we've done these trials. These few people died, and ivermectin on this many people died in the control arm. Oh, that can't be true because we have an animal model from one study, which used a higher concentration. It is completely... [Dr Hill interjects "Then you go into the..."] It is completely back-to-front. This is bad research. ..bad research. So, um, at this point, um, yeah, I don't know... you seem like a nice guy, but I am really really worried about you.

Dr Andrew Hill (14:33):

Okay. Yeah. I mean, it's, it's a difficult situation.

Dr Tess Lawrie (14:38):

No, you might be in a difficult situation. I'm not because I have no paymaster so I can tell the truth.

Dr Andrew Hill (14:46):

I think, I think what's going to happen is you'll produce your Cochrane review, which will show the same survival effect as I'm showing and you'll reach the conclusion that it's time to stop. Now, what we've got is regulators...

Dr Tess Lawrie (15:00):

We are not looking. We are not just looking at deaths. We are looking at time to PCR negativity. We're looking at mechanical ventilation. We're looking at admission to ICUs. We're looking at all the outcomes. I'm looking at a positive COVID test after... so we are looking... after, you know, prophylaxis. So we're looking at all the items that are clinically meaningful. How can you... try and um...[Long Pause] how can you deliberately, um, try and mess it up...you know?

Dr Andrew Hill (15:45):

It's not messing it up. It's not messing it up. It's saying that we need, we need a short time to look at some more studies, which are already ongoing and we're going to get the result. I've got, I've got meetings in the next week where we're going.... we've got meetings next week, to see new results, but rest assured, I'm not going to let this last for a long time. I don't...I'm not saying we keep going for another year.

Dr Tess Lawrie (16:09):

You're saying, you're not going to let it last for a long time, makes you realize the impact of your work. So how long are you going to let people carry on dying unnecessarily - up to you? What is, what is the timeline that you've allowed for this then?

Dr Andrew Hill (16:24):

Well, I think... I think that it goes to WHO and the NIH and the FDA and the EMEA. And they've got to decide when they think enough's enough

Dr Tess Lawrie (16:33):

How do they decide? Because there's nobody giving them good evidence synthesis, because yours is certainly not good.

Dr Andrew Hill (16:39):

Well, when yours comes out, which will be in the very near future... at the same time, there'll be other trials producing results, which will nail it with a bit of luck. And we'll be there.

Dr Tess Lawrie (16:51):

It's already nailed.

Dr Andrew Hill (16:53):

No, that's, that's not the view of the WHO and the FDA - it simply isn't. And the problem is, if we stop right now, then we might get nowhere. We might get no approval because the people say, well, that's not enough. And they'll say the trials too small. They're not properly blinded. They're not high quality, et cetera, et cetera. That's the real risk...I don't want to take that risk. And the trials are finishing anyway.

Dr Tess Lawrie (17:17):

You'd rather take the risk of loads of people's lives. Do you know if you and I stood together on this, we could present a united front and we could get this thing. We could make it happen. We could save lives, we could prevent NHS people from getting infected. We could prevent the elderly from dying.

Dr Andrew Hill (17:34):

Okay. Let's just take what you're saying for a minute. So let's look at, a trial in Argentina hat has two more weeks or 13 days left to go before they stop recruitment. Would you order that trial to stop recruitment?

Dr Tess Lawrie (17:50):

Yes. I would. They are only looking at mild cases. So, arguably, we could discuss it. If they're only looking at mild cases, the risk of death, according to our analyses, let's have a look. So the risk of death, if ivermectin is nought and the risk of death – so we're looking at what is that? Um... eleven over... so it's like... let me just calculate.... eleven divided by four, 17 – um, so it's about 3%. So the risk of death is 3%. So there, we're creating 500, 250, 250 times 3. Um, so you're talking maybe eight deaths. So there might be eight deaths in that study. So if they're already nearly finished, it's probably just two more deaths. So you could say, oh well, let them just finish. Okay. But if there are studies of hospitalized patients who are severely ill, their risk of death is much greater. So I would say, okay, maybe if it's up to me and nobody wants to stop...let the study in a mild, in mild disease continue, but you cannot allow studies to continue in moderate or severe disease, because –

Dr Andrew Hill (19:27):

What about the studies that we don't know the results for. So we've got, we've got Colombia, Argentina, Mexico, Bulgaria, Israel, Egypt, uh, Peru – [Dr Lawrie interjects "Well, it doesn't matter"] United States –

Dr Tess Lawrie (19:41):

They will report sooner or later, but we have the evidence to show this, but if they don't... if people don't get ivermectin they have a greater chance of dying. So we have this evidence.

Dr Andrew Hill (19:55):

But the problem with that is we've got 2000, this, another 5,000 in trials pending. And if we, if we make the claim on 2000, and the 5,000 shows something else, then what do you do? Okay, look at Remdesivir...

Dr Tess Lawrie (20:08):

It cannot show something else. They cannot show something else because we have evidence that ivermectin works.

Dr Andrew Hill (20:15):

Okay, well, look at the parallel back in June. So you have [Dr Lawrie interjects "No, it's a completely different thing"] remdesivir...remdesivir showed a significant effect on hospitalization and a trend for survival. [Dr Lawrie interjects "How many studies are we talking about..."] And then Solidarity, ["How many studies are we talking about?] What the remdesivir approval was three randomized studies. And then one large randomized study completely refuted it. So you could argue with, with, with ivermectin that we've got studies of 2,000 –

Dr Tess Lawrie (20:48):

These are studies conducted around the world in several different countries. And they're all saying the same thing. Plus there's all sorts of other evidence to show that it works so randomized controlled trials do not need to be the be-all and end-all, but based on the randomized controlled trials, it is clear that

ivermectin works and it prevents deaths and it prevents harms and it improves outcomes for people. So this is, this is a completely different scenario to remdesivir and hydroxychloroquine all those other things. Andy, look, I don't, I don't, I can see we're getting no way because you have an agenda, whether you like it or not, whether you admit to it or not, you have an agenda. And the agenda is to kick this down the road, as far as you can. So we, we are not, we are trying to save lives. That's what we do. I'm a doctor and I'm going to save as many lives as I can. And I'm going to do that through getting the message on ivermectin through clear. Okay. Unfortunately, your work, um, is going to impair that and you seem to be able to bear the burden of many, many deaths, which I cannot do. So we are going to have to, I can't see how are you? I can't see how... How are we to work together on this review when you've said one thing...?

Dr Andrew Hill (22:30):

Yeah, maybe we'll just do two. I mean, I'm, I'm very happy to get you as much data as I can so that you can do an independent review. It looks like the, the, the results that you're going to get the effects on survival and viral clearance are going to be very similar to what we've done. But with a greater degree of rigour, you'll be following these Cochrane procedures. I want to try and make sure that we're also aligned with the other people doing living meta-analysis, I want to try and include the meta--evidence, but I'm talking to them on a weekly basis trying to update them so that everybody is getting to the same conclusion. If they're not then [Dr Lawrie interjects... "getting to your conclusion"] ,No, no, no. Wait a minute. No, I'm talking about...let's talk about the conclusion of what the data says and what the implications are. I think they're two different things. So I think we're agreeing on what the effect of ivermectin is on survival in the current data. What we're not agreeing on is what we should do about it. Now...

Dr Tess Lawrie (23:25):

It's obvious what you do about it. If you grade the evidence and you have not graded the evidence and I don't, and I wonder if you have ever graded evidence before –

Dr Andrew Hill (23:34):

We've got the grading at the back of –

Dr Tess Lawrie (23:37):

Would you tell me...um, I would like to know who pays you [Dr Hill "Unitaid"] as a con... consultant through WHO?

Dr Andrew Hill (23:46):

It's Unitaid, Unitaid

Dr Tess Lawrie (23:50):

Okay, so you're paid through Unitaid, And, um, I saw that on your, on your slide, you had, there was some sort of vaccine thing. What is that?

Dr Andrew Hill (23:59):

No, no. It's nothing to do with vaccines. It's just, Unitaid. Unitaid, what their role is to accelerate access to treatments for COVID they don't, they don't work on vaccines. Don't work on diagnostics. They do treatments.

Dr Tess Lawrie (24:17):

Alright. So who helped to...? Who, whose conclusions are those on the review that you've done? [Dr Hill "It's a consensus"] Who's not listed as an author? Who's actually contributed?

Dr Andrew Hill (24:29):

Well, I mean, I don't really want to get into, I mean, it... Unitaid

Dr Tess Lawrie (24:35):

I think that... It needs to be clear. I would like to know who, who are these other voices that are in your paper that are not acknowledged. Does Unitaid have a say,? Do they influence what you write?

Dr Andrew Hill (24:51):

Unitaid has a say in the conclusions of the paper? Yeah.

Dr Tess Lawrie (24:54):

Okay. So, um, so who is it in Unitaid then? Who is sharing the, who is giving you opinion on your evidence?

Dr Andrew Hill (25:04):

Well, it's just the people there. I don't...

Dr Tess Lawrie (25:06):

I thought Unitaid was just a charity. Is it, is it not a charity? It actually has – so they have a say in, in your conclusions?

Dr Andrew Hill (25:14):

Yeah.

Dr Tess Lawrie (25:19):

Could you please give me a name of someone in Unitaid I could speak to, um, so that I can share my evidence and hope to try and persuade them, uh, to, um, to understand it.

Dr Andrew Hill (25:37):

Oh, I'll have a think about who to, to offer you with a name. But I mean, this is very difficult because I'm, you know, I've, I've got this role where I'm supposed to produce this paper and we're in a very difficult, delicate balance. There are some people who say that we're already overstepping the mark, and this is too, um, strident because the mechanism of action doesn't support it. I know I keep going back to it. [Dr Lawrie interjects "Who are these people, who are these people saying this?"] There are... there are... I mean, when we met, I'm just talking about overall feedback. I'm getting from all kinds of different scientists, not just authors, but er...

Dr Tess Lawrie (26:16):

Mechanism of action... there are other examples of drugs where we don't know how they work, but they do work.

Dr Andrew Hill (26:21):

Yeah. But it's a very strong lobby,...

Dr Tess Lawrie (26:23):

Antidepressants where you give them to people and nobody knows why they work, but they do work. You know... and we use them.

Dr Andrew Hill (26:32):

Yeah. So the mechanism, what I'm saying is the mechanism of action lobby is very strong and it, what it's doing..

Dr Tess Lawrie (26:39):

Who is this lobby, Who is this lobby? It must come from vaccines. But it's only though vaccines where you've got to understand the mechanism of action. And you've got to look at laboratory markers, most clinical things where you give paracetamol to somebody, a person's temperature goes down, you don't look into the blood to see what's going on in the blood. And then if you don't find any, anything happening there you wouldn't say, Oh, well, the person's temperature didn't actually go down. You're going to look at somebody's blood markers and say, Oh, well, they can't really have died because, uh, or not died because, you know, we didn't find evidence of it in the mechanism of action.

Dr Andrew Hill (27:14):

Okay...okay...Let me give you an example. So there was a, uh, a hepatitis drug called phosphatidyl clatisfer earlier this year, and there were three randomized studies and one non or partially randomized study that showed an apparent survival benefit. Uh, and there was significantly, uh, lower rates of hospitalization. People just took phosphatidyl clatisfer versus control. And there... the mechanism of action suggested that the drug wouldn't achieve the concentrations required to get antiviral activity. It wouldn't reach the IC 50. So the original meta-nalysis was presented and a much larger definitive study was set up. And at the time the meta-analysis said, we've seen this effect on effect on survival hospitalization. It's too early to tell, we need a larger study. The larger study was run and showed actually slightly higher death rate among people who took phosphatidyl clatisfer versus placebo in a large placebo controlled trial. And that's the example, that's a warning from the mechanism of action people about how things can go wrong, if you believe preliminary studies, they're saying they were right all along, they never believed it would work.

Dr Tess Lawrie (28:29):

Okay. Look I think I can see you kind of have a dead end, because you seem to have a whole lot of excuses, but, um, you know, that to, to justify bad research practice. Um, so I'm really, really, I'm really sorry about this, Andy. I really, really, wish, and, and you've explained quite clearly to me, in both what you've been saying and in your body language that, um, you're not entirely comfortable with your conclusions and that you're in a tricky position because of whatever influence people are, are having on you and including the people who have paid you and who have basically written that conclusion for you.

So I'm afraid, you know, I'm really sorry because I was really, really, really looking forward to working together with you, you know, and actually just showing a united front and showing, look at us scientists coming together for the, you know, and…

Dr Andrew Hill (29:45):

You just got to understand I'm in a difficult position. I'm trying to steer a middle ground and it's extremely hard.

Dr Tess Lawrie (29:50):

Yeah. Middle ground, the middle ground, the middle ground is not a middle ground. What should actually done is you've taken a position right to the other extreme calling for further trials that are going to kill people. So this will come out and you will be culpable. And I can't understand why you don't see that because the evidence is there and, and, and you, you are, um, not just denying it, but you are actually, your work's actually actively obfuscating the truth. And, and this will come out. So I'm really sorry...you know...as I say, you seem like a nice guy, but I think you've just kind of been misled somehow.

Dr Andrew Hill (30:39):

Well, what I hope is that this, this stalemate that we're in doesn't last very long. It lasts a matter of weeks. And I guarantee I will push for this to last for short amount of time as possible.

Dr Tess Lawrie (30:48):

So how long, how long do you think the stalemate will go on for how long do you think you will be paid to allow the stalemate to go on for?

Dr Andrew Hill (30:58):

Form my side. Okay...from my side, every single new trial that comes through, we're going to be aggressively adding it on. And I think end of Feb we will be there six weeks.

Dr Tess Lawrie (31:17):

How many people die every day?

Dr Andrew Hill (31:20):

Well, there is a whole group of people who think that ivermectin is, is complete rubbish.

Dr Tess Lawrie (31:25):

It's not talking about them. I'm not talking about them. I'm saying we know the evidence, how many people died today?

Dr Andrew Hill (31:32):

Oh, sure. I mean, you know, 15,000 people a day,

Dr Tess Lawrie (31:35):

Fifteen thousand people a day times six weeks... first you have to try to get it into the UK. Because at this rate, all other countries are getting ivermectin except the UK and the USA because the UK and the USA and Europe are owned by the vaccine lobby.

Dr Andrew Hill (31:52):

My goal is to get the drug approved and to do everything I can to get it approved so that it reaches the maximum...

Dr Tess Lawrie (31:57):

You're not doing everything you can, because everything you can would involve saying to those people who are paying you, I can see this prevents deaths. So I'm not going to, um, I'm not going to support this conclusion anymore, and I'm going to tell the truth. So, anyway, look, if you want to, if you want to come on board as a Cochrane review say now, um, you know, otherwise I'll just let the others know that you, you...

Dr Andrew Hill (32:33):

Yeah. Look...what I'm prepared to do is, is to give you every, if everything that comes my way, that's public domain that can help you. I think in terms of the conclusions maybe it's better. if, if you write the review with your conclusions and I will try and support you as best I can with the data that comes through. But for now my... What, I've got to do my responsibilities to get as much support as I can to get this drug approved as quickly as possible.

Dr Tess Lawrie (33:03):

Well, you're not going to get it approved the wa... the way you've written that conclusion, you've actually gonna… You've actually shot yourself in the foot and you've, you've shot us all in the foot. All of... everybody trying to do something good. You have actually completely destroyed it.

Dr Andrew Hill (33:21):

Okay. Well, that's where we'll, I guess we'll have to agree to differ.

Dr Tess Lawrie (33:26):

Yeah. Well, I didn't know how you sleep at night, honestly.

Dr Andrew Hill (33:31):

All right. Well, um, let's leave it there. And, uh, as I said, I'll continue to send you everything I can. Um, and, uh, let's hope somehow this drug gets approved as soon as possible.

Dr Tess Lawrie (33:43):

Well, it won't be with your help that's for sure.