

MMR and Autism: Dr. Michael Fitzpatrick Examines the Scare

By ACSH Staff — January 12, 2005

Seeing a previously healthy baby begin to withdraw, lose language skills, and become averse to physical or social attention is a nightmare for any parent. A diagnosis of autism can then lead parents down a long road of feeling guilty, trying frustratingly unsuccessful treatments, and searching for an answer to their questions about the cause of their child's disorder. But when parents turn their quest for answers into a blind-faith crusade against public health initiatives, they may actually end up hurting more than they help.

Long the target of disease-causation theories, vaccines have come under extreme fire in the past decade for what some believe to be their propensity to cause autism in some children. Here in the U.S., anti-vaccination groups most commonly blame thimerosal, a vaccine preservative no longer in wide use. In Britain, the most frequently targeted immunization is the combination measles/mumps/rubella vaccine (MMR). In his book [MMR and Autism: What Parents Need to Know](#) [1], Michael Fitzpatrick, a general practitioner in London, explores the development of the scare over MMR and how it has affected public health in multiple countries, particularly in Britain.

Dr. Fitzpatrick has personal reasons for being interested in the vaccine/autism debate: his twelve-year-old son James is autistic. When Fitzpatrick learned about the claims, popularized in 1998, that MMR might be responsible for autism, he reviewed his son's immunization records and asked himself the inevitable question, whether he might be responsible for his son's having the disorder. "Any parent feels some self-blame," he explains. "Nobody knows the cause of autism, and there's no treatment for it. Both of these are very difficult to deal with, and that leads to a lot of problems." While some parents of autistic children attacked MMR as the culprit, Dr. Fitzpatrick refused to jump on the bandwagon. In an attempt to uncover the real story behind the MMR/autism claims, Fitzpatrick began the process of reviewing the wealth of medical studies, legal findings, and media highlights regarding the issue, and he came to an important conclusion: MMR does not cause autism.

Who Started the Scare?

Fitzpatrick believes that a variety of factors contributed to the emergence of the scare in Britain, including a 1998 paper by Dr. Andrew Wakefield and colleagues, published in the *Lancet*, which claimed to have found a link between MMR and autism. The editors of the *Lancet* later withdrew their support for the article due to its questionable assumptions and unsubstantiated findings, but Wakefield stuck to his claims. Fitzpatrick explains the nature of the alleged MMR/autism connection: "There are four links in the proposed chain of causality connecting MMR to autism. 1. MMR immunisation leads to chronic measles infection...2...'Inflammatory bowel disease' results from measles infection. 3. 'Leaky Bowel' (resulting from...'Inflammatory Bowel Disease') allows

toxic opioid chemicals to enter the bloodstream. 4. 'Opioid excess' causes 'regressive' or 'atypical' autism." Neither Dr. Wakefield nor anyone else has ever been able to substantiate the claims that any of these links exists in even one child, and numerous studies conducted in Britain and the U.S. have failed to support the veracity of such claims, indicating that MMR is indeed safe.

Recalling such important scares and scandals as BSE (mad cow disease) and thalidomide, Dr. Fitzpatrick theorizes that the anti-MMR campaign garnered huge support largely because of the public's general distrust of the medical establishment and the government. Most of the supporters of the scare are parents, with little or no background in the medical facts related to vaccines and autism, who conflated their anger over their children's disorder with that over perceived industry irresponsibility. In an age when people are likely to have little faith in companies, it's no wonder that many have been quick to blame the pharmaceutical industry for a disorder whose cause is elusive. As Fitzpatrick points out, the ramifications of this blaming have been devastating: far fewer children are being immunized, thus putting them at risk for developing these preventable and potentially fatal diseases.

The Real Menace: Underimmunization

British health officials set a goal of getting 95% of children immunized, enough to provide "herd immunity" (also known as "group immunity"). When enough children are immunized, even those whose medical risk factors preclude them from being vaccinated are at little risk of contracting the diseases. In response to the scare, MMR uptake levels dropped low enough to cause concern. "By 2002," Fitzpatrick writes, "national uptake of MMR, far from reaching 95 per cent, had fallen below 85 per cent," which "means that, instead of disappearing, cases of measles, mumps, and rubella, with all their grim complications, are likely to return."

The book is dense -- full of political history, medical discussions, and thorough analysis of media. But it's worth reading, particularly for parents who may not know how to evaluate the competing claims they hear about vaccines. Fitzpatrick makes many valuable points applicable to other scares that hamper the ability of public health and medical professionals to protect the public. "It is remarkable," says Fitzpatrick, "that any responsible newspaper should consider it legitimate to publish research findings that nobody is in a position to verify but that are likely to have a damaging effect on the national immunisation programme and on public health."

Reading this book may help parents and other concerned parties understand not only the issues regarding MMR and autism, but also how to avoid being drawn into an ill-supported campaign against an effective medical practice.

Lynnea Mills is a research intern at the American Council on Science and Health. Also see [ACSH publications](#) [2] on the subject of vaccines and autism.

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