For years, bioethicist Carl Elliott has insisted that his university failed a young man who died by suicide during a clinical trial

By Jennifer Couzin-Frankel

It was an evening in May 2008 when Carl Elliott’s life bifurcated into before and after. In an apartment courtyard in a suburb of Cape Town, South Africa, where he and his family were vacationing, Elliott walked in circles, holding his computer high above his head. He was searching for a wireless signal that would transmit a story from the St. Paul Pioneer Press back home in Minnesota. He finally managed to access it, and it began without preamble: “Subject 13 was dead.”

Sitting outside alone in the dark, Elliott read on. Dan Markingson was 27 years old when he died by suicide, in the bathroom of a halfway house south of St. Paul. Elliott, a tenured bioethicist at the University of Minnesota (UMN), Twin Cities, had never heard of Markingson. But he learned that his office at the university’s Center for Bioethics was a 20-minute walk from where Markingson had been hospitalized, across the Mississippi River at the university’s medical center, in a unit reserved for patients with psychosis. There, Markingson had signed on to a clinical trial of antipsychotic drugs.

The Pioneer Press alleged a tangled web of conflicts of interest, lack of oversight, a mother begging to withdraw her son from the trial, and questions about whether he was capable of consenting to take part in the first place. Markingson’s suicide in May 2004 hadn’t made the news. A few years later, following a tip, two reporters began digging and later published their exposé.

From the institution’s perspective, there’s no evidence that Markingson died because...
of the clinical trial. An investigation by the U.S. Food and Drug Administration (FDA) absolved the school of any wrongdoing, and a medical board cleared its psychiatrists. The death was tragic, university officials say now, but it’s time to let go.

Letting go is not one of Elliott’s strengths. Six years after first reading about Dan Markingson, Elliott’s beard is fading from light brown to gray, and he has bags under his eyes. His crusade that began that spring continues unabated. Convinced that his university is withholding secrets, Elliott lobbies tirelessly for a thorough investigation that he says hasn’t yet happened—to explore whether Markingson was inappropriately recruited into and kept in the drug study, and to determine if there are other stories like his in the university’s Department of Psychiatry.

Administrators accuse him of distorting facts to feed an unquenchable agenda. Bioethics colleagues who once rallied around him have turned away, and he rarely steps foot in his own department. His family is resigned to a quest for justice whose end seems always just out of reach. “Wouldn’t you like to work at a place that doesn’t hate you?” his teenage son asked him recently.

But Elliott will not budge. Seeking justice for Markingson, he also wants to turn a spotlight on psychiatric drug trials at his institution. “I don’t think either of us think it’s just about the Dan Markingson case from 10 years ago, that’s for sure,” says bioethicist Leigh Turner, Elliott’s only ally in his department. With bulldog tenacity, Elliott is recruiting supporters, a roster that now includes local medical school students and a former governor of Minnesota. More than 170 scholars of law, ethics, and medicine signed a letter last October pressing for the university to investigate Markingson’s last months. Some days, resolution feels tantalizingly close. But, Elliott says, “I have no idea” if or when it will come.

RAISED IN A SMALL TOWN in South Carolina, population about 3500, Elliott was the eldest of three boys. “There were a few choices you had—you could become a teacher, a doctor, a minister,” says his middle brother Hal. “I think all of us had this idea, our father was a physician, that’s what we would do.”

Medical school proved disastrous for Elliott. “Wow, this is like being in the military,” he remembers thinking. Senior physicians screamed at their students and threw instruments at them in the operating room. The rigid chain of command came as a shock, after a childhood with a father whose solo practice meant no boss to answer to. Elliott knew “about an hour in,” he says wryly, that the life of a doctor wasn’t for him. He stuck it out, hoping better days were just around the corner.

They weren’t. After graduation, he promptly relocated to Glasgow, U.K. There, he began a Ph.D. program in philosophy. “Everybody thought it was insane, including my philosophy supervisor,” he says. A medical school professor suggested he see a therapist.

Philosophy suited Elliott. “Hypocrisy is something that is incredibly annoying” to us, Hal says of himself, Carl, and their youngest brother Britt, who works for the Canadian government in Ottawa. (Hal is a psychiatrist at East Tennessee State University, Johnson City.) Even more than his brothers, Carl is “just dogged,” Hal says. “If he knows he’s right he will just stay there.”

In 1990, 3 years after finishing medical school, Elliott completed his dissertation, Moral Responsibility and Mental Disorders. It examined under what circumstances mentally ill individuals could be held responsible for crimes they had committed. Elliott’s scholarship evolved, but certain themes endured and flourished: flaws in the practice of medicine, vulnerable research subjects, and the influence of the pharmaceutical industry on clinical trials—all of which would be braided together in the Markingson case.

Elliott is drawn to questions of trust, deception, and responsibility in medicine. “Often that takes you into odd, interesting corners,” he says.

When the Markingson story broke in 2008, Elliott was on sabbatical. The family’s temporary home was decorated with
pictures of his current obsession, a prominent New Zealand psychiatrist convicted of murdering his wife. Elliott was fascinated by how easily the psychiatrist had duped colleagues and continued treating patients; his account of the story, titled *Mind Game*, would later appear in *The New Yorker*. But Markingson soon supplanted the New Zealand psychiatrist in Elliott’s mind. The more he learned, the more uneasy he became.

In 2002, the drug giant AstraZeneca launched a national trial, called the CAFE study, to compare three antipsychotic drugs that were already on the market. One of them was the company’s product, Seroquel. The goal of the blinded trial was to determine whether Seroquel was as good as the other two treatments. All three drugs remain popular options today.

The university received about $15,000 for each subject.

A couple of weeks later, Markingson was discharged to a halfway house. His mother, Mary Weiss, worried that he was in no state to give informed consent for the study and feared the mystery drug was not helping him.

In a wrongful death lawsuit filed in 2007, Weiss’s attorneys alleged that “Ms. Weiss sent five letters” to Olson and Charles Schulz, a UMN psychiatrist who was leading the study with Olson. Weiss was increasingly desperate that “her son was not improving and had begun to deteriorate,” according to the lawsuit. She received a reply only to her fifth letter, sent via certified mail. In that response, less than 2 weeks before Markingson’s death, Schulz wrote, “antipsychotic medications do not always lead to a complete remission of symptoms. ... Further improvement may be seen over time, as has been shown in most studies.”

A voicemail Weiss left at about the same time with the study coordinator, a social worker named Jean Kenney, was chillingly prescient: “Do we have to wait until he kills himself or someone else before anyone does anything?” When Kenney was deposed during the lawsuit, she acknowledged that after contacting the halfway house and being assured Markingson was “fine,” she did not pursue the matter.

Olson and Schulz declined to comment for this story. They remain on the faculty of the university’s Department of Psychiatry. Kenney left the university in 2005.

The parents of young adult psychiatric patients can present a dilemma to their doctors, says Paul Appelbaum, a psychiatrist at Columbia University. (Appelbaum wrote a declaration supporting the university’s Institutional Review Board [IRB] after the lawsuit was filed, but was not otherwise involved.) By law, parents have no right to participate in decisions about treatment or research studies. But “although we can’t talk to family members if patients don’t want us to, we can always listen,” Appelbaum says. Parents may provide valuable insights, about their child’s talk of suicide, for example, or about illicit drugs they may be taking.

After almost 6 months in the CAFE study, Markingson stabbed himself to death. Another 280 people did not complete the trial. Volunteers abandoned therapy due to side effects, inadequate efficacy, or just because they wanted to. The results on the remaining 119 were published in *The American Journal of Psychiatry*. Because the proportion who dropped out from each group was roughly the same, study leaders concluded that Seroquel was, as AstraZeneca had hoped, as good as the other two treatments. All three drugs remain popular options today.

At a vigil earlier this month to mark the 10th anniversary of Markingson’s death, Elliott speaks from behind a black coffin.
Markingson’s suicide was reported to the university’s IRB and to FDA. In January 2005, an FDA inspector spent 8 days at the university and produced a 21-page report. “No evidence of misconduct or significant violation of the protocol or regulations was found,” wrote inspector Sharon Matson. “There was nothing different about this subject than others enrolled to indicate he couldn’t provide voluntary, informed consent.”

In some respects, the CAFE trial is troubling for how ordinary it was, say psychiatrists with no connection to it. It is not unusual for a physician to play dual roles as treating psychiatrist and trial leader and for the study coordinators who enroll patients to also assess their ability to consent. Drug companies commonly pay universities for the volunteers they recruit and retain. These conflicts, routine as they are, “create risk, both for the individual but also for the research,” says Steven Hyman, former director of the National Institute of Mental Health and now head of the Stanley Center for Psychiatric Research at the Broad Institute in Cambridge, Massachusetts. He spoke generally because he’s not familiar with Markingson’s story.

It’s critical for psychotic patients to participate in research—and studies have shown that about half of those who are inpatient can reasonably consent. But patients who have been committed involuntarily are akin to other extremely vulnerable research subjects, such as prisoners, Hyman believes. These people “need an absolutely trusting relationship with their treater,” Hyman says. “Anything that would undercut their trust, that would lead them to the sense that they are being instrumentalized, is problematic.”

In a deposition for Weiss’s lawsuit, Olson was asked: “For Dan by court order, you control his freedom, isn’t that right?” Olson replied simply, “Yes.” But he also stood by the care he had provided. “I don’t believe,” he said, “that I abused my clinical relationship with Dan.”

**ELLIOTT ADMITS** to an overdeveloped sense of shame, perhaps due to his Southern roots. “Most of us,” he believes, feel shame “for things you didn’t do yourself, things that were done by your family, your people, your country.” Or your university. So Elliott reached out to the person suffering most deeply in the aftermath, Markingson’s mother, Mary Weiss. Their friendship has fueled his devotion to the case. Now in her early 70s, Weiss suffered a series of strokes over the past 2 years and is largely confined to her bed. She was not up to speaking for this story.

**“Do we have to wait until he kills himself or someone else before anyone does anything?”**

Mary Weiss

A diminutive woman with white hair, Weiss suggested that Elliott review the evidence. She gave her lawyer permission to pass along hundreds of pages of court deposition and her son’s medical records. The documents, Elliott felt, suggested that Markingson was profoundly out of touch with reality and had little sense he was gravely mentally ill. How, Elliott wondered, could someone who lacked insight into his illness consent to a study designed to treat it?

Elliott came to believe that every investigation—not only by FDA but also by the Minnesota Board of Medical Practice, the university’s IRB, and its general counsel’s office—had been flawed or incomplete. FDA did not seek Weiss’s perspective, the views of Markingson’s caseworker, or interview staff at the halfway house who had interacted with Markingson, for instance. (FDA would not comment on the Markingson case for this story.) Nor did the agency examine conflicts of interest. Weiss’s lawsuit was dismissed not on its merits, but because the university’s IRB and Board of Regents were deemed immune from liability thanks their role as state employees. (The judge did argue that informed consent was obtained appropriately, because Markingson had signed the consent form and had not been declared mentally incompetent by a court.)

As Elliott combed the documents, he saw a patchwork system, with no one agency tasked with examining it all. The university could make that happen. But universities “have powerful disincentives even to having an investigation,” Hyman says. There’s “a psychological sense of being beleaguered and circling the wagons,” whether or not there’s anything to hide.

**ELLIOTT’S FIRST SUPPORTER** was Turner, a bioethicist who joined the department from McGill University in Montreal, Canada, 2 months after the *Pioneer Press* series appeared. Turner considered Elliott honest to a fault—the type who wouldn’t sugarcoat his assessment of your paper, no matter what he thought. He was also swayed by a lengthy feature article Elliott published in 2010 in *Mother Jones* about the Markingson case.

After the two began speaking out, writing editorials in local papers and later contacting politicians and university administrators and posting on a blog, Elliott and Turner heard from other individuals who insisted that they had been harmed in UMN psychiatric drug trials or had witnessed others’ mistreatment. One man said he had worked in the psychiatric units of the hospital where Markingson was treated. Another identified herself as a counselor for teenagers. Elliott heard from parents, who said their son or daughter had enrolled in a study under pressure.

These tipsters would not allow their identities to be publicized. Still, Elliott and Turner see no reason to think they’re lying and believe their accounts suggest systemic problems with such trials. “A pattern is a much different story, a much more unnerving story, than one young man who happened to die while he was enrolled in a clinical trial,” Turner says.
At first, Elliott’s department rallied around him. In November 2010, eight faculty members, including Elliott and Turner, wrote a letter to the university’s Board of Regents, requesting an independent, university-commissioned investigation into the Markingson case. But as Elliott continued lobbying for action, his colleagues withdrew, first, say Elliott and Turner, into silence, and then increasingly into rancor. One yelled at both to resign. Another filed a complaint against Elliott in late 2012, intimating gender discrimination and bullying. The complaint was subsequently dismissed. “It was sort of a shock, betrayal,” Elliott says now. “The mere fact of going to work—you are so despised by the people around you.”

All five tenured members of the department declined or did not respond to requests to comment for this story, as did two others who moved elsewhere in recent years.

UMN administrators maintain that the Markingson case has been thoroughly explored. Their frustration with Elliott’s tenacity is evident. “Calls for an ‘independent investigation’ of Mr. Markingson’s death intentionally ignore the multiple investigations that have already occurred over the past decade,” wrote Brian Lucas, senior communications director, in a statement to Science. “Mr. Elliott has disregarded all of the findings. … We have little reason to believe Mr. Elliott would not find similar flaws in any additional investigation. … In the ten years that have followed Mr. Markingson’s death, Mr. Elliott has consistently ignored evidence and distorted or omitted key facts in pursuing his own agenda.” In an earlier e-mail, Lucas noted: “If it wasn’t for Carl there wouldn’t be an issue.”

But that storyline is becoming difficult to sustain as more supporters join him. “I thought, ‘We should not just sit here on the sidelines,’” says Trudo Lemmens, a professor of health law and bioethics at the University of Virginia in Charlottesville, and one of the signatories. “The issue is, why was he involved in this research and did the system and the people in the system fail him? And I think it was on multiple levels.”

Another unlikely ally is former Minnesota Governor Arne Carlson. “We’re in the midst of a massive cover-up,” Carlson declared in a phone interview. The university hired Elliott because it “found him to be one of America’s most outstanding bioethicists. The moment he comes up with something that is sensitive to them, he becomes the village idiot.” Carlson is lobbying the current governor of Minnesota to step in.

The pressure has had some effect. This past December, in a crowded windowless auditorium, UMN’s Faculty Senate voted 54 to 0 in all—held a vigil on the concrete plaza outside the university’s McNamara Alumni Center, where the Board of Regents was gathered for a routine meeting. Four students brought a plywood coffin that Elliott had hammered together in his backyard up to the sixth floor. “We laid it out directly outside of the Board of Regents room, with the lid open,” says Eden Almasude, a 21-year-old first-year medical student.

Almasude had met Elliott a few months earlier, and his passion resonated with her. “You don’t find professors, faculty, who are so devoted to a cause and so devoted to ideas, these moral, ethical convictions for justice and accountability,” she says. “They’re willing to become persona non grata.”

Outside, Almasude, Elliott, and the rest carried placards and called again on the university for an independent investigation into Markingson’s death and to share the number of subjects who have died or been harmed in the university’s psychiatric drug trials. “What are they hiding?” Elliott wants to know. For now, the coffin is back at his home, perched atop a foosball table in the living room. He’s considering what to do with it next.
A lonely crusade
Jennifer Couzin-Frankel

Science 344 (6186), 793-797.
DOI: 10.1126/science.344.6186.793

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