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THE WEEK IN NUMBERS
454 138 Number of patients in England recruited to clinical studies in 2009-10 (Editorial, p 180)
0.16 Reduction in body mass index for an increase of 2000 steps (Research, p 216)
5% Absolute risk of liver damage in C282Y homozygous men with hereditary haemochromatosis (Clinical Review, p 218)
11 Number of deaths in England and Wales between April 2005 and April 2010 in patients who had deteriorated after laparoscopic surgery (Practice, p 228)

QUOTE OF THE WEEK
“In the West, any proposed beneficial effects of exclusive breast feeding to six months on infection risk would need to be weighed against plausible, or at least suggestive, evidence for adverse effects”
Mary Fewtrell and colleagues discuss the evidence for introducing solids before six months (Analysis, p 209)

QUESTION OF THE WEEK
Last week we asked: “Is NHS Employers justified in trying to impose a freeze on incremental pay progression for NHS staff?”
78% said no (total 402 votes cast)

This week’s poll asks: “Have we gone too far in translating ideas from aviation to patient safety?”

bmj.com Cast your vote

PICTURE OF THE WEEK
Headache by Helen Pynor, an artwork in the exhibition Brainstorm: investigating the brain through art and science. The show has caused some controversy owing to the display of brain slices from a patient with multiple sclerosis, with the Conservative MP David Amess referring to the exhibition as “degrading” and “a disrespectful way to treat the human body.” GV Art, the gallery in London that is holding the exhibition, is the only private gallery in the country to hold a Human Tissue Authority licence for public display and storage of human tissue. The organisers hope to highlight the importance of brain donation for research.
EDITOR’S CHOICE

Institutional and editorial misconduct in the MMR scare

This week, in the last of his series of three articles on the secrets of the MMR scare (p 200), Brian Deer describes the events of 2004 when he first raised concerns about Andrew Wakefield’s research with the Lancet’s editor. Rather than calling for an investigation as Deer had expected, Richard Horton moved quickly—with Wakefield, his co-authors, and their former institution—to publicly deny all but one of Deer’s allegations. Six years later, at an estimated cost of £6m, the General Medical Council found all the allegations to be true.

In his Observations column, Harvey Marcovitch asks again why it took so long to uncover Wakefield’s fraud (p 206). He compares it with other major scientific frauds whose overthrow took a year or less from whistleblow to disgrace. Deer’s article provides another piece of the puzzle. In Wakefield’s case we were falsely reassured. We were told by authoritative sources—the journal and the institution—that an investigation had been done and had cleared Wakefield of most charges. But as shown by documents obtained under the Freedom of Information Act, there was no proper investigation, merely a 48 hour “scramble” to protect reputations and discredit the story.

It is hard to escape the conclusion that this represents institutional and editorial misconduct, and its impact has been substantial. Wakefield’s influence beyond the UK—in the USA, Russia, and elsewhere—is clear from the extensive international media response to Deer’s first two articles. The spread of this influence happened mainly after 2004. The international damage might have been lessened by earlier definitive action.

Speaking for the institution, UCL’s vice-provosts for health and research say that the mistakes made in this case have prompted a review of research misconduct. We were told by authoritative sources—the journal and the institution—that an investigation had been done and had cleared Wakefield of most charges. But as shown by documents obtained under the Freedom of Information Act, there was no proper investigation, merely a 48 hour “scramble” to protect reputations and discredit the story.

What actions should the scientific community take in the light of what Andy Alaszewski calls “this modern tragedy” (p 231)? One urgent need is for progress in research into autism. Without a better understanding of its true causes and potential remedies, parents confronted with this frightening and unexplained experience will continue to seek answers from Wakefield and his like.

But we must also critically examine and rethink the culture of the research enterprise that has allowed such things to happen, says Douglas Opel and colleagues (p 179). And we urgently need proper mechanisms in the UK for ensuring research integrity. Our medical establishment, and successive governments, have consistently failed to take research misconduct seriously. The most we have achieved, despite previous scandals and pressure from the BMJ, the Lancet, and others, has been the setting up of the UK Research Integrity Office in 2006. As Marcovitch explains, its lack of mandatory powers was a grave disappointment, and its funding has now run out. Other countries have models we could adapt. The US Office of Research Integrity has a mandate to oversee institutional investigations of alleged misconduct in publicly funded research. Michael Rawlins’ proposals for a new health research agency should be welcomed (p 180). But his report makes no specific mention of research integrity. If the agency is to truly serve the public’s interests, it must include a statutory mechanism for overseeing investigations into research misconduct.

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Six months of exclusive breast feeding: how good is the evidence?
Editor’s Choice: The fraud behind the MMR scare