

OUT OF HOURS Christopher Martyn

Lactation wars

A storm over a recent *BMJ* paper shows that there's no substitute for prepublication peer review

"A common mistake people make when trying to design something completely foolproof is to underestimate the ingenuity of complete fools" was a witty bit of advice from Douglas Adams, author of *The Hitchhiker's Guide to the Galaxy*. Adapted for authors of medical papers it might read: "A common mistake when trying to reach a provisional and nuanced conclusion is to underestimate the ability of readers to find an unintended meaning."

Mary Fewtrell and her colleagues probably thought that they had been careful in the way that they phrased their analysis article published in the *BMJ* a fortnight ago (*BMJ* 2011;342:c5955). They had reviewed recent evidence on infant nutrition and asked whether it might be better to abandon the current recommendation to breast feed exclusively for six months in favour of introducing solids earlier. They reckoned that, among other things, there might be benefits in reducing the risk of iron deficiency and food allergies. In the hope of forestalling any misunderstanding they had put in a sentence saying that the evidence for breast feeding itself was extensive and that it wasn't their intention to question it.

The article attracted media attention. The *Sun* ran the misleading headline "Breast is not Best" but redeemed itself with what followed, which was a brief but faithful précis of the original article. Indeed, apart from the headlines, all the newspaper stories I saw, whether in upmarket dailies or popular tabloids, gave a fair account of Fewtrell's argument.

But that didn't prevent the inhabitants of planet Blog seizing the wrong end of the stick and then complaining that their hands were dirty. Breastfeeding websites vary from the twee (boobiemunchkins.blogspot.com) to the overexplicit (theleakyboob.com). Many are vehicles for groups of people with a fundamentalist conviction about the virtue of breast feeding, and these worked up a sense of outrage over the

study. Lactivist.net called on its readers to email the editor of the *BMJ* demanding another press release (www.lactivist.net/?p=2449). A blog called Dispelling Breastfeeding Myths worried that "fragile nursing relationships have been undermined by these reports" (<http://mythnomore.blogspot.com/2011/01/bemad.html>). The Analytical Armadillo guessed that "many people with a young infant coming up to solids age will now be absolutely bewildered about when they should be thinking about solids" (www.analyticalarmadillo.co.uk). It also quoted the author of a book, *Baby-Led Weaning*, whose view was that "this is pure speculation and scare-mongering." A woman from the Yummy Mummy Club, Canada, heard about the article from her mother, tweeted about it, and reported that most people were "up in arms" (www.yummymummyclub.ca/breast_feeding_study).

It almost seemed that some of the people contributing to these websites were looking for a fight. Gurgle.com posted a calm and balanced piece, explaining the *BMJ* article well, only to receive complaints that it had been irresponsible. More justifiably, others showed their exasperation with a profession overeager to give definite advice on a basis of observational evidence. "Why do people not trust their own judgement a bit more rather than listen to health professionals who can't make up their own mind from one year to the next?"

Many people confided their own experiences—"I fed my babies potatoes and gravy and they turned out fine"—as if these somehow implied that further efforts to improve infant nutrition were a waste of time. Comments that actually focused on the issues raised in the article were rare.

There have been suggestions recently that Twitter and other social networking sites might do a better job of quality control on scientific publication than the current system of prepublication peer review. An article in *Nature* described



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how two recent papers in *Science* had rapidly had their flawed methods exposed this way (www.nature.com), and the former *BMJ* editor Richard Smith took up the theme in a recent *BMJ* blog (<http://blogs.bmj.com/bmj/2011/01/26/richard-smith-twitter-to-replace-peer-review/>). I can see that this may be right for, say, particle physics or molecular biology, where well informed researchers are mostly talking to each other. But, having read this stuff, I'm not convinced that it is going to work for clinical research, where the constituency is much larger and people who haven't read the paper feel no inhibition about expressing a view.

The websites and blogs that I've been writing about may do all sorts of good things to support women and encourage breast feeding, but there's no getting away from the fact that they don't contribute much to scientific debate on infant nutrition. Reading them felt like being caught up in a demonstration march. It's not that the protesters are bad or wicked or unable to discuss other points of view, but if you're among them there's just no way of going in the opposite direction.

Mind you, some of the rapid responses on bmj.com weren't much better. I won't give examples because they're only a click away, and you can form your own view. The charitable explanation is that these correspondents didn't mean what they said, which is always a danger when the heat of the moment coincides with the availability of instant communication. I'd like to see "rapid responses" axed and replaced with "considered responses." This new section wouldn't allow comments for at least a week after the article was published, and there would be a cooling-off period between submission and publication. Anyone sending something in would have to confirm, 48 hours after they first sent it, that they really did want it posted.

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 Cite this as: *BMJ* 2011;342:d835

LOBBY WATCH Jane Cassidy

Policy Exchange

Who are they?

Depending on your political point of view, Policy Exchange is a neo-con attack dog (Seumas Milne of the *Guardian*) or the leading think tank for these times (London mayor Boris Johnson).

It was set up in 2002 by three Conservative MPs: Michael Gove, now the education secretary, the backbencher Nick Boles, and Francis Maude, currently Cabinet Office minister and paymaster general. Gove poetically likens its role to “a tiny band of guerrillas, partisans on the hillside fighting a lonely campaign, who have turned into the most formidable regular army on the think tank battlefield.”

It is Prime Minister David Cameron’s favourite think tank, according to the *New Statesman*. Its deputy director, James O’Shaughnessy, was hired by Cameron as a special adviser.

Its current director, Neil O’Brien, used his *Daily Telegraph* blog in December to outline his support for GP commissioning.

In his view the strategy has the potential to drive up standards while driving down costs and healthcare inequalities.

If individual doctors are given a hard cash constraint and real choice of providers, he believes, they will be able to ration healthcare and strike better deals for patients.

“By not giving me an unnecessary referral to a specialist, my GP can save the money to make sure that Mrs Miggins gets her hip operation more quickly,” he says.

Doctors also have the option to shop around on behalf of their patients, becoming a force for competition and driving up standards in hospitals.

On inequality, he argues that the richest fifth of areas currently have 21% more doctors per head than the most deprived fifth. Sorting out GP funding and removing constraints, such as seniority payments and the minimum practice income guarantee,

would create incentives for doctors to move into poorer areas, he suggests. That in turn would make the NHS more cost effective, because there is evidence that better primary care can avoid more expensive hospital visits later.

What agenda do they have?

Policy Exchange is particularly interested in free market and localist solutions to public policy questions. Its core beliefs involve reinventing the way in which government traditionally works and changing how public services are funded and to whom they are accountable.

Competition between providers is thought to help improve the care of patients, with private sector companies and third sector providers playing key roles in the NHS.

The think tank also sees public health and preventive medicine as important, along with greater involvement of patients in healthcare and social care decisions.

What does the government think of them?

A job at Policy Exchange can be a useful springboard for a role in government or for working for Tory central office or the mayor of London, as its alumni list shows.

There is no shortage of praise from the Conservative side of the coalition. Glowing testimonials on its website include contributions from senior party figures such as the chancellor of the exchequer, George Osborne, and the chief policy coordinator, Oliver Letwin.

Where do they get their money from?

Policy Exchange describes itself as an independent and non-partisan educational charity, supported by individual donors and corporate partnership for events and reports. Its income in 2008-9 was £2.7m (€3.1m; \$4.3m).

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Cite this as: *BMJ* 2011;342:d648

FROM BMJ BLOGS

The dog that hasn’t barked

Whatever happened to contract negotiations, asks **Martin McShane**, as he ponders how reluctant general practices will be brought into line

There is a bill before parliament that details, in jargon that defeats me, the changes to the structures for commissioning. It lays out the way the system will be regulated and steered towards the new dawn. At the core of this radical change is the premise that general practitioners will be willing and eager to pick up the challenge being laid at their feet. Why will they?

An email arrived in my inbox detailing one of the problems with this premise. A GP who is willing to try to make the reforms work is having a bit of difficulty persuading his partners to release him for the requisite time. It is not for lack of money—we can fund backfill time (although in dispensing practices that could exact a high price). It is simply that the partners don’t want to have to do more work than they are doing already and locums are like gold dust. We are going to need a lot of clinical backfill in the next two years as GPs take time out for development and training to acquire the skills needed, even if they employ a raft of managers, which I don’t think is the intent of the reforms.

Even if we get a cadre of GP commissioners in place (and I am fairly optimistic that is possible), there is the other issue—the really important one. What are the consequences to GP practices and GPs who simply don’t want to engage? What happens to those practices who, despite peer pressure or appeals to their ethics, their morals or any of the other influencing techniques that don’t involve a fiscal penalty, refuse to play ball with the reforms?

As one young GP said at a meeting recently, “I have been trained to be a system resister, to put the interests of the patient in front of me ahead of the system, so why do you think I want to be a system manager?”

What is going to make GPs who are reluctant, indifferent or obstinate play this game? Something is missing. Where is the contract? What is happening to the contract negotiations? It has all gone quiet. The era of using money to incentivise with largesse is surely over? However, the dog remains quiet. It is not even barking—let alone providing any bite!

Martin McShane is director of strategic planning for NHS Lincolnshire

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