



MALCOLM WILLET

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Public acceptance of the use of animals in biomedical research is conditional on it producing benefits for humans. Pandora Pound and Michael Bracken argue that the benefits remain unproved and may divert funds from research that is more relevant to doctors and their patients

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PICTURE OF THE WEEK

Eritrean migrants attempting to cross the Channel from Calais rest under blankets at a food distribution centre. Last month, local authorities used riot police to evacuate and close three illegal camps at the French port. The official reason cited was to prevent a scabies epidemic, although humanitarian societies claim the closures will cause the situation to deteriorate even further.

RESPONSE OF THE WEEK

Ever since NICE advocated the use of ultrasound for central venous access in 2002, every anaesthetic department has been obliged to purchase an ultrasound machine. . . . As these were 'sitting around' between central line insertions, innovative anaesthetists found more and more ingenious ways to use them—firstly for different approaches to venous and arterial cannulation, and then for a multitude of nerve and plexus blocks, revolutionising the field of regional anaesthesia, in terms of safety, as well as quality and variety of techniques.

David R Price, ST5, anaesthetics, University Hospital of Wales, Heath Park, Cardiff, in response to "Will ultrasound scanners replace the stethoscope?" (*BMJ* 2014;348:g3463)

MOST READ

Adverse effects of statins

The survival time of chocolates on hospital wards: covert observational study

India's two finger test after rape violates women and should be eliminated from medical practice

Qualitative research methodologies: ethnography

Bad medicine: gabapentin and pregabalin

BMJ.COM POLL

Last week's poll asked:
 "Can regulatory approaches to cannabis use reduce health and social harms more effectively than prohibition?"

71% voted yes
 (total 584 votes cast)

▶ *BMJ* 2014;348:g3382

This week's poll asks:

"Will ultrasound scanners replace the stethoscope?"

▶ *BMJ* 2014;348:g3463

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EDITOR'S CHOICE

How good is animal research?

Where would you place the balance of effort: investment in better animal research or a shift in funding to more clinical research?

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It's 20 years since Doug Altman wrote his scorching editorial in *The BMJ* on "the scandal of medical research" (*BMJ* 1994;308:283). Earlier this year *The BMJ*'s former editor Richard Smith summarised why the same editorial could be published today with little change (<http://bit.ly/1rHnWbL>), referencing John Ioannidis's *PLoS Medicine* article, "Why most published research findings are false." The medical literature remains beset with biases caused by overinterpretation of small, poorly designed, and badly implemented studies, many of them erroneously or selectively reported or not reported at all. The result is an evidence base that exaggerates the benefits and underplays the harms of treatments.

But there's another reason for doubting the validity of clinical research: the poor quality of the animal studies on which much of it is based. Ten years ago in *The BMJ* Pandora Pound and colleagues asked, "Where is the evidence that animal research benefits humans?" (*BMJ* 2004;328:514). Their conclusion was not encouraging. Much animal research into potential treatments for humans was wasted, they said, because it was poorly conducted and not evaluated in systematic reviews.

Since then, as Pound and Michael Bracken explain this week (p 18), the number of systematic reviews of animal studies has increased substantially, but this has served only to highlight the poor quality of much preclinical animal research. The same threats to internal and external validity that beset clinical research are found in abundance in animal studies: lack of randomisation, blinding, and allocation concealment; selective analysis; and reporting and publication bias. The result, said Ioannidis in 2012, is that it is "nearly impossible to

rely on most animal data to predict whether or not an intervention will have a favourable clinical benefit-risk ratio in human subjects." Such wastage is as unethical in animal as in human research. Poorly done preclinical research may lead to expensive but fruitless clinical trials exposing participants to harmful drugs. And of course there is the unnecessary suffering of the animals involved in research that brings no benefit.

What to do about it? Better conduct and reporting of animal research will help, say Pound and Bracken. This could come from better training and education of basic researchers and from a cultural change fuelled by greater scrutiny and public accountability. But how much would this really improve the rate of successful translation from animals to humans? Not much, it seems. Even if the research were conducted faultlessly, argue the authors, our ability to predict human responses from animal models will be limited by interspecies differences in molecular and metabolic pathways.

Funds might be better directed towards clinical rather than basic research, where there is a clearer return on investment in terms of effects on patient care. The authors conclude: "If research conducted on animals continues to be unable to reasonably predict what can be expected in humans, the public's continuing endorsement and funding of preclinical animal research seems misplaced." Where would you place the balance of effort: investment in better animal research or a shift in funding to more clinical research?

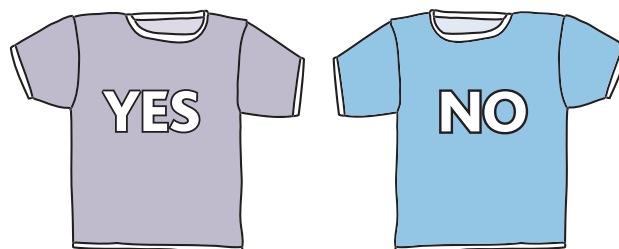
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Polls

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