EDITOR'S CHOICE

Promises of transparency? Hold the applause

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Calling for greater transparency in healthcare is easy enough. The *BMJ* does it a lot, though I hope we also show willing in opening the journal to scrutiny. We're certainly happy to applaud those who promise to be more transparent. But we won't applaud their promises for long. The real plaudits are reserved for those who act on their words.

One such group is the Society for Cardiothoracic Surgery in Great Britain and Ireland. Since 2005, it has published mortality rates for cardiothoracic surgery from all NHS hospitals and for about 80% of individual surgeons. Now those who have led the way are sharing their experience with those who must follow. Ten other specialties have recently been told by the NHS commissioning board that their surgical and other outcomes will be published by this summer. The challenges these groups will face are immense. As Ben Bridgewater and colleagues explain, the cardiothoracic surgeons' success has relied heavily on keeping the society's members on board at every stage (doi:10.1136/bmj.f1139). Issues to be agreed include which outcome measures to use, how to adjust for case mix, how to deal with missing data, how to decide whether variations in outcomes are acceptable or not, and how to feed back the results to hospitals and individual surgeons. Importantly, it's not only the mortality data that must be open to external scrutiny, they say, but also the processes by which the data are collected, analysed, and acted upon.

Promising greater transparency for clinical trial data has rightly garnered GlaxoSmithKline a first round of applause. The question is whether the company will deserve longer term reputational rewards. As Rebecca Coombes reports in her interview with GSK's chief executive, Andrew Witty, the company's announcement in October that it will make anonymised patient level data available to researchers is now

being put to the test (doi:10.1136/bmj.f1458). The Cochrane Collaboration, commissioned by the UK's National Institute for Health Research to review the evidence on treatments for influenza, immediately revived its three year old request for the data on GSK's antiviral drug zanamivir (Relenza). After some to-ing and fro-ing, GSK has now sent 30 clinical study reports. But to the Cochrane reviewers' dismay, data redaction and other problems may make analysis and interpretation impossible.

The *BMJ* understands that GSK has responded to Cochrane's concerns, but the final outcome is still uncertain. In a rapid response posted this week, Peter Gøtzsche is pessimistic (www.bmj.com/content/346/bmj.f819/rr/633959). Let's hold our applause for the moment.

As for the manufacturers of the far more widely purchased antiviral oseltamivir (Tamiflu), they are doing themselves and the public no favours. In press releases last week, Roche seemed to be trying to gain some of GSK's reputational bounce. Sadly, however, as one of the Cochrane reviewers, Peter Doshi, points out in a rapid response (www.bmj.com/tamiflu/roche/rr/633825), the panel Roche has announced to review the data is not independent, being run by the pharma-funded European Scientific Working Group on Influenza; and despite repeated requests for the data over the past four years, Roche has yet to provide even a single full study report.

If delay is Roche's game plan, other companies will be watching with interest. How much reputational damage will shareholders be willing to sustain in order to avoid revealing unfavourable clinical trial results?

Cite this as: *BMJ* 2013;346:f1513

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