



EDITOR'S CHOICE

Let's talk about sex, and relations with industry

Fiona Godlee *editor in chief*

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How much sex are people having, and is it enough? Published in *The BMJ* this week, new results from a British survey of sexual frequency and attitudes find that people aged 16-44 are having less sex than people of the same age 10 years ago (doi:10.1136/bmj.l1525). Other developed countries report similar trends. Possible explanations vary by age and socioeconomic group, as explored by Peter Leusink (doi:10.1136/bmj.l1961). They include the pace of modern life, physical and mental ill health, family pressures on people with simultaneous responsibility for young children and elderly parents, and financial and employment instability. Given its importance for health and wellbeing, Leusink says these findings should encourage us all to start talking about sex.

The study's authors agree. In their commentary they note that, while reported frequency has fallen, the proportion of people wanting more sex has risen (<https://blogs.bmj.com/bmj/2019/05/07/kaye-wellings-lets-talk-about-sex>). This may be because everyone assumes that other people are having more sex than them. Their findings elicit a collective sigh of relief in their audiences, and this response can be useful in a clinical setting, they say. Patients may be reassured that their sexual behaviour is "normal for now."

If we need to talk about sex, we also need to talk about relations with industry. And the earlier we do this in a person's career

the better, say Allan Detsky and Christopher Booth (doi:10.1136/bmj.l1939). They suggest avoiding industry ties on the grounds that even apparently trivial links can bias behaviour. Because of the pervasive, coordinated, and sophisticated workings of industry, this requires constant vigilance and discussion.

Researcher Fiona Gillison would have welcomed such discussion before she agreed to join a study funded by Coca-Cola (doi:10.1136/bmj.l2034). She was unprepared for the prolonged backlash and its effect on her career and calls for juniors to get more informed support from senior academics and universities before they commit one way or the other.

The BMJ takes a strong line on this. Alone among the major medical journals, we don't allow authors of clinical editorials and education articles to have relevant financial ties (doi:10.1136/bmj.g7197). Our recent call for submissions (doi:10.1136/bmj.l1706) seeks evidence and analysis of routes to greater independence. Like Detsky and Booth, we are working towards a change in the culture, one in which healthcare's key opinion leaders will be those who have maintained their independence. Like them, we encourage junior researchers and clinicians to think carefully before deciding whether to change their disclosure from "None" to "Some."