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The dangers in policy and practice of following the consensus

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What is the consensus? How is it that women carry out 11 billion hours a day of unpaid work, yet society pays little heed to their wellbeing (doi:10.1136/bmj.n1972)? What is the explanation for the unexpected differences in life expectancy between ethnic groups (doi:10.1136/bmj-2021-068537)? Why is it so hard to tackle the racism that health professionals from ethnic minority groups experience daily and persistently (doi:10.1136/bmj.n2832)? What is the role of health professionals in preventing and tackling abuse of elderly people (doi:10.1136/bmj.n2828)?

Does consensus even matter when it's the evidence that should matter? Take the evidence on covid vaccines, for example. However sceptical you might be about the efficacy trials and their lack of transparency, the real world research, a good deal of which *The BMJ* has published in the past 12 months, shows clear benefit of vaccination (doi:10.1136/bmj.n2034, doi:10.1136/bmj.n1088, doi:10.1136/bmj.n1943, doi:10.1136/bmj.n2015).⁵⁻⁸ The true picture of adverse effects from the vaccines is yet to emerge, of course, and relies on thorough postmarketing surveillance.

Yet many guidelines are based on consensus and sold to us in such a way that we might assume the authority of the assembled experts to be greater than the accumulated evidence. New research analysing US guidelines in cardiology and oncology instead finds that consensus based guidelines are more likely to make discordant and inappropriate recommendations relative to the evidence base (doi:10.1136/BMJ-2021-066045, doi:10.1136/bmj.n2833).910 Evidence based guidelines are also prone to similar errors, albeit to a lesser degree. The overall message, then, is a damning verdict on the guidelines industry and the risk that it poses to patient safety.

Of covid-19 vaccines, mRNA vaccines are the most controversial, by any consensus. Messenger RNA was discovered in the 1960s, and, through incremental advances achieved by many different international scientists, it was ripe for rapid exploitation when SARS-CoV-2 began to disrupt lives and livelihoods. The mRNA covid-19 vaccines continue to attract suspicion about associated risks; they are marketed aggressively and earn vast profits for their manufacturers.

A new study underlines the concern about the waning immunity of Pfizer's mRNA vaccine (doi:10.1136/BMJ-2021-067873), ¹¹ while an outcry grows about the unwillingness of rich companies, such as Pfizer and Moderna, to share technology and manufacturing knowhow with poor countries. But the hope beneath the hype and hesitancy may be genuine, of a technology that offers the potential to cure or prevent

a wide range of conditions from malaria to cancer (doi:10.1136/bmj.n2744).¹²

China's Sinovac vaccine is of more traditional "inactivated" design. Less reassuring efficacy data may be one explanation why China is sticking with "zero tolerance" public health measures despite already having vaccinated over 75% of its population. Strict measures have left China's population with little natural immunity, and exposure to the delta variant is a risk unless population immunity is higher (doi:10.1136/bmj.n2756).¹³

By consensus, the UK's policy is closer to "full tolerance" of covid, much to the dismay of professionals concerned for children's welfare (doi:10.1136/bmj.n2826, doi:10.1136/bmj.n2844),1415 worried about high death rates (doi:10.1136/bmj.n2843), ¹⁶ enraged by government complacency and corruption (doi:10.1136/bmj.n2773, doi:10.1136/bmj.n2825), 1718 and disturbed by vaccine hesitancy in pregnant women (doi:10.1136/bmj.n2862).¹⁹ Whether you are minded to believe these consensus views or not, you might consider one piece of evidence related to the knock-on effects of the toll that covid has placed on acute care: overcrowding and delays in emergency departments led to 4519 excess deaths in England over the past 12 months (doi:10.1136/bmj.n2835).²⁰

It's an "alarming" statistic that will certainly interest Independent SAGE, an expert group committed to evidence based policy making, members of which write to explain why we were wrong to call them "rebel scientists" (doi:10.1136/bmj.n2850, doi:10.1136/bmj.n2504).^{21 22} On the other hand, you might say that rebelling against a harmful consensus is something to be proud of.

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