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Cite this as: *BMJ* 2021;375:n3036<http://dx.doi.org/10.1136/bmj.n3036>

Published: 09 December 2021

My final choice: speaking truth to power

Fiona Godlee *editor in chief*

What does it mean to “speak truth to power,” and how much does it matter that people do it? Wikipedia tells us that the phrase originated with the Quakers in the United States in the 1950s and that practitioners are those who campaign for a more just and truthful world, who stand “against the received wisdom or propaganda of governments they regard as oppressive, authoritarian, or an ideocracy.”

We need people to do this, in healthcare as in all walks of life: to hold those in power to account, to force issues into the open, to press for greater social and global justice. But it takes courage, especially in parts of the world where doing so puts your liberty or even your life at risk. It also takes persistence, as this year’s winner of *The BMJ*’s “Speaking truth to power” award has abundantly shown.

Moosa Qureshi is a consultant haematologist to whom we owe much of what we now know about the UK’s failure to prepare for this pandemic

(doi:10.1136/bmj.n2992).¹ Through requests made under freedom of information legislation, dogged detective work, crowdfunding, and legal action, Qureshi discovered and forced the government to publish key reports on the many infectious disease modelling exercises it staged in the five years running up to the covid-19 pandemic. One of them, Exercise Alice in 2016, modelled a coronavirus pandemic, belying ministers’ claims that no one had foreseen such a threat (doi:10.1136/bmj.n2475).² It accurately predicted the importance of isolating patients and contact tracing and a potential lack of PPE, trained staff, and NHS beds, but the government failed to act.

This knowledge matters. “If they don’t face up to what went wrong with preparedness, they won’t be prepared next time,” says Qureshi. The same concern echoes throughout the damning report from the people’s inquiry into the government’s handling of the pandemic (doi:10.1136/bmj.n2955),³ which sets out the many things that need to be fixed (doi:10.1136/bmj.n3015),⁴ now with renewed urgency since the arrival of the more transmissible omicron variant (doi:10.1136/bmj.n3013).⁵ The pandemic has shown up complex and inter-related health challenges—inequity, inadequate health and social care systems, and a damaging economic model—that require a strategic, long term, and radical response (doi:10.1136/bmj-2021-066232).⁶ But such a response is unlikely unless we continue to demand better from our leaders in politics, healthcare, and civil society.

This is my last Editor’s Choice. Next week’s issue is our Christmas special, and I step down as *The BMJ*’s editor in chief at the end of the year. It has been my great privilege to help the journal grow in reach, impact, and influence over the past nearly 17 years. From the start, the aim has been to create a forum for many voices, including those of patients, to challenge

the status quo, and to champion improvements in healthcare research, policy, and practice.

If we have succeeded in speaking truth to power, we have been fortunate in the good ownership of the BMA, whose officers and members understand that for *The BMJ* to succeed it must be left alone to do its thing, however uncomfortable that may sometimes be.

My thanks go to the journal’s readers, friends, and critics around the world who have kept us informed, engaged, and on our toes. And a final unending thanks to my *BMJ* colleagues, in whose creative, committed, and courageous hands I know the journal will continue to flourish.

- 1 Coombes R, Moosa Qureshi: Why pushing for answers has damaged my confidence in the government. *BMJ* 2021;375:n2992.
- 2 Iacobucci G. UK was advised to stockpile PPE and screen travellers in 2016 after coronavirus modelling. *BMJ* 2021;375:n2475. doi: 10.1136/bmj.n2475 pmid: 34635492
- 3 Dyer C. Covid-19: Government was “grossly negligent” in its handling of pandemic, says people’s inquiry. *BMJ* 2021;375:n2955.pmid: 34853055
- 4 McKee M. Misconduct in public office?*BMJ* 2021;375:n3015doi: 10.1136/bmj.n3015.
- 5 Dyer O. Covid-19: South Africa’s surge in cases deepens alarm over omicron variant. *BMJ* 2021;375:n3013. doi: 10.1136/bmj.n3013 pmid: 34862184
- 6 McCartney G, Douglas M, Taulbut M, Katikireddi SV, McKee M. Tackling population health challenges as we build back from the pandemic. *BMJ* 2021;375:e066232doi: 10.1136/bmj-2021-066232.