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## Living with covid cannot save lives, but research can

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“Research saves lives” and “Data saves lives”—two maxims that have come of age in the past two years of the covid-19 pandemic, not just in the UK, but around the world. Whether this is in terms of development of drugs to treat covid-19 (e.g. the RECOVERY trial and PANORAMIC trial), large-scale surveys of symptoms post-covid (e.g. REACT, ZOE), mechanistic studies to inform vaccination regimes and strategies, or the speed of national data linkage (e.g. OpenSafely, QCOVID, CVD-COVID/COVID IMPACT). Over the past two years, the UK government has frequently asserted that it is “following the science,” but “saved by the science” seems more appropriate.

We are currently following a “Living with covid” approach—an ideology that is difficult, if not impossible, to square with patient safety.<sup>1</sup> It is equally hard to see how it “follows the science” and ongoing research into covid-19. It is based on the false premise that we have all the required knowledge, tools, and guidelines to overcome SARS-CoV-2. This complacency is based on falling cases of covid-19 in the UK. But it is worth remembering that surveillance and testing have also reduced. Moreover, it doesn’t take into account the long term and indirect effects on backlogs and waiting lists. The truth is that we do not have all the science, evidence, or care to confidently say that we can “live with covid” in the long term, when we do not know which future variants might arise. We are still learning, and we need to keep enabling the best science and research to happen as quickly as possible.

Therefore, it was very surprising that dedicated covid-19 research funding was reduced in the UK, even though we still need to be prepared for future variants. In addition, the UK has also stopped covid-19 research being prioritised by regulators (e.g. MHRA) and research governance (e.g. individual hospitals and universities), whether at national or local level, or in terms of approvals or recruitment. The terms of the public covid-19 inquiry have been set and the public consultation closed recently.<sup>2</sup> Research plays little, if any, part in the terms of reference for the inquiry.

Within this landscape—long covid—the persistent symptoms and disease processes occurring after SARS-CoV-2 infection, is especially badly affected. It is particularly unfortunate since media and scientific coverage is finally gaining some traction, and the public health need is greater than ever, with the highest numbers on record: 1.5 million individuals affected in the UK alone.<sup>3</sup> Studies funded in initial rounds of national funding for long covid research are being slowed and hampered across the research pathway, from approvals and initiation, performing analyses and delivering results, to follow-up and enrichment of existing research. The gap between

acute and chronic disease care and research is being widened further.

What has worked over the past two years is joined-up thinking and action across teams, institutions, agendas, and disciplines. Yet, linked-up agendas between covid and long covid, and between covid-19 and non-covid research, are lacking when they are most needed. Siloed approaches have not worked in the past and will not work in the future.

We need to continue funding and continue prioritising research, data collection, and public health approaches to covid-19. Otherwise, not only do we threaten future science, we will risk undoing the good of the science of the past two years.

Conflicts of interest: AB is PI of the NIHR-funded STIMULATE-ICP study.

Provenance and peer review: commissioned, not peer reviewed.

- 1 The Guardian. Covid threat being ignored in England for ideological reasons, say NHS leaders. <https://www.theguardian.com/politics/2022/apr/11/covid-threat-being-ignored-england-ideological-reasons-nhs-leaders>
- 2 UK Covid-19 Inquiry. <https://covid19.public-inquiry.uk/>
- 3 Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 7 April 2022 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalence-of-ongoing-symptoms-following-coronavirus-covid-19-infection-in-the-uk/7-april-2022>