Speaking truth to power

Fiona Godlee editor in chief

Each year we award The BMJ editors’ prize for “persistence and courage in speaking truth to power.” The list of previous winners reads like a roll of honour: Peter Wilmshurst, Clare Gerada, Martin McKee, Susan Bewley, Trish Greenhalgh, Robin Stott, Jenny Vaughan, and David Nicholl. These are people who have bravely called out wrongdoing or have paved a compelling path for doing right, often through their writings in The BMJ. At the end of last year the prize went to Allyson Pollock, who is interviewed this week.¹

Why should we prize these people so highly? Because it takes determination, diligence, and skill to speak out effectively, to use data and judgment, to avoid the easy resort to polemic or personal attack, and to balance necessary criticism with constructive ideas. Because it means saying unpopular things that people in power don’t want to hear.

We know that these few prize winners represent many others, working across healthcare around the world, who have shown immense courage, sometimes quietly, sometimes alienating themselves from colleagues, sometimes risking their careers and even their lives.

Supporting them and the issues they champion is part of The BMJ’s role, and in this week’s print journal we have published articles that reflect just some of the many issues that need attention. With services at full stretch because of the surge in covid-19 cases, health professionals are speaking out.² The vaccine rollout is faltering and patchy,³ having had months to prepare.⁴ Hopes of global vaccine equity look slim,⁵ and indeed the data show how many are not being reached.⁶ Retired doctors wishing to volunteer as vaccinators have been mired in unnecessary bureaucracy.⁷

A decision in the UK to extend the gap between vaccine doses has led to confusion and accusations that the government and its advisers have abandoned science.⁸ ¹² We have tried to answer the most pressing questions raised by this unexpected change.¹³ The implications for public trust and vaccine uptake remain to be seen.¹⁴ But let us at least have the data behind the decision,¹⁵ and indeed the data from all the vaccine trials.¹⁶ On a positive note, because junior doctors spoke out, the UK regulator has responded to concerns about women who are breastfeeding being advised against having the vaccine¹⁷; and because patients spoke out, there is progress—however slow—towards a register of doctors’ financial interests.¹⁸

Not everyone can or will want to speak out. For those of you looking to make a difference in other ways, there is our charity appeal.¹⁹ We have passed previous records in the amount already donated. Families in need will thank you for your generosity.

¹ Mahase E. “In the 1980s NHS there wasn’t today’s climate of fear around speaking out”—Allyson Pollock. BMJ 2021;372:m4930. doi: 10.1136/bmj.m4930.
⁴ McGregor J. Vaccination rollout is there no time to get this wrong? BMJ Opinion. 7 Jan 2021. https://blogs.bmj.com/bmj/2021/01/07/jane-mcgregor-vaccination-rollout-is-there-no-time-to-get-this-wrong.
⁷ Schwartz JL. Equitable global access to coronavirus disease 2019 vaccines. BMJ 2020;371:m4735. doi: 10.1136/bmj.m4735. pmid: 33323384
¹¹ Mahase E. Covid-19: Order to reschedule and delay second vaccine dose is “totally unfair,” says BMA. BMJ 2020;371:m4978. doi: 10.1136/bmj.m4978. pmid: 33384299
¹⁶ Hare H, Womersley K. Why were breastfeeding women in the UK denied vaccination volunteers. BMJ 2021;372:n13. doi: 10.1136/bmj.n13. pmid: 33397643
¹⁷ Dyer C. Where the mesh inquiry leaves us regarding a register of doctors’ interests. BMJ 2021;372:m4839. doi: 10.1136/bmj.m4839.
¹⁸ Feinmann J. Community support that’s more than a sticking plaster. BMJ 2021;372:m4959. doi: 10.1136/bmj.m4959.
¹⁹ BMJ: first published as 10.1136/bmj.n24 on 7 January 2021. Downloaded from http://www.bmj.com/ on 22 June 2023 by guest. Protected by copyright.