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Medical research needs a Sue Gray

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Research in medicine needs someone with the power to investigate and uncover misconduct by professionals and organisations who abuse people's trust. Trial participants have every faith in the research enterprise that they sign up for, but it is often misplaced. Trials remain unregistered, and too many are registered retrospectively. Results are released too slowly or suppressed. And trial data are reluctantly or never shared (doi:10.1136/bmj.o102).¹ Data may even be fabricated (doi:10.1136/bmj.o216).² Automatic registration of clinical trials in the UK after approval by ethics committees is therefore a welcome advance (doi:10.1136/bmj.o41).³

Too much bad practice is tolerated in the name of commercial considerations. The drug industry, for example, achieves the highest profit margins and does particularly well during recessions, but it won't waive covid intellectual property rights to support global vaccine availability and save lives, for fear of harming future income (doi:10.1136/bmj-2021-067367).⁴

"The biggest treatment disaster in the NHS" is one way to describe trials that used contaminated blood products to treat children with haemophilia in the 1970s and 1980s without informed consent from them or their parents. Some of the survivors are now seeking compensation (doi:10.1136/bmj.o217).⁵ What does it say about us as a society when we turn trials—a public good—into a tool of exploitation and fail to learn from history?

Yet, well conducted clinical trials support important advances in thinking. A new trial we publish this week reports benefits of intravenous ketamine for the acute treatment of suicidal ideation (doi:10.1136/bmj-2021-067194).⁶ Our latest update on treatments for covid-19 delivers a strong recommendation for baricitinib, a janus kinase inhibitor, in severe and critical covid (doi:10.1136/bmj.m3379).⁷ It also reminds us of the time, energy, and money wasted on advocacy and promotion of remdesivir, ivermectin, hydroxychloroquine, and convalescent plasma as covid treatments.

Research into long covid is also ripe for a clinical trial approach, but the response across Europe is fragmented and, other than in the UK, lacks adequate research funding (doi:10.1136/bmj.o158).⁸ Where clinical trials aren't able to tread, routinely collected data are meeting needs for rapid information. New data show that hospital admission for covid increases the risks of readmission and death (doi:10.1136/bmj.o265).⁹ The data on overall deaths continues to run above predicted levels (doi:10.1136/bmj.o254),¹⁰ and the higher risk of death from covid among ethnic minorities might be explained by lower vaccination rates (doi:10.1136/bmj.o233).¹¹

A nationwide registry study from Norway finds a substantial short term increase in children's use of primary care in the first month after a positive SARS-CoV-2 test result without, importantly, an effect on hospital services (doi:10.1136/bmj-2021-066809; doi:10.1136/bmj.o143).¹²⁻¹³ Workload pressures in primary care raise the question: how many GPs is enough? John Appleby explains why it is a hard question to answer (doi:10.1136/bmj.o123).¹⁴ And total staff numbers do not reflect illness, absence, or demand. The workforce solution isn't, despite being mooted by England's health secretary, for GPs to be employed directly by hospitals (doi:10.1136/bmj.o267; doi:10.1136/bmj.o260; doi:10.1136/bmj.o259; doi:10.1136/bmj.o251).¹⁵⁻¹⁸

None of this helps the "feeling of being lost in the increasingly vast gap between the care that they [professionals] want to deliver to their patients and what they can provide" (doi:10.1136/bmj.o197; doi:10.1136/bmj.o240).¹⁹⁻²⁰ It doesn't allow us to dwell on the intricacies of diagnostic reasoning, although we probably should (doi:10.1136/bmj-2021-064389).²¹ It doesn't reconcile the reality of being isolated from dying relatives with leaders partying on at the seat of power (doi:10.1136/bmj.o273).²² Sue Gray's inquiry and medical research share at least one theme: the widening gap between what people in power say they want to deliver and what they in reality provide.

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