



The BMJ

kabbasi@bmj.com Follow Kamran on

Twitter @KamranAbbasi

Cite this as: *BMJ* 2022;378:o1733<http://dx.doi.org/10.1136/bmj.o1733>

Published: 14 July 2022

Long covid and apheresis: a miracle cure sold on a hypothesis of hope

Kamran Abbasi *editor in chief*

In desperate times, even in good times, we all need hope. Hope is essential and helps us seek solutions. Yet hope can be a dangerous weapon. Boris Johnson's greatest attribute was to sell hope, although Martin McKee argues that Johnson's empty promises, including those on health, leave him well placed in the race to be the UK's worst prime minister (doi:10.1136/bmj.o1707).¹

One of those hopes was that the covid pandemic was "over" in February (<https://www.daily-mail.co.uk/news/article-10493765/Boris-Johnson-declares-Covid-rules-MONTH.html>),² a political gambit to lift all restrictions that defied hard evidence and cold logic (doi:10.1136/bmj.o1, doi:10.1136/bmj.o1555, doi:10.1136/bmj-2021-069881).³⁻⁵ SARS-CoV-2 never went away, even if its impact was dulled, and it is now most definitely back, sending people to hospital and intensive care (doi:10.1136/bmj.o1702).⁶ Hospitals are reintroducing masking for staff (doi:10.1136/bmj.o1712),⁷ although the general public seems blissfully ignorant of the latest omicron variant. By invoking the Dunning-Kruger effect, David Oliver calls on experts to speak up, in plain language and accessible formats, to counter the "false belief systems that are over-confidently asserted by inexperienced people" (doi:10.1136/bmj.o1701).⁸

One answer is to keep going and caring, even when it's hard (doi:10.1136/bmj.o1689).⁹ Another, and not mutually exclusive, is to seek hope in a new health secretary's desire to cut through commercial determinants, although any hope that he will stop listening to industry, and start "listening to public health experts and GPs" (doi:10.1136/bmj.o1704),¹⁰ seems a forlorn one (doi:10.1136/bmj.o1687).¹¹ The many deep rooted problems of population health, as highlighted by the NHS Race and Health Observatory's inaugural conference on racism in health and medicine last week (doi:10.1136/bmj.o1699, doi:10.1136/bmj.o1715, doi:10.1136/bmj.o1710),¹²⁻¹⁴ are beyond the quick fix of a structural reorganisation of the health system (doi:10.1136/bmj.o1682).¹⁵

Other than the covid misadventures of rich countries, a major reason why covid is still troubling us is our collective inability to deliver vaccines to poor countries and increase vaccine uptake. The challenge extends beyond vaccine hesitancy and includes supply restrictions and distribution challenges, especially to remote rural populations (doi:10.1136/bmj-2021-069596).¹⁶ Canada is destroying 14 million covid vaccine doses, not because it was unwilling to donate them but because of "distribution and absorption" challenges in recipient countries (doi:10.1136/bmj.o1700).¹⁷

Another reason why covid still troubles us is that—as with climate change, poverty, and war—it's easy to

downplay the effects if you've never experienced it. The same applies to vaccination. If you haven't experienced myocarditis or pericarditis after vaccination, you might be reassured by data on its low incidence and its mild and self limiting nature (doi:10.1136/bmj-2021-069445).¹⁸ Even though these risks don't outweigh the benefits of vaccination (doi:10.1136/bmj.o1554),¹⁹ the risks loom larger if you've been affected by them.

Equally, it's easier to argue against covid restrictions if you haven't experienced long covid. Many people living with it are desperate for a return to "normal," so much so that they are turning to unproved experimental therapies. A new *BMJ* investigation with ITN News finds that people are spending their life savings on apheresis, a treatment that claims to clear microthrombi from blood (doi:10.1136/bmj.o1671).²⁰ There are no trials, only hypotheses. There is no research evidence of benefit, only anecdotal reports and the blind faith of vulnerable people seeking a miracle cure. We all need hope, but hope can sometimes be a dangerous thing.

- McKee M. Boris Johnson and health: unfulfilled promises. *BMJ* 2022;378. doi: 10.1136/bmj.o1707 pmid: 35817466
- Matthews S. Boris puts the pressure on Sturgeon and Drakeford to follow England's lead as it becomes the first country in the world to scrap all Covid rules—a month earlier than planned—but Scots complain they weren't given "appropriate notice." *Mail Online*. Feb 2022. <https://www.daily-mail.co.uk/news/article-10493765/Boris-Johnson-declares-Covid-rules-MONTH.html>.
- An open letter by a group of public health experts/clinicians/scientists. Covid-19: An urgent call for global "vaccines-plus" action. *BMJ* 2022;376. pmid: 34980603
- Stokel-Walker C. How long does SARS-CoV-2 stay in the body? *BMJ* 2022;377. doi: 10.1136/bmj.o1555 pmid: 35764342
- de Jong VMT, Rousset RZ, Antonio-Villa NE, et al. Clinical prediction models for mortality in patients with covid-19: external validation and individual participant data meta-analysis. *BMJ* 2022;378:e069881doi: 10.1136/bmj-2021-069881.
- Boyle A. Workforce: the persistent victim of the covid-19 pandemic. *BMJ* 2022;378. doi: 10.1136/bmj.o1702 pmid: 35817439
- Wilkinson E. Covid-19: Hospitals and GP clinics return to universal mask wearing as rates rise. *BMJ* 2022;378. doi: 10.1136/bmj.o1712 pmid: 35817443
- Oliver D. David Oliver: Covid-19 and the Dunning-Kruger effect. *BMJ* 2022;378. doi: 10.1136/bmj.o1701
- Mathew R. Ramya Mathew: Keep caring, even when it's hard. *BMJ* 2022;378. doi: 10.1136/bmj.o1689.
- Salisbury H. Helen Salisbury: The commercial determinants of health. *BMJ* 2022;378. doi: 10.1136/bmj.o1704.
- Waters A. Will new health secretary Steve Barclay get the chance to leave his mark? *BMJ* 2022;378. doi: 10.1136/bmj.o1687 pmid: 35798376
- Mahase E. Maternal health: "white" medical curriculum needs overhaul to tackle racial inequalities, campaigners say. *BMJ* 2022;378. doi: 10.1136/bmj.o1699 pmid: 35803598
- Mahase E. Covid-19: Ethnic minority staff felt "vulnerable" during pandemic, says senior leader. *BMJ* 2022;378. doi: 10.1136/bmj.o1715 pmid: 35817461
- Politis M. Racial inequality: five minutes with Michael Marmot. *BMJ* 2022;378. doi: 10.1136/bmj.o1700
- Wilkinson E. Sixty seconds on... the latest NHS restructuring. *BMJ* 2022;378. doi: 10.1136/bmj.o1682 pmid: 35798362
- Mahmud RH, Agarwal V, Sultana F, Bari R, Mobarak AM. Why are vaccination rates lower in low and middle income countries, and what can we do about it? *BMJ* 2022;378:e069506.

- 17 Dyer O. Covid vaccines: Canada to dispose of 13.6 million AstraZeneca doses owing to lack of demand. *BMJ* 2022;378. doi: 10.1136/bmj.o1700 pmid: 35803604
- 18 Pillay J, Gaudet L, Wingert A, et al. Incidence, risk factors, natural history, and hypothesised mechanisms of myocarditis and pericarditis following covid-19 vaccination: living evidence syntheses and review. *BMJ* 2022;378:e069445.
- 19 Luo J, Gellad WF. Myocarditis and pericarditis risk after covid-19 vaccination. *BMJ* 2022;378.
- 20 Davies M. Long covid patients travel abroad for expensive and experimental "blood washing". *BMJ* 2022;378:doi: 10.1136/bmj.o1671.

This article is made freely available for personal use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.