Why The BMJ will no longer report on unsubstantiated press releases

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When do you say enough is enough? Doctors and other UK public sector workers have concluded that time is now, in a pay dispute that will turn a long hot summer into an autumn and winter of discontent (doi:10.1136/bmj.01859, doi:10.1136/bmj.01868, doi:10.1136/bmj.01872, doi:10.1136/bmj.01873).1-4 Workforce pressures and staff burnout are at unprecedented levels (doi:10.1136/bmj.01866, doi:10.1136/bmj.01796).5 6 NHS restructuring is understandably met with “change fatigue” (doi:10.1136/bmj.01769).7 The effect on staff manifests in worse outcomes and frustrating experiences for patients, the self evident logic of which seems to escape the people in power. “If you want a picture of the future,” wrote George Orwell in 1984, “imagine a boot stamping on a human face—for ever.”

It seems Orwell was imagining health services in 2022. The positive focus on health at the start of the covid pandemic is now replaced by policy makers telling us that covid is over when it isn’t (doi:10.1136/bmj.01779, doi:10.1136/bmj-2021-069558).8 9 Or that it is just flu, even when new estimates suggest that, among the many non-flu-like sequelae of covid, long term smell and taste dysfunction may be affecting around 5% of people (doi:10.1136/bmj-2021-069503, doi:10.1136/bmj.01653).10 11

The war in Ukraine and the crisis in the cost of living are being used as a pretext to renege on climate commitments and boost fossil fuel extraction, when what is needed is a redoubling of effort on tackling the climate crisis and faster progress, such as air pollution targets (doi:10.1136/bmj-2021-069558).

The modern world is ruled by expediency and populist mantras and soundbites. Experts, at least people with knowledge and expertise, are banished and ridiculed (doi:10.1136/bmj.01853).13 The hard lessons of history—whether they arise from maternal deaths from unsafe abortions (doi:10.1136/bmj.01846) or the well trodden path of harm from overdiagnosis (doi:10.1136/bmj.01679)—are long forgotten.14 15 It is important that we do learn from past mistakes, such as publication of offensive content, and even though mistakes can be hard to correct they must be tackled (doi:10.1136/bmj.01829).16 “This is the modern world,” says the modern politician in the words of The Jam, “we don’t need no one to tell us what’s right or wrong.”

Well, enough is enough. The press release has become the propagandist’s tool. We saw it regularly at the height of the pandemic: grand announcements heralding successful new treatments and strategies, without a research paper or data analysis to support the hyperbolic claims. This behaviour, on the part of health ministries, government agencies, and healthcare organisations and corporations, is just one example of how the pandemic was an unchecked exercise in the abuse of power (doi:10.1136/bmj.01817).17

It has continued. Last week the UK government launched a new women’s health strategy through a press release and a media blitz (doi:10.1136/bmj.01820).18 The strategy document was nowhere to be seen when the press release was issued and was only published a day later, by which time the media had already covered the story. Newspapers and journals were being forced to take on trust the press release’s claims. This media tactic is brazen and dishonest. It minimises criticism and amplifies the messaging in the press release. Regrettably, it has become commonplace.

Publications must not be pawns in this propaganda game, and we have decided that The BMJ will no longer report on press releases that we judge have omitted supporting documentation that is fundamental to the story, such as a detailed research summary that allows proper scrutiny of claims for a new drug breakthrough or a working paper that is the basis for a new government strategy. If we ever do so we will make it clear that only the press release was available to us and why we still decided to publish. We hope others will follow. The first test of our new policy may be imminent now that the World Health Organization has declared monkeypox a public health emergency of international concern (doi:10.1136/bmj.01874).19

The way to stop the boot stamping on our faces for ever, to change the daunting picture of our future, is to stand by our principles, and that begins by distinguishing between what is right and wrong.

1 Waters A, Tjonjes J. Doctors’ pay award: what have different groups been offered, and is industrial action “inevitable”? BMJ 2022;378: doi:10.1136/bmj.01859 pmid: 35878888
2 Waters A. “We are sold”-pay award unites profession in appetite for industrial action. BMJ 2022;378: doi:10.1136/bmj.01868 pmid: 35882395
3 Waters A. BMA tells consultants to stop carrying out non-contractual work unless properly paid. BMJ 2022;378: doi:10.1136/bmj.01872 pmid: 35882298
5 Wise J. Persistent understaffing of the NHS is putting patients at risk, say MPs. BMJ 2022;378: doi:10.1136/bmj.01866 pmid: 35882403
6 Wise J. Burnout among trainees is at all time high, GMC survey shows. BMJ 2022;378: doi:10.1136/bmj.01796 pmid: 35853634
8 Mclean L, Abbasi K. The NHS is not living with covid, it’s dying from it. BMJ 2022;378: doi:10.1136/bmj.01779 pmid: 35850953
12 Holgate S. Air pollution is a public health emergency. BMJ 2022;378: doi:10.1136/bmj.01664 pmid: 35817464
Oliver D. David Oliver: Relearning to value experts and their knowledge. BMJ 2022;378:

Forster AA. Abortion rights: history offers a blueprint for how pro-choice campaigners might usefully respond. BMJ 2022;378:. doi: 10.1136/bmj.o1846 pmid: 35882397

Podolsky S. The historical rise of “overdiagnosis”: an essay by Scott Podolsky. BMJ 2022;378:. doi: 10.1136/bmj.o1679 pmid: 35868642

Raguvooloo S, MacDonald H, Abbasi K. Acting on historically offensive content in BMJ’s archive. BMJ 2022;378:


Wise J. Women’s health: specific assessments to become mandatory in medical training. BMJ 2022;378:. doi: 10.1136/bmj.o1820 pmid: 35858692


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