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A peer says the government is “in deep shit,” and it couldn’t be more real

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Ronald Plasterk, vice president of a vaccine manufacturer, makes the bold claim that the “whole planet is used to mRNA vaccines” (doi:10.1136/bmj.03041).¹ That may be so, but being “used to” is not the same as acceptance. Conspiracies about mRNA vaccines are rife. By some fantastical accounts mRNA vaccines include a microchip, alter your DNA, or make you magnetic (<https://www.forbes.com/sites/jemimam-cevoy/2021/06/03/microchips-and-shedding-here-are-5-debunked-covid-vaccine-conspiracy-theories-spreading-online> doi:10.1371/journal.pone.0251605 <https://www.bbc.co.uk/news/av/57207134>).²⁻⁴

Amid the cornucopia of scientific nonsense exist genuine concerns over a lack of transparency about adverse events and failures to share the original trial data. These questions must be answered, and it is unacceptable that they have not been. Keeping people from the full facts fuels vaccine hesitancy and antivaccine sentiment.

Yet mRNA vaccines are probably the most heavily scrutinised product in trials and real world studies over a three year period. Study after study in *The BMJ* and other major journals has indicated the effectiveness of this vaccine technology (doi:10.1136/bmj.02865 doi:10.1136/bmj-2022-073070 doi:10.1136/bmj-2022-072065).⁵⁻⁷ Now, a new study in *The BMJ* shows that maternal mRNA covid-19 vaccination during pregnancy protects infants against SARS-CoV-2 infection and hospital admission (doi:10.1136/bmj-2022-074035).⁸

It is perfectly reasonable to hold an evidence informed view that mRNA vaccines are effective against SARS-CoV-2 and should be widely administered while demanding full disclosure of the safety data (doi:10.1136/bmj.0102).⁹ As this study of vaccination in pregnancy highlights, there are also other nuances that must be considered before research evidence becomes policy, such as timing of treatment (doi:10.1136/bmj.p241).¹⁰

Vaccine manufacturers’ next goal is to develop mRNA vaccines to prevent cancer, one of the original ambitions for this breakthrough science (doi:10.1136/bmj.03041).¹ Research is already advanced, although a reasoned debate on the wider application of mRNA vaccines seems unlikely. Reason is a casualty of the deeply polarised covid wars. You are either for mRNA vaccines or against them. No nuance is allowed. But interpreting evidence is a complex business, and clinicians often face considerable uncertainty when advising their patients on the best course of action.

Is it, for example, safer to withhold beneficial treatments from pregnant women when the drugs

haven’t been adequately tested in that group? Here, clinicians generally err on the side of caution, out of concern for fetal safety, a stance that also prevents recruitment of pregnant women into clinical trials. Nonetheless, the Recovery trial overcame these challenges to the public’s benefit. It offers solutions and lessons that can improve participation in clinical trials during pregnancy (doi:10.1136/bmj-2022-071278).¹¹

Another bold statement this week came from Norman Warner, a former Labour health minister, who concluded that the UK government “is in deep shit” (doi:10.1136/bmj.p282).¹² It’s a plain speaking verdict that probably holds true for any number of governments around the world mismanaging health and care services as the latter days of the covid pandemic roll into a cost of living crisis. The UK, with its years of austerity compounded by Brexit, neglect of the workforce, and rigid political ideology, is in deeper straits than most, a bluffing poker player with an empty hand waiting for its determined opponents to blink first.

For more sophisticated analogies, Partha Kar draws on JRR Tolkien, CS Lewis, and Stan Lee to launch a five point plan to achieve race equality in the workforce, arguing that there is “no other option” (doi:10.1136/bmj.p280).¹³ His basis is the woeful progress made thus far (doi:10.1136/bmj.p149 doi:10.1136/bmj.p299 doi:10.1136/bmj.p291)¹⁴⁻¹⁶ When do you have enough data and reports and committee edicts and political pledges to move to action? The answer, says Kar, is that we already do. As NHS England’s national lead on race equality in the workforce, Kar is committed to delivering a programme of work—with the support of a coalition of colleagues and granular data—to track progress and hold people accountable.

Any meaningful change can be achieved only with political commitment, but report after report damns the UK government’s response to the health and care crisis. Even the accountants and money minders on the Public Accounts Committee are in harmony with Warner’s critique (doi:10.1136/bmj.p307).¹⁷ Did it need to be this bad—or this deep? The answer must be no.

Indeed, some of this was anticipated. The chief medical officers of the UK nations explain that a meaningful share of the burden on health services is due to a predicted disruption of secondary prevention (doi:10.1136/bmj.p201).¹⁸ They argue for urgently re-establishing secondary prevention and to widen it to groups that were previously hard to reach. It’s a strategy they say is supported by some of the firmest evidence. It is also an argument for generalism and a multidisciplinary approach.

But, in another unhelpful polarisation, public discourse is increasingly skewed by belief in fantastical ideas unsupported by data or strangled by policy makers refusing to believe persuasive, bleak data that don't suit their agendas. The decision makers might say that the grim numbers tell a lie or that they don't "recognise them," but that would require a coordinated "lie," a Big Lie like the ones favoured by mRNA conspiracists, given that every health service signal is on red. Services are wilting, as measured by every single data point; the health and social care workforce is disillusioned (doi:10.1136/bmj.p288 doi:10.1136/bmj.p298 doi:10.1136/bmj.p272 doi:10.1136/bmj.p301) and turning to industrial action to be heard (doi:10.1136/bmj.p282).^{19 20 12 21 22}

Who controls these data is important too. The full spectrum of NHS data may soon be in the possession of Palantir, a company that arouses suspicion about its data management and its motives towards the NHS.²³ Health service data are better publicly owned, robustly handled, transparently governed, and accountably managed. Trust is paramount. The political or commercial control of public interest data is an undesirable endpoint worthy of Warneresque levels of plain speaking condemnation.

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