

EDITORIALS

- 179 Assuring research integrity in the wake of Wakefield**
Not just a bad apple, but a defective barrel, say Douglas J Opel and colleagues
» *Feature*, p 200
» *Observations*, p 206
» *Personal view*, p 231
- 180 Regulation and governance of clinical research in the UK**
New report aims to remove unnecessary burdens and bureaucracy, says Rosalind L Smyth
- 182 The life imprisonment of Dr Binayak Sen**
This misconceived application of state power requires international action, say P Zachariah and colleagues
- 183 The new *BMJ* series on therapeutics**
Will discuss how to prescribe effectively and safely, say R E Ferner and colleagues
» *Practice*, p 224
- 184 The *BMJ* is on the iPad**
Tell us what you think, say David Payne and Fiona Godlee

LETTERS

- 185 Travel websites; Thrombolysis in elderly people**
- 186 French drug reps; A French king's head**
- 187 Point of credulity; Phantom vibration syndrome**
- 188 Cycling and health; Too many referral forms?; Denialism in public health; Middle ear forceps**

NEWS

- 189 GP consortiums will need first class management support**
Cameron defends moving NHS into competitive marketplace
- 190 Government has underestimated shift needed for NHS reforms**
Allowing providers to offer cut price services is "potentially disastrous"
MPs call for review of PFI schemes to ensure value for money
- 191 MPs criticise UK government over poor transition planning**
- 192 UK government faces court challenge over medical abortion**
Regulator drops cases on homoeopathic malaria prophylaxis
- 193 Fall in US abortion rate stalls after 17 years**
Illinois governor hesitates over abolishing death penalty
- 194 Organ donors and transplantations fall in Spain, the leading country in both**
Welsh Assembly considers opt-out scheme for organ donation
- 195 Transplantations fall in Israel as new law takes effect**
Rabbi says brain stem death is not enough for organ donation

SHORT CUTS

- 196 What's new in the other general journals**

HEAD TO HEAD

- 198 Have we gone too far in translating ideas from aviation to patient safety?**
James Rogers thinks that attempts to learn from aviation are ignoring fundamental factors in healthcare, but David Gaba argues that much more could be done

FEATURES

- 200 The *Lancet's* two days to bury bad news**
In the third part of a special *BMJ* series, Brian Deer reveals what happened when he reported misconduct in Andrew Wakefield's MMR research to the medical journal that published it
» *Editorial*, p 179 » *Observations*, p 206
» *Personal view*, p 231
- 205 Why Southern Sudan needs your help**
One week left to donate to the *BMJ* Christmas appeal

OBSERVATIONS

- MMR AND SCIENTIFIC FRAUD**
- 206 Is research safe in their hands?**
Harvey Marcovitch
» *Editorial*, p 179 » *Feature*, p 200
» *Personal view*, p 231
- LIFE AND DEATH**
- 207 How far is it from no society to Big Society?**
Iona Heath
- LOBBY WATCH**
- 208 Civitas** Jane Cassidy

ANALYSIS

- 209 When to wean? How good is the evidence for six months' exclusive breast feeding?**
The recommendation that UK mothers should exclusively breast feed for six months before starting solids is a controversial area in infant nutrition. Mary Fewtrell and colleagues review the evidence and ask if the time is right for reappraisal of this advice

RESEARCH

- 213 Research highlights: the pick of *BMJ* research papers this week**
- 214 Use of weaning protocols for reducing duration of mechanical ventilation in critically ill adult patients** Bronagh Blackwood, Fiona Alderdice, Karen Burns, Chris Cardwell, Gavin Lavery, Peter O'Halloran
- 215 Headache, migraine, and structural brain lesions and function**
Tobias Kurth, Shajahal Mohamed, Pauline Maillard, Yi-Cheng Zhu, Hugues Chabriat, Bernard Mazoyer, Marie-Germaine Bousser, Carole Dufouil, Christophe Tzourio



MALCOLM WILLET

News, pp 189-91,
Observations, p 208



Harrassment of abortion clinics, p 193



Aviation and patient safety, p 198



The *Lancet's* Richard Horton, p 200



Weaning,
p 209

- 216 Association of change in daily step count over five years with insulin sensitivity and adiposity**
T Dwyer, A-L Ponsonby, O C Ukoumunne, A Pezic, A Venn, D Dunstan, E Barr, S Blair, J Cochrane, P Zimmet, J Shaw
- 217 Non-invasive prenatal assessment of trisomy 21 by multiplexed maternal plasma DNA sequencing**
Rossa W K Chiu, Ranjit Akolekar, Yama W L Zheng, Tak Y Leung, Hao Sun, K C Allen Chan, Fiona M F Lun, Attie T J I Go, Elizabeth T Lau, William W K To, Wing C Leung, Rebecca Y K Tang, Sidney K C Au-Yeung, Helena Lam, Yu Y Kung, Xiuqing Zhang, John M G van Vugt, Ryoko Minekawa, Mary H Y Tang, Jun Wang, Cees B M Oudejans, Tze K Lau, Kypros H Nicolaidis, Y M Dennis Lo

CLINICAL REVIEW

- 218 Diagnosis and management of hereditary haemochromatosis**
M A van Bokhoven, C Th B M van Deursen, D W Swinkels

PRACTICE

THERAPEUTICS

- 224 New oral anticoagulants for thromboprophylaxis in patients having hip or knee arthroplasty**
John W Eikelboom, Jeffrey I Weitz
>> Editorial, p 183

SAFETY ALERTS

- 228 Early detection of complications after laparoscopic surgery: summary of a safety report from the National Patient Safety Agency**
Tara Lamont, Fran Watts, Sukhmeet Panesar, John MacFie, Dinah Matthew

OBITUARIES

- 230 Robert Cameron Affleck; John David Chaloner; Leopold Goldman; Susan Marie Hayward (née Moss); Nigel Richard Steel; Alexander Stone; Frank Ewart Webb**

VIEWS AND REVIEWS

PERSONAL VIEWS

- 231 How campaigners and the media push bad science**
Andy Alaszewski
- 232 Why do pharmacists sell homoeopathic remedies?**
Fred Kavalier

BETWEEN THE LINES

- 233 Poverty, plague, and prison** Theodore Dalrymple

MEDICAL CLASSICS

- 233 Red Beard** directed by Akira Kurosawa
Mohsin Badat

COLUMNISTS

- 234 Overweening on weaning** Des Spence
I'll do anything Liam Farrell

ENDGAMES

- 235 Quiz page for doctors in training**

MINERVA

- 236 Sheep droppings, and other stories**

ENDPIECES

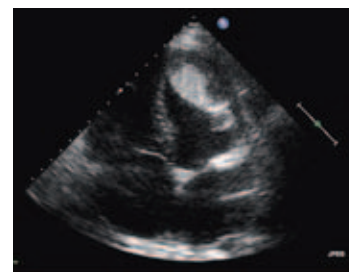
- 227 Banker, speculator, or gambler?**
229 Elocution lesson



Thomas Dekker, plague author, p 233



Homoeopathic remedies, p 232



Intraventricular thrombus, p 236

When was your last update?

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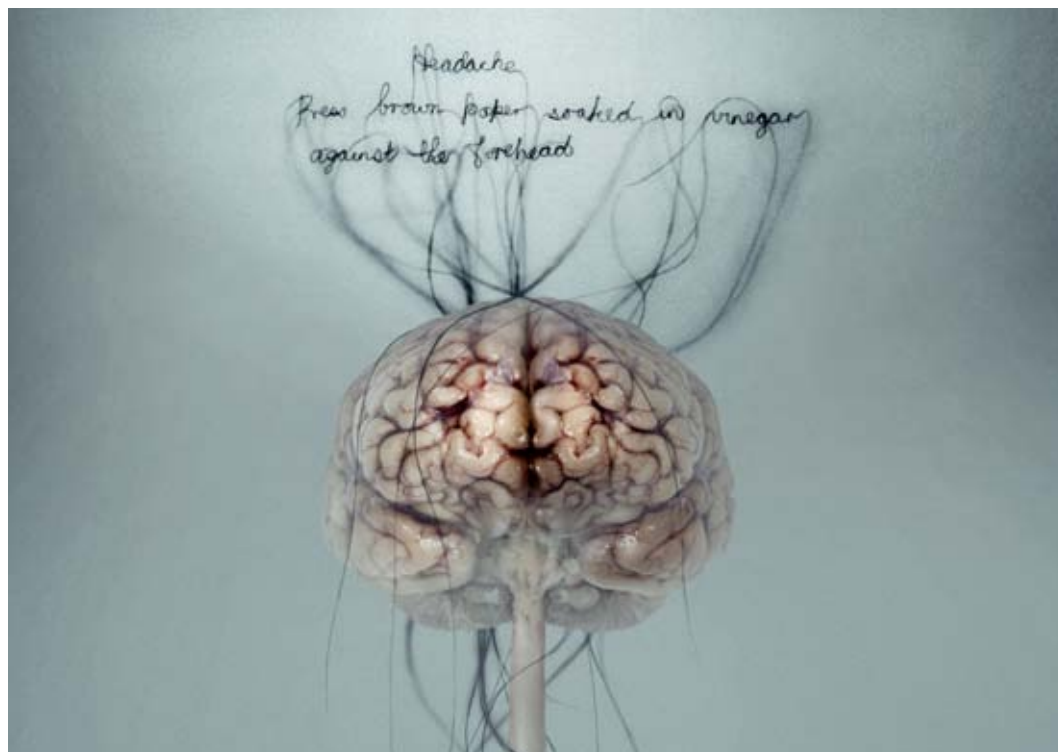
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HELEN PYNOR/GV ART

PICTURE OF THE WEEK

Headache by Helen Pynor, an artwork in the exhibition *Brainstorm: investigating the brain through art and science*. The show has caused some controversy owing to the display of brain slices from a patient with multiple sclerosis, with the Conservative MP David Amess referring to the exhibition as “degrading” and “a disrespectful way to treat the human body.” GV Art, the gallery in London that is holding the exhibition, is the only private gallery in the country to hold a Human Tissue Authority licence for public display and storage of human tissue. The organisers hope to highlight the importance of brain donation for research.

THE WEEK IN NUMBERS

454 138 Number of patients in England recruited to clinical studies in 2009-10 (**Editorial**, p 180)

0.16 Reduction in body mass index for an increase of 2000 steps (**Research**, p 216)

5% Absolute risk of liver damage in C282Y homozygous men with hereditary haemochromatosis (**Clinical Review**, p 218)

11 Number of deaths in England and Wales between April 2005 and April 2010 in patients who had deteriorated after laparoscopic surgery (**Practice**, p 228)

QUOTE OF THE WEEK

“In the West, any proposed beneficial effects of exclusive breast feeding to six months on infection risk would need to be weighed against plausible, or at least suggestive, evidence for adverse effects”

Mary Fewtrell and colleagues discuss the evidence for introducing solids before six months (**Analysis**, p 209)

QUESTION OF THE WEEK

Last week we asked: “Is NHS Employers justified in trying to impose a freeze on incremental pay progression for NHS staff?”

78% said no (total 402 votes cast)

This week’s poll asks: “Have we gone too far in translating ideas from aviation to patient safety?”

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EDITOR'S CHOICE

Institutional and editorial misconduct in the MMR scare

There was no proper investigation, merely a 48 hour “scramble” to protect reputations and discredit the story

This week, in the last of his series of three articles on the secrets of the MMR scare (p 200), Brian Deer describes the events of 2004 when he first raised concerns about Andrew Wakefield's research with the *Lancet's* editor. Rather than calling for an investigation as Deer had expected, Richard Horton moved quickly—with Wakefield, his co-authors, and their former institution—to publicly deny all but one of Deer's allegations. Six years later, at an estimated cost of £6m, the General Medical Council found all the allegations to be true.

In his Observations column, Harvey Marcovitch asks again why it took so long to uncover Wakefield's fraud (p 206). He compares it with other major scientific frauds whose overthrow took a year or less from whistleblow to disgrace. Deer's article provides another piece of the puzzle. In Wakefield's case we were falsely reassured. We were told by authoritative sources—the journal and the institution—that an investigation had been done and had cleared Wakefield of most charges. But as shown by documents obtained under the Freedom of Information Act, there was no proper investigation, merely a 48 hour “scramble” to protect reputations and discredit the story.

It is hard to escape the conclusion that this represents institutional and editorial misconduct, and its impact has been substantial. Wakefield's influence beyond the UK—in the USA, Russia, and elsewhere—is clear from the extensive international media response to Deer's first two articles. The spread of this influence happened mainly after 2004. The international damage might have been lessened by earlier definitive action.

Speaking for the institution, UCL's vice-provosts for health and research say that the mistakes made in this case have prompted a review of research governance (www.bmj.com/content/342/bmj.c7452/reply#bmj_el_247716). The *Lancet* has not

yet commented. The Committee on Publication Ethics considers breaches of its code of conduct for editors, but only those that have occurred since the code's introduction in 2005 (<http://publicationethics.org/code-conduct>).

What actions should the scientific community take in the light of what Andy Alaszewski calls “this modern tragedy” (p 231)? One urgent need is for progress in research into autism. Without a better understanding of its true causes and potential remedies, parents confronted with this frightening and unexplained experience will continue to seek answers from Wakefield and his like.

But we must also critically examine and rethink the culture of the research enterprise that has allowed such things to happen, say Douglas Opel and colleagues (p 179). And we urgently need proper mechanisms in the UK for ensuring research integrity. Our medical establishment, and successive governments, have consistently failed to take research misconduct seriously. The most we have achieved, despite previous scandals and pressure from the *BMJ*, the *Lancet*, and others, has been the setting up of the UK Research Integrity Office in 2006. As Marcovitch explains, its lack of mandatory powers was a grave disappointment, and its funding has now run out. Other countries have models we could adapt. The US Office of Research Integrity has a mandate to oversee institutional investigations of alleged misconduct in publicly funded research. Michael Rawlins' proposals for a new health research agency should be welcomed (p 180). But his report makes no specific mention of research integrity. If the agency is to truly serve the public's interests, it must include a statutory mechanism for overseeing investigations into research misconduct.

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Career Focus, jobs, and courses appear after p 234

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- Six months of exclusive breast feeding: how good is the evidence?
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