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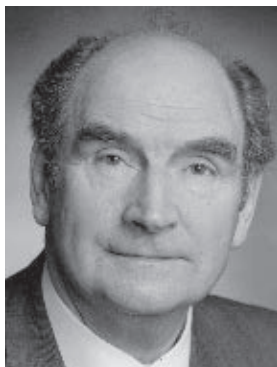
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To coincide with the publication of an updated systematic review by the Cochrane group the *BMJ* invited Nick Freemantle and colleagues to consider the current status of observational studies of oseltamivir and their influence on policy and practice

Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened. bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on bmj.com.

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PICTURE OF THE WEEK

Dr Richard Newland with Pineau De Re, winner of the 2014 Grand National. A day later, two horses trained by Newland also won their races in the most successful weekend of his training career. He has just 12 boxes at his yard and has no plans to expand. "This is a hobby," he said, "and I don't see why we need to change." Newland works as a general practitioner at Newhall Medical Practice, Birmingham's first private GP service, which he helped to set up a decade ago.

RESPONSE OF THE WEEK

[to Des Spence's last column] Very sorry that is the last one: pithy, accurate, amusing, and thought provoking as always. Don't leave it as long as Kate Bush for the comeback.

Enjoy the freed-up time and the freedom from the warm-white-wine circuit, but don't mellow with time, age, and increasing girth. Medicine needs folks like you—now more than ever with so much bullshit around, and so much adulation for those who write and talk it. Remember Henry Miller's dictum that those who regard being challenged to think as an insult are better to have as enemies than friends.

I am glad you are being followed by another Glasgow GP iconoclast—it might keep me reading the *BMJ* nine years after retirement.

Keith Baxby, retired urological surgeon, Dundee, UK, in response to "So long for now" (*BMJ* 2014;348:g2343)

MOST READ

The survival time of chocolates on hospital wards: covert observational study
NHS sight tests include unevaluated screening examinations that lead to waste
Qualitative research methodologies: ethnography
Bad medicine: gabapentin and pregabalin
Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire,

BMJ.COM POLL

Last week's poll asked: "Should medical students be taught alternative medicine?"

53% voted no
(total 1363 votes cast)
▶ *BMJ* 2014;348:g2417

This week's poll asks:

"Should people be paid to live healthier lives?"

▶ *BMJ* 2014;348:g2458
▶ [Vote now on bmj.com](http://vote.now.on.bmj.com)

EDITOR'S CHOICE

The missing data that cost \$20bn

Drug companies exploited a window for rapid sales. Regulators approved drugs with insufficient scrutiny, and politicians were desperate to act

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Marketing is what you do when your product is no good, said Edward Land, scientist and inventor of the Polaroid instant camera. The same notion filled Tom Jefferson's head when he began to reappraise his initial conclusions about neuraminidase inhibitors and the risk of influenza complications and hospital admissions (p 15). Keiji Hayashi, a Japanese researcher, alerted him to the existence of unpublished trials, not included in his Cochrane review of 2006. Decisions on purchasing, stockpiling, and using the drugs were based on a skewed representation of the total evidence base.

This week is the culmination of a five year campaign led by Jefferson's Cochrane research team, supported by *The BMJ*, to ensure the release of the full clinical trial data on neuraminidase inhibitors (p 7). The articles in this issue strike like a hammer blow. Oseltamivir (Tamiflu) has generated sales in excess of \$18bn (£11bn) for Roche since 1999, something more than the "nice little earner" that a City financial analyst described it as (p 18). The US stockpiled 65 million treatments for a cost of \$1.3bn. The UK spent £424m on a stockpile of 40 million doses. By 2009, 96 countries possessed enough oseltamivir for 350 million people. GSK's drug zanamivir (Relenza) was less successful but still generated sales in the region of \$2bn.

The revised Cochrane reviews, which were based on the full clinical trial data, conclude that the benefits of the drugs don't outweigh the harms (pp 11, 12). An analysis of the observational studies finds that they are inconclusive (p 22). So, over \$20bn of public money has been spent on stockpiling drugs of uncertain benefit.

It isn't hard to see who benefits here, and it clearly isn't patients. Informed choice requires comprehensive and credible information, writes Harlan Krumholz (p 8). Patients, he argues, might choose differently if data owners released all the relevant information and independent scientists were able to properly analyse and communicate the results. Worryingly, the welfare of patients seems a secondary consideration for all stakeholders. Drug company executives champion their work for the benefit of patients. Regulatory authorities are responsible for protecting patients. Politicians make decisions for the public good. Yet, when faced with the sudden threat of pandemic H1N1 flu, each party behaved opportunistically and irresponsibly. Drug companies exploited a window for rapid sales.

Regulators approved drugs with insufficient scrutiny, exposed now by the forensic approach of the Cochrane researchers. And politicians were desperate to act, to do something in the face of a perceived crisis, whether it was based on evidence or not.

The crux of the saga remains the ability of independent analysts to quickly access the full clinical data on any product or device. Initiatives supported by regulators and the industry are being introduced to try to prevent future scandals, but data on existing drugs remain hidden (p 1). "Everything for me is marketing and publicity, unless proven otherwise," says Jefferson. Companies, regulators, politicians, and researchers might consider the lessons of Tamiflu and put patients first and marketing a nice little earner a distant second.

Kamran Abbasi, international editor, *The BMJ*

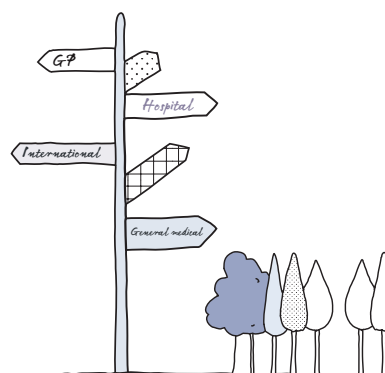
► The full story of *The BMJ's* campaign is at bmj.com/tamiflu.

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