this week

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MEDIAWORLDIMAGES / ALAMY

Reassess mandatory vaccines, urge unions

Unions are urging the government to carry out an updated impact assessment of how mandatory covid vaccination for healthcare workers in England will affect staff numbers.

They warned that the new rules, which require all patient facing staff to be fully vaccinated by 1 April, risk worsening the staffing crisis and could undermine the NHS's ability to provide care. They also condemned the prospect of managers being forced to sack unvaccinated staff rather than redeploy them.

The BMA said the policy may need to be delayed if "services will be left untenable, and patients put further at risk."

Last week NHS England issued guidance ordering employers to start implementing the policy. The rules, which apply to the NHS and the independent sector, provide a 12 week grace period (from 6 January) to allow staff to get their first dose by 3 February, so as to have received their second dose by April.

In November the Department of Health and Social Care's impact assessment found that as many as 73 000 NHS staff in England could lose their jobs as a result of the policy.

Although the BMA supported covid vaccinations for staff, it said it was "very worrying" to see that managers were under no obligation to consider redeployment of unvaccinated staff, protect the pay of those redeployed, or give severance pay to staff who are dismissed for being unvaccinated.

A BMA spokesperson said, "The NHS has a duty to staff, who have been instrumental in keeping services running throughout the pandemic, and considering redeployment should be an absolute requirement given how staff shortages are already affecting the NHS."

Longstanding staff shortages—England has 99 000 NHS vacancies—have been made far worse by the rapid spread of omicron, the spokesperson said. Absences because of covid illness or isolation rose by 63% in England's acute care hospital trusts in the two weeks to 9 January, while more than 81 000 staff were off sick for all reasons.

"The staff working in the NHS are its most precious asset, and to terminate their employment unnecessarily, when other options like redeployment might be available, is an unnecessary waste of their skills and expertise," said the BMA spokesperson.

Though supportive of the policy, NHS trust leaders are concerned about its potential effect. King's College Hospital Trust, for example, has predicted that the policy could reduce its workforce by 10%, as 14 000 staff are currently unvaccinated.

Adele Waters, *The BMJ*

Cite this as: *BMJ* 2022;376:o139

Graffiti in Preston, Lancashire. Unions and the BMA have asked ministers to look again at the likely impact of compulsory jabs on the NHS staffing crisis

LATEST ONLINE

- GP who referred to a complaint from colleague as "a vindictive pile of female crap" is struck off
- Covid-19: Poland's medical council sees mass resignations over government inaction on pandemic
- Lateral flow tests in children fail minimum performance standards, study finds

SEVEN DAYS IN

Pressure in northeast England is making services unsafe, MPs are warned

BMA NEWS

Doctors' leaders have written to MPs in northeast England warning that services in the region are unsafe and unsustainable amid rising covid admissions and staff shortages.

The North East and Yorkshire is the only region in England where covid admissions have continued to rise over the past week, with a seven day average of 385 admissions a day as of 14 January. Also, a total of 9684 hospital staff were absent for covid related reasons in the week ending 9 January, the highest in the country, which is exacerbating longstanding workforce shortages.

George Rae, a GP in Whitley Bay and chair of the BMA's northeast regional council, wrote, "There is collective concern across the profession that service pressures are currently unsafe and unsustainable. We believe there are steps the government and the NHS in England could and should take to assist with reducing this burden."

The letter urged MPs to show their support by putting pressure on the government and trusts to make important changes to help staff, including better PPE, covid hubs, and better rest facilities.

"The health service is under unprecedented pressure, there are serious recruitment and retention pressures in the north east. We believe that tackling these problems would, although not solve the matter, help substantially," the letter said.

Gareth Iacobucci, *The BMJ* Cite this as: *BMJ* 2022;376:o99

Covid-19

Wales eases level of social restrictions

The first minister of Wales, Mark Drakeford, announced the easing of social restrictions that have been in place since Boxing Day in response to the omicron variant. The move to alert level 0 will be phased, with restrictions on outdoor activities removed first. From Saturday 15 January the number of people who can take part in an outdoor event has increased from 50 to 500. From Friday 21 January an unlimited number of people will be allowed to take part in outdoor activities, and from Friday 28 January all indoor settings and nightclubs in Wales will be able to open.

VIP lane for PPE contracts was unlawful

UK government action in giving priority treatment to suppliers of personal protective equipment who were referred by MPs, ministers, or civil servants at the height of the covid-19 pandemic was unlawful, a High Court judge ruled. The Good Law Project and EveryDoctor, campaign groups that challenged the awarding of such contracts, said that they were considering the implications of the judgment and the next steps. Jo Maugham, the Good Law Project's director, said, "Never again should any government treat a public health crisis as an opportunity to enrich its associates and donors at public expense."

"JVT" steps down as England's deputy CMO

Jonathan Van-Tam (below) announced he was stepping down as England's deputy chief medical officer. Van-Tam (nicknamed JVT) won praise during the pandemic for his colourful analogies and communicative style. He said, "We all wish covid had never happened. Notwithstanding, it has been the greatest privilege of my professional career to have served the people of the UK during this time." He will return to the University of Nottingham, from which he has been on secondment to the Department of Health since 2017, to become pro-vice chancellor for the Faculty of Medicine and Health Sciences.

Vaccination

Quebec will tax unvaccinated people

Quebec's plan to charge a "health contribution" fee to adults who are not vaccinated against coronavirus will go ahead, said the province's premier, François Legault, on 13 January. The amount to be charged has not been revealed but will be "significant," said Legault, who promised that a bill would be presented early in February. "Those who refuse to get the shot bring a financial burden to hospital staff and Quebecers," he said. "This 10% of the population can't burden the 90%."

Boosters are rolled out to 12-15 year olds at risk

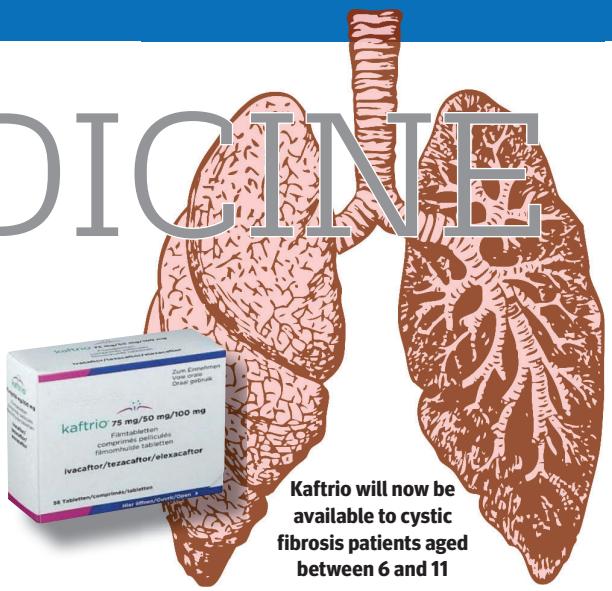
Children in England aged 12-15 years who are clinically at risk or live with someone who is immunosuppressed will be able to access booster vaccines from 17 January. Children who are severely immunosuppressed will also be able to get their booster after a third primary dose and will receive the Pfizer vaccine. Anyone in this age group who has tested positive for covid-19 must wait 12 weeks before getting their booster or at least four weeks if they are in the highest risk groups.

Self-harm

All health and care workers have duty of care—NICE

Anyone providing initial care to someone who has self-harmed should organise a comprehensive psychosocial assessment at the earliest opportunity to be carried out by a specialist mental health professional, NICE said in a new draft guideline. The guideline recommends offering a cognitive behavioural therapy (CBT) based psychological intervention specifically structured for adults who self-harm. For children and young people with significant emotional dysregulation difficulties who have frequent episodes of self-harm, dialectical behaviour therapy adapted for adolescents (DBT-A) should be considered.

MEDICINE



Kaftrio will now be available to cystic fibrosis patients aged between 6 and 11

Cystic fibrosis

New therapy offered to younger children

The MHRA extended the licence for Kaftrio, a "triple therapy" treatment for cystic fibrosis. As a result, said NHS England, more than 1300 children in England aged 6-11 would be newly eligible for the treatment. Until now Kaftrio was licensed only for patients aged 12 or over. Kaftrio, which tackles the causes of the disease as well as symptoms, is one of a new generation of drugs known as modulators.

Bad medicine

FDA "wins" award for worst examples of profiteering

First place in the 2021 "Shkreli Awards," which single out the worst excesses of greed in US healthcare, went to the Food and Drug Administration's approval of Biogen's Aduhelm (aducanumab) to treat Alzheimer's disease. Costing about $28 000 (£20 500) per patient a year, the drug has

been shown to reduce amyloid plaque in the brain, but it has never shown clinical benefit in controlling symptoms or slowing disease progression.

Assisted dying

Two non-terminally ill people die in Colombia

Two people in Colombia who had serious diseases but not terminal prognoses ended their lives legally with the assistance of doctors. The country's new policy made it the fourth in the world—after Belgium, Canada, and the Netherlands—to permit voluntary euthanasia to end suffering of people who may not otherwise be likely to die soon. Victor Escobar, 60, who had COPD, ended his life in Cali. Martha Sepúlveda, 51, who had progressive amyotrophic lateral sclerosis, was euthanised at her request after fighting a long legal battle for the right to die.

Regulation

Surgeon who signed patients' livers is struck off

Simon Bramhall, 57, a consultant transplant surgeon who branded his initials on two patients' new livers, has been struck off after regulators appealed against a tribunal decision to suspend him for five months. Bramhall admitted assault by beating in 2017 and was fined £10 000. He had used an argon beam machine to mark the livers during operations at Birmingham's Queen Elizabeth Hospital in 2013. The erasure will take effect after 28 days unless he appeals.

Afghanistan

UN highlights race against time to help people

The UN launched an appeal to raise $5bn (£3.7bn) this year for the "nightmare unfolding in Afghanistan." António Guterres, UN secretary general, warned that virtually the whole population faced acute poverty. He called for rules and conditions that prevent money from being used to save lives to be suspended. "International funding should be allowed to pay the salaries of public sector workers and to help Afghan institutions deliver healthcare, education, and other vital services," he said.

BMJ APPEAL, page 96

Cite this as: *BMJ* 2022;376:o124

A&E WAITS

Waiting six to eight hours in emergency care before admission to hospital increases all cause 30 day mortality by 8% when compared with patients who move on within six hours

[Emergency Medicine Journal]

SIXTY SECONDS ON . . . COVID-19 AND SEX

LET'S GET IT ON

Steady on. Although you might have expected rates of sexual activity to rise during lockdown, the opposite is the case, judging by the plight of the world's condom makers.

NOTHING FOR THE WEEKEND?

So it seems. Karex Berhad, which makes one in five condoms sold globally, has seen sales drop by more than 40% in two years. This despite optimism from its chief executive that the 2020 lockdowns meant that people having "nothing to do but have sex" would fuel a "double digit" growth in demand.

DISAPPOINTING PERFORMANCE

Not everyone was optimistic. Durex's chief executive said as early as April 2020 that increased anxiety and a drop in dating and hook-ups was decreasing the "number of intimate occasions" that called for condoms.

WHERE'S THE EVIDENCE?

A meta-analysis of seven studies from China, Italy, Turkey, the UK, and the US published in the journal *Sexologies* last year verified a "decrease in sexual activity, which indicates the impairment of the individuals' quality of sexual life."

CAN YOU GO ANY FURTHER?

A small 2021 study in Indonesia showed a decrease in "overall mood scale and sexual activity frequency" during the pandemic. The authors suspect that feelings of anxiety, boredom, depression, fear, and isolation, as well as job and income losses, were to blame.

THAT'S RUINED THE MOOD

Indeed. Perhaps the biggest effect was the worldwide cancellation of condom orders from closed sexual health clinics. Kristin Mitchell of the University of Glasgow, who leads the covid-19 study in the National Survey of Sexual Attitudes and Lifestyles, said, "Our findings [from four months into the pandemic] are that only a quarter of participants not in steady relationships reported partnered sex since lockdown."

LEAVING A HOLE IN BIG RUBBER'S PROFITS?

There is an upside. Karex switched to making other products, such as rubber gloves, booming thanks to PPE needs, to make up the shortfall.

Mun-Keat Looi, *The BMJ*

Cite this as: *BMJ* 2022;376:o104

Cutting self-isolation to five days in England risks more transmission, doctors warn

Organisations representing health professionals have cautioned over the need to minimise the risk of transmitting SARS-CoV-2, after the self isolation period in England following infection was cut from seven to five days.

From 17 January people in England can stop isolating at the start of the sixth day after first testing positive, provided that they have two negative lateral flow tests on days 5 and 6 and do not have a raised temperature. People who test positive must continue to self-isolate until they have had two consecutive negative tests taken on separate days.

The health and social care secretary, Sajid Javid, said the change had been made "to maximise activity in the economy and education . . . but also minimise the risk of infectious people leaving isolation."

He said data from the UK Health Security Agency showed that around two thirds of positive cases were no longer infectious by the end of day 5, while modelling showed that around 7% of people remained infectious if they left isolation on day 6 after two consecutive negative rapid lateral flow tests.

However, organisations representing health professionals are concerned about the risk of transmission to patients and colleagues because many still do not have access to adequate PPE. Penelope Toff, chair of the BMA's public health medicine committee, told *The BMJ*, "All sectors, and in particularly the health service, are experiencing disruption from widespread absences due to the rapid spread of omicron, but healthcare workers do not want to risk infecting colleagues and patients, many of whom are clinically vulnerable.

"So they can only return to work safely after a shorter period of isolation and two negative lateral flow tests if they have access to high grade masks, and many are finding that this is still not the case."

Still a risk of infecting others

Toff added, "For other key workers and members of the public, there must be a clear understanding that there is still a risk they can infect others, so they should be cautioned to take particular care to wear masks, keep their distance, and ensure there is adequate ventilation indoors."

Scientists warned that shortening the isolation period after infection with the omicron variant did not follow the science, particularly as preliminary data from Japan's National Institute of Infectious Diseases, which carries out disease surveillance there, found that the amount of viral RNA was highest 3-6 days after diagnosis or symptom onset. This appears to be two or three days later than with other variants.

Lawrence Young, professor of molecular oncology at Warwick Medical School, suggested that the shorter isolation period be introduced only with strict enforcement of lateral flow testing, adding, "This is not helped by current problems with the availability of lateral flow tests and with concerns about people reporting the results from these tests."

Susan Mayor, London

Cite this as: *BMJ* 2022;376:o111

Omicron linked to rise in admissions of babies to hospital

Admissions of children under 1 year old to hospital have risen steeply, coinciding with transmission of the omicron variant, show preliminary data presented to the government's SAGE committee.

The data show that 42.2% of children admitted to hospital with covid in the four week period studied (14 December 2021 to 12 January 2022) were aged under 1. During the first wave (January to August 2020) under 1s made up 32.9% of children admitted, in the second wave (September 2020 to April 2021) 30.4%, and when delta was the most prevalent variant (May 2021 to 13 December 2021) 30.2%.

The alpha and delta variants were also associated with increased numbers of cases in children, raising concerns that children would be more vulnerable to these variants and would become sicker. But this turned out not to be the case, said Calum Semple, professor of child health and outbreak medicine at Liverpool University, who presented the data at a Science Media Centre briefing.

And the indications are that children admitted to hospital with omicron are even less sick, as they need less support than children admitted earlier in the pandemic and are discharged earlier. Oxygen use by children aged under 1 admitted in the past four weeks for whom data were available was 12%, half the 22.5% in the first wave.

Between 14 December 2021 and 12 January 2022 42.2% of children admitted to hospital with covid were aged under 1, up from 32.9% in the first wave (January to August 2020), 30.4% in the second wave (September 2020 to April 2021), and 30.2% when delta was the most prevalent variant (May 2021 to 13 December 2021)

Intenstive care

Admission to intensive care was 9.9% (versus 14% in the first wave), use of mechanical ventilation was 2% (5.8%), use of non-invasive ventilation was 2% (7.2%), and mean length of stay was 1.7 days (6.6 days).

A rapid review by NHS England of 55 babies admitted to hospital with omicron found that most

JACOB KING/PA/ALAMY

Many healthcare workers still do not have access to high grade masks
Penelope Toff

were aged under 3 months and that around half were admitted for observation and received no treatment, said Russell Viner, professor of child and adolescent health at University College London. "Clinically, this picture is incredibly reassuring," he said.

Respiratory viruses

Camilla Kingdon, president of the Royal College of Paediatrics and Child Health, noted an increase in babies testing positive for omicron but lots of other respiratory viruses also circulating. "The presentation of these babies very much fits in with a mix of what we would expect to see in a busy winter in the UK," she said.

Ingrid Torjesen, *The BMJ*
Cite this as: *BMJ* 2022;376:o110

WHO: Focus should be new vaccines not boosters

Giving repeated booster doses of existing covid-19 vaccines in developed countries is not a sustainable global strategy for tackling the pandemic, the World Health Organization has said. Instead, it argues that the focus should shift to producing new vaccines that work better against transmission of emerging variants of SARS-CoV-2.

WHO's Technical Advisory Group on Covid-19 Vaccine Composition, which is assessing the performance of covid vaccines, said that to deal with emerging variants such as omicron new vaccines needed to be developed that protect people not only against serious illness but also infection. "Covid-19 vaccines that have high impact on prevention of infection and transmission, in addition to the prevention of severe disease and death, are needed and should be developed," it said.

Protecting against infection would also lower "community transmission and the need for stringent and broad reaching public health and social measures," the group said. New vaccines should "elicit immune responses that are broad, strong, and long lasting in order to reduce the need for successive booster doses," it added.

Until such time as these vaccines were available, and as the virus evolved, the group suggested that the composition of current covid vaccines "may need to be updated."

We can't immunise the entire at-risk global population every three to four months
Saul Faust

Scientific basis unclear

WHO has previously opposed rolling out blanket booster programmes in developed countries, given that many people in poorer nations were still waiting for a first dose, arguing that this disparity increased the chance of new variants emerging.

Saul Faust, professor of paediatric immunology and infectious diseases within medicine at Southampton University and chief investigator of the Cov-Boost trial, which has been investigating the impact of booster doses, backed WHO's stance. He also questioned the approach being taken in Israel to start offering fourth doses to the wider population. "None of us really understand the scientific basis," said Faust, who is also chief investigator for Cambridge University's phase I DIOSynVax trial of a coronavirus vaccine. "It makes little sense."

There was a general feeling among vaccine experts worldwide that we should wait, especially in the context of such a rapidly evolving omicron wave, he said. "First, it's impossible to immunise the entire at-risk global population every three to four months, and we can't predict what the future dominant variant or variants might be.

"Second, it is likely that immunological memory and protection against hospital admission and death is going to be maintained after a third dose."

Gareth Iacobucci, *The BMJ*
Cite this as: *BMJ* 2022;376:o108

Unvaccinated pregnant women at greater risk

Unvaccinated women accounted for 77% of SARS-CoV-2 infections that occurred during pregnancy in Scotland and for 98% of those that led to a critical care admission, a study has found.

Researchers looked at 4950 confirmed infections in pregnant women from 1 December 2020, when routine testing of maternity admissions began. They found that "severe complications," such as critical care admission, stillbirths, and early neonatal deaths, were more common in women who were unvaccinated than in vaccinated women.

Commenting on the study, Asma Khalil, professor of obstetrics and maternal fetal medicine at St George's University of London, said, "The study shows the overwhelming majority of pregnant women and babies becoming unwell or dying as a result of covid-19 were unvaccinated. With tens of thousands of covid-19 cases still being reported in the UK every day it is paramount that pregnant women continue to take up the offer of a vaccine."

Of the 4950 confirmed covid infections during pregnancy, 823 (17%) were associated with any hospital admission and 104 (2%) with a critical care admission

When compared with non-pregnant women of reproductive age, pregnant women with SARS-CoV-2 infection were more likely to be admitted to critical care, receive invasive ventilation, and die. Covid has also been associated with a raised risk of pregnancy specific complications such as pre-eclampsia, preterm birth, and stillbirth.

Despite this, the paper, published in *Nature Medicine*, reported that vaccination coverage was substantially lower in pregnant women than in the general female population of 18 to 44 year olds, with just under a third (32.3%) of women giving birth in October 2021 in Scotland having had two doses of vaccine, compared with 77.4% of women in the general population.

Elisabeth Mahase, *The BMJ*
Cite this as: *BMJ* 2022;376:o117

Delayed discharges: how are services and patients affected?

As NHS hospitals in England contend with covid and winter illnesses, many are trying to free up capacity by clearing beds of patients who are fit for discharge. **Matthew Limb** looks at the challenges they face

Services are struggling to meet the needs of people already in receipt of social care. There's no capacity to take on new clients
Natasha Curry

There are concerns about exacerbating community care backlogs, widening inequalities, and jeopardising post-discharge support
Miriam Deakin

We need families, carers, or social care settings to support patients who are medically fit to leave as much as necessary to be able to go home safely
Maggie Davies

In some local authority areas two thirds of care services are not open to admissions because of staff shortages and covid outbreaks
Nadra Ahmed

The social care crisis is preventing vulnerable patients from safely returning home or to their community
Katherine Henderson

How many patients medically fit for discharge are occupying beds?

The latest figures, from 9 January, show that NHS hospitals in England had 17 303 patients who no longer met the "criteria to reside." Of these, 4907 were discharged, leaving 12 396 in hospital.

What discharge targets have been set?

In December trusts and other NHS bodies were told to discharge at least half of patients who were medically fit to leave, in preparation for a surge in cases of covid caused by the omicron variant and to "release the maximum number of beds." Patients who don't need an NHS bed must be discharged safely "as soon as practically possible," said the guidance from NHS England and NHS Improvement.

What is causing the delays?

Data on causes are no longer collected centrally. As recently as February 2020 the NHS was responsible for 60% of delays in discharge. But experts have said a key cause of the current delays is the pressured situation in social care and, in particular, home care.

"In social care, services are struggling to meet the needs of people already in receipt of social care, and they simply don't have capacity to take on new clients who are being discharged from hospital," said Natasha Curry, deputy director of policy at the Nuffield Trust.

How are hospitals doing?

Hospital trusts accept that delayed discharge is bad for patient flow through the system and for outcomes among patients. They're trying to focus on those patients who can be discharged home without the need for social care support. They are also working with local authorities and other partners, including hospices and care homes, to release the maximum number of beds.

But the *Health Service Journal* has reported that many trusts were struggling to meet the 50% target. Miriam Deakin, director of policy and strategy at NHS Providers, said, "This target is a significant ask of providers at a time of increased operational pressure."

Deakin added that success was "contingent on having enough staff" to facilitate discharge and to support patients once they are discharged.

What action is being taken?

In the week beginning 10 January hospitals across Kent, Sussex, and Surrey were asked to discharge hundreds of patients who were well enough to leave by the end of the week. This included University Hospitals Sussex NHS Foundation Trust, which said it was working with community partners to discharge 232 patients in its hospitals who were medically ready for discharge. "Once patients are medically ready to leave hospital, we need their families, carers, or social care settings to support them as much as necessary to be able to go home safely," said Maggie Davies, chief nurse.

Other areas are using hotels, including NHS Devon Clinical Commissioning Group and its local partners, which are making use of 32 beds in local hotels, with specialist care and support for people who would otherwise be stuck in hospital waiting for support at home. The CCG said, "Feedback from patients has been excellent, and since March 2020 this has saved several thousand hospital bed days. This has freed beds for people who needed inpatient care in a hospital setting."

What instructions have community providers received?

Community providers have been asked by NHS England and NHS Improvement to deprioritise "low priority cases" across several services so that they can redeploy staff to support the vaccination programme and hospital discharges. But Deakin said this measure "may

raise concerns about exacerbating community care backlogs, widening inequalities, and jeopardising the delivery of post-discharge support in the community, particularly if the number of patients discharged from hospital settings increases in line with the targets set by NHSE/I."

DAVID BENITO/GETTY IMAGES

What do doctors' leaders say?

Katherine Henderson, president of the Royal College of Emergency Medicine, said freeing up beds will help to "prevent exit block, dangerous crowding, and corridor care" but added, "It is often the case that long stay patients are the most vulnerable who need support from social care services in their return to the community. The ongoing social care crisis is preventing these vulnerable patients from safely returning home or to their community when they have completed their treatment."

Meanwhile, the BMA has warned that the "rapid discharge" of patients into community settings could have a destabilising effect on already stretched general practices. Farah Jameel, chair of the BMA's General Practitioners Committee, has warned NHS bosses, "As it currently stands, there remains insufficient capacity, and wholly inadequate support across both general practice and community care teams, to meet the ongoing care and treatment needs of patients."

What's the view of social care?

Nadra Ahmed, chair of the National Care Association, whose 700 members include small to medium size residential and nursing homes and home care providers, said that pressure on the sector was as bad as it was in the NHS, if not worse.

"Nationally, in some local authority areas, up to two thirds of care services are not open to admissions, because of staff shortages and covid outbreaks, and we have home care agencies who are handing back contracts because they can't service them," she said.

Are there risks to patients?

Curry said that, although people needed to meet certain criteria to be discharged, effective discharge often depended on them having adequate support once they left hospital. "If social care services are struggling to meet demand, one possible consequence is that unpaid carers have to fill the gap and support people with complex needs, putting more pressure on them," she said. "If support is not adequate or it breaks down, the risk of readmission could be heightened." One concern is that unpaid carers are under immense pressure and that breakdown in caring arrangements is fuelling demand for formal social care.

"Another risk is that people are discharged not to an ideal setting, so they might go to a care home, where ideally if the right support was put in place at home they could go home," Curry added.

What measures might improve matters?

David Fothergill, who chairs the Local Government Association's Community Wellbeing Board, said a bigger proportion of the new health and social care levy "should go directly towards social care upfront" to help deal with immediate pressures.

In the longer term, Rory Deighton, senior programme lead for acute care at the NHS Confederation, said that boosting the social care workforce was crucial. "While the NHS will continue to do everything it can to prioritise patients with the greatest clinical need and discharge patients ready to leave hospital as safely and quickly as possible, without a long term, properly funded strategy to increase the social care workforce healthcare leaders are worried this situation will worsen," he said.

Matthew Limb, London

Cite this as: *BMJ* 2022;376:o118

ICUs asked to take extra patients as beds stay in short supply

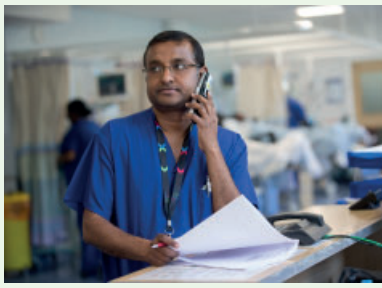
Pressure for general hospital beds is delaying the discharge of patients from intensive care units, say consultants in intensive care. Some ICUs are even being asked to take patients who do not need high dependency support.

Last winter (2020-21) the demand for beds in ICU was so great that it was not uncommon for patients to have to be transferred to other hospitals, some hundreds of miles away, at the peak of the pandemic. ICU beds had to be reserved for covid patients requiring invasive ventilation while areas were set up on other wards to deliver non-invasive ventilation (CPAP). This winter fewer covid patients require ICU treatment.

Alison Pittard, dean of the Faculty of Intensive Care Medicine, said, "The success of the vaccination programme is likely to be responsible for patients being less sick when infected by covid-19 and therefore less likely to require ICU. The pressure on beds is having more of an impact on the ward than ICU."

As a result, many ICUs are taking patients that require CPAP and some have patients who do not require any additional level of support.

Peter Hampshire, clinical director of critical care at Liverpool University Hospitals Trust, told *The BMJ*, "When our patients are ready to go to a ward, there is often not enough space to step them out of ICU. We have used high dependency beds for ward level patients."



MANY ICUs ARE TAKING PATIENTS THAT REQUIRE CPAP AND SOME HAVE PATIENTS WHO DO NOT REQUIRE ANY ADDITIONAL LEVEL OF SUPPORT

David Hepburn, consultant in intensive care medicine and anaesthesia at Llanfrechfa Grange Hospital, Cwmbran, said the hospital had closed its respiratory high care area that had provided CPAP last year to free up those beds. "Anyone needing more oxygen support than can be provided on a ward now needs to come to ICU," he said. "We have around 10 patients ready for ward discharge after emergency operations, but because of a lack of flow we can't get them beds in the rest of the hospital."

Mervyn Singer, professor of intensive care medicine at University College London, said delaying discharge from ICU or admitting patients not requiring a high level of support was "an ongoing problem that predates covid-19." He added, "Delayed discharges are much more of a problem. Emergency department patients needing a bed get prioritised for a general ward, meaning we can't discharge ICU patients. We often only get a discharge when there's an ICU admission that needs to come in."

Ingrid Torjesen, *The BMJ*

Cite this as: *BMJ* 2022;376:o125

THE BIG PICTURE

Artist celebrates life in death

An installation in São Paulo by the Brazilian artist Siron Franco entitled *Renascimento*, or *Rebirth*, pays tribute to the more than 620 000 people who have died from covid-19 in the country.

Composed of 365 suspended mannequins, the work also honours Brazil's health professionals, who are facing a huge omicron surge, with 69 010 new daily cases on 14 January, up from 22 626 a week earlier. The true figures are likely to be much higher as a cyberattack on the health ministry last month has limited the collection of data from state health authorities.

Despite the figures, and unlike previous waves, omicron has not caused Brazil's health system to collapse, thanks in part to 67% of adults now being fully vaccinated.

For full story see *BMJ* 2022;376:o133

Alison Shepherd, *The BMJ* Cite this as: *BMJ* 2022;376:o129

ANDRE PENNER/AP/SHUTTERSTOCK

EDITORIAL

"Wrongful conception" ruling against UK GP

A challenging ruling with implications for all health professionals offering periconceptual advice

In December 2021, Evie Toombes (right) successfully sued Philip Mitchell, her mother's general practitioner, arguing that she would never have been conceived had he given her mother clearer advice about the role of folic acid supplements before and during pregnancy. Despite surgical interventions, she still experiences neuromuscular, bladder, and bowel problems.[1 2]

Mitchell had made the following note of the relevant consultation in 2001: "Preconception counselling. Folate if desired discussed." Judge Rosalind Coe, QC, described this as, "completely inadequate"[2] and held that his advice was negligent. Had he given the correct advice, she said, Toombes's mother, Caroline Toombes, would have delayed conceiving and taken folic acid. The court held that had she done so, she would, on the balance of probabilities, have subsequently conceived a baby unaffected by neural tube defect.[1 2]

Recommendations at the time supported periconceptual folate supplementation, and Mitchell described this in his evidence as the good practice he adhered to, leaving the final decision on this treatment to the patient herself.[1]

Much interest revolves around how Evie Toombes sued the GP on behalf of her mother for "wrongful conception," thus avoiding the bar on disabled people suing for "wrongful birth." The law of negligence is intended to compensate the patient (in this case her mother) for harm resulting from a duty of care being breached.[3]

The idea that "loss of the chance" of a better outcome is harm constituting negligence is already present in UK medical law. In 2004, a woman successfully sued her surgeon claiming that inadequate discussion of surgical complications had denied her the chance to decline or delay her operation and potentially achieve a better outcome.[4 5] This did not result in a storm of litigation from others with similar grievances.

WENN/ALAMY

More effective promotion of periconceptual health should be a public health priority

The Toombes *v* Mitchell ruling is different because unassisted pregnancy is not a treatment governed by the usual medical duty to obtain fully informed consent. Nevertheless, people do base life changing decisions, including planning a pregnancy, on the information that they receive from clinicians.

Policy and practice

Although the Toombes judgment is surprising given the bar on wrongful birth cases and general sentiments upholding the sanctity of life in English law, it is likely to have limited application in routine practice. The notion that doctors should know and follow evidence based guidelines is already accepted and complicated only by the sheer number of guidelines available and their potential to contradict one another.[8] Furthermore, documentation has improved substantially in the past 20 years, largely as a result of electronic health records.

Current guidance from the National Institute for Health and Care Excellence tells GPs and primary care teams to advise folate supplementation before pregnancy or in early pregnancy, even for women with good dietary intake of folate. Women potentially at risk of a pregnancy complicated by neural tube defect are advised to take a higher dose.[9]

While the events considered in Toombes *v* Mitchell relate to primary care, this is clearly not a matter for primary care alone. All health professionals providing clinical advice to women of childbearing age should consider the implications. Specifically, they should review their practice on preconception advice to ensure that they are aware of current guidance, that guidance is easy to implement in practice (for example, by using a consultation template), and that compliance is regularly audited.

Given the complexities associated with providing preconceptual advice and the apparent risk shown by the Toombes *v* Mitchell ruling, many primary care clinicians may question their ability to support patients adequately in this area. Some tertiary centres have clinics specialising in preconception counselling for women with complex medical or obstetric histories. These should be more widely accessible to avoid the risk of doctors being forced to act beyond their competence.

From a wider public health perspective, we need to ask whether women of childbearing age and their partners are sufficiently aware of important health issues during preconception and early pregnancy. Quitting smoking, avoiding alcohol, and eating a healthy diet are just as important to the welfare of the unborn child as folate supplementation—more effective promotion of periconceptual health should be a public health priority. The responsibility for public education in this area clearly goes far beyond primary care clinicians alone.

Andrew Papanikitas, honorary tutor in general practice, University of Oxford
andrew.papanikitas@phc.ox.ac.uk

John Spicer, general practitioner, Country Park Practice, London

Benedict Hayhoe, clinical lecturer in primary care, Imperial College London

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EDITORIAL

Release the data on covid-19 vaccines

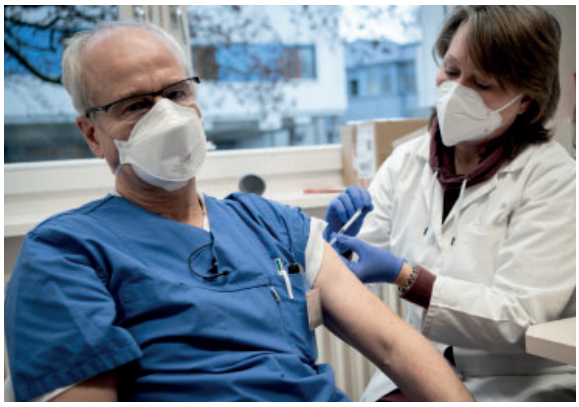
Data on vaccines and treatments should be fully and immediately available for public scrutiny

A decade ago, in the middle of a different pandemic, *The BMJ* reported that governments around the world had spent billions stockpiling antivirals for influenza that had not been shown to reduce the risk of complications, hospital admissions, or death.[1-4]

The Tamiflu saga heralded a decade of unprecedented attention to the importance of sharing clinical trial data.[5-10] Progress was made, but clearly not enough. Today, despite the global rollout of covid-19 vaccines and treatments, the anonymised participant level data underlying the trials for these new products remain inaccessible to doctors, researchers, and the public—and are likely to remain that way for years to come.[16] This is morally indefensible.

Pfizer's pivotal covid vaccine trial was funded by the company and designed, run, analysed, and authored by Pfizer employees. The company and the contract research organisations that carried out the trial hold all the data.[17] And Pfizer will not begin entertaining requests for trial data until May 2025. Lack of access to data is consistent across vaccine manufacturers.[16] Moderna says data will be available "upon request and subject to review once the trial is complete"—after 27 October 2022 (NCT04470427). As of 31 December 2021, AstraZeneca may entertain requests for data from several of its large phase III trials.[19] But "timelines . . . can take up to a year upon full submission of the request."[20]

Underlying data for covid-19 therapeutics are similarly hard to find. Published reports of Regeneron's phase III trial of its monoclonal antibody therapy REGEN-COV flatly state that participant level data will not be made available to others.[21] Should the drug be approved (and not just emergency authorised), sharing "will be considered." For remdesivir, the US National Institutes of Health, which funded the trial, created a new portal to share data, but the dataset on offer is limited.



PA/ALAMY

There is no place for wholesale exemptions from good practice during a pandemic

We are left with journal publications but no access to underlying data on reasonable request. This is worrying for trial participants, researchers, clinicians, journal editors, policy makers, and the public.

Regulators' responsibility

Journal editors, systematic reviewers, and the writers of clinical practice guidelines generally obtain little beyond a journal publication, but regulatory agencies receive far more granular data as part of the regulatory review process.

Among regulators, the US Food and Drug Administration is believed to receive the most raw data but does not proactively release them. In releasing thousands of pages of clinical trial documents, Health Canada and the EMA provide a degree of transparency that deserves acknowledgment.[24 25] Even so, anyone looking for participant level datasets may be disappointed because Health Canada and the EMA do not receive or analyse these data. Like the FDA, and unlike its Canadian and European counterparts, the UK's regulator—the Medicines and Healthcare Products Regulatory Agency—does not proactively release clinical trial documents, and it has also stopped posting information released in response to freedom of information requests on its website.[26]

The BMJ supports vaccination policies based on sound evidence. As the global vaccine rollout continues, it cannot be justifiable or in the best interests of patients and the public that we are left to just trust "in the system," with the distant hope that the underlying data may become available for independent scrutiny at some point in the future. The same applies to treatments for covid-19. Transparency is the key to building trust and an important route to answering people's legitimate questions about the efficacy and safety of vaccines and treatments and the clinical and public health policies established for their use.

Twelve years ago we called for the immediate release of raw data from clinical trials.[1] We reiterate that call now. Data must be available when trial results are announced, published, or used to justify regulatory decisions. There is no place for wholesale exemptions from good practice during a pandemic. The public paid for covid-19 vaccines through vast public funding of research, and must take on the balance of benefits and harms that accompany vaccination. The public has an entitlement to trial data, and to the interrogation of those data by experts.

Pharmaceutical companies are reaping vast profits without adequate independent scrutiny of their scientific claims.[32] The purpose of regulators is not to dance to the tune of rich global corporations; it is to protect the health of their populations. We need complete data transparency for all studies, we need it in the public interest, and we need it now.

Peter Doshi, senior editor
pdoshi@bmj.com
Fiona Godlee, former editor in chief
Kamran Abbasi, editor in chief, *The BMJ*, London

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"Doctors must raise their voices to advocate for those in Afghanistan"

The BMJ is this year raising money to support the work of MSF in Afghanistan. **Jane Feinmann** hears about the importance of advocacy from doctors around the world in supporting this work

For an organisation funded entirely by private donations, the scale of Médecins Sans Frontières's humanitarian operation in Afghanistan at the start of 2022 is significant.

It has five major healthcare projects in some of the country's largest cities: Helmand, Herat, Kandahar, Khost, and Kunduz. These projects deliver both emergency and everyday healthcare—including surgery, maternity services, and emergency care for malnutrition—to hundreds of thousands of vulnerable Afghans.

This involves the paid employment of 2300 Afghan staff, along with 100 international staff, at a time of the near complete unravelling of the country's economy and healthcare system. MSF also purchases and imports the drugs and medical technology required by these services in planes that it charters itself.

So far, so normal for MSF, which has been carrying out similar interventions since it was set up in France in 1971. It currently employs 45 000 staff in 70 countries, some of whom are facing the most serious medical emergencies on the planet.

Humanitarian catastrophe

Afghanistan today faces an abnormally bleak reality. Its foreign reserves ($9bn) have been frozen following the formation of the country's new government under the Taliban in August 2021. At the same time, billions of dollars of international funding, which had made up four fifths of the previous government's budget, was abruptly cut.

A million children, half of all under 5s, will be severely malnourished within weeks

ORIANE ZERAH/MSF

Humanitarian agencies now predict "the world's worst humanitarian catastrophe," with 22.8 million people facing food insecurity. One million children, half of all children under the age of 5, will be severely malnourished within weeks, according to Unicef.

In response, MSF has plans to increase its operations in Afghanistan. Some are temporary, short term interventions. In September 2021 in Spin Boldak, on the border with Pakistan, the organisation ran a mobile clinic for people living in informal settlements to help provide clean water. In October, it opened a 20 bed treatment centre at Ahmad Shah Baba hospital in Kabul, with oral rehydration points in key areas of the city to tackle the outbreak of acute watery diarrhoea.

On 15 December 2021, it opened an ambulatory therapeutic feeding centre in Kandahar, responding to high levels of severe and acute malnutrition in the area. Here it provides outpatient malnutrition treatment for patients aged between 6 months and 5 years, following their discharge from the nearby inpatient therapeutic feeding centre at Mirwais regional hospital.

MSF continues to support eight comprehensive health centres in Khost, along with the Provincial Hospital, with food, fuel, and medical supplies. It is also supporting the Ministry of Public Health's Fatima Bayat Hospital in Lashkar Gah with medical supplies and drugs.

Practitioners stress the power of doctors' advocacy internationally. "Yes, we desperately need donations to support our work, but just as important is bearing witness to what is happening here," says Filippe Ribeiro, MSF's representative in Afghanistan.

Speaking out

The organisation's longstanding practice of "témoignage"—bearing witness and speaking out about the plight of those they treat—has never been in conflict with its impartiality. "MSF cannot compensate for the economic situation, the loss of international aid, and the freezing of the country's assets," Ribeiro tells *The BMJ*. "Our work here is more than a drop in the ocean, but it's not much more."

MSF is demonstrating what can be done, he says. "Our daily work shows that it is possible to bring funds and medicines into the country and provide care for Afghan people without government interference," he says. "Our Afghan workforce, including women, continue their work unimpeded."

IMAGES BY SANDRA CALLIGARO/MSF

Economic choices by the outside world are the main driver of the crisis

The organisation's staff in Afghanistan speak bluntly about their experience. "Here in Afghanistan, healthcare is politicised," Mohammed Abdullah, an MSF regional supervisor, tells *The BMJ*. "Decisions by the international community deprive Afghan people of their livelihoods and their healthcare. That is what we see every day in front us, with our clinics ever more crowded with desperate patients."

MSF is not alone in making the point that economic choices by the outside world are the main driver of the crisis in Afghanistan. Western media also question the justification for economic measures as a response to the Taliban's taking over of government. As one "foreign official" told the *Financial Times*, "It's mind boggling to say that we'll sacrifice 15 million women in order to defend women's rights."

Abdullah says MSF in Afghanistan needs funding more than ever before. "We also ask UK doctors to raise their voices to advocate on behalf of us all in Afghanistan and make the case for restarting vital aid to the country."

"MSF's work shows that Afghanistan can be supported at this critical time," Ribeiro adds. "But it can't do this work all on its own."

Jane Feinmann, freelance journalist, London
jane@janefeinmann.com

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The 2021-22 appeal is being supported by the Green Room Charitable Trust. Up to £50 000 in funding has been made available to match donations received before 31 January 2022. This means that your support will go even further. The Afghan Crisis Appeal will fund MSF's work in Afghanistan, as well as supporting its work in neighbouring countries.

MEDICINE AND THE MEDIA

Facebook v The BMJ: when fact checking goes wrong

The journal has locked horns with the world's largest social network and the gatekeepers of international fact checking after one of its investigations was wrongly labelled with "missing context" and censored.

Rebecca Coombes and **Madlen Davies** report

The BMJ **wrote an open letter to Mark Zuckerberg, above, chief executive of Facebook's parent company. It called the Lead Stories fact checking "inaccurate, incompetent, and irresponsible", following its report on the journal's article featuring the allegations of Brook Jackson, below**

On 3 November Howard Kaplan, a retired dentist from Israel, posted a link to a *BMJ* investigation article in a private Facebook group. The investigation reported poor clinical trial research practices occurring at Ventavia, a US contract research company helping to carry out the main Pfizer covid-19 vaccine trial.

The article brought in record traffic to bmj.com and was widely shared on Twitter, helping it achieve the second highest "Altmetric" score of all time across all biomedical publications. But a week after his posting Kaplan woke up to a message from Facebook.

"The Facebook Thought Police has issued me a dire warning," he wrote in a new post. "Facebook's 'independent fact-checker' doesn't like the wording of the article by *The BMJ*. And if I don't delete my post, they are threatening to make my posts less visible. Obviously, I will not delete my post… If it seems like I've disappeared for a while, you'll know why."

Kaplan was not the only Facebook user having problems. Soon, several *BMJ* readers were alerting the journal to the censorship. Over the past two months the journal's editorial staff have been navigating the opaque appeals process without success, and still today their investigation remains obscured on the social network.

The experience has highlighted serious concerns about the "fact checking" being undertaken by third party providers on behalf of Facebook, specifically the lack of accountability and oversight of their actions, and the resulting censorship of information.

"Missing context"

Since 10 November, *BMJ* readers have been reporting a variety of problems when trying to share its investigation on Facebook. Some reported being unable to share it. Many others reported having their post flagged with a warning about "Missing context . . . Independent fact-checkers say this information could mislead people." Facebook told posters that people who repeatedly shared "false information" might have posts moved lower in its news feed.

In one private Facebook group, for people who had long term neurological adverse events after vaccination, group administrators received a message from Facebook informing them that a post linking to *The BMJ*'s investigation was "partly false."

Readers were directed to a "fact check" performed by Lead Stories, one of the 10 companies contracted by Facebook in the US, whose tagline is "debunking fake news as it happens." An analysis last year showed that Lead Stories was responsible for half of all Facebook fact checks.

The Lead Stories article said that none of the flaws identified by *The BMJ*'s whistleblower, Brook Jackson, would "disqualify" the data collected from the main Pfizer vaccine trial. Quoting a Pfizer spokesperson, it said that the drug company had reviewed Jackson's concerns and taken "actions to correct and remediate" where necessary. A Pfizer spokesperson said that the company's investigation "did not identify any issues or concerns that would invalidate the data or jeopardize the integrity of the study." Lead Stories also said that Jackson did not "express unreserved support for covid vaccines" and had worked at the trial site for only two weeks.

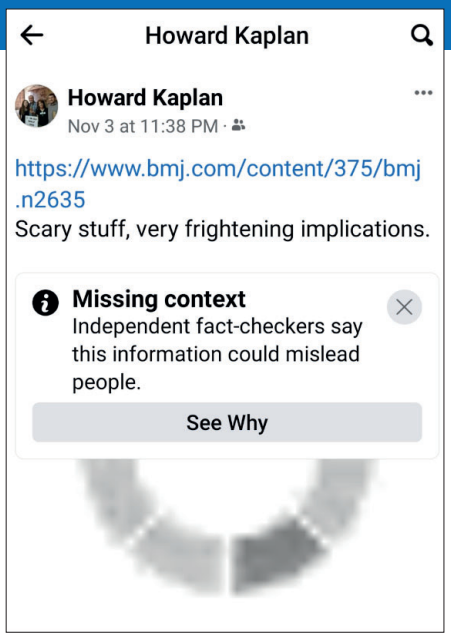
No errors found

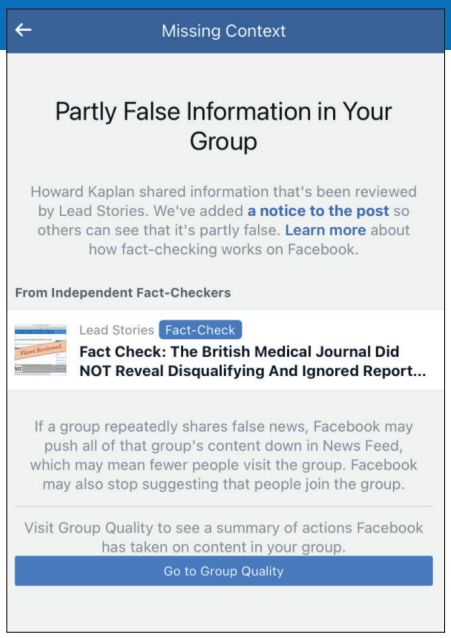
The Lead Stories article, though it failed to identify any errors in *The BMJ*'s investigation, nevertheless carried the title, "Fact Check: The British Medical Journal Did NOT Reveal Disqualifying and Ignored Reports of Flaws in Pfizer COVID-19 Vaccine Trials."

The first paragraph wrongly described *The BMJ* as a "news blog" and was accompanied by a screenshot of the investigation with a stamp over it stating "Flaws Reviewed," despite the Lead Stories article not identifying anything false or inaccurate. It did not mention the investigation was externally peer reviewed, despite this being stated in the article, and published its article under a URL that contained the phrase "hoax-alert."

The BMJ contacted Lead Stories, asking it to remove its article. It declined. Its author, Dean Miller, replied to say that Lead Stories was not responsible for Facebook's actions. "In the Facebook system, we flagged the article "Missing Context," which is the lowest possible flagging category," says Miller. "It's my understanding Facebook Enforcement doesn't throttle back distribution or traffic based on a 'Missing Context' rating. I may be wrong, but I believe the result is merely a flag on the content."

Miller defended his article, noting, "We did not call into question the integrity of *The BMJ*'s story, only the





"There's an inherent conflict of interest in the use of third party organisations to fact check" Gary Schwitzer

comprehensiveness of it. That's the point of a 'Missing Context' rating.

"We couldn't agree more that the public should be concerned, provided they have all the context, which is what we attempted to point out and, in some small way, provide as a supplement to *The BMJ*'s report."

The BMJ based its story on dozens of original documents provided by the experienced clinical trial auditor turned whistleblower Jackson and was confident in the authenticity of her evidence. After publication, and as reported in a linked rapid response on bmj.com, *The BMJ* contacted Ventavia, Pfizer, and the US Food and Drug Administration (FDA) to better clarify the scope and implications of the problems identified at Ventavia and what corrective measures had been taken. At the time of going to press Ventavia had not responded to *The BMJ*'s repeated requests for information.

Pfizer told *The BMJ* it had investigated an anonymous complaint about Ventavia in September 2020 and that "actions were taken to correct and remediate where necessary." The FDA stated that it was unable to answer *The BMJ*'s questions, "as it is an ongoing matter."

In a subsequent email, Alan Duke, editor in chief of Lead Stories, told *The BMJ* that the "Missing Context" label was created by Facebook specifically "to deal with content that could mislead without additional context but which was otherwise true or real." He added that the article was widely being shared and commented on by antivaccine activists on Facebook.

"We agree that sometimes Facebook's messaging about the fact checking labels can sound overly aggressive and scary. If you have an issue with their messaging you should indeed take it up with them as we are unable to change any of it."

The BMJ also contacted the International Fact-Checking Network (IFCN), run by the Poynter Institute for Media Studies, a non-profit journalism school in St Petersburg, Florida, whose donors include Facebook and Google. IFCN sets quality standards for fact checking organisations and creates a verified list of companies that meet these standards, including Lead Stories. Poynter referred *The BMJ* back to Facebook.

Gary Schwitzer, adjunct associate professor at the University of Minnesota's School of Public Health and publisher of HealthNewsReview, which grades US news organisations' health reporting, said there was an "inherent conflict of interest" in Facebook's use of third party organisations to fact check content. "So a company facing a credibility crisis hires you to help them out," he told *The BMJ*. "There is an inherent pressure on the contractor, then, if they want to be paid, to come up with problems and to appear to help solve them."

He said the processes by which Facebook decided which content to send for fact checking, and the contractors' systems for deciding which pieces they reviewed, were not transparent or consistent enough. A supposedly objective "fact check" in reality was "subject to individual reviewer opinion," he added. Fact checkers often miss genuinely misleading stories, such as articles reporting relative rather than absolute risk, said Schwitzer.

Wider problem

Cochrane, the international provider of high quality systematic reviews of medical evidence, has experienced similar treatment by Instagram, which, like Facebook, is owned by the parent company Meta.

A Cochrane spokesperson said that in October its Instagram account was "shadowbanned" for two weeks, meaning that "when other users tried to tag Cochrane, a message popped up saying @cochraneorg had posted material that goes against 'false content' guidelines." Shadowbanning may lead to posts, comments, or activities being hidden or obscured and stop appearing in searches.

After Cochrane posted on Instagram and Twitter about the ban, its usual service was eventually restored, although it has not received an explanation for why it fell foul of the guidelines in the first place.

The spokesperson said, "We think Cochrane was reported as it had published a review on ivermectin and was ironically supporting a campaign about spreading misinformation. It seems sometimes automation and artificial intelligence get it wrong. And user reporting and mechanisms can be used to block the wrong people."

In December *The BMJ* wrote an open letter to Mark Zuckerberg, Meta's chief executive. In the letter, editors Fiona Godlee and Kamran Abbasi called Lead Stories' fact checking "inaccurate, incompetent, and irresponsible." It asked Meta to review the warning placed on *The BMJ*'s article and the processes that led to it being added and to reconsider its overall approach to fact checking.

Companies like Facebook and some of the traditional media establishments are reasonably concerned about vaccine misinformation but have swung so far in the opposite direction as to potentially shut down legitimate questions about major corporations like Pfizer—Jillian York

Meta refuses to intervene

Meta directed *The BMJ* to its advice page, which said publishers can appeal a rating directly with the relevant fact checking organisation within a week of being notified. "Fact checkers are responsible for reviewing content and applying ratings, and this process is independent from Meta," it said. This means that, as in *The BMJ*'s case, if the fact checking organisation declines to change a rating after an appeal from a publisher, the publisher has little recourse.

The lack of an independent appeals process raises concerns, as fact checkers have been accused of bias. "I worry about the amount of power placed in the hands of these third party groups," says Jillian York, director for international freedom of expression at the Electronic Frontier Foundation, a non-profit group that promotes civil liberties in the digital world. "There's no accountability structure. There's no democratic process. And so, while I do see a role for fact checking and think it's far superior to the alternative—which is Facebook just taking down content—I still worry about the effect it can have on legitimate sources."

In December Lead Stories wrote a response to *The BMJ*'s open letter to Zuckerberg that implied that whistleblower Jackson was not a credible source. It said Jackson was not a "lab-coated scientist" and her qualifications amounted to a "30-hour certification in auditing techniques."

Jackson has more than 15 years' experience in clinical research coordination and management and previously held a position as director of operations. "I've never claimed to be a scientist," she says. "The 30 hour course is not what qualifies me. All my years of having different roles in clinical trials is what qualifies me. Besides, someone new to clinical research would have noticed what was going on at Ventavia. It did not take an expert."

Lead Stories also criticised *The BMJ* for failing to include Jackson's "publicly expressed views of covid vaccines." It pointed to tweets she had sent, all after *The BMJ*'s investigation. One criticised an episode in the children's television show *Sesame Street* in which Big Bird gets a covid vaccine, and another expressed support for a US court ruling against making vaccination mandatory for federal workers. Lead Stories highlighted the tweets in its original fact check, saying that "on Twitter, Jackson does not express unreserved support for covid vaccines."

"Since when is it the obligation of any citizen to show unreserved support for anything?" asked Schwitzer. "It's absolutely immaterial to the topic at hand. For it to be in this independent review I think says more about the reviewer than the reviewee."

Lead Stories is taking an editorial position on vaccination, York says, one that echoes Facebook's own position. "The broader issue at hand is that companies like Facebook and some of the traditional media establishments are reasonably concerned about vaccine misinformation but have swung so far in the opposite direction as to potentially shut down legitimate questions about major corporations like Pfizer," she said. The medical industry has a history of suppressing certain information, and citizens need to be able to question it, she added.

On 20 December Lead Stories sent a series of inflammatory tweets after publishing its response to *The BMJ*'s open letter. It said, "Hey @bmj_latest, when your articles are literally being republished by a website run by someone in the 'Disinformation Dozen' perhaps you should be reviewing your editorial policies instead of writing open letters."

The tweet contained a picture of *The BMJ*'s article, which had been republished by Children's Health Defense, an antivaccine website that questions the safety of vaccines and funds antivaccine adverts on Facebook. Lead Stories also asked questions about Paul Thacker, the author of the investigation. Lead Stories tweeted, "Is @thackerpd really ok with being listed as an author on childrenshealthdefense.org? Or does he object to it? The answer will reveal a lot."

Thacker did not write the piece for Children's Health Defense. The website had republished articles of *The BMJ* without complying with its licence terms. *The BMJ*'s legal team has asked Children's Health Defense to take the articles down.

Checking the checkers

Fact checking is not completely unregulated. IFCN was set up in 2015 to advocate "for higher standards among the global fact-checking community." More than 100 agencies are signed up to its code of principles, ranging from what it calls the "big beasts of traditional media," such as *Le Monde*'s Les Decodeurs in France and the *Washington Post* in the US, to global newswires AFP, AP, and Reuters, and start-ups such as Rappler in the Philippines. The code's first principle is a commitment to non-partisanship. "Signatories do not advocate or take policy positions on the issues they fact check," it says. *The BMJ* has submitted a complaint to the Poynter Institute, which runs the IFCN, alleging that Lead Stories' conduct does not meet this commitment and is awaiting a response.

The BMJ also plans to appeal to Facebook's Oversight Board, an independent, international panel of 20 people that can decide whether specific content should be removed from the platform. It reviews only a small number of "emblematic cases," including upholding a decision made on 7 January 2021 to ban the then US president, Donald Trump, from Facebook and Instagram after the storming of the Capitol Building. The board's decisions are binding unless implementing them could violate the law.

Carolina Are, an online moderation researcher and visiting lecturer at London's City University, backs *The BMJ*'s efforts. "*The BMJ* is a reputable news organisation that has a huge platform and the means to challenge this stuff. But there are a variety of creators on social media who just get their profiles deleted when this stuff happens," she says.

Kamran Abbasi, *The BMJ*'s editor in chief, said, "We should all be very worried that Facebook, a multibillion dollar company, is effectively censoring fully fact checked journalism that is raising legitimate concerns about the conduct of clinical trials.

"Facebook's actions won't stop *The BMJ* doing what is right, but the real question is: why is Facebook acting in this way? What is driving its world view? Is it ideology? Is it commercial interests? Is it incompetence? Users should be worried that, despite presenting itself as a neutral platform, Facebook is trying to control how people think under the guise of 'fact checking.'"

Rebecca Coombes, head of journalism, *The BMJ*
rcoombes@bmj.com
Madlen Davies, investigations editor, *The BMJ*
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