

this week

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Blood appeal after NHS cyberattack

The NHS has made an urgent appeal for O blood type donors in response to the cyberattack that forced some of the largest hospitals in London to cancel operations and divert patients to other trusts.

The ransomware attack on Synnovis, which provides pathology services, on 3 June forced trusts to declare a critical incident because of the effect on transplant surgeries and blood transfusions. Guy's and St Thomas'—one of the trusts affected—asked medical students to assist in delivering blood tests while IT systems were down, said a memo obtained by the *Sunday Times*.

The attack affected Guy's and St Thomas'; the Evelina children's and Royal Brompton hospitals (both run by Guy's); King's College Hospital; and GP services in six south London boroughs. The hospitals affected were unable to match patients' blood at the same frequency as normal.

Stephen Powis, NHS England's medical director, said urgent and emergency services were available as usual at the trusts but added, "Unfortunately, we know that a number of operations and appointments have been postponed or diverted to other hospitals not impacted by the cyberattack, as we prioritise pathology services for the most clinically urgent cases."

In a statement Synnovis said it was working to assess the impact and take "the appropriate action needed."

Ciaran Martin, former chief executive of the National Cyber Security Centre, said it was suspected the attack originated in Russia. Krishna Chinthapalli, a consultant neurologist in London who forewarned of cyberattacks on the NHS in a *BMJ* article in 2017, said healthcare "remains uniquely vulnerable" to such incidents. He told *The BMJ*, "This is another disturbing, large scale ransomware attack on multiple hospitals in London, and these attacks are increasing." He added, "This is an opportunity for all of us in the NHS to remember some of the fundamental measures: use secure passwords, report suspicious emails, and do not install any unknown software."

Michelle Drage, chief executive of Londonwide LMCs, which represents GPs, said, "This is the latest in a long line of IT failings that have a huge impact on patients and their GPs, further reducing patients' access through no fault of their GP. Delays to test results are unsafe and leave GPs flying blind while having to manage the justifiable anxieties of thousands of patients."

Gareth Iacobucci, *The BMJ*
Cite this as: *BMJ* 2024;385:q1277

An urgent call for O blood type donors was issued after London NHS trusts were forced to cancel transplant surgery and transfusions

LATEST ONLINE

- Gilead pays \$40m to settle allegations that it delayed work on an improved HIV drug
- RCP president is asked to resign by leadership team over physician associates row
- FDA unexpectedly rescinds ban on Juul vapes



SEVEN DAYS IN

Tobacco control experts eye next government to deliver smoke-free generation



Tobacco activists have voiced disappointment that the Tobacco and Vapes Bill failed to pass before the general election but are confident it will succeed under the next government.

Michelle Mitchell, chief executive of Cancer Research UK, described the failure to pass the bill as “disheartening . . . for people affected by cancer, health professionals, and campaigners.” She added, “It’s vital all parties commit to bring this bill back.”

Phil Chamberlain, deputy director of the Tobacco Control Research Group at Bath University, said, “The nature of the parliamentary process means these things happen. The important thing is that the public health community is prepared with the arguments and the evidence to take advantage of the next legislative window.”

At the core of the bill is creating a “smoke-free generation” by continually raising the minimum age for legally purchasing tobacco. A benefit of the bill’s “false start” is that it will provide space for airing arguments, said Chamberlain. “The industry and its allies trotted out the usual lines that the bill was unworkable and lacked public backing,” he said. What had become clear, however, “was how strong public support across the UK was,” he added.

● INVESTIGATION, p 346

Hristio Boytchev, *The BMJ* Cite this as: *BMJ* 2024;385:q1253

Pay offer

Secondary care doctors in Wales are offered new deal

The Welsh government increased its pay offer for 2023-24 to junior doctors, consultants, and SAS (specialist, associate specialist, and specialty) doctors, which if accepted would give individual doctors an extra rise of at least 4% and some more than 10%. The three groups have recommended the deal to members, who will vote in referendums until 26 June. Stephen Kelly, chair of the BMA Cymru Wales Consultants Committee, said, “We are pleased to have reached an offer we believe honours our overwhelming strike mandate and offers significant improvements in pay for consultants across their careers.”

Food poverty

One in four children is affected, Unicef warns

An estimated 181 million of the world’s children aged under 5 years—around one in four—are in severe food poverty and at risk of life threatening malnutrition, warned a report from the United Nations Children’s Fund (Unicef).



The report analysed the effects and causes of dietary deprivation in young children in nearly 100 countries. It found that 65% of those experiencing severe food poverty lived in just 20 countries, including around 64 million in South Asia and 59 million in sub-Saharan Africa.

General practice

GPs “unite” in plea to parties to save profession

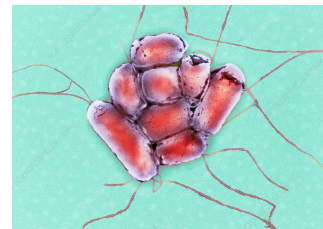
GPs have urged the leaders of the main political parties to make it an election priority to “fix” general practice to save the wider NHS from collapsing. The Rebuild General Practice campaign said its open letter had been signed by 80% of local medical committees, demonstrating “unique unity within the profession.” It said the crisis stemmed from a decade of political neglect and chronic underfunding, with 1000 fewer practices and 2000 fewer GPs in England since 2015, despite seeing six million more patients.

E coli

UK agencies investigate food poisoning outbreak

Public health and food standard agencies around the UK were investigating an increase in cases of Shiga toxin producing *E coli* (STEC,

below) believed to be linked to a food item, said the UK Health Security Agency. It reported 113 confirmed cases from 25 May to 4 June, affecting people aged 2 to 79. Of these, 81 were in England, 18 in Wales, 13 in Scotland, and one in Northern Ireland. Case numbers are expected to rise as more samples undergo whole genome sequencing.



Sexual health

Infections continue to rise in England

The number of sexually transmitted infections in England continued to rise in 2023, showed annual data from the UK Health Security Agency. England recorded 401 800 new diagnoses of STIs last year, up by 4.7% from 2022. Gonorrhoea diagnoses rose by 7.5% from 79 268 in 2022 to 85 223 in 2023, and diagnoses of infectious syphilis rose by 9.4%, from 8693 in 2022 to 9513 in 2023. The incidence of chlamydia across all ages remained stable, with 194 970 diagnoses in 2023.

Physician associates

College rejects expansion in emergency medicine

In a position statement the Royal College of Emergency Medicine said it did not support the expansion of the physician associate workforce in emergency medicine. It said its statement, agreed in a council meeting on 6 June, was based on concerns that “patient safety is paramount and the transparency and clarity of the scope of practice of the roles is required.” It added that prioritising training and retention of all emergency doctors was imperative and it was concerned about the capacity of educators to train and adequately supervise PAs.

Drug dispensing

NHS prescription costs rise

Figures show that the number of prescription items dispensed by the NHS in the community in England in 2023-24 rose by 3% from 2022-23, from 1.18bn to 1.21bn, while costs hit £10.9bn, up by 5% from £10.4bn. At 65 million items, atorvastatin was the most dispensed drug, and beclometasone dipropionate cost the most, at £320m. The type 2 diabetes drug Forxiga in 10 mg tablets showed the largest rise in cost, an absolute increase of £90m.

MEDICINE

PTSD

US advisers reject MDMA treatment for condition

Scientific advisers to the US Food and Drug Administration have voted overwhelmingly that MDMA—commonly known as the party drug ecstasy or molly—should not be used to treat post-traumatic stress disorder. Nine of the 11 advisers said that available data did not show the drug to be effective among people with PTSD. The FDA does not have to follow the committee's votes, but it often heeds the feedback from its advisers. A final decision by the FDA is expected in August.

BMA committees

New co-chairs for Consultants Committee

Helen Neary (below left) and Shanu Datta were elected as co-chairs of the BMA's



Consultants Committee. They will take over in September from the current chair, Vishal Sharma, who has held the position since 2021. Neary, a consultant anaesthetist in Liverpool, and Datta, a consultant psychiatrist in Preston, are currently deputy co-chairs of the committee and were elected unopposed. Mike Henley, Ian Barros D'Sa, and Simon Walsh have been elected as deputy co-chairs of the committee.

Bird flu

First person with confirmed H5N2 dies

The World Health Organization reported the first confirmed human case of influenza A(H5N2) in a person who has since died in Mexico City. It is not yet known



The FDA has been advised not to allow PTSD to be treated with ecstasy

how the person was exposed to the virus, but A(H5N2) viruses have been reported in poultry in Mexico. The person, who had multiple underlying medical conditions, was said to have been bedridden for three weeks for other reasons before showing symptoms of the virus. On 24 April they were admitted to hospital and died on the same day from complications. WHO said that current information suggested the risk to the general population from the virus remained "low."

Awards

BMJ feature on covid wins prize for communication

A *BMJ* feature by the freelance journalist Katharine Lang—"How do we best use Paxlovid and other covid antivirals?"—has won a 2023 Harding prize for trustworthy communication. The judges applauded the piece for being "genuinely useful." They said that Lang's piece broke down "key questions which might be asked by clinicians and suggested a balanced range of evidence and well sourced expert opinion in response." The Harding prize (hardingprize.online) rewards articles that try to help readers assess the available evidence on a topic. It is run by the Winton Centre for Risk and Evidence Communication at Cambridge University, along with Sense About Science and the Science Media Centre.

Cite this as: *BMJ* 2024;385:q1278

MEDICAL HARMS

Patient harms associated with medical procedures, treatment, and contact with healthcare systems rose from 11 million worldwide in 1990 to 18 million in

2019, a **59%** rise, outpacing the **45%** rise in world population in the same period

[*BMJ Quality & Safety*]



SIXTY SECONDS ON... FLYING



IT'S THE HOLIDAYS. WHERE'S THE DEPARTURE LOUNGE BAR?

Not so fast. Researchers are warning people to avoid alcohol when they fly because of the strain it puts on the cardiovascular system when asleep in an environment of reduced cabin pressure.

WHAT, FLY WITHOUT AN AIRPORT G&T?

Followed by another on the plane and maybe wine with your meal? But a study has found the mix of alcohol and the low pressure typically felt at cruising altitude led to reduced sleep quality and a median oxygen saturation of 85.32% in 17 healthy volunteers, which compared with a median of 88.07% among 23 volunteers who had no alcohol. Oxygen saturation at flying altitude in healthy people is around 90%.

MY DIZZY HEART!

That's not all. Heart rate was also affected by alcohol, rising to a median of 87.73 bpm in people who drank vodka before falling asleep, which compared with 72.9 bpm in those who had no alcohol.

BRING ME DOWN TO EARTH

That might be the best option for people with heart and lung conditions, say researchers from the Institute of Aerospace Medicine in Cologne and the medical faculty at Aachen University. "Even in young and healthy individuals, the combination of alcohol intake with sleeping under hypobaric conditions poses a considerable strain on the cardiac system and might lead to exacerbation of symptoms in patients with cardiac or pulmonary diseases," they wrote in the journal *Thorax*.

IS THAT THE ONLY OPTION?

Eva-Maria Elmenhorst, one of the study authors, told NBC News, "The oxygen saturation dropped to quite low levels during sleep. This is why I would recommend to avoid drinking alcohol even when someone is healthy."

SURELY, A PINT OR TWO CAN'T HURT?

The researchers gave participants the amount of alcohol that would reach blood alcohol limits for driving in western Europe—the equivalent of two cans of beer or a large glass of wine. Drinking more than this "could amplify these observed effects, potentially escalating the risk of health complications and medical emergencies, especially among older individuals and those with pre-existing medical conditions," they wrote.

Zosia Kmiotowicz, *The BMJ*

Cite this as: *BMJ* 2024;385:q1266

Lib Dems launch “manifesto to save NHS,” with pledges on GP access and cancer care

CONSERVATIVE AND LABOUR PLEDGES

Conservatives

In its manifesto published on 11 June the Tory party pledged that on top of previously announced increases it would allocate £6.6bn for the NHS and £7.5bn for adult social care for the next three years. It confirmed a recent pledge to build 100 new general practices in England and modernise 150 more, at a cost of £180m by 2029-30. It also promised 50 new community diagnostic centres and to expand the Pharmacy First scheme to enable them to offer services such as contraceptive advice, menopause support, and treatments for conditions such as acne and chest infections.

The party said its health policies would be funded by cutting £550m by employing 5500 fewer managers and saving £640m from consultancy spending in government. On recruitment, it promised 92 000 more nurses and 28 000 more doctors by the end of the next parliament.

Some £720m will be spent on mental health by 2029-30, to expand support teams and access to talking therapies.

Labour

Ahead of the launch of its full manifesto on 13 June, Labour reiterated its Child Health Action Plan, which it set out in January, with promises to provide an extra 100 000 urgent and emergency dental appointments for children, supervised toothbrushing for 3-5 year olds, and golden hellos to recruit dentists to underserved areas. The plan will cost £109m a year and will be paid for by clamping down on tax dodgers and non-doms, the party said.

On other child health matters it pledges 40 000 more paediatric appointments every week, better mental health support in schools and communities, legislation to ban smoking, and curbs on vaping. Labour also said it would ban the sale of high caffeinated energy drinks (above) to under 16s.



The Liberal Democrats have placed health at the heart of their general election manifesto with headline pledges to boost access to GPs, tackle long waits for treatment, and transform care of patients with cancer.

Launching the manifesto on 10 June, leader Ed Davey said the party had produced a “bold, ambitious, and fully costed plan to tackle the health and care crisis from top to bottom. This is a manifesto to save the NHS.”

Combined commitments on health and social care will cost £9.4bn a year by 2028-29, with £8.35bn spent on the NHS and social care and £1.1bn invested in hospitals and the primary care estate, said the party. This would be funded by reversing tax breaks on banks and closing loopholes on capital gains tax currently exploited by the wealthiest people, it said.

Boosting GP access

Key commitments include giving everyone the right to see a GP within seven days or within 24 hours for emergencies and increasing the

number of full time equivalent GPs by 8000. The party also commits to additional funding to support GP services in rural and remote areas.

To improve recruitment and retention of doctors the manifesto commits to establishing a properly independent pay review body, producing a 10 year retention plan, making flexible working a right for NHS staff from day one, and expanding access to flexible, affordable childcare. It also promises to exempt NHS and care staff from the immigration skills charge and to end the “false economy” of spending money on agency workers.

Cancer care and mental health

Another headline commitment is to boost cancer survival rates. The manifesto pledges to introduce a legal right for 100% of patients with cancer to start treatment within two months, to invest in new radiotherapy equipment, to recruit more specialist cancer nurses, and to legislate on directing research to cancers with the lowest survival rates. It also makes a raft of pledges on mental health, including increasing capacity so no

Anaesthetists raise over £50 000 to sue GMC over associates

A group of anaesthetists is raising funds for a legal challenge to the GMC’s plans for regulating physician associates and anaesthesia associates, claiming the GMC’s role will blur the lines between doctors and those who are not medically qualified.

The council is to take on the regulation of associates in December. But Anaesthetists United argues the way the GMC intends to implement its new role has made the situation “vague and indistinct.”

The group has raised nearly £50 000 so far and has instructed lawyers specialising in public law. In their post on the crowd justice website they say, “The biggest worry is that the GMC have steadfastly refused to say what an associate can or cannot do to support patients. The precise term for this is their ‘scope of practice.’ So it is left entirely to market forces to determine scope. This favours using PAs or AAs as doctor replacements.

“Worse still, the GMC has confusingly started to use the term ‘medical professionals’ to encompass both doctors and associates.



It has even published guidance on good medical practice for both doctors and associates to share.”

In a letter in April responding to the anaesthetists’ concerns, GMC chief executive Charlie Massey wrote, “We do not accept that shared standards of conduct between professions implies conflation of those professions.” He added, “I do not agree that

creating two separate sets of standards is the right answer. I do agree, however, that we should ensure that any guidance published on our website in future makes it as clear as possible that it applies to three distinct professions.”

He said the GMC would use the term medical professionals “sparingly and when appropriate to the circumstances, for example when referring to the collective professionals we regulate.”

Massey sent an update this week to government officials and relevant bodies outlining GMC preparations for regulating associates. On defining the scope of practice for associates he wrote, “Like many



LUCY NORTH/PA/ALAMY

THE MANIFESTO pledges to introduce a legal right for 100% of patients with cancer to start treatment within two months

one is treated far from their home and extending young people's mental health services up to age 25.

Social care and public health

Investment in social care will be focused on enabling patients to leave hospital when they no longer need to be there, rolling out free personal social care, and introducing a new, higher minimum wage for care workers. Other pledges include guaranteed access to an NHS dentist for patients who need urgent and emergency care and a string of public health measures, such as increasing the public health grant, a clean air act to tackle air pollution, and investment in more addiction services and support for drug users.

Sarah Woolnough, chief executive of the King's Fund, said the ambition of recruiting 8000 more GPs was "laudable" but "not easy" to achieve, as the current government had found.

She said, "Without more detail on how the party would achieve this goal, it is hard to see how their promise of faster access to GP appointments can be met.

"Similarly, a legal right for cancer patients to start treatment within 62 days of an urgent referral will be welcomed by many, but it is unclear how enshrining in law a target that already exists will in itself make the target any more achievable."

OPINION, p 358

Gareth Iacobucci, *The BMJ*
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It is left entirely to market forces to determine scope. This favours using PAs or AAs as doctor replacements
Anaesthetists
United

other professional healthcare regulators, we don't set a defined post-qualification scope of practice that determines what tasks registrants can safely carry out, as this depends on individual skills and competence, which develop over time. We support the work that individual colleges and the Academy of Medical Royal Colleges are currently leading to further consider matters of scope of practice."

Massey's update also aims to reassure doctors that they will not be held accountable for the decisions and actions of PAs and AAs, "provided they have delegated responsibility to them in line with the standards and guidance in the GMC's guides *Good Medical Practice*, *Leadership and Management for All Doctors*, and *Delegation and Referral*."

Doctors had expressed concern over the case of Steven Zaw, who was suspended in 2017 and later struck off the medical register over failings that included not adequately supervising a PA's review of a patient. Massey pointed out that other serious allegations of a separate nature were found proved against Zaw and that tribunal rulings did not set binding precedents.

HELEN SALISBURY, p 360

Clare Dyer, *The BMJ* Cite this as: *BMJ* 2024;385:q1247

Tributes paid to health journalist and presenter Michael Mosley

Many tributes have been paid to Michael Mosley, the journalist, TV and radio presenter, documentary maker, and author whose death was announced at the weekend.

Mosley went missing last week while on holiday on the Greek island of Symi. His body was found on 9 June after four days of searches by Greek authorities. A postmortem examination is to take place this week, but it has been reported he may have collapsed after taking a walk in the hills in extremely high temperatures.

Mosley was a well known TV and radio presenter of programmes such as the BBC's *Trust Me I'm a Doctor* and Radio 4's *Just One Thing* podcast, and was known for promoting the 5:2 and the Fast 800 diets that recommend intermittent fasting and low carbohydrate

He had an ability to break down the complex and make it accessible to all
Salehya Ahsan

meals. He won many awards, including an Emmy for the series *Are We Changing Planet Earth* with David Attenborough and the BMA's medical journalist of the year award in 1995. He wrote for several newspapers, including the *Times*, the

Independent, and the *Mail* on Sunday, and was a regular columnist for *Focus* magazine and *Eureka*.

Chris van Tulleken, who was a co-presenter of *Trust Me I'm a Doctor*, said on X, "Michael wasn't just a rock solid friend, he was an incredibly generous human to everyone he worked with. He basically invented a genre of science broadcasting: experimenting on himself, talking about his medical problems, being a curious human being, not an ivory tower expert.

"He supported me and so many others at every stage of our careers, always at the end of the phone for support or advice. But I also loved his programmes as a consumer—I was one of the millions who listened to his thoughts about science and medicine."

Saleyha Ahsan, another co-presenter of *Trust Me ...*, said on the BBC *Breakfast* programme on 10 June, "He had an ability to break down the complex and make it accessible to all and an ability to make us trust him. Michael did incredible things for medicine, and for public health, in a way that few others have."

Adrian O'Dowd, London
Cite this as: *BMJ* 2024;385:q1283



NEWS ANALYSIS

Stark exclusion of ethnic minorities in genetic research “must end”

A review from the NHS Race and Health Observatory has laid out a blueprint for tackling the lack of racial diversity in genetic medicine research. **Matthew Limb** reports

Recently launched trials of a “personalised” cancer vaccine that uses mRNA technology to activate a patient’s immune response were not just a boon for the future of genomics and precision medicines but, at first glance, for diversity in UK science.

Both the principal investigator—consultant clinical oncologist Victoria Kunene—and the first patient to receive an experimental jab at University Hospitals Birmingham NHS Foundation Trust—Elliot Pfebve—are black.

But a detailed analysis examining inequity in this area shows that under-representation of ethnic minority groups in genomics datasets, research studies, and development of genetic medicine services is the norm.

It must be corrected urgently if effective personalised treatments for cancer and other diseases are to benefit whole populations rather than worsen existing healthcare disparities, say experts.

Speaking on 5 June, Victor Adebowale, board member of the NHS Race and Health Observatory, said, “Ethnic health inequalities are rife in this area, both in terms of who works in it, the kind of research that’s done, and engagement with communities. That’s unacceptable.

“There is an urgent need for critical changes to be made in the way in which genomic services are accessed, how they’re led, and how future research is conducted if we’re going to reduce health inequalities and inequity and improve outcomes for ethnic minority communities.”

Adebowale, who also chairs the NHS Confederation, was speaking at the launch of a report, *Ethnic inequities in*

Genomics and Precision Medicine, the first of its kind to explore this area.

The report, produced by the observatory and Nottingham University, shows the extent to which ethnic minority communities are excluded from genetic medicine research and work on artificial intelligence based risk prediction tools.

Some ethnic minorities more at risk

Experts say some ethnic communities are known to be more at risk of several life limiting conditions and there is a duty to ensure genomic testing is used properly to improve outcomes in cancer, cardiovascular disease and other common diseases, and rare, inherited conditions.

The review confirms a lack of diversity in genomics datasets which limits analysis of how well genetic testing and personalised medicine is working across different ethnic groups.

The launch of the report heard how well documented historical abuses of people from ethnic minorities by medical institutions had contributed to a loss of trust in research and clinical trial participation and in interventions such as vaccine uptake.

Some potential volunteers fear their data may be misused, while others are unaware of how or why participation could benefit their families, communities, and others. “The research and healthcare community has not engaged enough with ethnic minority groups in genomics research and the planning of precision medicine services,” says the report.

For their analysis, researchers reviewed 70 policy and guidance documents published between 2017 and 2022 to understand the priorities of current approaches to



Elliot Pfebve (above centre) was the first person to receive the experimental cancer vaccine as part of a trial led by consultant clinical oncologist Victoria Kunene (below)



health inequity in the development and rollout of genomics and precision medicine services. Of these, only 50 included “broad and limited” ethnicity information.

Researchers also conducted a systematic review to find out if people from ethnic minority groups were included in genetic research. They consulted stakeholders and held interviews or focus groups with people from black African, black Caribbean, Indian, Pakistani, Bangladeshi, Arab, and mixed ethnicity groups.

Actions to improve representation

The report reveals varied concerns and a need for urgent coordinated action across multiple fronts, including better representation of ethnic minority groups in the genomics medicine services workforce.

It says the government, relevant health authorities, and research bodies should ensure patients and community groups are aware of and involved in discussions about NHS genetic medicine services.

Research databases and biobanks should consistently hold genetic information that is representative of diverse populations, with appropriate coding and recording of ethnicities, it adds.

Alongside this, funding bodies should assess how research proposals are incorporated with information from ethnic minority groups, and community engagement initiatives should be better resourced with messages tailored to specific groups.

Speaking at the launch, Nadeem Qureshi, lead author of the report and a clinical professor at University of Nottingham’s School of Medicine, said, “Before we start doing research

Approval of tirzepatide for weight loss could increase NHS access

NICE has recommended another weight loss drug for adults with a body mass index (BMI) of at least 35 (or lower in some ethnic minority groups) and at least one weight related comorbidity, under draft guidance now out for consultation.

Weekly injections of tirzepatide (Mounjaro, Eli Lilly) should be offered alongside diet and exercise support, the committee ruled after reviewing clinical trial evidence showing that a 15 mg dose was associated with a 20% reduction in weight when compared with placebo. Data from the Surmount-1 study found that after 72 weeks 96.3% of participants taking tirzepatide had lost 5% or more body weight, compared with 27.9% in the placebo group.

NICE recommends a BMI threshold of 32.5 for people of South Asian, Chinese, other Asian, Middle Eastern, Black African, or African-Caribbean backgrounds because of a higher health risk linked to obesity.

The committee also discussed confidential data showing that the drug was at least as effective as semaglutide across a range of outcomes and more effective for weight loss in the target population.

In February 2022 NICE recommended semaglutide for weight loss in the same population, with treatment provided through tier 3 weight loss services. But in the tirzepatide draft guidance the committee recommended that the drug could be made available in primary and secondary care, after hearing evidence about variable access to specialist weight management services.

NICE recommends semaglutide be used for a maximum of two years, but the committee did not set a time limit on the use of tirzepatide. However, it said doctors should consider stopping tirzepatide if less than 5% of the patient's initial weight has been lost after six months of treatment.

Eli Lilly told NICE the diet and exercise component of the trial was "light touch" and similar to those being delivered by NHS GPs.

The committee noted that the level of long term diet and exercise support delivered alongside tirzepatide in the study was currently not consistently available, although rapid changes were happening in practice.

Nerys Astbury, associate professor of diet and obesity at Oxford University, said the recommendations could widen access to treatment. "The introduction of more pharmacological options to help professionals outside specialist weight management settings treat people living with obesity can only be seen as a good thing," she said. "More options and bringing competition to the market is likely to drive down the costs."

The consultation is open until 5 pm on 25 June.

Emma Wilkinson, Sheffield [Cite this as: *BMJ* 2024;385:q1239](#)

we need to understand the lived experience of our communities and ensure in our research culture that we are inclusive in our methods and processes for including minority communities."

He said genome-wide association studies such as those picked up in the review can eventually lead to clinical genetic tests that are used in the NHS but in some cases these tests "could be harmful" if not representative of the UK population. "Many minorities struggle with undiagnosed conditions, particularly in children. Participation in genomics studies would help to get these families through this diagnostic odyssey," he said.

Qureshi said tackling the "mistrust" that some communities have in providing samples was crucial to conducting genetic research. "That involves understanding the historical failures that concern patients—not just

OF SEVENTY
policy and guidance
documents only **50**
included "broad and limited"
ethnicity information

genomic health related but political failures like fears of immigration and data," he said.

Sadia Haq Nawaz, a patient advocate who works with Pakistani women in the UK to raise awareness of the risks of consanguineous marriages, said potential tragedies, including baby loss, could be avoided if more parents were made aware of genetic testing and if translated public health information was more accessible. It was important to counter misinformation about what genetic testing entails and tackle stigma and cultural and religious taboos in communities, she said.

"There's a lot of tokenistic work going on in patient and public involvement, it has to be meaningful, value patient input, understand the barriers they face, and hear their stories," she said.

Habib Naqvi, chief executive of the Race and Health Observatory, said trust

"is fast becoming a determinant of health itself" as it influenced people's choices as to whether to take up a health intervention or take part in research. "That level of trust needs to be built with our communities," he said.

Actions to improve representation
The report recommends "consistent and comprehensive monitoring" of patient access to NHS genetic medicine services and "targeted action" to support access, including adequate provision of interpreters to translate complex medical language. Public authorities working in genomics, such as NHS England's Genomics Policy Unit and the Genetic Medicine Services Alliances, must hold key stakeholders to account through regular monitoring and evaluation of action and implementation plans, it adds.

Qureshi said, "Key to improving access to genomic medicine services is accurate monitoring of the ethnicity of those accessing the services, together with monitoring outcomes of care between different ethnic groups."

Experts said achieving this would also be dependent on the right infrastructure being in place and effective collaboration between relevant organisations, including tailored public engagement activities appropriate to specific communities.

Adebowale said governments, researchers, health commissioners, and funders must ensure that national research databases that hold genetic information are more diverse, with appropriate coding and recording of ethnicities "not as matter of choice but as a matter of duty."

He said the choice of a black man as the first patient to receive the developmental cancer mRNA jab may have been "random" but showed how communities could benefit and gain confidence when people from ethnic minorities were involved in research testing. "It tells me something about the nature of the challenge we've got," he said.

Matthew Limb, London
[Cite this as: *BMJ* 2024;385:q1264](#)

There is an urgent need for critical changes to be made

Victor Adebowale



AFTER 72 WEEKS 96.3% OF PARTICIPANTS TAKING TIRZEPATIDE HAD LOST 5% OR MORE BODY WEIGHT



LIAM MCBURNEY/PALAMNY



THE BIG PICTURE

Striking doctors rally in Stormont

Junior doctors in Northern Ireland staged their latest walkout over pay and conditions between 7 am on Thursday 6 June and 7 am on Saturday 8 June.

On the first day of the strike doctors marched from the front gates of the Stormont estate in Belfast, seat of the Northern Ireland Assembly, to the steps of parliament buildings where they were joined by some assembly members.

Speaking at the rally, Fiona Griffin (pictured front in black), the chair of BMA's Northern Ireland junior doctors committee, said, "Over the past 15 years, we've seen our pay eroded by over 30%.

"The new health minister needs to seize the opportunity of solving this dispute once and for all by putting forward a credible offer that includes meaningful steps towards full pay restoration."

Alison Shepherd, *The BMJ*

Citeline will be [BMJ 2024;385:q1280](#)

Tobacco funded research: how even journals with bans can't stem the tide

Tobacco companies are investing billions in pharmaceutical and medical products. These ties complicate the ongoing efforts of researchers, scientific organisations, and journals to distance themselves from the industry, find **Irene van den Berg, Mathilde de Jeu, and Hristio Boytchev**

Research funded by the tobacco industry is still appearing in highly cited medical journals, despite attempts by some to cut ties altogether, an investigation by The Investigative Desk and *The BMJ* has found.

Although the tobacco industry has a long history of subverting science, most of the leading medical journals don't have policies that ban research wholly or partly funded by the industry. Even when publishers, authors, and universities are willing to restrict ties to the industry, evidence indicates that they struggle to identify funding sources, because tobacco companies have funded front groups and have diversified into pharmaceutical and health technology.

"It is awkward to suddenly find yourself affiliated with a company whose sole purpose is to sell cigarettes," says Wytse van den Bosch, a physician and researcher into pulmonary diseases at the Erasmus MC Sophia Children's Hospital in the Netherlands. He had a research grant from the drug company Vectura when it was bought by the tobacco giant Philip Morris International in 2021. Nevertheless, his study was still published in a journal with a policy to reject research with connections to the tobacco industry.

Big tobacco's involvement in therapeutic fields has led to calls for journals to institute bans on research funded not only by tobacco companies but also by their subsidiaries. Nicholas Hopkinson, professor of respiratory medicine at Imperial College London, says that, given the industry's "longstanding history of dishonesty," it is "very straightforward" that researchers



The point is to bring the tobacco industry to an end
Nicholas Hopkinson

should cut ties to companies after they are acquired by big tobacco, as otherwise they would be "working with the tobacco industry" and contributing to its profits.

"The point is to bring the tobacco industry to an end," as its products "are lethal when used as intended," he says.

Hidden in plain sight

In recent years the "big four" global tobacco companies (according to sales)—Philip Morris International (PMI)/Altria, British American Tobacco (BAT), Imperial Brands, and Japan Tobacco International (JTI)—have invested billions in companies that produce medicines or other medical products.

These investments include treatments for conditions caused or aggravated by smoking. For example, Vectura, a subsidiary of PMI since 2021, produces an inhaler used by

patients with chronic obstructive pulmonary disease or asthma. And JTI's pharmaceutical branch produces treatments for lung cancer, skin conditions such as psoriasis and atopic dermatitis, and heart disease.

The Investigative Desk and *The BMJ* searched PubMed and found hundreds of relationships between big tobacco's medical and pharmaceutical subsidiaries and medical research.

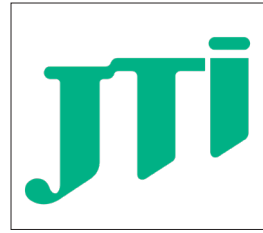
In 876 studies on PubMed going back to 1996 the declarations of conflicts of interest reveal a relationship between at least one of the researchers and a medical company with financial ties to the tobacco industry. Many of these studies appeared in journals that lack policies on collaboration with tobacco companies. However, at least 13 journals with a tobacco policy in place also published studies (27 in total) that can be linked to companies with tobacco industry investments.

Also checked were the tobacco policies of 40 top medical journals as ranked by their Clarivate impact factor: the top 10 general medical journals and the top 10 in each of three therapeutic areas especially affected by smoking (oncology, cardiac and cardiovascular, and respiratory medicine).

Of these 40 journals, only eight (20%) had policies prohibiting studies wholly or partly funded by the tobacco industry. Those that did were mainly journals dealing with lung diseases. Six of the 10 journals in the field of respiratory medicine have a tobacco policy. But of the top 10 journals in oncology only one did, and in cardiology none had one. Among the top 10 leading general medical journals only *The BMJ* had such a policy.

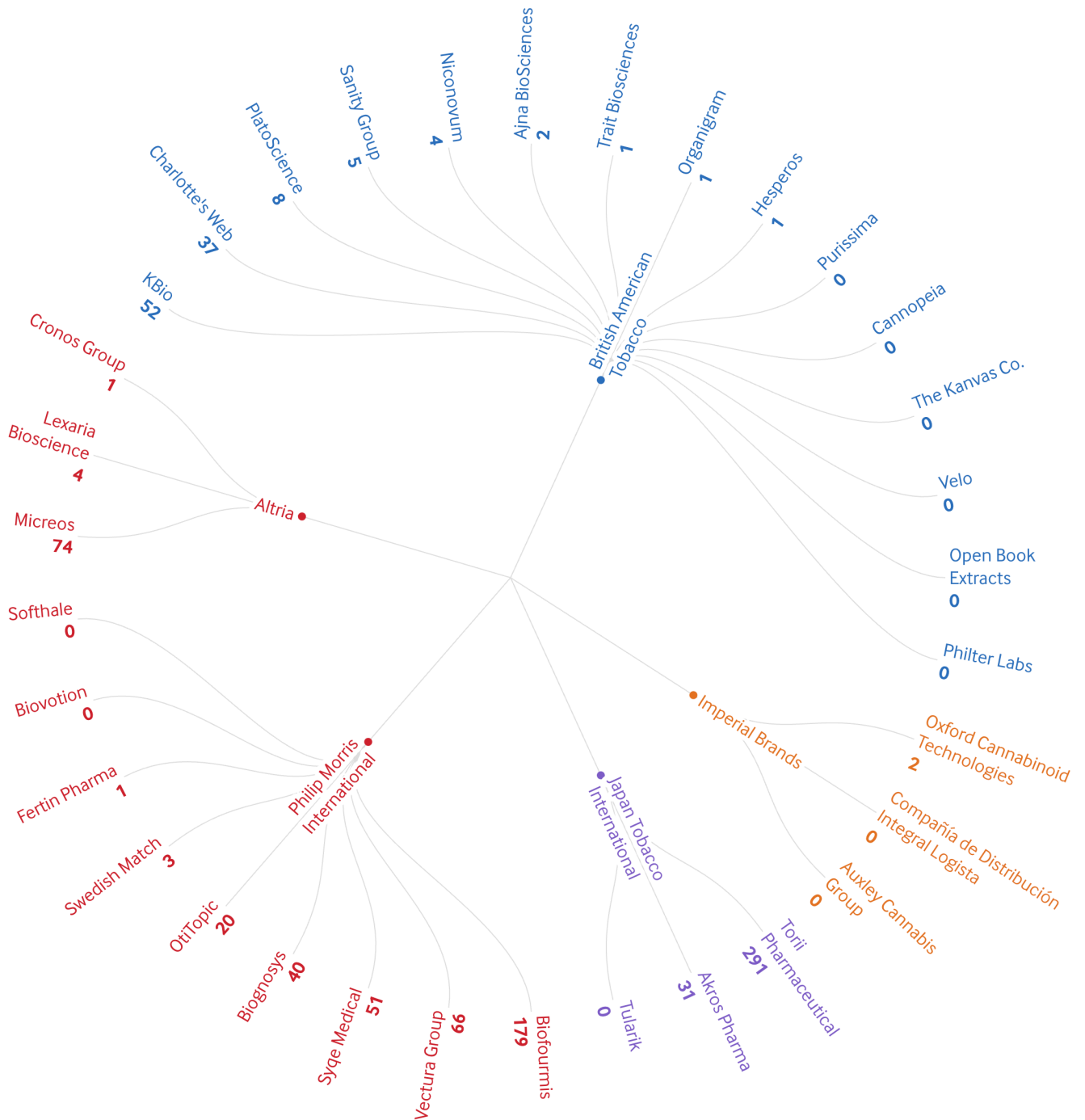


BELLE WELLS



Investments and publications

The five tobacco brands in the centre have invested in the companies shown around the perimeter. The number of papers published in medical journals by these companies is displayed.



Tobacco investments and publications. An interactive version of this graphic is available at: <https://bit.ly/4aDNwFH>

Tobacco policies at the top 10 journals by speciality

Does this journal have a ban on publishing research funded by the tobacco industry?

Yes

No

GENERAL AND INTERNAL MEDICINE	RESPIRATORY SYSTEM	ONCOLOGY	CARDIAC AND CARDIOVASCULAR SYSTEMS
Lancet	Lancet Respiratory Medicine	CA: A Cancer Journal for Clinicians	Nature Reviews Cardiology
New England Journal of Medicine	European Respiratory Journal	Nature Reviews Clinical Oncology	European Heart Journal
JAMA	American Journal of Respiratory and Critical Care Medicine	Nature Reviews Cancer	Circulation
BMJ	Journal of Thoracic Oncology	Lancet Oncology	Journal of the American College of Cardiology
Nature Reviews Disease Primers	Pulmonology	Annals of Oncology	JAMA Cardiology
Annals of Internal Medicine	Chest	Cancer Cell	Circulation Research
JAMA Internal Medicine	Thorax	Journal of Clinical Oncology	European Journal of Heart Failure
Lancet Digital Health	Journal of Heart and Lung Transplantation	Molecular Cancer	JACC: Cardiovascular Interventions
Journal of Travel Medicine	Annals of the American Thoracic Society	Cancer Discovery	JACC: Cardiovascular Imaging
Military Medical Research	Archivos de Bronconeumología	Journal of Hematology and Oncology	JACC: Heart Failure

Journal tobacco policies

All these journals or their publishers were invited to comment. Many that lacked a specific tobacco policy referred to their standard transparency policies regarding funding and conflicts of interest. “All financial and material support for the research and the work should be clearly and completely identified in an acknowledgement section of the manuscript,” said a *JAMA* spokesperson.

Some pointed out the nefarious history of the tobacco industry. The Lancet Group, calling attention to the tobacco industry’s “damaging history of distorting research and evidence to further commercial interests,” says that it is “very unlikely to publish tobacco industry funded research unless it provides a clear benefit to public and human health and only then following robust editorial and external peer review.”

Since 2013 the BMJ titles *The BMJ*, *Heart*, *Thorax*, and *BMJ Open* have had a policy not to consider tobacco funded research. BMJ’s *Tobacco Control* already had such a policy, as did *PLoS Medicine*, *PLoS One*, *PLoS Biology*, the *Journal of Health Psychology*, and journals published by the American Thoracic Society.



The policy is challenging to implement for journals that rely in large part on the accuracy of authors’ declarations

Helen Macdonald



EHJ will forbid manuscripts sponsored by the tobacco industry soon

Filippo Crea

This hasn’t prevented studies funded by tobacco industry subsidiaries from being published in other BMJ journals that don’t have such a policy.

BMJ has this week updated its tobacco policy (p 351). In addition to excluding research funded by the tobacco industry, BMJ journals will also exclude work where authors have personal financial ties to the tobacco industry.

“Creating a stronger firewall between the tobacco industry and BMJ content will provide space for editors to curate and publish content that is more independent and trusted, and contributes to a healthier world,” explain the editors.

Head of research integrity Helen Macdonald acknowledges the challenges involved in upholding such policies: “The policy is challenging to implement for journals that rely in large part on the accuracy of authors’ declarations. It is further complicated by how the tobacco industry is defined, which also evolves, as recent moves to take over pharmaceutical companies have shown. The nature and timescale of potential authors’ personal interests are also relevant. In making decisions in complex cases

BMJ puts patients and the public at the heart of the matter.”

Even among the journals that have a policy, enforcement can be difficult when it involves subsidiaries or organisations associated with the tobacco companies. Last year *BMJ Open* retracted a paper after it became clear that ECLAT SRL (the listed funder) was receiving sponsorship from the Foundation for a Smoke-Free World, a group supported and fully funded by PMI.

“Your gut feeling tells you: just quit”

European Respiratory Society journals are bound by a policy that states they will not publish work by authors who have worked for, consulted for, or had any connections to the tobacco industry or received any benefits from it since 1 January 2000. Nevertheless, the society published research by the Dutch researcher van den Bosch in January 2024. When Vectura, the company funding his research into the role of small airways in asthma, was taken over by PMI in 2021 he had to read about it in the media rather than through any personal communication.

“IT IS NOT A COLLABORATION WITH TOBACCO”—MAASTRICHT UNIVERSITY, THE INDUSTRY, AND THE WORLD HEALTH ORGANIZATION

Alexander Sack, professor of brain stimulation and applied cognitive neuroscience at Maastricht University in the Netherlands, is a scientific adviser for PlatoScience, producer of technological tools for mental health illnesses such as depression. British American Tobacco owns 20% to 24.99% of the Danish company through its corporate venture capital arm BTomorrow Ventures (BTV). Sack has published together with PlatoScience employees.

“As long as British American Tobacco does not interfere with my scientific work, I see no immediate problem,” he says. “I just don’t know anything about the size of investment, reason for investment, overall investor or funding structure, etc,” Sack says of BAT’s involvement. “BTV invested in PlatoScience before my time,” he says, “for the purpose of consumer cognitive sensations.”

In 2021 PlatoScience initiated a “radical change in the company’s focus,” in a direction not favourable to BTV, but “BTV stayed onboard as a minority shareholder,” Sack said. “I have always considered them a bit of a ‘leftover’ from the company’s previous



As long as BAT does not interfere with my work, I see no immediate problem
Alexander Sack

time as a consumer goods company,” he added.

To receive a grant from the World Health Organization, Sack’s employer, Maastricht University, signed a statement that there was no collaboration between the university and the tobacco industry. Pamela Habibović, rector magnificus of the university, says that Sack’s collaboration with PlatoScience “is not a collaboration with the tobacco industry.”

She adds, “The studies were not related to the tobacco industry in the broadest sense of the word. Also, PlatoScience is not a tobacco industry company.”

Maastricht University has no policy on staff engagement with tobacco companies, it says. “This does not alter the fact that permission must be requested for each external activity,

which is evaluated on a case-by-case basis,” says Habibović. “It is conceivable that permission will not be granted for an external activity at PMI or BAT,” she says, adding, “It is not possible to check in public records whether a company from the tobacco industry is a shareholder of a company that we work with; after all, this is not public information.”

However, the Investigative Desk was able to find such information easily online by checking annual reports, press releases, and company databases.

A BAT spokesperson said, “While BTV does have a minority investment in PlatoScience, neither BTV nor BAT is commercially or scientifically collaborating with PlatoScience and [they] have not had a working relationship with the individual in question.

“BTV invests in consumer brands, digital transformation, new technologies, and future sciences but not medical investments. When BTV invested in PlatoScience, the company’s focus was on cognitive improvement, not medical applications.”

The WHO Foundation didn’t respond to a request for comment.

The acquisition posed a dilemma: should he accept money from what was now a subsidiary of the tobacco industry or quit his research, sacrificing years of effort?

“Your gut feeling tells you: just quit. As a pulmonologist I would never get involved with a tobacco company,” says van den Bosch.

He discussed the situation with colleagues, supervisors, and medical ethicists at the Erasmus MC. “From a research perspective, we assessed whether stopping the research would be more harmful for the patient than continuing.” The researchers decided to continue the study but to publish a scientific article on the “unfortunate course of events” afterwards in *BMJ Open Respiratory Research* as a warning to other researchers.

Still, publishing van den Bosch’s research was not in breach of its policy, says the European Respiratory Society. “The research grant from Vectura was initiated in 2018. Therefore, this would not be a breach of the ERS publications and ERS conflict of interest policy relating to tobacco,” says Elin Reeves, the society’s director of publications.

Pushing for stricter policies

Other journals push for more far reaching policies on tobacco industry funding. Filippo Crea, editor in chief of the *European Heart Journal*, said that his journal has “not published manuscripts sponsored by tobacco industry in the past few years” and that at present it didn’t have a defined policy but that it “will implement a policy which forbids acceptance of manuscripts sponsored by tobacco industry soon.”

The Swiss scientific publisher Multidisciplinary Digital Publishing Institute has also included a strong statement in its tobacco code: “MDPI does not publish studies funded partially or fully by the tobacco industry.” However, analysis by The Investigative Desk and *The BMJ* shows that 12 journals published by the MDPI include studies with a financial link to the tobacco industry. For example, in a 2024 publication on tetrahydrocannabinol in the *Journal of Clinical Medicine* two of the seven researchers were employees of the PMI subsidiary Vectura, according to their declarations of interests. And five of the authors are paid scientific advisers or consultants.

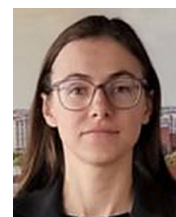
In 2021 the MDPI journal *Vaccines* published a research study authored by employees of the BAT subsidiary Kentucky BioProcessing. For *Vaccines’* editor in chief, Ralph Tripp, of the Department of Infectious Diseases at the University of Georgia’s College of Veterinary Medicine, this was not a reason to reject the research. “We were then (and still are) in a SARS-CoV-2 pandemic, thus there was a responsibility to evaluate stable, effective, easy-to-manufacture vaccines needed to stop the covid-19 pandemic. The manuscript in question was reviewed and subsequently accepted based on its scientific merits only. The publication did not promote anything.”

Scientists who received research grants, speaker fees, or lecture fees from JTI’s pharma division Torii Pharmaceuticals saw their studies published in various journals published by MDPI, such as *Pathogens*, the *International Journal of Molecular Sciences*, *Current Issues in Molecular Biology*, and the *Journal of Clinical Medicine*.

The scientific publisher has always relied on scientists themselves to disclose any ties to the tobacco industry, says Ana Stankovic, research



The vaccine manuscript was reviewed and accepted based on its scientific merits only
Ralph Tripp



We expect all our authors to fully adhere to all our publication ethics policies
Ana Stankovic

integrity and publication ethics specialist at MDPI. Stankovic adds, “As such, we expect all our authors to fully adhere to all our publication ethics policies and to notify us on submission of any potential conflict of interest, which includes providing detailed information on funders.” As the reaction of *Vaccines*’ Tripp shows, this expectation is not always met.

MDPI will investigate all 24 cases brought to light by the Investigative Desk and *The BMJ*, Stankovic says.

Effects of industry links on researchers

The tobacco industry’s medical investments can have important consequences for scientists, as van den Bosch experienced. He is concerned that PMI’s acquisition of Vectura, also flagged by respiratory medicine societies as a problem, can be another way to infiltrate science and deceive the public. “I would never wilfully enter into a collaboration with anything tobacco related,” he says.

His decision to continue the investigation after PMI’s takeover of Vectura put him in an awkward position, because his name has now become associated with the tobacco industry. “If you want to go to a conference, present an abstract, or submit a paper, the first thing they ask is: do you have any connections with a tobacco manufacturer? I have to say: yes.

“I am at the start of my career, I want to become a paediatrician, and I would very much like to stay active in research. My name is now associated with Vectura, and Vectura with PMI. So I am now affiliated with the tobacco industry myself.”

In other cases the industry’s investment provides an incentive for a scientist to break off relations. Liam Heaney, professor of respiratory medicine at Queen’s University Belfast, said that he no longer wants to work with Vectura after it became a subsidiary of PMI.



Researchers may not realise how their work will be deployed to advance industry goals
Ruth Malone



Studies of asthma inhalers can be valuable for the production of cigarettes and vapes
Harm Tiddens

Ensuring survival

With its pharmaceutical investments the tobacco industry targets many conditions caused or aggravated by smoking. Vectura produces inhalers used by patients with COPD or asthma, and Fertin Pharma, a Danish subsidiary of PMI, produces nicotine gums. JTI’s pharma branch produces drugs for lung cancer, heart disease, and skin conditions, such as psoriasis and atopic dermatitis, known to be adversely affected by smoking.

Imperial Brands is investing in medicinal cannabis for people living with severe chronic pain conditions and cancer. The tobacco industry’s “health drive” is taking place through dozens of companies and billions in investment, even though the sums are small when compared with its revenue from cigarettes.

Ruth Malone, professor of social behavioural sciences at the University of California and former editor in chief of *BMJ*’s *Tobacco Control*, said that institutions, professionals, and scientific journals should refuse any involvement with the tobacco industry. “Anyone who understands the history, extent, and nature of the epidemic and the tobacco industry’s strategic efforts to divide the public health community knows that industry money should be rejected,” she says.

Funding might go towards work that is only tangentially related to tobacco or to “distracting research” aimed at drawing attention away from studies the industry does not like, or a study may be designed in a way that obscures evidence that is unfavourable to the industry.

“People may not realise how their work will be deployed to advance industry strategic goals,” Malone says. The industry uses science by “stoking division around the endlessly proliferating array of new tobacco and nicotine products and their potential to be less harmful to users.”

“Tobacco companies use sponsored research conducted by their contractors in regulatory applications, public relations announcements, and

even in their marketing,” says Robert Jackler, Sewall professor emeritus at the Stanford University School of Medicine. This research is intended to sow doubt, he adds.

“The tobacco industry also works through private research companies that produce ‘research’ which faithfully adheres to the business interests of the sponsoring company,” Jackler says. By transforming themselves into “quasi-pharmaceutical companies,” tobacco companies seek to burnish their tarnished image and forestall adverse regulatory attention, he adds.

Leslie London, chair of public health medicine at the University of Cape Town, says that accepting the tobacco industry’s funding for research on products aiming to ameliorate the consequences of using tobacco “is surely the most insurmountable conflict of interest imaginable.”

Medical research could even help the tobacco companies in their development of products for smoking. Studies of asthma inhalers can, for instance, be valuable for the production of cigarettes and vapes, says paediatrician Harm Tiddens, emeritus professor of paediatric pulmonology at Erasmus MC and Wytse van den Bosch’s PhD supervisor. “It is very difficult to get medications that you inhale precisely to the right place in the lungs,” says Tiddens. “That was what Wytse’s research was about. This could be interesting for a tobacco manufacturer who wants to know how to absorb nicotine as quickly as possible through the lungs.”

“The tobacco industry has a long history of strategic rebranding, and this is nothing new,” Malone says of the industry’s “beyond nicotine” strategy of diversification. Caution regarding the industry should therefore be extended to its medical subsidiaries. “Once the tobacco companies get out of the business of killing people, we can talk about publishing work funded by their other drug companies,” she says.

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BELLE MELLOR

BMJ tightens restrictions on tobacco funding

New policy protects journals' content from industry influence

In 2013, the editors of several BMJ journals established a policy that they would not publish research funded partly or wholly by the tobacco industry.¹ The launch of our updated tobacco policy strengthens this stance. In addition to excluding research funded by the tobacco industry, our journals will also exclude work in which authors have personal financial ties to the tobacco industry. Journals will exclude both research and non-research content with ties to tobacco companies.² The policy applies to all BMJ journals, expanding from the smaller group of BMJ journals behind the 2013 policy (*The BMJ*, *Heart*, *Tobacco Control*, *Thorax*, and *BMJ Open*).

The goals of journals and editors are fundamentally misaligned with those of the tobacco industry. BMJ's policy reflects the enormous harm caused by tobacco, which kills as many as two out of three long term users³ and shortens the life of smokers by a decade.⁴ As noted in 2013,¹ and by other journals which have adopted similar policies,^{5,6} the policy is also a response to the industry persistently downplaying the addictiveness of nicotine and the risks of passive smoking, while simultaneously promoting supposedly safer ways to smoke, such as low or "light tar" cigarettes and the use of filters,⁷ and lobbying to obstruct tobacco control measures.⁸

Since 2013, the reach and influence of the tobacco industry has grown. Newer tobacco products such as smokeless tobacco and e-cigarettes have exploded in popularity.¹⁰ Tobacco industry strategies have also expanded to include sponsoring medical education,¹¹ marketing on social media,¹² buying pharmaceutical companies,^{13,14} and using harm reduction¹⁵ to distract from comprehensive implementation of the tobacco control measures set out



BMJ's policy reflects the enormous harm caused by tobacco, which kills as many as two out of three long term users

in the World Health Organization Framework Convention on Tobacco Control.¹⁶ Tobacco companies try to present themselves as "good" companies that promote harm reduction, particularly in wealthy countries, downplaying their aggressive marketing of cigarettes in low and middle income countries¹⁷ and lobbying to obstruct tobacco control measures. The industry has also made consistent attempts to prevent or undermine proposed legislative endgame policies worldwide using its economic power and media manipulation.^{18,19}

How the policy will be applied

The BMJ policy applies to all companies that produce, distribute, market, and sell tobacco and tobacco related products. It also includes organisations owned by the tobacco industry, such as the pharmaceutical company Vectura, and organisations that it has set up, such as Global Action to End Smoking (formerly known as Foundation for a Smoke Free World),²⁰ or funded, such as the Institute for Economic Affairs.²¹ It likewise includes groups that consult for tobacco or related industries. An exception is general retail outlets such as supermarkets.

Under the policy, authors will be asked to declare study and personal funding from tobacco and related industries, such as e-cigarettes, for review by journal editors. Submitted content will typically be rejected

if such ties exist. BMJ journals may take action after publication, including retraction, when editors consider there is sufficient evidence of undeclared, inadequately declared, or unclear ties to the tobacco industry. *BMJ Open* retracted such an article in 2023.²²

The decision not to publish content linked with the tobacco industry is a pragmatic response to the challenges of spotting bias, spin, or inaccuracy in industry linked content. However, editors may at their discretion decide to make an exception to the policy, such as for an industry whistleblower. BMJ journals will continue to consider posting online comments from the tobacco industry, or those connected with it, through our rapid response systems.

Inaccuracy or inadequacy of self-disclosed funding or personal financial interests, coupled with the evolving nature of the industry and its tactics, present a challenge to implementation of the policy. However, perfection should not prevent progress. Editors will make decisions based on the information available and understood by them at the time. The journals that implemented the first version of our policy have shown that the approach is feasible and the mechanisms of detection are sufficient to have an effect. BMJ aims to improve the independence of evidence from commercial interests.²³ The updated policy is one action BMJ journals can take to reduce the publication of content which downplays the harms of smoking or hinders the creation of a world free from the harms of smoking. Creating a stronger firewall between the tobacco industry and BMJ content will provide space for editors to curate and publish content that is more independent and trusted, and contributes to a healthier world.

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Smartphones, social media, and mental health

A precautionary public health response is needed to protect teenagers

The tragic deaths of two UK teenagers continue to raise debate about the challenges that smartphones—and the unlimited access to social media they provide—may pose for adolescent mental health.¹ Molly Russell took her own life in 2017 aged 14 after being exposed on Instagram to a constant stream of “dark harmful material.”¹ Sixteen year old Brianna Ghey was murdered by two fellow pupils in 2023. Her mother believes that Brianna’s heavy mobile phone use increased her vulnerability before her death, and recently called for measures to alert parents when children search on their phones for violent material, as her daughter’s killers did.¹²

This debate lies within broader concerns about the parlous state of adolescent mental health, with decreasing happiness reported among UK teenagers for a decade, alongside sharp increases in depression and anxiety, particularly among older girls.^{3,4} These findings have coincided with marked rises in other measures such as teenage self-harm and suicidal behaviours, especially among teenage girls.^{3,5}

But can smartphones and social media be blamed? Population based data suggest a dose-response relationship between social media use and depressive symptoms in teenagers, especially girls. Systematic reviews report links to other harmful behaviours,^{6,9} and heavy adolescent smartphone use has been associated with sleep deprivation and poorer socioemotional functioning.^{9,10}

Nonetheless, by age 12, smartphone ownership is near universal in the UK, and almost two thirds of 8-11 year olds already use social media.¹¹

Yet relationships between social media, smartphones, and mental health are also vexed by a suite of potential confounders and questions of reverse causality.^{12,13} Furthermore, young people are adept at harnessing



Population based data suggest a dose-response relationship between social media use and depressive symptoms in teenagers

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technology’s power to make positive changes in their lives.^{14,15} Social media can facilitate engagement with health services, provide access to safe online spaces, and support help seeking in crises.¹⁶

A precautionary response

So how should we protect children from harms while maximising potential benefits? Three groups have roles to play: technology producers, parliamentarians who regulate them, and the public who use these products.

Firstly, the argument that social media firms simply provide a communication medium is wearing thin. The EU has launched various investigations into platforms’ addictiveness for young people,¹⁷ while a US Senate committee recently condemned social media chief executives as having “blood on their hands,”¹⁸ partly reflecting Meta’s research showing Instagram had toxic effects on girls.¹⁹ Inevitably, these companies advocate self-regulation, yet we know this is ineffective.^{20,21}

Smartphones and social media should instead be seen as products to be regulated, like all commercial goods and services with potential to harm.^{22,23} Restricting sales or advertising of cigarettes, vapes, alcoholic drinks, and gambling products is relatively uncontroversial, even though producers work to circumvent restrictions. Conversely, in the UK, the US, and elsewhere, social media

access is permitted from age 13 across major platforms.²⁴

Secondly, the current UK government’s flagship Online Safety Act and Data Protection and Digital Information Bill have not allayed concerns.^{2,25} Its non-statutory guidance recommending banning smartphones in schools also had a lukewarm reception²⁶; the guidance echoes a classic industry narrative emphasising individual responsibility, which shifts accountability for harm from policy makers or manufacturers to schools, parents, and pupils.

Thirdly, the public clearly have doubts about children and young people’s access to smartphones and social media, but parents also fear their children being excluded from online friendship groups and want to maintain contact for safety reasons.¹¹ Seeking to square this circle, an impromptu grassroots movement has recently grown across the UK calling on parents to collectively delay smartphone and social media uptake.²⁷

Debate will continue about exact associations between smartphones, social media, and mental health,²⁹ and further experimental research must be an urgent priority for funders and the academic community. But in the meantime, we must adopt the precautionary principle: measures to prevent harm should not be delayed when evidence is still contested. Health professionals and their organisations must act and advocate to ensure that smartphones and social media are framed clearly as commercial determinants of health; to guide advocacy efforts based on systematic syntheses of high quality evidence; and to amplify the voices of young people in research and policy. All will be critical if we are to facilitate technology’s potential positives while firmly safeguarding our young people’s mental health.

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