Soundings

Retraction

I'm in trouble this week, and deservedly so. A month ago, in this column, I was cheerfully poking fun at the current vogue among the medical profession to eschew academic credentials in curricula vitae in favour

of the kind of competencies you might expect on a National Vocational Qualification (5 September, p 687). Thus, I argued, the canny job applicant in general practice removes the hard won undergraduate prizes and postgraduate diplomas for fear of outshining the interviewer and replaces them with a list of "can dos" such as episiotomies repaired, abscesses drained, and minor skin blemishes cauterised.

Except that I didn't use those examples. In a transparently fictitious description of my own CV, I claimed to have deleted the glittering prizes of my past and replaced them with "cysts I had aspirated, intrauterine contraceptive devices I had fitted, and

menaces to society that I had successfully impounded under the Mental Health Act."

My column usually attracts a small post-bag that brings praise and condemnation in approximately equal proportions. Indeed, if I didn't pull some hard punches now and again I rather suspect the editor would have pensioned me off years ago, and most of you would have stopped reading what I write. Soundings has always been refreshingly post-feminist and beyond political correctness. Offending precious sensitivities and challenging those who love their animals to excess is precisely what we back page columnists are paid for. In 10 years of writing, therefore, I have never before felt compelled to go public on the angry responses of two correspondents out of a readership of well over 100 000.

The expression "menaces to society that I had successfully impounded" was, as a consultant psychiatrist pointed out with commendable understatement, an ill thought out phrase. Another doctor, who spoke from personal experience of mental illness, reminded me that the 1983 Mental Health Act is invoked to enable compulsory admission to

hospital for treatment of people who require it for their own health, their own safety, or the protection of other people. The terms "menace" and "impound" are pejorative and profoundly hurtful to those who suffer, or have suffered, from serious mental illness.

In the past, I have argued strongly in this column and elsewhere for the destigmatisation of unglamorous illnesses such as epilepsy, stroke, and disfigurement. I have also, on occasion, boldly heaped criticism on the ill and the anxious to save them from the greater offence of being treated as untouchable. In last month's piece the humour of my conscious pen was directed against the absurdity of expressing professional merit in terms of numbers of completed "cases" of anything. But, as my correspondents both pointed out, the subliminal effect of that article (precisely because it was written in light hearted vein, not to be "taken seriously") very effectively reinforces stereotypes that are deeply embedded into medical culture and the perceptions of the lay public.

Which is why I'm pointing it out for those of you who didn't notice. It was a daft thing to write, and I apologise.

Trish Greenhalgh, *general practitioner, London*

Personal view

German medical editors' uphill struggle

At last year's meeting of the World Association of Medical Editors in Prague the major Anglo-Saxon medical journals presented themselves as being independent from outside pressures. Their main aim was to improve quality and the reliability of published papers.

During the discussions there were only hints that continental medical journals have more problems. But many of them struggle to retain editorial independence, and some used the meeting of the German society for internal medicine to voice their complaints. A recently published protocol by the society emphasises the importance of medical journals for science and education and sets out

the peculiar position in which many continental medical journals find themselves.

Most of them are owned by private publishers, and, compared with the large Anglo-Saxon journals, the number of subscribers is small. Some are not willing to give up their ailing flagship journal despite a falling demand. Their financial basis is predominantly from advertising. And this is declining because many pharmaceutical companies find other outlets, such as symposia, more profitable. The journals are aimed mainly at general practitioners and internists—that is, the majority of prescribers—who are seen to be subject to

"massive influence on their editorial decisions." "Advertisements have become the currency to pay for [editorial] public relations texts," complained one editor.

The difficult economic position of German medical journals is a temptation for advertising managers to increase the economic pressure to achieve optimal editorial coverage. "Give and take deals as well as extortion attempts have been known for a long time," said the chief editor of a successful German medical daily newspaper, "but they have now reached dimensions which endanger the credibility of these journals."

But this does not seem to be the full story. "Scientists are by no means bystanders

of this development," according to the protocol produced by the German society for internal medicine. "As opinion leaders they give the cues for the reports the industry wishes to be printed in the journals" and "the scientists who give the desired cues will be invited most frequently to the well paid press symposia as well as to the continuing medical education meetings for physicians." The protocol concludes: "We observe a spiralling negative image as to the credibility of our medical journals. The publishers are obviously unable to escape the grip of dependence. This should be made known to marketing people in industry as well as to the medical scientific societies."

A comparison of the amount spent on medicines in Britain and Germany clearly shows that the stronger efforts made by the pharmaceutical industry in Germany to induce doctors to prescribe the newest, most

■ *"Publishers are obviously unable to escape the grip of dependence"*

expensive medicines pay off. Despite the fact that advertising for prescription only medicines is illegal in Germany, a full page advertisement in the leading daily newspaper told people that they could live longer if their

doctors prescribed a certain lipid lowering drug. Even the dissemination of early warning signals of adverse drug reactions seems to suffer from biased editorial policies. While the *Lancet* published 41 items on adverse drug reactions in the second half of 1997, German readers found only three in each of the two leading German journals.

German medical journals need the backing and support of the scientific community. The advertisers too should realise that in the long run true and honest information on their products would pay off.

Karl Kimbel, *former secretary general, medicines commission, German physicians organisation, Hamburg*

Medicine and the media

Did MONICA really say that?

Can I have a fag and a chip booty now? Some journalists have claimed, on the basis of the results of the MONICA project, that coronary risk factors no longer matter. Hugh Tunstall-Pedoe, who was involved in the study, explains how the original story was metamorphosed by the media.

Americans' inability to explain their decline in coronary disease spawned the World Health Organisation's MONICA project (MONItoring CARdiovascular disease) in the 1980s. This 10 year study of trends in disease and risk factors recruited 38 populations in 21 countries. Preliminary results were presented at the European Congress of Cardiology in Vienna in August 1998 but individual centres had previously published results.

I drafted the press release accompanying this presentation; it emphasised the value of the data on trends collected from the 38 populations and listed findings for coronary disease rates, 28 day case fatality, smoking, blood pressure, cholesterol, and obesity. Then came the surprises. Although some centres had previously reported no change in case fatality during the revolution in treatment of myocardial infarction of the 1980s, scatter plots showed an unexpectedly strong relation between trends in treatment and in case fatality and also in mortality and event rates.

Contrariwise, North Karelia and Iceland had reported (in the *BMJ*) good relations between their decline in coronary disease rates and in risk factors. The scatter plots of the 38 centres showed an unexpectedly weak relation between the size of the decline in disease rates and in individual risk factors, and in a composite risk factor score. There were possible technical explanations. How much the conventional risk factors might explain awaited further analyses. Meanwhile there was room for extraneous factors which MONICA was not equipped to identify.

Both the press release and press conference emphasised that the importance of conventional risk factors had been shown by innumerable observational and interventional studies, more powerful than MONICA through being based on individuals. Advice to the individual was therefore not affected.

But then came the media reports. "Study casts doubt on heart 'risk factors'" was the headline in the *Daily Telegraph* on 25 August. "The largest ever cardiology study has failed to find a link between heart attacks and the classic risk factors, such as smoking and high cholesterol levels." Later paragraphs were more faithful to the press release, but a quotation from me was followed, as if from me, by the presumption that stress was the missing factor. Still in Vienna, I participated by hotel room telephone in a chat show on BBC Radio 2. I told the researcher to discount what was written in the *Daily Telegraph* and use our press release. But still the interviewer said: "There is no connection between heart disease and smoking, blood pressure, or cholesterol." I denied it and tried to explain. "It is all caused by stress," the interviewer said. (At this point the elderly chambermaid marched in regardless and thumped about in the bathroom.) I denied it. "You said that in the *Daily Telegraph*." I denied it. "Really, we know nothing at all about what causes heart disease." I denied it and tried to summarise 50 years of cardiovascular epidemiology in a few pithy sentences. The interview terminated with a curt "Thank YOU." I could imagine faces being pulled.

A freelance journalist wrote up the story carefully for the *Independent* health page (1 September) with a low nonsense quotient. Two weeks later (15 September) another journalist had a go in the same column. "Doctor, doctor—can I have a fag and a chip booty now? After 20 years of scolding us about tobacco and cholesterol, experts have had their come-uppance. The world's largest and longest study of heart disease ... has shown that these risk factors are apparently irrelevant." The *Independent* published replies from myself and the British Heart

Foundation two days later. Finally BBC Radio Scotland requested discussion on its Saturday morning *Newsweek* programme. Again, despite its access to our press release, I was challenged with the newspaper headlines and offered little time to reply. A discussant said that some risk stories were based on phoney statistics, so the interviewer suggested that this included coronary risk factors and MONICA. After minimal discussion the interview ended; I was offered a fee.

Having myself insisted that a prepared press release would minimise media distortion, I find my MONICA colleagues aghast at the British press. The headlines are now spreading out around the world from Britain. Journalists prefer quoting each other's headlines to checking their sources. Even colleagues quote the headlines accusingly. As in politics, denial is taken to mean the story is true. Little now separates the tabloid press and other media.

Non-numeracy undoubtedly contributes. Papers that headline "Prices fall" when inflation comes down show their inability to distinguish a factor from its differential. Journalists are not alone in mistakenly believing that prevention demands complete knowledge of causal factors. If causation is conceptually additive, then unknown factors diminish the significance of known ones. But coronary risk is multiplicative. Stopping smoking halves your risk regardless of the number of other factors, known or unknown. Try explaining that.

There is a chasm between what MONICA said and what the media said she said, but most people get their information from the media.

Hugh Tunstall-Pedoe, *Cardiovascular Epidemiology Unit, Ninewells Hospital and Medical School, Dundee DD1 9SY*