

**Transcript of Today Programme 15 May 2014: 7.02 minutes long**

**RC – Rory Collins**

**FG - Dr Fiona Godlee**

**P – Presenter**

P – Dr Godlee you have now withdrawn, or they have now withdrawn those articles? Is that right?

FG – I think it is fair to say that the BMJ and the authors have withdrawn not the articles, but the statements made in them, erm that side effects of statins were higher than we now think the evidence supports. It's important to stress that these were discussion papers, and one discussion paper and an opinion piece, independently submitted, read by the editors, sent out to external experts. **An incorrect statement in both papers was not picked up by the editors or peer reviewers** and when the discussion paper was revised that statement was stated again with more certainty and that was not sent out again for further peer review, we're looking at that as an improvement to our process.

P – Lets come back to that then, but let's first ask you if I may then Sir Rory; you came on this programme what 5 or 6 weeks ago and said you were seriously worried about this work and that you thought it was actually putting lives at risk.

RC – that's right, these papers were published in October and I drew this problem to the attention of the editor immediately and met with her in December. Unfortunately although I pointed out this error nothing was done at that time to correct it, and instead when other people wrote into the BMJ, not only did the error slip through the original peer review process, but the journal allowed these authors to repeat their misrepresentation of the evidence. Just to get this right, they repeated this error a number of times in their original papers, they repeated it a number of times again in the BMJ, despite this error having been pointed out. And it's a big error; they overestimated the side effects for statin therapy by more than 20 times, whereas we have large scale randomised placebo controlled trials, that show this treatment is both safe, well tolerated and also very effective at preventing heart attacks and strokes and by misrepresenting the evidence it is likely that this would encourage people to either to stop taking the statin therapy that is preventing them having a heart attack or a stroke, or high risk patients not starting it in the first place.

P – So, Dr Godlee not just very serious errors, but the way in which the BMJ, in which you dealt with Sir Rory and others pointing this out was patently inadequate.

FG – I think Rory and I will disagree about the timing and the extent to which he made it clear what his concerns were.

P – But he did tell you?

DG – He wrote me an email quite soon after the paper was published not saying what the problems were. I think it's not good use of the time here...

P – (interrupts) well I mention it only because it is important because as I said BMJ is a respected publication and its important and therefore if you get something badly wrong and don't listen when you are told its wrong that matters.

FG – absolutely, we've listened, we've corrected the error, we have written an editorial extensively explain the error, I've press released the editorial, which is why I'm speaking to you now. The extent of the information we were given was much less than Rory is making out, his first fulsome letter to me not for publication, was on the 31<sup>st</sup> March that's about 6 weeks ago. I've invited a panel to make a decision as to whether we need to do more than we've currently done, that panel will be in receipt including the timing. I think we should stress that this was single statement in two papers which were addressing important public health issues.

P – Let's deal with the substance of it because there are many people listening that couldn't care less about the relationship between Dr Godlee and Sir Rory, but are worried about taking statins. Are you the editor of the BMJ, the person who published these papers, are you now satisfied that they are as safe as Sir Rory says they are?

FG – No drug is completely safe, if you're asking how frequent the side effects of statins are, I'm afraid this is a much more, and to my surprise, contentious issue than many people realise.

P- So Sir Rory's wrong?

FG- He's not wrong, clinical trials do show that you get the same level of effect in the two sides, those that get the drug and those that don't, but there are legitimate questions about the generalizability about clinical trials. I think we need the data in the public domain; Rory and I are in discussion about this as are we with the all trials campaign. This is a very serious public health issue talking about massively extending the use of these drugs to large numbers of healthy people. We need the information so that independent third party scrutiny can take place.

P- Sir Rory again those people who are not expert in this field listening to this and who are taking statins or thinking of doing so, will know I think be pretty confused because you appear to be saying there are safe, in so far as any drug is safe of course, with that caveat, but Dr Godlee seems to be saying something slightly different, slightly more worrying.

RC- yes it is a shame that this correction hasn't been more wholehearted and more appropriate, however the key point as you say is to ensure that people get reliable information and the BMJ is not doing that.

P- Are you saying, we haven't got very long sadly, are you saying that people taking statins should not worry full stop?

RC- There has been over a hundred thousand patients in trials where they get either placebo or active therapy where there is a very low risk of muscle problems and a small increase in the risk of diabetes. Bu these are far outweighed in the high risk patients and indeed even in the patients at lower risk, that are being considered by NICE, by the reduction in risks of heart attacks and strokes.

P – Right, and in ten seconds, hate to do this to you Dr Godlee, do you accept that?

FG- I accept what Rory is saying about the clinical trial data, we need to see the data for third party scrutiny, we need to question whether this can be properly generalised to healthy people.

P- Thank you both very much indeed.