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Academy of Medical Royal Colleges Consultant Clinical Associate – 2014-2015

Academy of Medical Royal Colleges – Obesity Steering Group 2011-2014

Action on Sugar – Founding Member (Science Director 2013-2016)

## UNSAFE AND INEFFECTIVE ETHICAL AND EVIDENCE BASED HEALTHCARE

MARGARET HEFFERNAN

# Wilful Blindness

'A polemic against the dangers of  
docility and "groupthink" in every walk of life'  
*Financial Times*



'Entertaining and compellingly argued'  
*Sunday Times*

# THE LOCKDOWN FILES

## The Sunday Telegraph

SUNDAY NEWSPAPER OF THE YEAR

# Hancock's plan to 'frighten the pants off' the public

Leaked WhatsApp messages show how ex-health secretary wanted to 'deploy' new virus variant to ensure compliance

MATT HANCOCK wanted to "deploy" a new Covid variant to "frighten the pants off" the public and ensure that they complied with lockdown rules, leaked messages seen by *The Sunday Telegraph* can disclose.

The Lockdown Files - more than 100,000 WhatsApp messages sent between ministers, officials and others - show how the Government used scare tactics to force compliance and push through lockdowns.

In another message, Simon Case, the Cabinet Secretary, said that "the four main factors" was vital to "bringing up the messaging" during the third national lockdown in January 2021.

The previous month - December 2020 - Matt Hancock, the then health secretary, appeared to suggest in one message that a new strain of Covid that had recently emerged would be helpful in preparing the ground for the looming lockdown, by scaring people into compliance.

In a WhatsApp conversation on Dec 13 obtained by *The Telegraph*, Damian Poole, one of Mr Hancock's media advisers, informed his boss that Tory MPs were "furious already about the prospect" of stricter Covid measures and suggested "we can roll pitch with the new strain".

The comment suggested that they believed the strain could be helpful in preparing for a future lockdown and tougher restrictions in the run up to Christmas 2020. Mr Hancock then replied: "We frighten the pants off everyone with the new strain".

Mr Poole agreed, "Yep that's what will get proper behaviour [sic] changed". The discussion came two days after Mr Hancock was informed of the emergence of a variant - known as Alpha or the Kent variant, in December 2020. A surge in cases later led to the effective cancellation of Christmas on Dec 18. Mr Hancock expressed his worry that talks over Brexit would dominate headlines and reduce the impact and profile of Mr Poole for his media advice.

"When do we deploy the new variant?" he asked. During the pandemic, the Government was accused of over-engineering but it was denied, with Mr Hancock's department saying that such accusations were "misleading".

Among the latest Lockdown Files' disclosures, *The Telegraph* can reveal messages that suggest Boris Johnson seemed between lockdown sceptic and waver, with the then prime minister wondering out loud two days after the introduction of the second national lockdown in November 2020, and the



lockdown in November 2020: "What's the data like today? Tory narrative that we panic before we react".

The messages also show the behind-the-scenes animosity shown towards Lord Stevens of Birmingham, the chief executive of NHS England.

Mr Hancock also lashed out in one message to an adviser: "He needs to know he is massively [sic] up" and in another "removing his [Simon Stevens] will be massive improvement".

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Mr Hancock branded Sir Jeremy "a complete foolmouth".

Mr Hancock took his misters to private dinners with his UK counterpart - and then later had a ministerial response allowed to remove the suggestion he had invited her.

The Lockdown Files have cast a light on the Government's decision making during the pandemic. Last night Mr Sunak came under pressure over his flagship Eat Out to Help Out scheme after disclosures in yesterday's Daily Telegraph that it had led to the spread of the virus but that Mr Hancock had "kept it out of the news".

The health secretary and his advisers had been discussing how Sofia Khan, the London Labour mayor, had been critical of an impending local lockdown before discussing the new variant.

The WhatsApps show that at the time they were worried Mr Khan was "being up to being Barnham", a reference to Andy Burnham, the Manchester mayor, who had been a thorn in the Government's side in the autumn over a local lockdown for the North West.

Mr Poole then pointed out that "Tory MPs" were "also furious already about the prospect" of another lockdown, putting Mr Johnson's administration under considerable pressure.

By December, the country had come out of the second national lockdown, a one-month circuit breaker - and entered a third wave of restrictions that meant different areas of the country were subject to varying measures.

Psychologists have already warned that some government messaging, including using slogans "lockdown is for good" and "lockdown for ever", had contributed to a rise in mental health and increased anxiety disorders.

The exchange was not the only time the health secretary and other senior officials discussed tactics to frighten the public into compliance.

Six months earlier in June 2020 - when the UK was coming out of its first Covid lockdown - Mr Hancock and Sir Patrick Vallance, the Government's chief scientific adviser, appeared to discuss a study on the spread of the virus that shows it going in a "positive direction", but not received publicly while "the gloomy Cambridge survey" had been picked up by the media. "It's

want people to behave themselves maybe that's no bad thing," said Mr Hancock in a WhatsApp message.

Sir Patrick appeared to agree, responding: "Stick up their miserable interpretation and our driver".

One survey - the REACT study from Imperial College London - showed the R number - the reproduction rate for the virus - had declined to 0.27 while the Cambridge University study, in conjunction with Public Health England, showed a high transmission rate in some parts of the country, prompting fears of local lockdowns.

Four months later, in October 2020, Mr Poole said in a group chat involving health advisers and officials that a decision to stop publishing a so-called watchlist of the areas with the highest prevalence of the virus would - he suggested - be helpful to Government because it would include every area of the country concerned about the spread of Covid in a second wave. "It helps the narrative that things are really bad if we don't publish," messaged Mr Poole.

Reports: Page 2-6  
Editorial Comment: Page 21

## Government didn't consider how scare tactics would affect most vulnerable

### Commentary

By Isabel Oakeshott

When Matt Hancock recently discussed how to "frighten the pants off everyone" with a new strain, a boy called Mark was listening in deepening despair to her drumbeat to send another national lockdown. It was December 2020, and the

15-year-old's life had been turned upside down by the pandemic. A few months earlier, his mother Anna Marie had decided they should move house because during the first lockdown they couldn't even go to the local park, let alone have over-seasous council officials had shut the playground, leaving her struggling to cope with Mark's little brother, a hyperactive five-year-old, on her impoverished estate in Borely, Merseyside, where they were no longer even exempt from the rules.

Now the family was in a better place in the North East, but Anna Marie had been unable to get Mark into a new school. With "home schooling" now an easy default, education authorities shrugged that he could just study for his GCSEs online.

Unable to play football, during the first lockdown he started putting on weight. When other children returned to school that autumn, he became increasingly isolated and frightened.

As Hancock and his acolytes plumed to use a new strain of coronavirus to terrify the population, that fear descended into paranoia. Mark became so scared of the virus that he would not even open his bedroom window.

"This nail were bitten to the bone. Mark knew we were going into another lockdown. The fear was the thing that affected him most."

He was literally frightened of the air. He wore a mask everywhere, his mother says.

In London, Hancock's spin doctors were feverishly WhatsApping each other about how best to tell the public for more Covid restrictions. In the North East, Anna Marie was trying to stop Mark listening to the

frightening news bulletins. "We tried to keep the TV off but we were being bombarded," she says of the prospect of doors reluctantly pumped out by an acquiescing media.

Mark knew we were going into another lockdown. The fear was the thing that affected him most. He was literally frightened of the air. He wore a mask everywhere, his mother says.

In London, Hancock's spin doctors were feverishly WhatsApping each other about how best to tell the public for more Covid restrictions. In the North East, Anna Marie was trying to stop Mark listening to the

population had been vaccinated against Covid but the common variant prompted yet another four campaigns, he told his mother he was popping out to the shops - and never returned.

His body was found by dog walkers three days later, hanging from a tree. Though he had never talked of taking his own life, his family had been prepared for the worst, after discovering he'd searched the internet for how to tie a noose.

Those responsible for "Project Fear" had no idea about the lives of people. Continued on Page 5

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## Tories accuse Case of Left-wing bias over Covid rules

SHARMA, the then business secretary, appeared compliant but implicitly warned to keep customers' details because of "pure Conservative ideology", have led to claims that he overstepped the mark of 'Civil Service impartiality'.

At the time, Mr Case was the No 10 permanent secretary in charge of the Civil Service response to Covid.

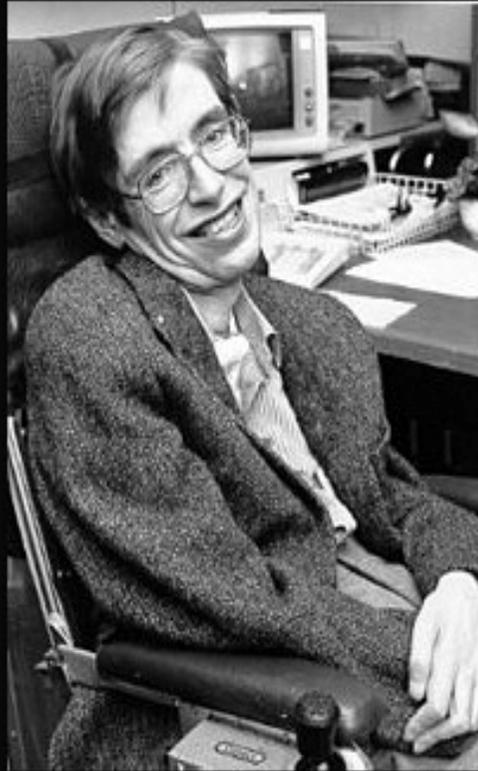
At various points during the pandemic, he appears to have sided with the most conservative Tory MPs after the decision of top mandarin Sir Sirley to quit Whitehall and accept a job at the Bank of England, who on one occasion he describes as "going bonkers" over a pol-

icy that loyalty vurses should keep customers' details for marketing purposes. Mr Case added that Sir Alak would be "naïf" to oppose it.

Elsewhere, the leaked messages show that he joked about passengers being "tucked up" in "shower" rooms in quarantine hotels.

The criticism of Mr Case comes at a time when the Civil Service is facing scrutiny as it appears to have sided with the most conservative Tory MPs after the decision of top mandarin Sir Sirley to quit Whitehall and accept a job at the Bank of England, who on one occasion he describes as "going bonkers" over a pol-





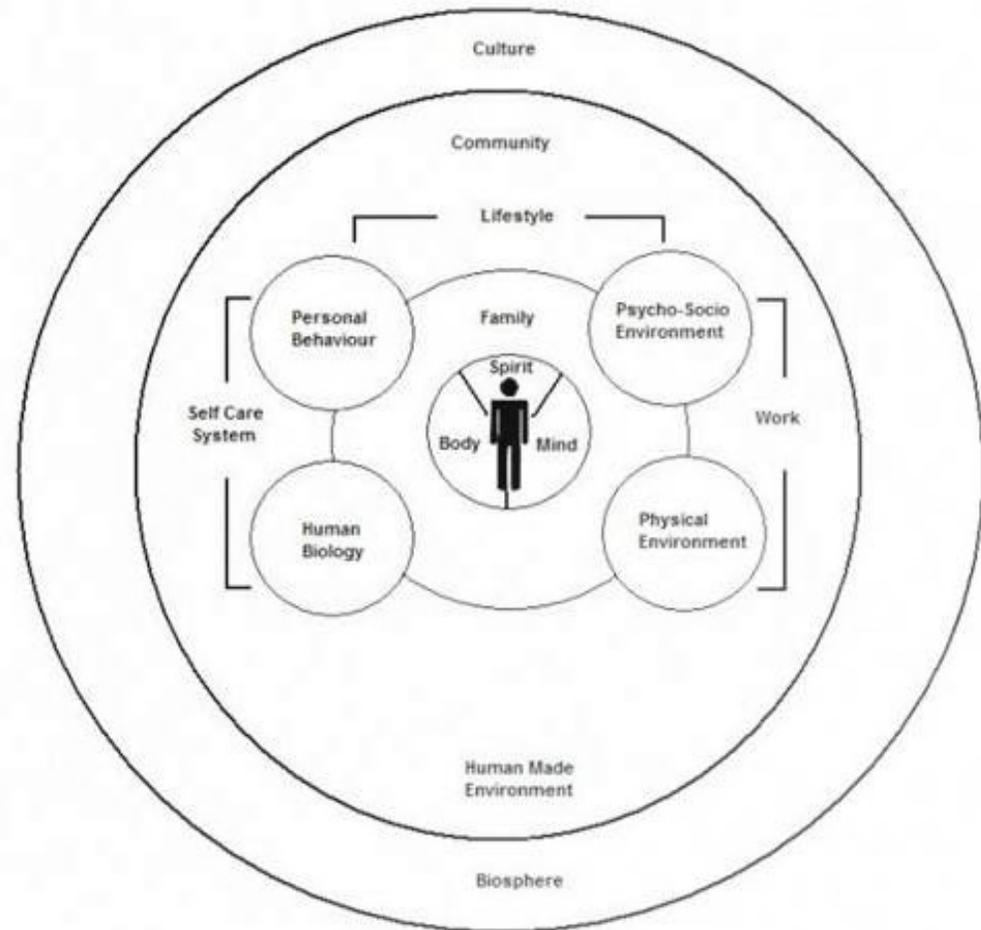
The greatest enemy of knowledge is not ignorance,  
it is the illusion of knowledge.

(Stephen Hawking)



# Definition of Health

**Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**



# The Evidence-Based Medicine triad

(see D.L. Sackett et al, BMJ 1996; 312: 71-72)



# Efficient Health Care Requires Informed Doctors and Patients

## Seven Sins that contribute to Lack of knowledge

- ⦿ Biased funding of research (research funded because it is likely to be profitable, not because it is likely to be beneficial for patients)
- ⦿ Biased reporting in medical journals
- ⦿ Biased patient pamphlets
- ⦿ Biased reporting in the media
- ⦿ Commercial Conflicts of interest
- ⦿ Defensive medicine
- ⦿ Medical curricula that fail to teach doctors how to comprehend and communicate health statistics.

Ref: G. Gigerenzer, J.A Muir Gray. Better Doctors, Better Patients, Better Decisions, Envisioning Healthcare 2020,

## How to survive the medical misinformation mess

John P. A. Ioannidis<sup>\*,1,2</sup>, Michael E. Stuart<sup>5,6</sup>, Shannon Brownlee<sup>\*\*·11</sup> and Sheri A. Strite<sup>8</sup>

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- ① 1. Much published research is not reliable, offers no benefit to patients, or is not useful to decision makers
- ① 2. Most healthcare professionals ARE NOT AWARE of this problem
- ① 3. They also lack the necessary skills to evaluate the reliability and usefulness of medical science
- ① 4. Patients and families frequently lack relevant, accurate medical evidence and skilled guidance at the time of medical decision making

## Peter Wilmshurst – Centre of Evidence Based Medicine, Oxford 2014

- Pharmaceutical companies and medical device companies have a fiduciary obligation as businesses to make a profit and declare a shareholder dividend by selling their product.
- They are not required to sell consumers ( patients and doctors) the best treatment, though many of us would like that to be the case.
- REAL SCANDALS: 1. Regulators fail to prevent misconduct by industry and 2. Doctors, institutions and journals that have responsibilities to patients and scientific integrity collude with industry for financial gain



“Honest doctors can no longer practice honest medicine. We have a complete healthcare system failure and an epidemic of misinformed doctors and misinformed and harmed patients.”

~Dr Aseem Malhotra

April 12, 2018 European Parliament, Brussels

[tinyurl.com/FullVideoKillingForProfit](https://tinyurl.com/FullVideoKillingForProfit)

# The Illusion of “innovation”

- Of 667 new drugs approved by the FDA between 2000 and 2008 only 11% truly innovative. 75% essentially copies of old ones. Drug companies spend twice as much on marketing than they do on research and development. Twenty times more on marketing than researching new molecular entities
- “ It is no longer possible to trust much of the clinical research that is published or to rely on the judgement of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine” Dr Marcia Angell
- “possibly half of the published literature may simply be untrue” Richard Horton, editor of the Lancet - 2015
- Several recent scandals including universities covering up research misconduct “ Something is rotten in the state of British Medicine and has been for a long time” Richard Smith (2016)

# Misleading health statistics

- There are many ways of presenting a benefit. RRR, ARR or NNT
- Communicating relative risks as opposed to absolute risk or NNT ( numbers needed to treat) can lead laypeople and doctors to overestimate the benefit of medical interventions.
- For example in high risk type 2 diabetics primary prevention with Atorvastatin 10mg, RRR 48% in stroke over 4 years.
- Reduces risk of suffering a stroke from 28 in 1000 to 15 in 1000 i.e 13 in 1000 or ARR od 1.3%
- NNT – need to treat 77 to prevent 1 stroke.
- Mismatched framing in medical journals compounds the issue.
- If treatment A reduces the risk of developing disease from 10 to 7 in 1000 but increases the risk of disease B from 7 to 10 in 1000 the journal article reports the benefit as a 30% risk reduction but the harm as an increase of 3 in 1000 or 0.3%!
- One third of articles in the Lancet, BMJ and JAMA between 2004 and 2006 used mismatched framing
- Such asymmetric presentation of data for benefits and harms is likely to bias toward showing greater benefits and diminishing the importance of the harms



## **PUBLISHED RESEARCH:**

***'Curing the pandemic of misinformation on Covid-19 mRNA vaccines through REAL evidence-based medicine'***

***READ IT NOW***

JOURNAL OF  
**INSULIN RESISTANCE**

**Author: Aseem Malhotra**

Table 4: NNV for prevention of severe hospitalisation for different programmes

	Programme			
Age	Primary	Booster (2+1)	Autumn 2022 boost	Spring 2023 boost
5 to 11	112200			
12 to 15	162600			
16 to 19	106500	193500	185100	
20 to 29	166200	418100	275200	
30 to 39	87600	188500	217300	
40 to 49	53700	40600	175900	
50 to 59	18700	16200	48300	
60 to 69	5700	9200	27300	
70+	2500	10400	7500	
In a risk group	Primary	Booster (2+1)	Autumn 2022 boost	Spring 2023 boost
20 to 29	11400	43500	59500	59500
30 to 39	10700	28600	40500	40500
40 to 49	9400	10600	49800	49800
50 to 59	5600	6100	18600	18600
No risk group	Primary	Booster (2+1)	Autumn 2022 boost	Spring 2023 boost
20 to 29	no cases	no cases	706500	
30 to 39	318400	no cases	no cases	
40 to 49	186800	190400	932500	
50 to 59	51600	107000	256400	

# More likely to suffer SAE from mRNA jab than be hospitalised from covid.

## Serious adverse events of special interest following mRNA vaccination in randomized trials

Joseph Fraiman, MD<sup>1</sup>  
Juan Erviti, PharmD, PhD<sup>2</sup>  
Mark Jones, PhD<sup>3</sup>  
Sander Greenland, MA, MS, DrPH, C Stat<sup>4</sup>  
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pdoshi@rx.umaryland.edu

## ABSTRACT

**Introduction.** In 2020, prior to COVID-19 vaccine rollout, the Coalition for Epidemic Preparedness Innovations and Brighton Collaboration created a priority list, endorsed by the World Health Organization, of potential adverse events relevant to COVID-19 vaccines. We leveraged the Brighton Collaboration list to evaluate serious adverse events of special interest observed in phase III randomized trials of mRNA COVID-19 vaccines.

**Methods.** Secondary analysis of serious adverse events reported in the placebo-controlled, phase III randomized clinical trials of Pfizer and Moderna mRNA COVID-19 vaccines (NCT04368728 and NCT04470427), focusing analysis on potential adverse events of special interest identified by the Brighton Collaboration.

**Results.** Pfizer and Moderna mRNA COVID-19 vaccines were associated with an increased risk of serious adverse events of special interest, with an absolute risk increase of 10.1 and 15.1 per 10,000 vaccinated over placebo baselines of 17.6 and 42.2 (95% CI -0.4 to 20.6 and -3.6 to 33.8), respectively. Combined, the mRNA vaccines were associated with an absolute risk increase of serious adverse events of special interest of 12.5 per 10,000 (95% CI 2.1 to 22.9). The excess risk of serious adverse events of special interest surpassed the risk reduction for COVID-19 hospitalization relative to the placebo group in both Pfizer and Moderna trials (2.3 and 6.4 per 10,000 participants, respectively).

**Discussion.** The excess risk of serious adverse events found in our study points to the need for formal harm-benefit analyses, particularly those that are stratified according to risk of serious COVID-19 outcomes such as hospitalization or death.

**Funding.** This study had no funding support.

## Supplemental Table 1. Included and excluded SAE types across both trials

**Included SAE types (matching AESI list):** Abdominal pain, Abdominal pain upper, Abscess, Abscess intestinal, Acute coronary syndrome, Acute kidney injury, Acute left ventricular failure, Acute myocardial infarction, Acute respiratory failure, Anaemia, Anaphylactic reaction, Anaphylactic shock, Angina pectoris, Angina unstable, Angioedema, Aortic aneurysm, Aortic valve incompetence, Arrhythmia supraventricular, Arteriospasm coronary, Arthritis, Atrial fibrillation, Atrial flutter, Axillary vein thrombosis, Basal ganglia haemorrhage, Bile duct stone, Blood loss anaemia, Bradycardia, Brain abscess, Cardiac failure, Cardiac failure acute, Cardiac failure congestive, Cardiac stress test abnormal, Cardio-respiratory arrest, Cerebral infarction, Cerebrovascular accident, Chest pain, Cholecystitis, Cholecystitis acute, Cholelithiasis, Colitis, Coronary artery disease, Coronary artery dissection, Coronary artery occlusion, Coronary artery thrombosis, Deep vein thrombosis, Dermatitis bullous, Diabetic ketoacidosis, Diarrhoea, Diplegia, Dyspnoea, Embolic stroke, Empyema, Facial paralysis, Fluid retention, Gastroenteritis, Gastrointestinal haemorrhage, Haematoma, Haemorrhagic stroke, Hemiplegic migraine, Hepatic enzyme increased, Hyperglycaemia, Hyponatraemia, Hypoxia, Ischaemic stroke, Laryngeal oedema, Multiple sclerosis, Myocardial infarction, Non-cardiac chest pain, Oedema peripheral, Pancreatitis, Pancreatitis acute, Pericarditis, Peripheral artery aneurysm, Peritoneal abscess, Pleuritic pain, Pneumothorax, Post procedural haematoma, Post procedural haemorrhage, Postoperative abscess, Procedural haemorrhage, Psychotic disorder, Pulmonary embolism, Rash, Rash vesicular, Respiratory failure, Retinal artery occlusion, Rhabdomyolysis, Rheumatoid arthritis, Schizoaffective disorder, Seizure, Subarachnoid haemorrhage, Subcapsular renal haematoma, Subdural haematoma, Tachyarrhythmia, Tachycardia, Thrombocytopenia, Thyroid disorder, Toxic encephalopathy, Transaminases increased, Transient ischaemic attack, Traumatic intracranial haemorrhage, Type 2 diabetes mellitus, Uraemic encephalopathy, Uterine haemorrhage, Vascular stent occlusion, Ventricular arrhythmia

**Excluded SAE types (not matching AESI list):** Abdominal adhesions, Abortion

# SAE may be as high as 1 in 300 and Death as high as 1 in 1000

Research | [Open Access](#) |  
[Published: 24 January 2023](#)

## **The role of social circle COVID-19 illness and vaccination experiences in COVID-19 vaccination decisions: an online survey of the United States population**

[Mark Skidmore](#) 

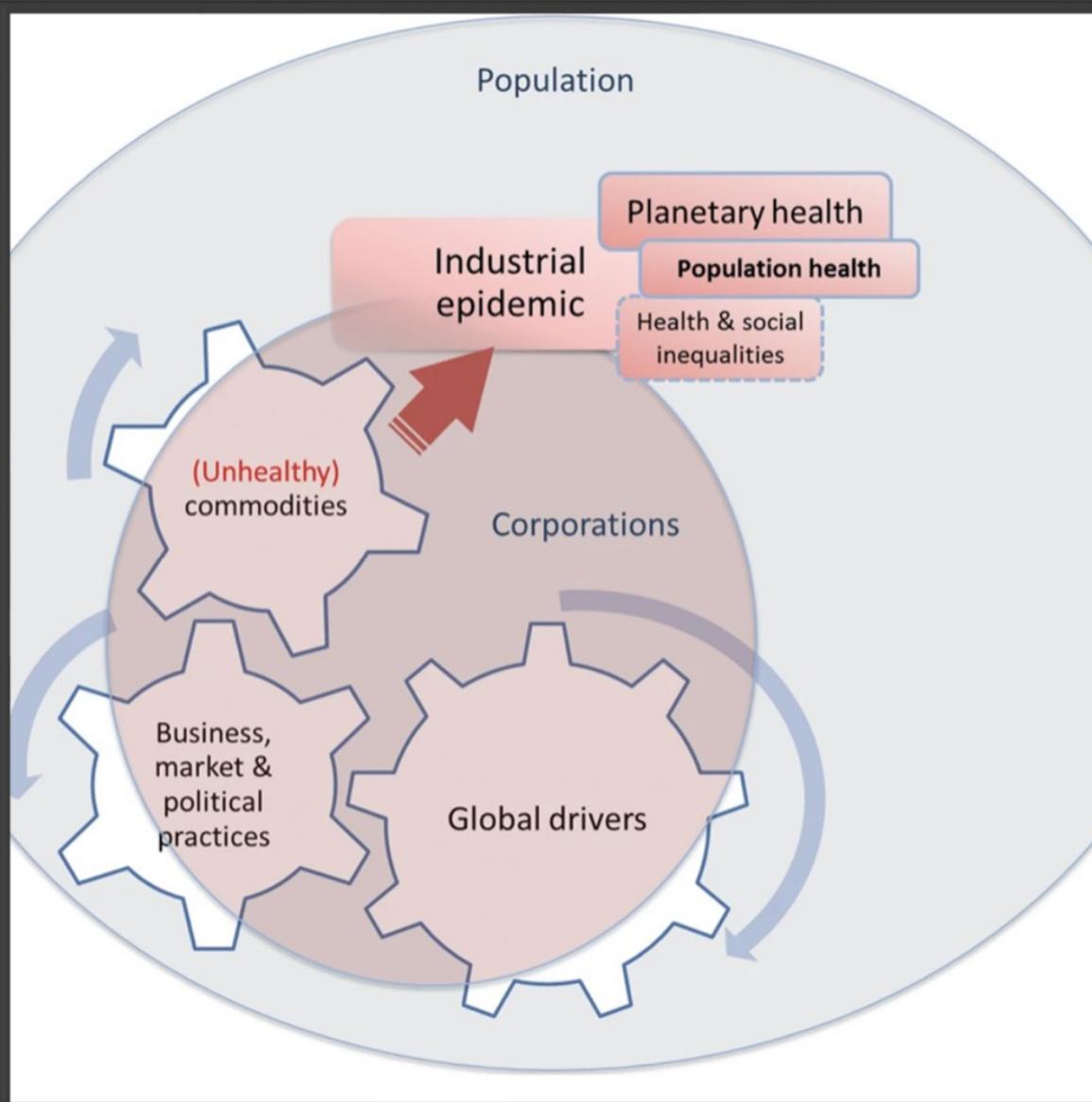
[BMC Infectious Diseases](#) **23**, Article number: 51  
(2023) | [Cite this article](#)

**59k** Accesses | **4554** Altmetric | [Metrics](#)

COVID-19 vaccine. Estimates from the survey indicate that through the first year of the COVID-19 vaccination program there may be as many as 278,000 vaccine induced fatalities and up to a million severe adverse events. The analyses offer new evidence that the health experiences with the COVID-19 illness and vaccination within social circles play an important role in the decision to be vaccinated. Further, the reported COVID-19 vaccine adverse events within respondent social circles in the survey are substantial, suggesting that this effect is an important factor in vaccine hesitancy, whether perceived or real. Consistent with previous

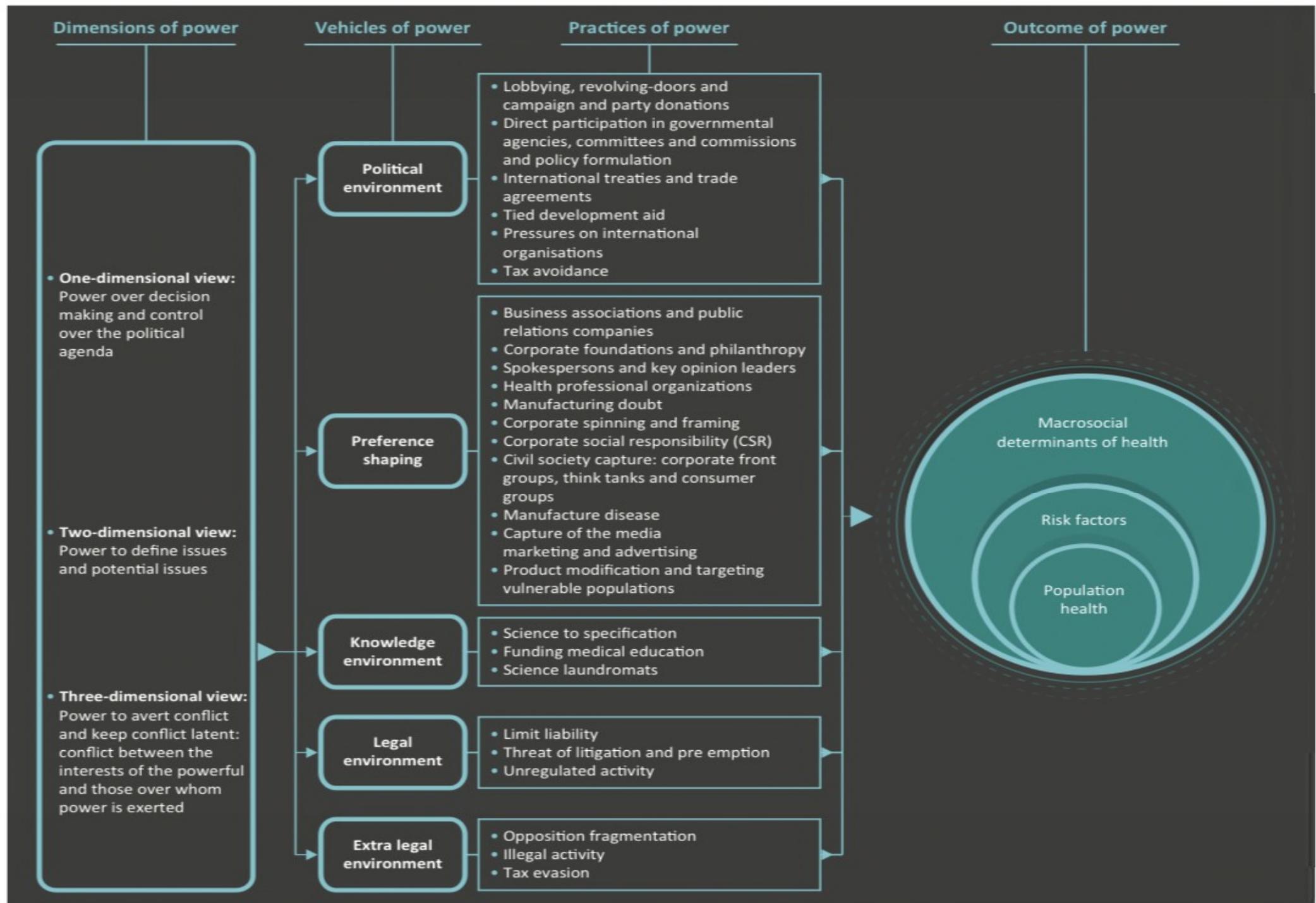
# Can we trust the regulators? NO

- ⦿ “ It’s the opposite of having a trustworthy organisation independently and rigorously assessing medicines. They’re not rigorous, they’re not independent, they are selective and they withhold data. Doctors and patients must appreciate how deeply and extensively drug regulators can’t be trusted so long as they’re captured by industry funding”  
Donald Light



## THE COMMERCIAL DETERMINANTS OF HEALTH

“Strategies and approaches adopted by the private sector to promote products and choices that are detrimental to health”



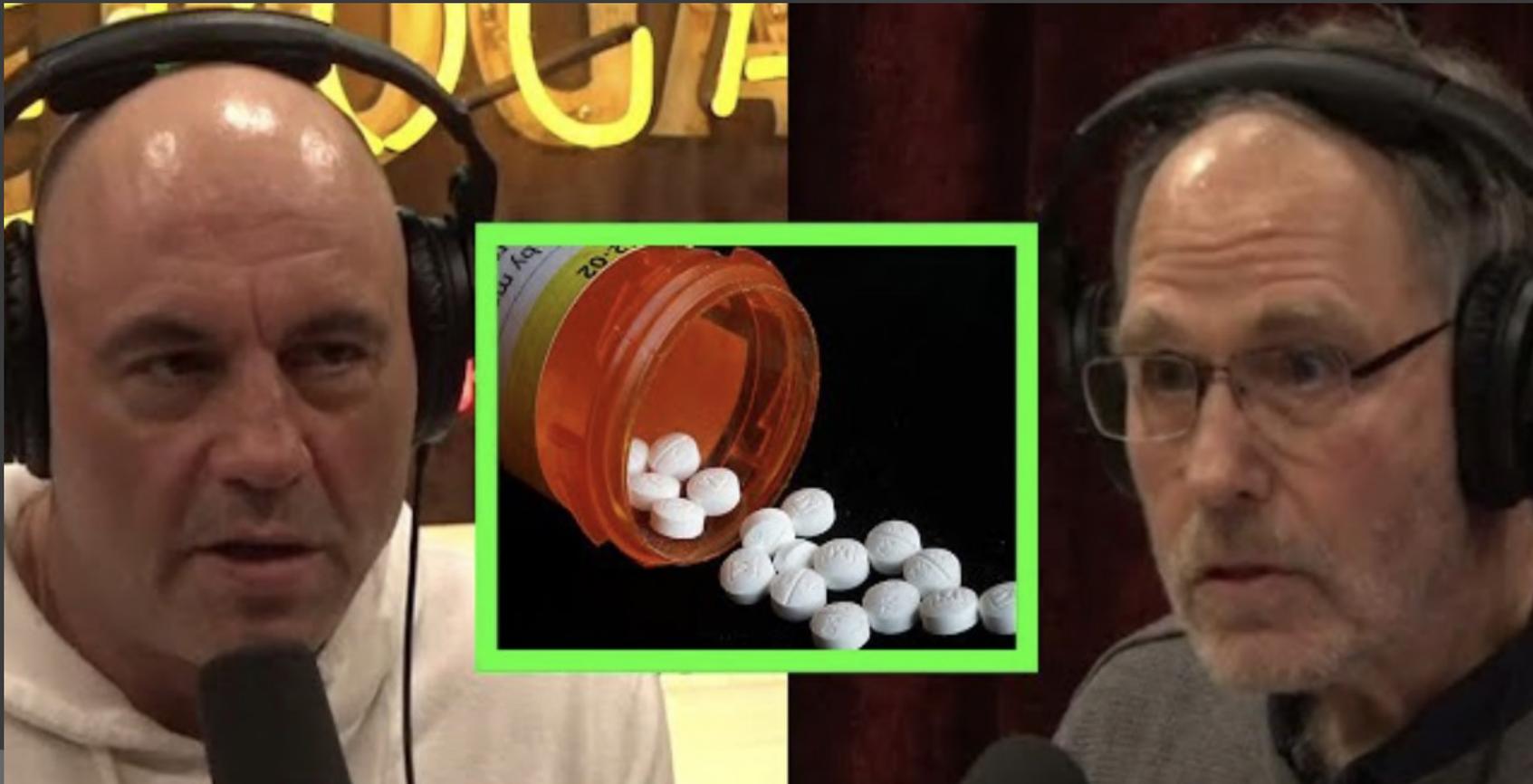
Source: Madureira Lima J, Galea S. Corporate practices and health: A framework and mechanisms. *Global Health*. 2018;14(1):21

**FIGURE 1:** Diagram of dimensions, vehicles, practices and outcomes of power.

Joe Rogan “ You can make a billion dollars from lying ?!”

John Abramson paraphrasing chief scientist of Merck “it’s a shame that the cardiovascular effect is there but the drug will do well and we will do well”

Vioxx scandal –  
estimated to have killed  
40-60k American  
citizens.



# The "Psychopathic" Determinants of Health

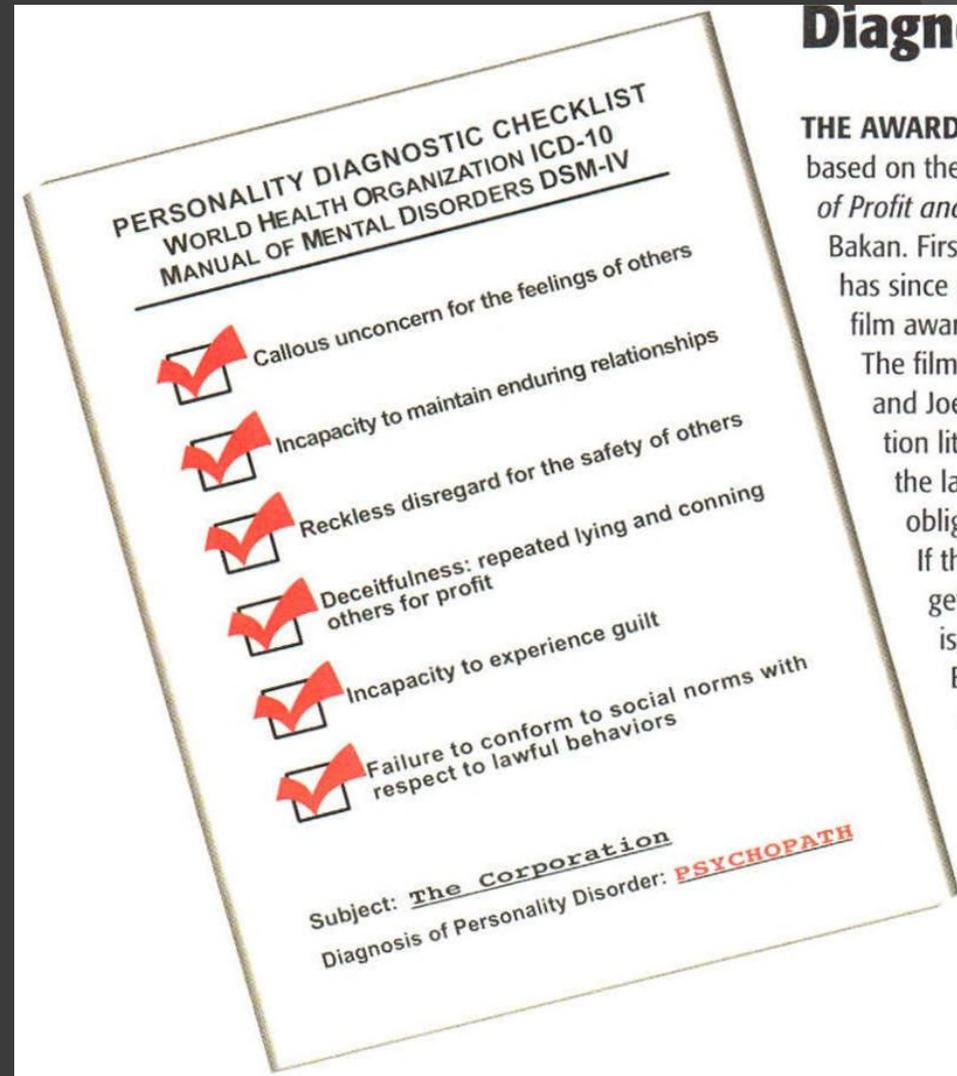
"Bakan does such a good job of creating awareness that [*The Corporation*] can't help but be a call to action." —USA Today



## the Corporation

THE PATHOLOGICAL PURSUIT  
OF PROFIT AND POWER

Joel Bakan



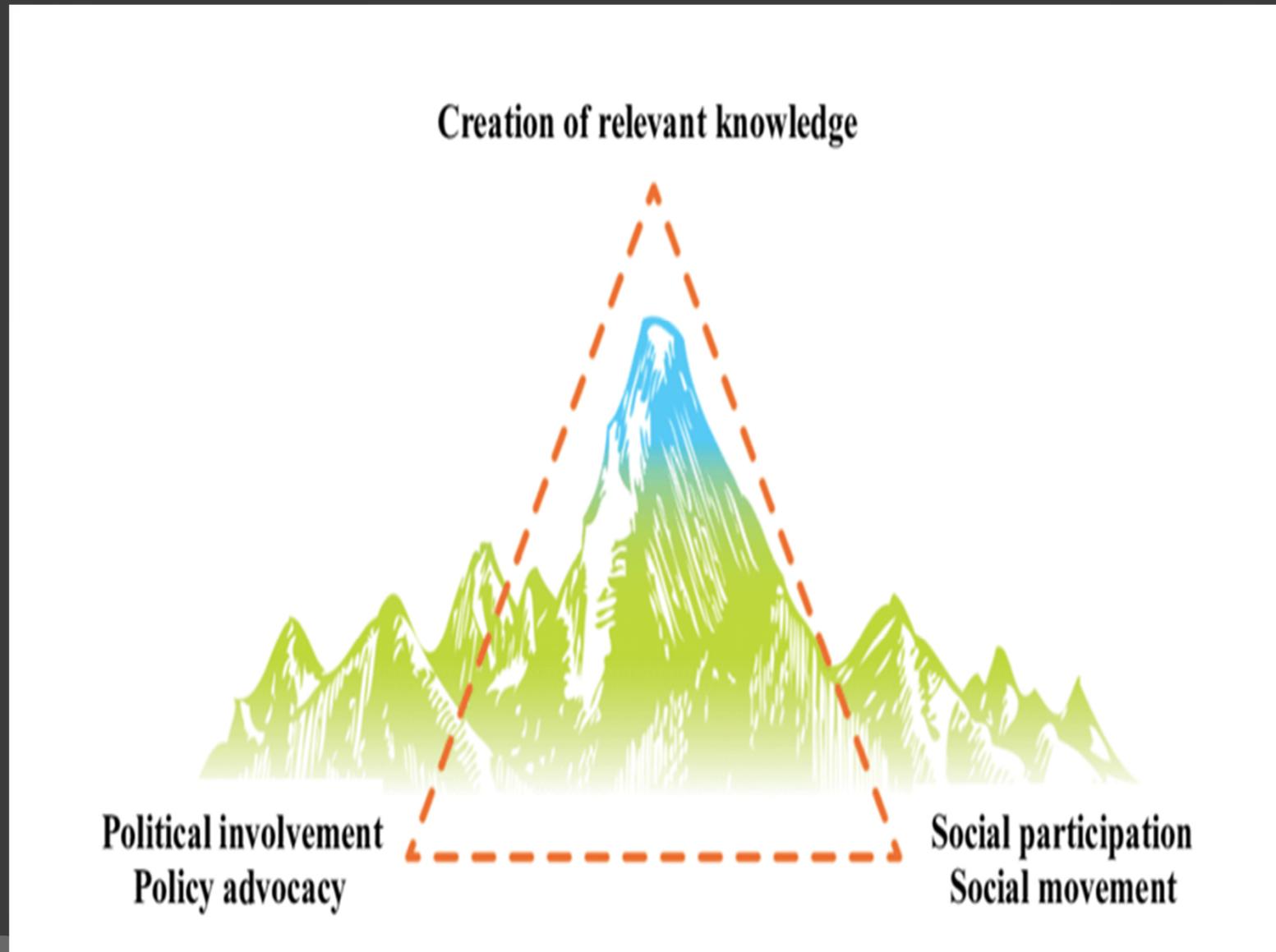
## Diagno

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# The Triangle That Moves The Mountain



**BOX 4:** Defining real evidence-based medicine and actions to deliver it.

1. Is the application of individual clinical expertise with best available evidence and taking into consideration patient preferences and values in order to improve patient outcomes (relieve suffering and pain, treat illness and address risks to health)
2. Makes the ethical care of the patient it's top priority
3. Demands individualised evidence in a format that clinicians and patients can understand
4. Is characterised by expert judgement rather than mechanical rule following
5. Shares decisions with patients through meaningful conversations
6. Builds on a strong clinician–patient relationship and the human aspect of care
7. Applies these principles at community level for evidence-based public health

**Actions to deliver real evidence-based medicine**

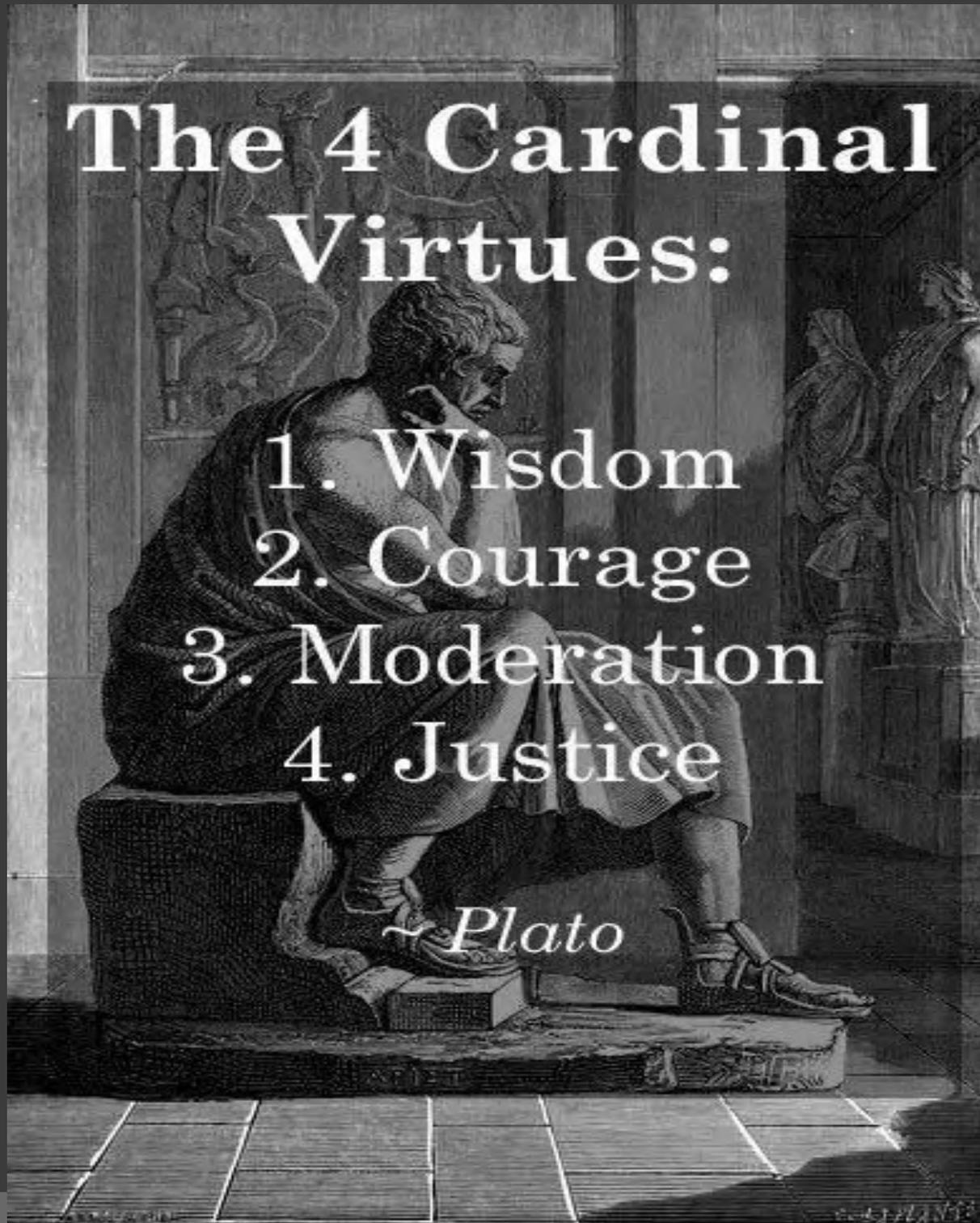
1. Although the pharmaceutical industry plays an important role in developing new drugs, they should play no role in testing them
2. All results of all trials that involve humans must be made publicly available
3. Regulators such as the FDA and MHRA must be publicly funded, and not receive any money from the pharmaceutical industry
4. Independent researchers must increasingly shape the production, synthesis and dissemination of high-quality clinical and public health evidence
5. Medical education should not be funded or sponsored by the pharmaceutical industry
6. Patients must demand better evidence, better presented (using absolute and not relative risk), better explained and applied in a more personalised way

*Source:* Adapted from Greenhalgh T, Howick J, Maskrey N. Evidence based medicine Renaissance Group. Evidence based medicine: A movement in crisis? *BMJ*. 2014;348:g3725. <https://doi.org/10.1136/bmj.g3725>

# The 4 Cardinal Virtues:

1. Wisdom
2. Courage
3. Moderation
4. Justice

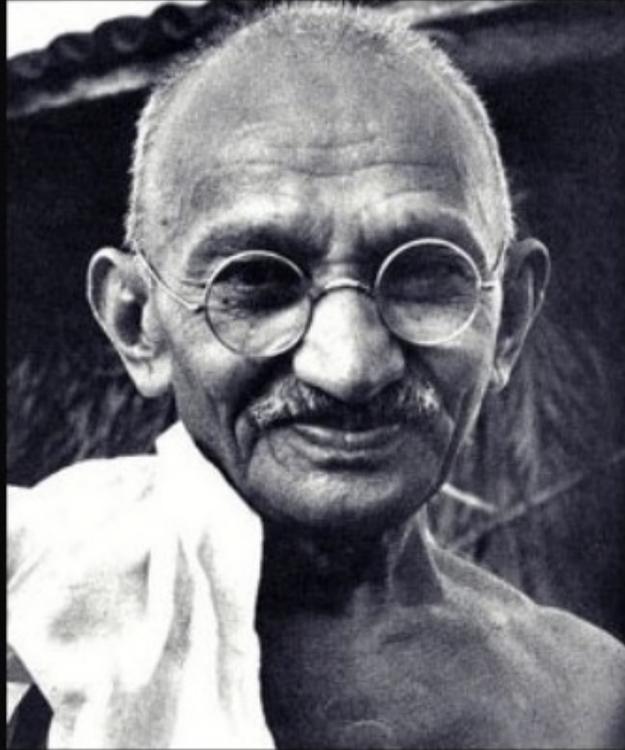
~ Plato





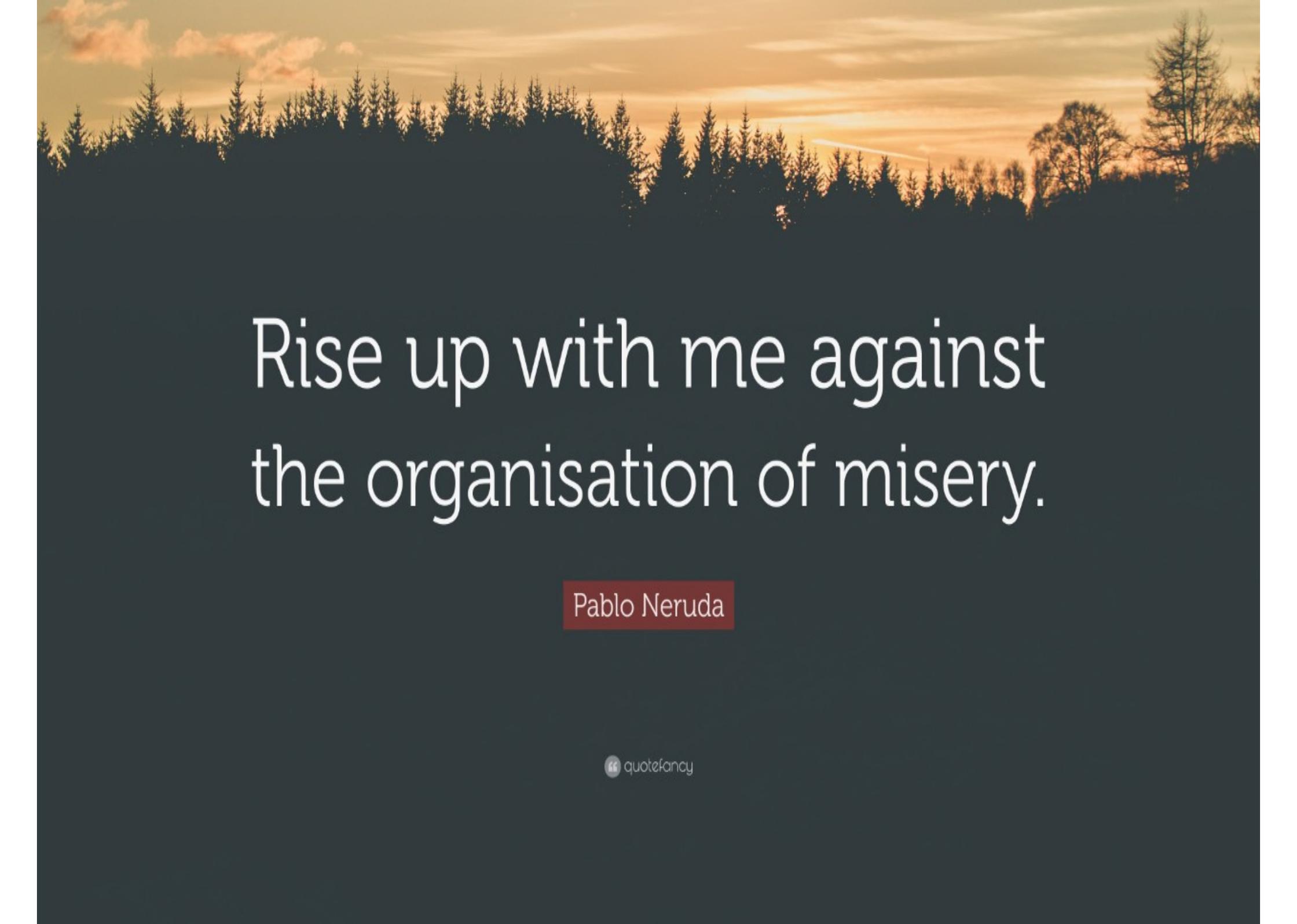
Courage is the most important of all the virtues, because without courage you can't practice any other virtue consistently. You can practice any virtue erratically, but nothing consistently without courage.

(Maya Angelou)



It is health that is real wealth and not pieces of  
gold and silver.

(Mahatma Gandhi)

A photograph of a sunset over a forest of evergreen trees. The sky is a mix of orange, yellow, and blue, with some clouds. The trees are silhouetted against the bright sky. The overall mood is serene and contemplative.

Rise up with me against  
the organisation of misery.

Pablo Neruda

“

Rights are  
won only by  
those who  
**make their  
voices heard.**

---

**HARVEY MILK**

