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Dr Fiona Godlee
Editor, BMJ
BMJ Publishing Group
Tavistock Square
London WC1H 9JR

Dear Fiona

Thank you for your email of 23 April.

I first drew this issue to your attention at the end of October 2013, and again on a number of subsequent occasions, but only 6 months later have you finally accepted that claims made by Abramson et al and by Malhotra in the BMJ misrepresented the scientific evidence. By contrast, you are requiring me to respond to your email within 2 days. I am doing so, but chiefly to ask that you reflect more carefully on the content of my previous letters before the BMJ compounds its error further.

Although the BMJ should properly have corrected such serious misrepresentations of the evidence promptly (in accordance with the COPE guidelines, and indeed all appropriate scientific and medical conventions), clearly that cannot now be achieved. However, it is still possible to do so clearly and prominently. Instead, what you are proposing to do is not at all adequate to redress the likely damage to public health that has been caused by the BMJ publishing these misleading claims and not promptly retracting them (but instead repeating them) when advised to do so.

In particular, I would ask that you consider more carefully my previous letters:

- *Continued misrepresentation:* Both Abramson et al and Malhotra do not confine their comments to (as you put it in your email and proposed "correction") rates of "statin-related adverse events", but instead claim that statins cause side-effects in 18-20% of patients. As indicated in my previous letters, a "statin-related adverse event" (as studied by Zhang et al) is not necessarily caused by, or a side-effect of, a statin. Moreover, both observational studies and randomised trials demonstrate that the alleged size of such effects is not scientifically sustainable. In any correction of the scientific record, these distinctions should be made absolutely clear, rather than attempting to excuse these misrepresentations and further misinform readers. (The parallels with the MMR vaccine story are being increased by this editorial reluctance to accept that a serious error has been made and to correct it.)

- *Prominent correction:* Although it is now too late for the BMJ to act promptly, it is still possible to comply with the COPE guidelines to correct such errors with *"due prominence*." Instead, not only are you proposing not to correct the record clearly but also seem to be proposing to do so without the level of prominence to which the BMJ gave the original misleading claims. For example, you wrote an editorial that drew special attention to the paper by Abramson et al. Consequently, not only should any correction be an accurate one, but it should be given equal prominence; for example as an editorial comment. I should be happy to work with you to ensure that what the BMJ says represents a clear and prominent correction of these misleading claims.

- *Retraction of these reports*: Given the seriousness of the misrepresentation of the evidence and the public health significance, it would be appropriate for the BMJ to retract these papers formally (again in accordance with the COPE guidelines). By doing so, you would demonstrate not only the seriousness of the error, but also the BMJ's commitment to correcting the scientific record in such circumstances. (Accepting that one has made a mistake is a sign of strength not weakness.)

- *Conflicts of interest:* Both in your editorial comment on the paper by Abramson et al and in the paper itself, it is implied that conflicts of interest have resulted in trials conducted by academic researchers producing misleading information. It is not unreasonable, therefore, to request that the BMJ makes publicly known the extent of the potential conflicts of interest of the authors who are making such allegations. As is the case for the misleading claims about the size of the risk of side-effects with statins, the size of such personal financial conflicts of interest is relevant. (You will, I am sure, recall that the size of the payments made to Wakefield for legal work in litigation related to the MMR vaccine was considered highly relevant.)

- *Proper peer review:* Thank you for agreeing to ask the two peer reviewers of the paper by Abramson et al for permission to make their comments public. However, it was not clear if you planned to do likewise with the peer reviewers of Malhotra's article. It may be that I've misunderstood your email, but if not then please could you also arrange for those reviewers' comments to be made public. Opening up the BMJ's review process in this way, may help to avoid such serious errors from slipping through in the future.

Please do not make a bad situation worse by compounding the BMJ's original error in publishing and promoting these papers: this should not involve point scoring or sophistry, but instead should be about correcting the scientific record in order not to mislead the medical profession further and adversely affect the public's health.

Again, I repeat my offer to meet with you to discuss what the BMJ should now do to help undo the harm that has been caused.

Yours sincerely

Rory Collins