



28 April 2014

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

Dear Fiona

NOT FOR PUBLICATION

I'm really sorry that all I have been able to achieve so far is to aggravate you (which had most certainly not been my intention) instead of persuading you of the need to rectify the harm that has been caused – perhaps resulting in large numbers of unnecessary deaths, heart attacks and strokes among patients at elevated risk – by misleading doctors and the public with gross over-estimates of the rates of side-effects with statins. I would really like to work constructively with you to resolve this problem effectively in the interests of public health.

With respect to your comment that I have been reluctant to summarise my concerns in a letter to the editor, that is clearly not the case since I sent you letters carefully outlining these concerns in some detail on 31 March, 14 April and 25 April. I explained to you when we met in December why I did not consider it to be appropriate to submit a letter for publication in order to have the journal rectify what are such serious misrepresentations of the evidence. This is not a reasonable matter for debate, but is instead one of fact: a “statin-related adverse event” (as studied by Zhang et al) is not necessarily caused by, or a side-effect of, a statin so it is just plain wrong to claim that it is (as both Abramson et al and Malhotra repeatedly do).

You have subsequently demonstrated that my position was correct by publishing a letter from Amrit Takhar that made this point explicitly and then allowing Abramson et al and Malhotra to repeat their gross misrepresentations of the evidence. Moreover, when I asked you explicitly to withdraw these misleading claims about the magnitude of the rates of side-effects with statins during our discussion on the Today programme you again refused to do so. As for the proposed corrections in your email of 23 April, neither deals properly with the misleading claims that side-effects are caused by statins in 18-20% of patients and, indeed, they repeat the mistakes. (The statement in Zhang's paper that “as many as 87% of statin discontinuations among patients with documented statin-related events could have been due to these events” refers to the discontinuations being potentially due to these events, and not to whether these events are being caused by the statin.)

What the BMJ needs to do is withdraw these seriously damaging claims explicitly and unreservedly with a clear explanation of why they are so wrong and what is likely be correct, and to demonstrate that it is serious about rectifying the damage that it has caused by retracting both of these papers. It seems that you may now be moving in that direction, which is encouraging.

I would be delighted to work with you to draft an appropriate correction for the BMJ to publish, and agree that it would be reasonable to obtain comments on it from Abramson et al and Malhotra, as well as from scientists who are expert in this area (for example Shah Ebrahim, given his role in the Cochrane

Collaboration, and Peter Weissberg in his role at the BHF). However, since both Abramson et al and Malhotra have already had an opportunity to withdraw their misleading claims in response to the published letter but instead repeated them, it would not be appropriate to allow them yet another opportunity to mislead the BMJ's readers and the public by publishing further comments from them alongside this retraction of their gross misrepresentation of the evidence.

Please consider whether this might be a way forward that would be acceptable to you. And, again, I reiterate that I would be very willing to discuss how to proceed with you at any time. Best wishes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Rory Collins', with a stylized flourish at the end.

Rory Collins

PS It would seem that the BMJ's interests in the AllTrials and Too Much Medicine campaigns are getting confused with the straightforward issue of needing to retract these misleading claims that have been published repeatedly. Perhaps it would help to consider these issues entirely separately.