

Policy decisions in medicine *Driven by evidence or ideology?*



The risk of developing [lung cancer] increases in proportion to the amount smoked. It may be 50 times as great among those who smoke 25 or more cigarettes a day as among non-smokers. Thus concluded Richard Doll's 1950 *British Medical Journal* 'citation classic' which reviewed lung cancer rates in 20 London hospitals, and first revealed a link with smoking. Four years later, the British doctors study¹ of some 40,000 doctors over 20 years confirmed the findings. As a result the government issued advice that smoking and lung cancer rates were related and the rest, as they say, is history. Sir Richard Doll² is now recognised as the foremost 20th century epidemiologist, and is credited for making the subject a rigorous science.

But it is easy for us to forget that the now well-accepted link between smoking and lung cancer has not always been known or acknowledged. The tobacco industry, because of its powerful financial vested interests, provided a major obstacle to the publication of incriminating research, and the matter was not really finally resolved until the \$206 billion settlement with 46 US states which the industry made in 1998 to pay for the costs of smoking-related health care.³

Financial or ideological vested interests can be used to stifle the truth when medical issues become highly politicised. This edition of *Triple Helix* (p5) reports on the case of a Christian doctor sacked from the Advisory Committee on the Misuse of Drugs (ACMD) for claiming a link between homosexuality and paedophilia.⁴ Ironically his claims were based on peer-reviewed articles including one quoted in previous Home Office documents. But it is not acceptable to hold such views in the current political climate.

We further comment (p5) on the bias of Lord Falconer's 'Commission on Assisted Dying'. There is a political agenda driving this investigation and it is being financed, chaired and manned by people sympathetic to a change in the law to allow assisted suicide or euthanasia.⁵ We need therefore to treat any conclusions with an appropriate index of suspicion.

The Royal College of Obstetricians and Gynaecologists has also recently come under fire for producing updated abortion guidance which appears to underplay the evidence linking abortion with mental illness and pre-term delivery.⁶ This followed a February 2011 article by a senior (pro-choice) neonatologist accusing the RCOG of misrepresenting the evidence for fetal pain sensation in fetuses under 24 weeks. He likened their 2009 report on the matter to 'the Emperor's new clothes'.⁷

Other instances of a liberal establishment cherry-picking scientific studies to back prior prejudice, while ignoring others, have been highlighted in *Triple Helix* before. Are animal human hybrids likely to yield patient-specific embryonic stem cells which will be of value in developing new treatments? Does abstinence-based sex education work? Is there a link between abortion and breast cancer? Will legalised abortion reduce maternal mortality rates in the developing world? Is homosexuality genetically determined? What is the mechanism of action of post-coital contraception? Does cannabis cause psychosis? Do readily available condoms alone reduce levels of sexually transmitted disease? Do harm reduction strategies work?

The answers to such questions are important and profoundly shape government public policy and medical practice. Real people take the consequences when the underlying assumptions are wrong. It is therefore essential that our conclusions about them are based on sound evidence rather than ideological conviction.

Christians are of course not immune to reading into scientific research answers that might not actually be there, in order to confirm a Christian worldview. We need therefore to be rigorously self-critical in our analyses, not falsely claiming results that the evidence does not support. But we also need to be willing to challenge conclusions based on inadequate evidence, or on evidence that has been specially selected because it better serves the prevailing secular consensus.

Challenging politically correct scientific views, especially those expressed in peer-reviewed journals, involves investment of time and effort and risks to reputation and career. Writing on such issues will generally not be good for one's CV and may result in ostracism by colleagues or even in lost appointments. There may be long waits on editors and frequent rejections of manuscripts. But such challenges need to come from people who have both the credibility and the standing to make them, and also the courage to stick their heads above the parapet.

CMF members have an important role to play in critiquing scientific conclusions that do not ring true. Scientific reports which support the current liberal agenda are often lapped up uncritically by the media. Critiquing them properly, especially after the media hype has resolved, can be a painstaking task with few rewards. But it is essential that we do it.

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references

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