Dr Fiona Godlee

Editor-in-Chief, British Medical Journal

Media Masters – May 27, 2020

Listen to the podcast online, visit www.mediamasters.fm

Welcome to Media Masters, a series of one to one interviews with people at the top of the media game. Today I'm joined down the line by Dr. Fiona Godlee, editor in chief of the British Medical Journal. Born in San Francisco, she graduated in medicine from Cambridge and trained as a hospital doctor. Moving into medical journalism, in 1990 she became assistant editor of the BMJ, writing on publication ethics on the effects of environmental change on public health. She spent a year as a fellow at Harvard, studying the gap between medical research and practice. And in 2000 helped establish BioMed Central, an open source online publisher. She then became head of BMJ Knowledge before being appointed editor in chief in 2005, the position she still holds. In addition to the BMJ, she was chair of the Committee on Publication Ethics, served on the UK Health Alliance for Climate Change and is also a fellow of the Royal College of Physicians. Fiona, thank you for joining me.

It's a great pleasure, Paul.

Now, the BMJ is at the centre of the debate about the public health response to COVID-19. How has the lockdown impacted on the publication and the distribution of the title?

Well, it's been a really fascinating time, not only because in terms of content we are doing our very best to support doctors and publish the best science and comment on the whole public health challenge. But at the same time we as a publication have had to go to completely remote working. And we're already quite a remote team. Virtual working is something we do. We have people in America. We have people in India, China, in Europe. But the big challenge for us was getting the print journal published remotely. And that was the first time we've ever done it. And we didn't think we could, but we have, and the team has been amazing. And that goes out to 120,000 doctors in the UK every week. So it's really quite a substantial piece of work.

So do you have a substantial print readership then? Are doctors sort of super high tech when it comes to medicine, but quite Luddite when it comes to wanting to read and take the BMJ, they wouldn't read it on an iPad or an iPhone, for example.

Well we do have an app and our biggest readership is online. We have an

international readership, UK, U.S., rest of the world. But people do love the print and in a funny sort of way, because people, at least at the beginning of this lockdown period had more time on their hands. We found that readership has been very strong, but it's going to be a question of time now I think before print becomes, not only because of the digital technology, but because of the environmental impact and we do worry about that. So, that will change, I have no doubt of it. And it's just a matter of time.

The BMJ's view is that the UK's response to the early warnings of COVID wasn't remotely adequate. So was contact tracing abundant too early initially, in your view?

I think very much so. I think the voices we're hearing from the public health community are that they have been side-lined and marginalized on top of an already fragmented and decimated public health system in the UK. And this was exactly the time when we would need a really well organized, well-resourced people at the local and regional level. And we haven't got that anymore, we used to have it. And I think that has been really a disaster and a tragedy, I think lives have been lost because of it. And I think that the idea initially was contact tracing. And then the view was I think that it could no longer be resourced. And that would have been I think all right, if there'd been honesty about that. And someone had said, "We know this is important, we're going to try and resource it up." And then during this precious time of lockdown, there had been really good work done on actually building a system of local contact traces, but that hasn't happened. So we're really at a very low level now with a lot of reliance on a digital app, which is as yet unproven. And scrambling now to catch up in a way that I find really distressing and many people who've said has been a real scandal.

I mean, you're on the record of saying that you feel let down by political and healthcare leaders who, they're out clapping for the NHS, but they've actually failed to protect those who actually work within it.

Yes, I do think that is an issue. I mean, the clapping is all very good and some people I know find it very uplifting and it's a way to express people's thanks. And I don't think that's such a bad thing. But I think what we're hearing is people really want action, not clapping. They want proper respect and salaries and protection and the sorts of things that you might expect they would have, but they just don't. So listeners may not know for example that doctors don't have adequate places to rest when they ... And nurses too. I mean, people working in clinical settings don't have adequate rest facilities. They don't have hot food when they're on at night. They often don't have, well we know the personal protective equipment has been lacking in many settings and that they have been put at risk. And even if they haven't been actually at risk, they have felt unsafe and that's no way to run a health service.

I mean, I know hindsight's a wonderful thing, but what should have been done earlier and what can be done now, what are the changes that you need to see? Because we're still obviously in the middle of this.

Hindsight is wonderful. And also one has to say that the people who are responsible for delivering the response to COVID, they're human beings and very good people

working in good faith. But I think the failings have been systemic failings. And when you ask what should have been done, I think there's a really growing consensus that we were poorly prepared. We've got off very lightly with the swine flu, bird flu epidemics. And I think we felt that we were sort of invulnerable in some way. We've always had a really high reputation for public health in the UK. We've go around the world encouraging and funding other people's public health systems. But we have allowed ours to be stripped to really to the bone. And just when we need it, it's not there for us. So I think the response from the National Health Service has been superb and they obviously had to push aside everything that's not COVID, which that in itself is a huge problem and that's going to be difficult for them to re-setup care for non COVID patients. And also to do that in the context of COVID being in the picture, which is going to be very difficult. So I think at the moment the NHS has been really, really impressive. It's the public health system that has failed us. And as for what needs to be done now. Well, I think there needs to be a really clear commitment to what people are calling manual test, trace and isolate, which is people going out at local level, not just in call centres, but old fashioned public health, boots on the ground. And that will take us a while to rebuild, but we'll need it, not just for the current episode, but also for a second wave, which I think most people feel is sadly inevitable.

Do you think it's safe to reopen schools and have the more gradual lockdown easing in your view? I mean, you've just mentioned there about the second wave. I've been reading historically about other pandemics where more people died, vastly more people died in the second wave then did the first.

Yes, well in Spanish flu of course, that was the terrible thing that happened with massive deaths. After the first wave had gone the second wave came back. I think the schools thing is a very difficult decision. I was very interested to hear that WHO never, the World Health Organization never recommended lockdown, that wasn't part of its plan. It was really test, trace, isolate. Test, test, test was what they kept saying to all the countries. And they never recommended closing schools. But once you've done that because you failed to contain the virus by other means, and clearly if you're going to lock down, you've got to ... It's very tricky if schools are open and you're trying to say to people, "Don't go out."

So I think that was a kind of inevitable decision. On going back, the difficulty is I've heard quite a few people say this, that in order to get us to lockdown, we had to be frightened out of our wits about the virus. And now of course we're being told not to be so frightened. And I think that's a very hard reversal of kind of the concept of what this virus is. But the evidence seems to suggest that children themselves are extremely unlikely to catch COVID. They're extremely low risk, relative to the extremely high risk of people over the age of 80. And then between the primary school age group and the 80 and 90-year-olds, there's obviously a range of risk also relative to your other conditions that you might have. So I think it probably is safe to open schools with a lot of work to be done to reduce crowding and perhaps to encourage older teachers not to return to work, because they're the ones most at risk. And I think then it's a question of reassuring people that children don't tend to get COVID and they don't tend to transmit it. And therefore the parents of children back at school are also at less risk from their child being at school. So it's a very

complicated picture and I wouldn't pretend to be an expert, but my understanding is that it is possible to reopen schools. Having said all of that, one of the issues we've got in the UK is a relatively high burden of virus out in the community because we didn't manage to get it down. Whereas a place like Denmark, which has opened schools and other countries, they did manage to get the actual overall burden of the virus in the community down. And that might also change the risk picture.

What do you think the long-term societal changes will be? I mean, obviously there's economic problems at the moment and I hope that the economy can recover soon, but do you think that there's going to be routine wearing a face mask? Is it going to be routine social distancing? Is the era of sort of Ryanair cheap flights where people are crammed into the planes and crammed into the London Underground, are these things going to change for good? Or do you think that people will quickly forget once this sorted? I read with interest the newspaper today where at Brighton Beach for example, is chock full of people that aren't socially distancing. And it just, it worries me that maybe we're not going to learn the lessons from this.

It is interesting Paul, isn't it? Because in the early days of lockdown, there were lots of things one could look at and say, "This is really good. This is how we should be being. We should do more virtually. We shouldn't all commute into a major city. We shouldn't be flying around the world." And the lots of positives to our lifestyle and our work-life balance that people were kind of commenting on. Obviously also people suffering terribly from loss of livelihood and people living in overcrowded conditions. So the social equalities has been something that we I think are having really seriously at last to look at. But I like you have been very struck by how quickly people have just seemed to go back to, especially with this very sunny weather. Just like an elastic band back to driving, sitting out in the sun, not apparently very socially distanced and it is a worry. And I think the airline industry saying they will take a few years to get back to previous levels. I think my own view is I would love them not to get back to previous levels. And I think we should be doing much more that doesn't require us to physically move our body from one geographic place to another.

I mean, the government in this country and governments across the world are saying that they're being guided by the science and they're sort of slavishly listening to the doctors and the science. But as you've alluded to earlier in this conversation, there are political decisions being made around that as well.

Yeah, I think it's a really interesting thing this, we're guided by the science, we're basing everything on the science. I think that is a myth really. I mean, there is the science and there's some very good scientists who are advising the government or commenting on the advice and giving additional feedback. So there's lots of good people out there. But I think the majority of the decisions are actually political. And that was partly what we saw with the delay in going into lockdown. And also to some extent, the decision to stop the testing. Because they were based on lack of resource when it comes to the testing. And the delay in going into lockdown was based on this fear I think that people wouldn't accept it and also the impact on the economy. So those are really political decisions. And I think there is a worry that the scientists are going to be thrown under a bus when the true extent of the failings of the government in regard to protecting us against this virus are made clear. And I think it's very

interesting watching those press conferences with the politician and then flanked always by two medics or two scientists, which is a sort of coded way of saying, it's like a posse. I'm here and I've got my scientist with me. I think that's rather dishonest actually.

I mean, I'm not medically qualified at all. I'm just a normal, regular Joe, member of the general public. But even I'm horrified when I see president Trump advocating that people take an unproven malaria, anti-malaria drug. I mean, your flabber must be gasted when you look at some of the politicians in terms of what they're seeing. I mean, even I can see that that's just absolute insanity and I've got no qualifications.

Yes, it is an extraordinary situation. In that instance, you watch the medics and scientists around him and they have a great deal of difficulty not keeping a straight face or not looking amazed. I sort of wish they would speak out more. I think the same for our scientists and advisors and doctors advising government. I think what has been missing here is openness and to some extent a degree of courage in actually allowing the public to have a proper debate and to have the proper information on which these decisions are being made. So, I mean, the Trump side is a very extreme example and you've got basically someone who is completely ill-informed and very dangerous in spreading misinformation. In our case, you've got people who say they're relying on the science, but not allowing us or not allowing the scientists, I don't know, to engage in an open conversation about that science, which is why I think the Independent Scientific Advisory Group that has emerged, it's not perfect, but it is a breath of fresh air to have scientists sitting discussing on Zoom and disagreeing with each other and debating and taking questions from the public. I think that has to be such a much better way to do things and I'd like to see more of that.

I think this crisis has highlighted the shortcomings, multiple short, different types of shortcomings in our society. I mean, we've spoken about the threat to the economy and how in the new economy, things like Ryanair and even queuing for a rollercoaster at Alton Towers is not going to be economically viable now. They can cram in all those people, stood on top of each of them, but also the shortcomings in our democratic system, we don't have a conservative approach to the coronavirus, or a labour approach. I mean, this policy judgment should be made by virologists and scientists surely. I mean, it's ridiculous to politicize it in the first place, is it not?

Well, it was very interesting to see WHO in that context. WHO is a technical agency and they have their evidence. They've got a huge amount of experience. And the countries that responded quickly to COVID were ones who were really badly affected by SARS and they understood what needed to be done. WHO's guidance has been along those lines, track the virus, suppress it. A vaccine is a long way off, and they've been very clear about that. I think that the politics comes in where people are sort of dithering or not willing to do the things that need doing or see them as in some way technocrats if you like, interfering in political decisions. So I go back to the view that actually these are political decisions, and I think that the government should be honest about that and say, obviously we take into account the science, but the science is very partial and can't possibly answer every question. It's just very

interesting to look at the ways different countries have handled this. And obviously with very different situations, London is a very unusual, unique city, but why did we not shut down our flights or at least put people into quarantine when they arrived from outside the UK? That seems to me a really strange decision, and we'll have to look back afterwards to work out why that was made, who was saying what, and what issues did the government take into account when making that decision? Because the scientists can't decide, they can only just say, this is what we think. In the end, it is the politicians who have to decide.

Having worked with many politicians over the years, I've never known any of them to deliberately and wilfully make the wrong decision or conspire with others. It's almost always incompetence or disorganization or big-headedness. What have been the early mistakes in terms of the politicians? Is it just that they buried their heads in the sand and thought this would go away?

I think you have to look back at the last 10 years and more in the UK of the NHS being stripped of resilience and the public health sector, as I say, public health system being really cut down to the bone, and austerity, those things all coming on top of each other. And so when this virus hit us or we watched it hitting China, and then more importantly, Italy during skiing season when lots of British people go over to Northern Italy to ski, it was like watching a slow motion car crash. I do think there was complacency and arrogance, and I do think there was incompetence. I mean, obviously there will have been some good decisions made. Those seem to have been rather lost in the sheer sort of sequence of what I think we will look back on as really seriously wrong decisions. Our health secretary, Matt Hancock is very much someone who is into technology, digital things, and the idea of a vaccine and we're going to get that soon. In the meantime, let's have an app and those things actually won't get us out of this. The vaccine is a long way off. The app I think will be a small part of it. He's not comfortable, and the government isn't being advised enough by people. He's not comfortable with people who have that old fashioned public health communicable disease control tradition. I think that's one of the things that will come out on top of the historical neglect of social care and the stripping of the NHS and the dismantling of our public health system. So it's all pretty devastating, Paul, I think.

Well, indeed, and that was actually going to be my next question really is that obviously you're medically qualified. You're an expert on this, but as a citizen, you must be incredibly dismayed and concerned about how this has played out so far and the likely consequences.

So I should say I'm not really an expert. I'm a sort of generalist and a commentator to some extent. I do get to read a lot of expert information as a result of the job. But I agree that as a citizen, as a parent of teenage children, as married to someone who has some medical difficulties, it makes one very, very sad and angry. You wonder, as you say, what the future holds. One doesn't want to be pessimistic. You want to be realistic and also work for the good. We all want to kind of put our shoulders to the wheel. But it is a very, very unhappy situation we find ourselves in.
Now, I know you don't have a crystal ball in front of you nor do you pretend to be a futurologist, as it were, but how do you think that things will play out over the next few months?

Well, I think that the best case would be that we get a slow opening up of our society, that people do those who can come out of lockdown, that we have proper shielding of the people who have to stay safe, who have underlying conditions or are elderly, and that people's jobs are secure and they can get back to them and that we get a vaccine in a year's time and it works. And it's something that people are willing to take. So that's the sort of best case scenario, I think, and also possibly some effective treatments for people who do get ill. I think that we will be very lucky if we achieve all of that. I think possibly a more likely scenario is that lockdown will be eased and there will be another spike and that we won't have the tracking and tracing system in place that would allow us to safely come out of lockdown. And the vaccine will be two or more years away, and the economy, we will go into a depression and job opportunities will be hugely reduced. Of course, I understand fully that that means that we lose a lot of the money that we would otherwise spend on our public sector. So, I mean, I think something along those lines is sadly more likely. So all the more urgency to get this track and trace system up and running, because that's the key, that's the thing that will allow us to come out of lockdown sooner and more safely.

I mean, just purely from an economic point of view, I understand. I run a small business. I want lockdown to end as soon as possible, but with the important caveat that as soon as it's genuinely safe to do so. Because as you just mentioned there in your previous answer, it's clearly not in our long-term economic prospects and in our interest to ease the lockdown too early, because if there then is a second spike and then we go into lockdown again, things are going to be even worse. I mean, you must doubly despair, not only in terms of the medical issue itself, but also in terms of a lot of these so-called entrepreneurs and businessmen that are in the media calling for, saying the economy is at risk if we don't ease the lockdown. Actually they're putting the economy at further deeper risk, are they not?

I mean, I think that's exactly right. So again, going back to that thing of what would allow us to come out of lockdown safely and once rather than having to go back in. Because I think if we have to go back in, there will be a real problem of people's willingness to do that. So that's why it is such a terrible shame that we haven't got this track and trace system up and running in the precious weeks of lockdown that have already happened, because those come at great cost, the weeks of lockdown we've had, great economic and social cost, and domestic abuse and all sorts of side effects, bad side effects of going to lockdown. I mean, the chancellor has done an extraordinary job in trying to protect people's jobs. But I have friends who are really struggling and certain types of work and also people with no resilience, they're really struggling. So it's a very, very tricky balance. And I won't pretend for a moment that it's easy, and it's pointless you could argue saying we would have been in much better place if they had done this all much sooner. I think that we are going to have to also recognize that lives will be lost because of lockdown as well as because of the virus. And so that is the tight rope that the government is walking, because the lives lost will be those who ... Or lives damaged and lost from people who suffer from the economic downturn, and all of the social inequalities that are becoming so very apparent.

When you reflect on this more deeply, was this perhaps inevitable that

something of this magnitude was going to happen? I mean, I've got a friend of mine who runs an animal welfare charity called Compassion in World Farming, and he's talking about how factory farming, the prophylactic use of antibiotics, promoting antibiotic resistance and the threats to human health and the effects of the environment that there's so many aspects of our society that are ultimately self-defeating and unsustainable, and something like this, with the wet markets of Wuhan shows just how almost ridiculous the concept of the nation state is. Because at the end of the day, they're just dotted lines on a map, and we truly need a global solution to this. When president Trump cuts funding, all funding to America's contribution to the World Health Organization, again, you must doubly despair.

Well, I think you're right. Everyone would say this, what we've seen is the rise of nationalism and nation states, and Brexit is one example of that and Donald Trump's America First and China too, to some extent, well, to a large extent. And we know I think from history that these things lead us in a direction that is a very frightening place to be if it goes to its full, if it acts out fully and civil unrest and war and refugees to shut out of borders, and all of those consequences are terrible to think that we will witness more of that. And so organizations like the United Nations and WHO are more precious than ever, and more threatened as well. We do need to speak up for them. We need to recognize that it was during the war, the Bretton Woods agreement, that led to a kind of financial system for the world. And during and after the war, the Beveridge Report and then the setting up of welfare state in the UK and the NHS, all of those things came out of a recognition that the countries had a responsibility to provide a safety net for their citizens and people needed to feel that they were going to be looked after. And the same is true for the world as a whole. The United Nations, imperfect as it is, is an incredibly important safety net for the world. And I do think that we are heading into potentially darker times, not least because of climate change. I am again, not an expert on climate change, but I speak to many experts and the people who I feel do really know about this, it's a very bleak picture. And that one doesn't want to be too gloomy and obviously we all live in these parallel lives where we live our lives forgetting about it and then remember and think, "Oh gosh, this really is real." What one can only hope for is really good leadership in the UK and globally that will help us to get to a safer and better place for our own families and for the wider world.

You've demonstrated strong leadership yourself. I mean, since taking the reins at the BMJ, you've made it a campaigning and sometimes controversial publication. You've championed patient-centred care and open access to medical trial results. These things to me seem perfectly sensible. But you seem to have encountered some resistance along the way, have you not?

Well, we have Paul and as it's been a very interesting time and one can get very wrapped up in writing about and speaking about and fighting for what, as you say, seem perfectly reasonable normal things. And it can become, in it's own way, a sort of industry of its own. And then you look back and think, "Gosh, 15 years on what has really changed?" And there have been changes, but in some ways things have got worse. So one of the things we're sort of regrouping, if you like, to try to tackle the commercial influence on research and education and medical practice. Which is really ever-present and does distort the research that's done, it does distort the way

in which doctors and nurses are educated, and it does distort the actual care that patients get. And with a tendency to overtreatment and overdiagnosis because that fuels the use of commercial products. And also the loss of integrity that that brings with it to people who have paid to say a certain thing or write a certain thing, as opposed to, as we said, following the true science. So we have got a campaign at the moment. A sort of renewed campaign at the BMJ about that. About trying to give independent research, which would be independent of financial interest and also independent education and real transparency about any influence that might be impinging on patient care. So that's one aspect, but it does feel like the forces that maintain the status quo are substantial. Financial resources and self-interest, best interest. And also, journals traditionally have been part of that system, so benefiting from selling articles. If you publish an article and the commercial body thinks it will help them to promote their product, they'll pay large sums for the rights to distribute that article as a marketing effort. And so journals have actually benefited a lot in their own way from commercial support in that way and that makes it all the more difficult to unpick. So that's just one of them. I could talk about many others.

Isn't it ultimately about separating medicine from big pharma.
Well, not only big pharma but big food, big tobacco, big oil. So, yes, I think it's really trying to say that research should be done for the right reasons and needs to be done in the right way and then report it in the right way. And needs to be really completely transparent, which is not something we have at the moment. So, a clinical trial. And COVID is showing this up really well or badly at the moment, as a clinical trial is done. I think most patients who take part in that trial would assume that the results would be made available, but that's not the case. Very, very rarely do the full results of the clinical trial, are they made available to people who might independently scrutinize them. They're owned by the company or they're kept by the academics. So it means one has to do a great deal of digging. Academics and journalists and investigators of various sorts. And that's what the BMJ has been doing with its investigative journalism, unpicking picking drug by drug. And it's an extremely laborious business and it shouldn't have to be that way. It just seems completely not what you would do if you were designing a system to allow science to be interrogated and corrected and distributed in an effective way.

You've gone on the record previously and said that doctors and researchers taking money or lunches indeed from drug or device sponsors is totally unacceptable.

Well, the evidence is that although people would like this not to be the case, even a small gift of that sort changes people's behaviours. Yet people who take even quite small kickbacks or whatever you'd call them, lunch or even a pen I think or something of that sort, tend to be people who then prescribe more inappropriately and less effectively and more expensively. So they use fewer generic drugs, they use more a brand name drugs. Not necessarily the brand name of the person who bought them lunch, but the general behaviour is such that they tend to be encouraged to over-treat in that way. And so the evidence is really strong and doctors tend to think that they're in some way immune from this because we would not think it was surprising if a journalist... I mean, if you, for example, took money from one side of an argument or another and didn't declare that, we would be rather shocked, I think. And journalists, good journalists, don't take money from one side of the story or another and judges

aren't allowed to either. And it's always seemed extraordinary to me that doctors and scientists can do that and it's considered to be okay. And one of the reasons people say is well, "If we didn't take this money, we wouldn't have to fund our research." Well, I think one answer to that is we want less research and better research. And if there wasn't quite so much research going on, but it was better research, independent of financial interest, that would be a good thing.

Yes. I can say quite categorically that I've never taken a bribe, but quite sadly that's because no one's ever offered me one. I think I probably would. So, if anyone's listening that wants to give me a brown envelope with some cash in it, then yes I'll advocate your calls. Tell us a little bit about your journey. You were born in San Francisco and graduated in medicine at Cambridge, making your career here in the UK. What was the attraction of the UK?

Well, I was born in San Francisco because my father was out doing a year's fellowship at Stanford, and then we came home. So I was literally only there for a few months as a baby, but it does mean I'm an American citizen as well as a British citizen. All of my life I've been in the UK. I spent some time in America and I love America, but it's not my home.

And why did you choose writing on medicine over a career in practice?

I always wanted to be a doctor. My family is very medical. My father was a cancer specialist and came himself from a longish line of medics, and my siblings and I all did medicine. Four of us. So I never thought I would do anything other than that. And it wasn't parental pressure as far as I know. I mean we weren't sort of told we had to do medicine. In fact, my father was rather appalled that I, as the youngest also went into medicine. He kept on telling me I could do other things. But I also had wanted to write and I'm not one of those people who will write whatever the circumstance is. I'm not as good as that. So I was aware of a kind of hankering when I was in medicine, loving the clinical medicine, and I have a huge, a real love for medicine. I do think it's the most wonderful profession and the most wonderful thing to be doing, but this other voice of sort of wanting to write and wanting to do something a bit more creative I suppose, was there. And so I was trained in hospital medicine. I did my membership at the Royal College of Physicians and was heading into a general medical career. But general medicine was something that was not really available at that time. It was beginning to shut down. People were having to specialize, and I was clear that I didn't really want to do that. And then a friend noticed this advertisement for editorial registrar at the BMJ. And it was a scheme that the BMJ introduced to try to bring clinicians and younger people onto the editorial staff just for a short time, and then the idea was they would go back into clinical practice. But as it happens, I was the second. My colleague, Trish Graves was the first and she stayed at the BMJ and I stayed and then a series of us all stayed. And so it's been both a success and it didn't deliver what was intended, but it has recruited, I think, a really good group of clinically trained editors onto the journal.

Tell us about the BMJ. You mentioned the circulation, but what's the headcount, where are you based? Is it a global reach in terms of influence? We've already spoken about you moved to sort of make it more campaigning, but what's the day-to-day?

Well, so we're a team of about 50, not all full time, within a larger publishing group of about 400. And the main base is London at BMA House. We are a full-profit company owned by the BMA, British Medical Association, but independent of it. So we have an office in London and we have people also based around the world. So my direct team of 50 or so people, there are people in Boston, in Holland, in Beijing, just outside Hong Kong, and India. And also people who work remotely in the UK and Wales and Manchester and other places. So we have a kind of widespread team, but the core of the team is in London and up until COVID we were there. That's what we did. I commute from Cambridge every day and others do the same. And in terms of the output, we are an online journal. That is the journal. Most of its readership is outside the UK now. We have a big readership in the United States and also in some of the major countries around the world. And we have the website, we have the app, we have podcasts, we have video, we have all of the sort of multimedia things you would expect. And then we have the print journal, which was of course the very first thing back since 1840 when the journal was founded. It's had a print journal every week and we've never missed and all through the war it was produced. And we had the bomb that went off on the 7th of July outside BMA House, and we had to move out and we still managed to produce the print journal. And now with COVID, we are still producing the print journal. But it's moved in that time to become much more a UK focused magazine and that's been based on feedback we've had from readers and doctors. So they're very busy, they can get everything online, but they want something that's a pleasure read rather than a kind of work read. And that's been our aim for a long time. So the print journal arrives at people's homes. These are members of the BMA, doctors. 120,000 copies go out. And we see it as competing really not with necessarily other medical journals in its print format, but competing with things like The Economist and The Sunday Magazine. It's got to be readable to be useful, so we worked quite hard on that. And readership has been very good and we have good advertising revenues as a result of that, online as well as in print. It's quite a complex beast, the BMJ. And the other complexity comes because we publish not only academic research, original research, but academic commentary, and then the opinion and then the journalism and then the investigator journalism. And also importantly, our education content for clinicians. So it's really got a very large number of different moving parts.

It certainly sounds it. Is there a kind of weekly rhythm on how you would put an addition together? I appreciate online is 24/7 and if there's a story that you stick it online straight away, but is there a way of going about putting an issue together so the day after publication of editorial conference and all of this, do you have internal deadlines that have been the same for many years? What did you shake up when you took the helm?

Well, yes, those traditions have been remarkably resilient actually. So the only thing that has changed, well, the big thing that has changed is that we have a daily stand-up conference at the beginning of every day where we just check that everyone's all in the same place and what's come in and the new news items and editorials and the sort of fast turnaround stuff we discuss every day and press releases and linked content. And then we have a weekly planning meeting which takes place on Wednesday and that's the day after we've just gone to press with the previous print issues. So we do because of the print issue, you have a sort of sense of a weekly

package that we put up online as well as the print journal, print magazine. And the planning meeting then goes through all the various sections, news, editorials, academic comment, education opinion, and research and all the multimedia stuff. And it's really an effort to make sure that everyone knows what's going on, knows what's coming through that week. And each of those sections has very different timelines. So the research, the stuff that ends up in the journal has been through quite a long journey. Sometimes very quick, we can get research out very quickly as we have been doing with COVID, in a matter of a week or so, but that's very unusual and most research articles might take rather longer with peer review revision and then further peer review and further revision. And so the research stuff takes a while to come through, then the education may be a little bit less, then the academic comment. And then when we get to the news, it's up that day, an opinion can be up in an hour. So there's all these different, like big and small cogs to a wheel that come together rather magically at the end.

Now you were the first female editor of the BMJ, as you said earlier, it's had a long history starting in sort of 1840. What changes did you want to make to such a historic publication? What was top of you to-do list when you took the helm?

Well, I was very lucky to inherit the journal, take it over from Richard Smith, who was my mentor and trained me up and has trained many people and was very, very generous in his help in showing us all the different ways of being and focusing on the integrity and things like conflict of interest and scrutiny of our own processes and campaigning even then on various issues. So there was a lot to build on and I think one of the issues when you come into a new job, you will certainly, for me, I felt unequal to the task in many ways. And I inherited a team. Many of them were more senior than me and had been at the journal a long time. So it was an important thing to bring people along with me and to really do some good hard look at the journal and to do another kind of strategic review and find out what readers thought, what non-readers thought. We found out, for example, that both primary care and secondary care thought the journal was directed. It was clearly directed, but the primary care doctors thought it was for secondary doctors and the secondary care doctors thought it was for primary care doctors. So we managed to kind of miss the mark. And there was also a sense slightly that it might've become for authors rather than readers, to the extent that it was publishing content because authors wanted to publish it rather than really firmly saying, we're there for the reader. We're there for the reader. It's got to be readable, it's got to be useful or entertaining. One of those three. And so we did do some really hard looking. We did some market research and we had a number of ambitions. One was that we would speak across the piece, public health, secondary care, primary care. Another was that we would resolve the issue of, over a period of time, of printing online because when I took on the journal in 2005, we already had a very good, we were early adopters of an open access website. So that was an issue of how the print sort of drove everything and we needed to somehow become a truly digital journal with a print magazine and that we've only really achieved in the last few years. And then the other thing was the UK versus international thing. So we have a kind of primary need to provide a journal for the BMA and for its members and therefore the UK is our sort of special case. And it's taken a series of steps and a series of developments to really get us to the stage we are now where we are an international journal with an increasingly global health

presence and offices in various parts of the world, editors in various parts of the world and a really wide international readership. So I think those would be the three; to speak to the whole profession, to become a truly digital journal and to become truly international.

What have been the more memorable fights that you've got involved in if I can call them fights as editor-in-chief?

Well, people are always upset with us and to some extent, I think that's probably a good thing. We do see ourselves as needing to challenge the status quo, but we hope to do it in a constructive way, in a way that that stimulates debate. And sometimes there are things that seem so obviously wrong about the current situation that we do become very outspoken and sometimes we find ourselves in fights that we didn't necessarily seek out. One such fight was the furore about statins, where we published an article from an American academic really concerned about the extension of the idea that even fit people over the age of 50, should all be taking statins. People at very low risk of heart disease. And the worry of course with that is side effects and also medicalization. And there are other ways that people can keep themselves fit, by eating better or exercising more. And not that any of these are easy, I admit myself. So we did publish this piece and it was thought to contain a mistake which was thought to damage the advice on taking statins and people have thought that it might well have killed a lot of people because it was confusing about the low and high risk. I mean, not the article, but the messaging is very confusing about who should be on a statin, and this led us into both the over-treatment discussion, which we've been involved in for a while, the too much medicine, and also the openness transparency discussion, because as we were effectively defending ourselves from the accusations from very powerful people in the UK establishment, it became clear that the data on statins in low risk, but also even in high risk patients, people at high risk of cardiovascular disease, were not available. And this was something that we had already found in relation to Tamiflu the antiviral drug that was being stockpiled for bird flu at vast cost to the UK and other countries around the world and the data on whether it worked or not when it's available. So we'd already done a big fight on that, which I think with largely led by the Cochrane Collaboration, but we were part of that. And we did eventually with them win access to the data, which did show that Tamiflu was not effective and did have side effects that hadn't been clearly reported. So the statins thing came on top of that, and it did lead us into some really quite bitter fights. And I think that the thing I was pleased about, although it was a very difficult time, was that we took the decision to step away. We had published, I had published as editor in chief, the original, the article, which was thought to be wrong and we were being asked to retract the article and I didn't think we should do that. But I also recognize that I was sort of in, that was already party pre to the decision making. So I stepped back and we got a group of people, including the former chair of our ethics committee to look at everything. We gave them everything and she, Iona Heath, did this all in very much in the public eye and to my great delight. And we had said to her, we will do what you say, if you say we should retract the article we will retract it. But she and her committee made up of statisticians and editors and patients and academics said that we shouldn't, that actually the correction we had put onto the article was adequate and that the article should stand. But that didn't stop the people who were upset with me and with us from then complaining to the committee on publication ethics, and generally trying to

make things very difficult for us. But I think what came of it was a real sense of people willing to question. GPs not willing to suddenly dole out statins to everyone and really beginning to think more about this problem of medicalization and over-treatment.

Now, I don't know whether I've seen too many episodes of the TV show Game of Thrones, but you can't be editor in chief forever, even sort of 20, 30 years from now there'll be a time when you retire or stand down or move on to the next thing. What advice would you give to someone listening to this that's ambitious that would like your job that's maybe starting out on their career and would like to end up editor in chief of the BMJ? What advice would you give them?

Well, come and see us. We really love seeing people of all ages, but particularly people who are younger, who are embarking on medicine. Get some training in writing, do some journalism courses, train in medicine, as far as you can. Don't leave too soon because I think credibility is an important thing and I think it's useful to have really seen quite a lot of medicine before you step out. Try and do some research because this is a very academic journal and an academic environment and people need to feel that you would understand what they're doing is better. If you've done some research yourself and you have greater kind of face validity. And I think that you need to learn the craft. We tend to, I think, I don't know if you do this Paul, but one tends to under appreciate the skills if you like, that one has. And I'm not banging my own drum here, but all editors of medical journals have to have quite a wide range of different skills and it's an apprenticeship, it's a craft. I don't think you can just suddenly helicopter in. You have to embed yourself in this culture. What's wonderful about the BMJ I think is as I said, inheriting from Stephen Lock first, and then Richard Smith, there has been a terrific culture of questioning, also openness about one's own mistakes. And those are things that I've inherited. And someone who came to work with us, or hopefully on any good medical journal, would absorb those. And it gives you an enormous amount of courage because at every step you can say, we may have made a mistake, we'll look at it, we will tell you what we did right or wrong and we will act on those findings. And that makes you free to take risks.

Fiona. That was an absolutely fascinating conversation. Thank you ever so much for your time.

Thank you very much, Paul. It's been great.