

The good lie?

Snippets

The new Faculty of Sport and Exercise Medicine by Princess Anne on Monday. At this meeting, the Princess Royal awarded the Donald Macleod medal to the candidate who had the highest mark in the Diploma (in sport and exercise medicine) examination. And, as one of the medal winners approached the podium, there he was proudly wearing his RCGP Fellows tie ... It was a Dr William Graham

The *BJGP*'s performance for 2005 from the Journal Citation Reports

Total cites — 2502
Impact factor — 1.730
Immediacy index — 1.198
Articles — 106
Cited half-life — 6.3

The *BJGP* is ranked number 30 in the Medicine, General and Internal section and the *BJGP* is the highest ranked general practice/family medicine title.

'The Government has lied, and I am glad' proclaimed journalist Mark Lawson in a retrospective commentary on the notorious 1987 'tombstones and icebergs' campaign which raised the spectre of an imminent epidemic of heterosexually-acquired HIV infection to scare the public into sexual restraint. 'Not since the heyday of the Catholic convent school had children been so bluntly instructed in the causal link between sex and terror' he continued, approvingly.¹ Lawson freely conceded that the central theme of the AIDS awareness campaign — that HIV was a significant threat to heterosexuals in Britain — was simply untrue. But why let the facts stand in the way of a moral crusade?

The claim that it is legitimate for politicians and health authorities to lie in the cause of improving the moral conduct of society has become elevated into a principle of contemporary public health. It has played a central role in the campaign against 'passive smoking', which has deployed statistical sharp practice to justify increasingly authoritarian measures against smokers. The conventional wisdom is that because smoking is a social evil, the manipulation of scientific evidence is justifiable in the cause of stamping it out.²

I was reminded of Lawson's endorsement of the prostitution of science to propaganda when I recently noticed an advertising hoarding showing a young girl apparently drinking from a 2-litre bottle of cooking oil. The oil is spilling grotesquely over her face and neck and dripping down her clothes. 'What goes into crisps goes into you', reads the slogan on this British Heart Foundation (BHF) poster, explaining that 'some crisps contain 33% cooking oil'.³ The point seems to be that if you calculate the oil content of a packet of 'some crisps', multiply this by the number of days in the year (assuming a packet-a-day habit) and then present a picture of somebody consuming this total volume at one go, then this looks pretty disgusting.

But why is cooking oil bad for your heart? The campaign website 'Food 4 Thought' patronises young people by preaching about the evils of so-called 'junk food' without ever explaining why certain nutrients are considered a health risk. Instead the BHF tries to ingratiate itself with the nation's youth by offering features such as 'Gross Me Out!' and 'Gunk Your Friend!' with all the subtlety of

a trendy vicar at a youth club disco.

Dr Mike Knapton, the BHF's 'director of prevention and care' — and also a GP and GP tutor from Cambridge — is not a man to let science stand in the way of his prejudices. When a recent systematic review of the therapeutic benefits of omega 3 fats concluded that they 'do not have a clear effect on total mortality, combined cardiovascular events or cancer',⁴ he advised that 'people should not stop consuming omega 3 fats or eating oily fish as a result of this study'.⁵ It was the same story when another study — part-funded by the BHF — aiming to discover whether exercise would prevent children from becoming overweight found 'no significant effect' of the intervention on physical activity, sedentary behaviour or body mass index.⁶ Despite these negative results, Dr Knapton insisted that 'we know it's crucial to encourage good exercise habits from an early age'.⁷ It is difficult to see the point of research if those who sponsor it take no notice of its findings.

There is always a temptation for public health authorities to put a spin on scientific evidence to suit their policy objectives. But there can be no justification for misleading the public, least of all when the deception fosters a climate of fear. Such deception fosters a corrosive cynicism in society that undermines public trust in medical and scientific authority, curtails open discussion and encourages intolerance and prejudice. If doctors continue to tell lies to the public, how can they expect to be believed when they are telling the truth?

REFERENCES

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