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2020 vision? A retrospective study of time-bound curative claims in British and Irish newspapers

There is a long history of the media enthusiastically reporting on treatments or 'cures' for diseases,¹⁻⁹ including during the COVID-19 pandemic.¹⁰⁻¹² It is uncertain, however, how accurate these projections are. We therefore interrogated the last 20 years of British media claims for future cures of diseases for their accuracy.

We searched two large databases for all news stories in UK and Irish newspapers, published between January 2000 and December 2020 containing the term 'claim' (or variations thereof) and 'by 2020', and determined if the claims had indeed been met.

Among 46 articles, we found a total of 56 claims for new treatments or cures that would be realised in some form by the year 2020. Box 1 gives examples. In 27 articles, the word 'cure' appeared in the title. Most (86%) claims appeared in national newspapers. Two-thirds of the claims appeared to originate from clinicians and/or medical researchers. These usually occurred in the context of a recent scientific publication, but also included editorials written by clinicians. Just over half of all claims were 'definitive' (for example, '*a new "super drug" to cure diabetes and obesity ... will be available for patients by 2020*'). Thirty-three per cent of claims related to cancer, 13% to genetics,

11% to dementia, and the remainder to infectious diseases, liver disease, hangovers, asthma, hearing loss, and other conditions. Only 7 (13%) of claims were fully or partially met by the end of 2020 (see Supplementary Material for full details of methodology and results).

We found a substantial number of claims, from weaker assertions of 'potential treatments' to definitive predictions of 'cures', made in the British and Irish press over the last 20 years, most of which were not realised. Claims of cancer cures were common, but so were curative claims for chronic conditions such as asthma or dementia. Many claims were derived from press releases by academics and industry, predicting that pre-clinical advances would be translated into clinical practice; almost none of these were met.

Clinicians should be aware of what may be an over-optimistic perception of new and upcoming treatments in the media, and how it might affect patients' perceptions of current and future options. The content of press releases determines the strength of claims made in the media,^{13,14} and, while researchers, institutions and funders may perceive that bold claims make more salient news copy, caveats and cautions in press releases and resultant reporting do not necessarily reduce consumer engagement with the stories.^{14,15}

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Competing interests

The authors have declared no competing interests. Full lists of all authors' declarations of interests are visible at whopaysthisdoctor.org.

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Box 1. Examples of curative claims made

- *... there are drug companies that think they have a cure for dementia by 2020.* (Direct quote from politician, July 2013) — not met
- *NEW HOPE FOR CANCER CURE [...] The three-year research has been tested on mice, but [clinician-scientist] expects it to be tested on humans and developed as a treatment by 2020.* (Article text reporting on publication of mouse trials of CAR T-cell therapy, August 2013) — met
- *Asthma could be cured within five years ... " ... in five years we could be in a position to treat patients"* (Article text, then direct quote from researcher [we tested the latter claim] about publication of paper on calcilytics in a cellular asthma model, April 2015) — not met
- *'One-off treatment promises to "cure" men of erectile dysfunction' [...] 'a treatment could be widely available within three years'* (Article title, then text, reporting on clinical trial of stem cell injection treatment for erectile dysfunction, March 2017) — not met

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GPs' understanding of the wider workforce in primary care

The workforce crisis within general practice has been well documented. One response to this by NHS England has been national funding for a wider multidisciplinary team with a forecast of 26 000 additional staff by 2024. However, the impact of a wider workforce on patient care and satisfaction is not clear. Gibson *et al* (2022) showed that having more GPs in the team was associated with an increase in patient satisfaction, but this was not true for increasing staff in other clinical roles.¹

A wider workforce has so much to offer — but GPs cannot promote the roles of other colleagues if we do not understand their skill sets and the success of diversifying the

primary care workforce depends on good leadership.

We explored GPs' understanding of the wider workforce. 21 newly qualified GPs on a fellowship programme were asked to rate their understanding of 16 roles and summarise their views on the key responsibilities for GPs. All had been working in primary care for at least 18 months. GPs' understanding of other roles was highly variable with reasonable understanding of some (for example, advanced nurse practitioners, first contact physiotherapists) but poor for others (for example, physician associates, pharmacy technicians, health and wellbeing coaches, care coordinators).

GPs perceived their key responsibilities to be leadership, giving advice, coordinating patient care, holistic management, and managing complexity. The GPs valued listening to short talks from colleagues with other roles and, following an afternoon workshop, felt more equipped to work in wide multidisciplinary teams.

GPs were enthusiastic about diversification of the workforce but they cannot successfully lead teams they do not understand. Patient care and satisfaction will remain overly dependent on GPs until leaders are appropriately utilising the skill mix within their teams.² Further education is urgently needed to upskill the workforce so that they understand each others roles, and patients are directed to the right practitioner, at the right time.

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Verschlimmbesserung

I agree with David Zigmond that government has been 'trying to fix things but making them worse'. From the 1990s government promoted a consumer model. However, when patients took on the role of consumers, their expectations and demands could be impossible to fulfil, because of GPs' lack of time and funds. I found that the consequent anger of patients could be demoralising. Also, in those years, continuity of care became fragmented so that many patients did not know the GP and so had not formed a relationship of mutual understanding and trust. I felt that relationships with patients had changed from a solid growth in trust over time to something more fragile, ephemeral, and transactional, which was worse for both patients and GPs. If the government could stop making promises about what can never be, and educate and encourage patients to be realistic in their expectations, maybe GPs could lead happier lives and want to stay being GPs.

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Correction

In the Clinical Practice article: Nicholas R Jones and Thomas Round, Venous thromboembolism management and the new NICE guidance: what the busy GP needs to know. *Br J Gen Pract* 2021; DOI: <https://doi.org/10.3399/bjgp21X716765>. The duration of treatment had been incorrectly cited and should read: 'NICE recommend a minimum of 3 months of anticoagulation for a confirmed VTE, whether provoked or not. An unprovoked VTE may require 6 months of anticoagulation or longer, depending on the risks of recurrence.' The online version has been corrected.

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Editorial note

In the April 2022 print Issue the DOIs were incorrect in the Life & Times articles on pages 169–179; the correct DOIs appear in the online version and in the electronic flipbook.

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