The belief that research is being conducted in a coherent, comprehensive and credible manner is presently an illusory modus operandi. Meanwhile, physicians navigate clinical realities using these dogmatic dicta, never thinking that prestigious journals could publish anything but honourable merit. A disheartening study revealed that roughly 85% of research endeavours are wasteful, being of low yield, circumspect validity or forever unpublished. It appears data is being masqueraded as ‘evidence’ but is nothing more than a manipulated narrative to suit agendas. This gives the impression of progress, but rather only contributes to scientific inertia and possible patient maleficence. The dichotomy between the best intentions and malevolent outcomes is widening. The £10bn in fines by pharma companies, from 2009-2014 reinforces this viewpoint. For the practitioner, the surrendering to a maxim of ‘evidence-based medicine’ from the anecdotal, is optimal and professional. However, if the quest of enlightenment and knowledge leads to the acquisition of fallacious metrics and fictional conclusions, then this faithful surrender is nothing more than perilous servitude. The point at which one can no longer distinguish fact from fiction, is a damning diagnosis of delusion. This delusional state, if left unidentified and unfettered, will tend to evermore entropy and at a certain point, ignorant professional practice of pseudoprophesises prevails, with perilous outcomes abounding. It is my contention, that the era of ‘publish or perish’ is as injurious to public health as any pathogen. It is extremely pathogenic, most pertinently chronically, with successive mutated forms of evidence accumulating in our ‘sacrosanct’ evidence-based paradigm, similar to our genome. It is imperative therefore, that BMJ Live adopt the pillars of a Public Health paradigm, with the end goal of changing behaviour - Risk Awareness, Risk Detection and Risk Communication.” I recommend the creation of an independent centralised watchdog surveillance centre, where papers/proposals we screened. One funding stream could be subscription fees of researchers/publishers looking to prove quality control standards — akin to the Red Tractor label in the UK. This would place research that had met the certification standard, in better standing with the consumer. Furthermore, the centre could highlight current research that is high risk and perhaps instigate awareness campaigns, comparable to recalls on contaminated food produce. The centralised nature of such a research referee, would enable more optimal data handling, thereby adding capacity for improved systematic global exchange of ideas, with the aim of increasing rates of efficient, high yield innovation. In any treatment plan, the solution has to reflect the problem. As such the motives for suboptimal data need to be elucidated. More specifically, differentiation between ignorance of scientific methodologies or intentional statistically sanctioned self-sabotage. We need to ensure that the ever-growing body of medicine is akin to controlled cellular replication and not a cancer.

REFERENCES


The EBM Manifesto has been developed as a response to a growing body of evidence that “suggests that most published