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Covid-19: We need new thinking and new leadership

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The US election victory for Joe Biden and Kamala Harris brings new hope for science and healthcare.¹² Rational argument and informed debate now have a sporting chance against misinformation. But we still have serious fights on our hands.³ Pfizer's announcement of interim results for its covid-19 vaccine⁴—by press release and with no supporting data—had all the hallmarks of Gilead's premature promotion of its drug remdesivir, which has sadly failed to live up to the hype.⁵

We must hope that the vaccine fares better as more data emerge. We do at least have the trial protocol,⁶ but neither this nor any of the current covid vaccine trials are likely to tell us whether a vaccine will prevent serious illness and death.⁷ The main winners this week are those trading shares as the stock markets surge.

"Science by press release" is just one of many flaws in the way new treatments are evaluated, brought into stark relief by the pandemic. As Huseyin Naci and colleagues report, global research lacks the coherence and coordination needed for timely comparisons between treatments.⁸ Poor study designs are exacerbated by a cacophony of endpoints and treatment durations, fuelling confusion and sensationalism, they say. Megatrials like Solidarity, Recovery, and Discovery show the way forward, as do The BMJ's Rapid Recommendations (bmj.com/rapid-recommendations). But only new thinking and new leadership will ensure that researchers harmonise outcome measures, share data, and test the treatments with the most clinical (rather than financial) promise.

New thinking and leadership are also needed to bring the pandemic under control. In the northern hemisphere, health services are already buckling under the strain as the second surge of covid combines with usual winter pressures.^{9 10} Crowding in corridors carries more than the usual risks.¹¹

Will lockdowns across Europe help, or has the horse already bolted?¹² ¹³ What can we expect from mass testing in Liverpool?¹⁴ Could pooled testing be the answer?¹⁵ And how has testing become an end in itself, divorced (in the UK at least) from a functioning system of contact tracing and isolation? Why this refusal to abandon failed centralised and commercial approaches and instead to properly fund local public sector systems of find, test, trace, isolate, and support? Is it ideology, ignorance, incompetence, or vested interest? Whatever the reasons, I agree with Bing Jones and colleagues that this is the government's single biggest and most persistent mistake.¹⁶ It could be rectified in time, but only if healthcare professionals and their leaders unite in speaking out.

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