The BMJ

kabbasi@bmj.com Follow Kamran on Twitter @KamranAbbasi

Cite this as: *BMJ* 2024;384:q758
http://dx.doi.org/10.1136/bmj.q758
Published: 28 March 2024

Rebalancing risks in favour of benefits

Kamran Abbasi *editor in chief*

Balancing risks is life, the universe, and everything. One classic challenge is applying population based data to individuals. A related row over use of statins—the most prescribed drug class in England—shifted in favour of even greater prescription of statins last year, when NICE issued updated guidelines that lowered cardiovascular risk thresholds. Yet the benefits of statins may not outweigh the harms in people at low risk, and population risk thresholds may oversimplify matters. Guidelines, argue Sam Finnikin and colleagues, should be the starting point for medical practice—not strict rules to abide by (doi:10.1136/bmj-2023-076774).[1]

Three research papers this week attempt to quantify or predict risk. A retrospective cohort study finds that people with an episode of delirium have three times the risk of developing dementia (doi:10.1136/bmj-2023-077634).[2] Additional episodes add to that risk by 20%. A second paper validates a simple risk prediction score for patients on intravenous cisplatin developing acute kidney injury (doi:10.1136/bmj-2023-077169).[3] Acute kidney injury is strongly associated with death. Our third paper examines the use of progestogens and risk of intracranial meningioma, based on data from a French national database (doi:10.1136/bmj-2023-078078).[4] Of the various progestogens, the risk associated with injectable formulations, used widely for contraception, was of particular concern.

Interpretation of these risks can be difficult. The research enterprise itself is fraught with risk, as demonstrated by large scale retractions at for-profit, open access publisher, Frontiers (doi:10.1136/bmj.q659).[5] Threats to research integrity, through research fraud and misconduct, are the biggest challenges facing all publishers of science—they always were, but the scale of the threat is greater than ever and requires a strong response from editors and publishers.

But a conversation on risk becomes even more heated outside the research environment. What are the implications of poor health policies (doi:10.1136/bmj.q602)?[6] If a government fails to implement patient safety recommendations (doi:10.1136/bmj.q740),[7] or delays roll out of a vaccine programme to support tax cuts (doi:10.1136/bmj.q706),[8] how should it be held accountable for the additional risk passed on to patients? What if it erodes prison healthcare to the point of perpetual crisis (doi:10.1136/bmj.q562)?[9] Or keeps ignoring the unequivocal data on the health harms of widening inequalities and social determinants of health, leaving the solutions, such as Marmot Places, to local government (doi:10.1136/bmj.q654)?[10]

There is, unfortunately, no respite from risk concerns. The ongoing row over physician associates, which has damaged the Royal College of Physicians, is all about risks (doi:10.1136/bmj.q732, doi:10.1136/bmj.q737).[11 12] The risks associated with the GMC's newly proposed changes to medical education are causing alarm (doi:10.1136/bmj.q728, doi:10.1136/bmj.q708).[13 14] The risks from industrial action (doi:10.1136/bmj.q717)[15] are at the heart of a dispute between NHS England and the BMA. Some trusts claim that the BMA's refusal to allow several derogation requests during strikes compromised patient safety. The BMA disagrees that any requests were inappropriately refused (doi:10.1136/bmj.q740).[16] What's clear is that, just as a good cricket umpire has a good relationship with the players (doi:10.1136/bmj.q399),[17] to minimise risks in healthcare we need better working relationships between professions and professional organisations, regulators, and government.

1 Finnikin S, Finney B, Khatib R, McCormack J. Statins, risk, and personalised care. *BMJ* 2024;384:e076774. doi: 10.1136/bmj-2023-076774 pmid: 38499292
2 Gordon EH, Ward DD, Xiong H, Berkovsky S, Hubbard RE. Delirium and incident dementia in hospital patients in New South Wales, Australia: retrospective cohort study. *BMJ* 2024;384:e077634. doi: 10.1136/bmj-2023-077634 pmid: 38537951
3 Gupta S, Glezerman IG, Hirsch JS, etal. Derivation and external validation of a simple risk score for predicting severe acute kidney injury after intravenous cisplatin: cohort study. *BMJ* 2024;384:e077169. doi: 10.1136/bmj-2023-077169 pmid: 38538012
4 Roland N, Neumann A, Haszard L, etal. Use of progestogens and the risk of intracranial meningioma: national case-control study. *BMJ* 2024;384:e078078. doi: 10.1136/bmj-2023-078078 pmid: 38537944
5 Owens B. Frontiers' journals saw large scale retractions-where does that leave the publisher's reputation with researchers?*BMJ* 2024;384:. doi: 10.1136/bmj.q659 pmid: 38538028
6 McCartney G, Craig N. Sobering assessment of Scotland's NHS. *BMJ* 2024;384:. doi: 10.1136/bmj.q602 pmid: 38490683
7 Iacobucci G. Hospital leaders warned that failure to recall striking doctors risked patient safety in some trusts, documents show. *BMJ* 2024;384:. doi: 10.1136/bmj.q740 pmid: 38538152
8 Wise J. RSV: Paediatricians call on government to expedite infant vaccination programme. *BMJ* 2024;384:. doi: 10.1136/bmj.q706 pmid: 38508680
9 McLintock K, Sheard L. Prison healthcare in England and Wales is in perpetual crisis. *BMJ* 2024;384:. doi: 10.1136/bmj.q562 pmid: 38467403
10 Dean E. Marmot Places: the areas taking a proactive local approach to health inequalities. *BMJ* 2024;384:. doi: 10.1136/bmj.q654 pmid: 38531604
11 Wise J. RCP members vote to limit physician associate roles amid calls for president to resign. *BMJ* 2024;384:. doi: 10.1136/bmj.q732 pmid: 38527763
12 Salisbury H. Helen Salisbury: Practising at the top of your licence. *BMJ* 2024;384:. doi: 10.1136/bmj.q737 pmid: 38531597
13 Oliver D, Vaughan L. The GMC's future vision for medical training must be challenged. *BMJ* 2024;384:. doi: 10.1136/bmj.q728 pmid: 38537942
14 McNally S. Scarlett McNally: Retrofitting simple education into the NHS. *BMJ* 2024;384:. doi: 10.1136/bmj.q708 pmid: 38531596
15 Mahase E. Junior doctors in England back six more months of strike action over pay. *BMJ* 2024;384:. doi: 10.1136/bmj.q717 pmid: 38514074
16 Iacobucci G. Hospital leaders warned that failure to recall striking doctors risked patient safety in some trusts, documents show. *BMJ* 2024;384:. doi: 10.1136/bmj.q740 pmid: 38538152
17 Oxtoby K. Why I . . . am a cricket umpire. *BMJ* 2024;384:. doi: 10.1136/bmj.q399 pmid: 38527757