

IT MAKES YOU THINK

It makes you think, doesn't it? One of great advances of our modern age is the speed and democratic transparency of electronic information channels. We are no longer constricted by what the lord of the manor, the vicar, the press baron or anyone of our bosses tells us to say. If you genuinely believe that the moon is made of green cheese, there is probably someone out there who will listen to you. If you make a video link and wear a funny hat, then you may score some "hits"; sing a song afterwards and you could even generate some revenue. These days, anybody can take to the air waves on Twitter, YouTube, Instagram or similar and find an audience for their comments on nearly any subject under the sun including the composition of the moon.

Assuming the commentary does not defame, inspire racial hatred or promote criminal activity, it is probably a good thing that individuals can keep us informed of their opinions and we don't have to rely solely on our government or favourite news outlet to find out what is happening in the world. Also, if an individual wishes to let off steam without the need to take physical actions they might later regret, so much the better.

We have perhaps become somewhat immune to nutcase conspiracy theories and inarticulate ramblings. The problems come when a respected publication or news channel is duped by a clever operator and publishes information that is both incorrect and harmful.

Unfortunately, that is more or less what happened with the MMR vaccine. A research paper identifying a clear link between inoculation with the triple MMR vaccine and autism was published in a much-respected medical journal in 2008. Inoculation rates fell markedly and some children may have died as a result. Two years later, the perpetrator was struck off the medical register. The president of the Royal College of Paediatrics and Child Health was quoted at the time as saying: "The false suggestion of a link between autism and the MMR vaccine has done untold damage to the UK vaccination programme."

We have to ask: "How did such an eminent journal get it wrong and why wasn't this research debunked at a much earlier stage?"

As to the first question, the journal in question published the research on the proclaimed side effects of the triple MMR vaccine in good faith and printed a retraction as soon as it realised its mistake. It has since beefed up its acceptance criteria. In my view, it continues to be a world-class authority on all matters medical and can be forgiven for the fraud imposed upon it.

The delay by the medical community as a whole to debunk the research data linking the triple vaccine to autism is more worrying.

Finding a balance between satisfying the world-wide clamour for COVID-19 vaccines and the parallel requirement to ensure they are safe to use poses an almost intolerable pressure on the regulators tasked with making the necessary judgement. The MMR episode has surely taught us that media organisations and on-line news channels should undertake due diligence before spreading wild rumours about unproven side effects.

The spectre of Thalidomide still hangs heavy over regulators. When the Thalomid drug came to the market in 1957, it was the only barbiturate sedative available, hence its massive appeal. By early 1962, it had been banned for reasons of which we are very much aware today. It is interesting to note that unlike the UK, the USA never licensed the sale of Thalidomide. The hero of the hour was the US Food & Drug Administration's inspector Dr Frances Kelsey. She felt the evidence supporting Thalidomide was insufficient to guarantee its safety. President John F. Kennedy was one of many who praised unreservedly the perspicacity of this wise woman. Dr Kelsey certainly knew the importance of good health, which might explain how she managed to live to the grand old age of 101.

The fact remains that if any new COVID-19 vaccine is licensed too soon, it could lead to problems in those inoculated with it. Then again, if a new vaccine is released too late, many victims will suffer or die needlessly. Compounding the difficulty is the simple truth that the correct timing of the decision by regulators can only be accurately assessed in retrospect.

We do have a parallel to some extent. The armistice to end active combat in World War One was timed for 1100 hrs on 11th November 1918. The eleventh hour of the eleventh day of the eleventh month was chosen because it was felt that the moment would be easily remembered both by the soldiers at the front, which was the case, and by future generations, which has been the case. But, had hostilities ceased one day earlier, some families on both sides of the trenches would have had their husbands, brothers, fathers, uncles or sons restored to them for a full life instead of lying in some corner of a foreign field to be publicly lamented with two minutes of silence once a year. On that basis, you might consider that the poetic symmetry behind the timing of the WWI armistice should have been subservient to the preservation of human life.

We are currently blessed with three potential vaccines awaiting a license for release for mass inoculation programmes. The UK government may well decide it is important to highlight a memorable moment to commemorate the beginning of the end of the pandemic. For most of us, I suspect, we have faith in our medical community, we accept an element of risk and we just want to get back to pre-pandemic conditions as soon as we possibly can; but the regulators and the politicians have to make what could well be for some of them the biggest decision of their lives.

On the one hand, there is the example of the heroic scepticism of Frances Kelsey. On the other hand, there is the record to date of 1.5 million deaths worldwide from COVID-19. Could you make that decision?

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David Foley
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