

Journals join the podcast revolution

A new fashion has emerged in medical journals, for something old delivered in a new way. Television and the internet were meant to kill off radio but, instead, our digital world has come to radio's salvation. Just as more and more homes boast a digital radio, journals are bowing to the podcast revolution and offering audio broadcasts or downloads.

Weekly journals have taken a lead in their struggle to outdo each other for 'eyeballs'—or, in this case 'ear-drums'—on the web. Broadcasts usually take the form of an audio summary—a recantation of what is in the current issue—with interviews thrown in for variety. The *Lancet's* audio summary is the leader among weekly journal audio broadcasts, beating uninspiring mumblings from *NEJM* and *JAMA*. Now that I am hooked on trying to extract sound and motion from the internet—the BBC website's coverage of the football World Cup has been a particular feast of videos and blogs—a logical step for the *JRSM* to confirm its status as a 21st century journal will be to offer its own monthly audio broadcast.

We begin with an interview with Sir Iain Chalmers, editor of the *James Lind Library* (p. 375), whose benevolent spirit fills the pages of this month's issue (follow the link on the *JRSM's* homepage [<http://www.jrsm.org>]). The interview explores the themes in Chalmers' journey from optimism to disillusion with the pharmaceutical industry (p. 337). It becomes clear that Sir Iain's passion for transparency and improved reporting of clinical trials stems from a belief that patients must benefit from medical science and avoid harm. He wants to ensure that the public good is not sacrificed to line the pockets of industry shareholders.

Indeed, Chalmers has realized that his campaign for fair tests to evaluate interventions will fail unless he recruits the public to his cause. This thinking has led to the creation of the James Lind Alliance, a group devoted to answering questions

that matter to patients but in a way that would satisfy methodologists. Furthermore, Chalmers has co-authored a book with Imogen Evans and Hazel Thornton that attempts to engage the public in a dialogue about the importance of fair and proper evaluations of medical interventions (p. 330).

Clinicians will ignore these debates around transparency and public dialogue at their peril. Andrew Wakefield, the architect of the *Lancet's* study linking the MMR vaccine with autism, may be challenged by the GMC on these counts. A lack of transparency surrounded a donation of £55,000 from lawyers seeking to establish a link between MMR and autism through Wakefield's research. The public dialogue that followed the publication of Wakefield's report was, by many accounts, destructive. Yet the MMR saga was as much a reflection of the public's distrust of official information as it was a vote of confidence in Wakefield's crusade. Political and medical leaders found themselves peculiarly reluctant to rubbish a campaign launched by Britain's most influential newspaper, the *Mail*. Their attempts to counter the newspaper's campaign were feeble.

While Wakefield would not be the first doctor to be disciplined for research misconduct, the GMC's possible charge of publishing 'inadequately founded' research, as reported in the *Independent* newspaper, risks stifling dissent and promoting conformity. Medical science is rarely clear cut—the evidence on MMR and autism was unclear when Wakefield (and the *Lancet*) published his 'inadequately founded' research. And what of doctors who fail to publish their adequately founded but negative research? Or doctors who earn riches through promoting inadequately founded research for multinational companies? Will the GMC charge them too? What kind of world purges ideas and uncomfortable theories? The kind of world that leaves Sir Iain Chalmers disillusioned with the industry that unblocks our coronary arteries and defeats deadly pathogens.

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