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Hydroxychloroquine and COVID-19: a tale of populism and obscurantism

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We read with interest the article by Estella Ektor, which describes the death threats received by Marcus Lacerda following a trial on chloroquine for COVID-19 in Brazil.¹ We give Lacerda our full support and herein report our experience in France and Switzerland following publication of a meta-analysis² on hydroxychloroquine, with or without azithromycin, for COVID-19.

The meta-analysis included 11 932 participants treated with hydroxychloroquine, 8081 with hydroxychloroquine and azithromycin, and 12 930 patients in a control group. Hydroxychloroquine was not significantly associated with mortality: pooled relative risk (RR) was 0.83 (95% CI 0.65–1.06) across all 17 studies and 1.09 (0.97–1.24) across three randomised controlled trials. Hydroxychloroquine with azithromycin was associated with increased mortality (RR 1.27, 95% CI 1.04–1.54; seven studies).

Several authors of this work have suffered a violent campaign of cyber-harassment on social networks, receiving hundreds of insults, xenophobic messages, anonymous phone calls, and intimidation, including death threats. These

actions were accompanied by the public sharing of contact details, including the postal address of authors, on Facebook groups with hundreds of thousands of members. In the same way Ektor describes the response to Lacerda's trial, aggressive communication and an online campaign of misinformation against the meta-analysis were shared by certain medical and scientific professors, as well as French politicians, going beyond the framework of scientific debate and involving the political sphere.

This behaviour has a goal: to scare researchers and doctors and to silence them. However, silence would be the worst response to this type of behaviour, making societies vulnerable to populism and obscurantism. In a context of uncertainty and anxiety about the pandemic, and when expectations of clear and accessible medical information were immense, silence left medical communication to the champions of unfounded certainties and outrageous simplifications who were perfectly aware of new forms of communication via social networks and YouTube. Against these communicators, most doctors and researchers were unable to explain either the complexity of the medical process or that doubt, differences, and dialogues between peers are the guarantees of quality medicine. The credibility of medical speech emerges deeply shaken out

of this, and the false hopes and disillusion generated by unfounded announcements have undermined confidence in medical research.

Citizens are entitled to expect transparent and honest medical information, and we believe this is crucial to address the contemporary challenge of medical communication aimed at the general public, in order to succeed in restoring confidence in medicine and science.

We declare no competing interests.

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- 1 Ektor E. Death threats after a trial on chloroquine for COVID-19. *Lancet Infect Dis* 2020; **20**: 661.
- 2 Fiolet T, Guihur A, Rebeaud ME, Mulot M, Peiffer-Smadja N, Mahamat-Saleh Y. Effect of hydroxychloroquine with or without azithromycin on the mortality of COVID-19 patients: a systematic review and meta-analysis. *Clin Microbiol Infect* 2020; published online Aug 26. <https://doi.org/10.1016/j.cmi.2020.08.022>.