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Profound ethical issues were smoothed over

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modernisation among international public health professionals stands in the path of further progress, both at home and abroad. What the sick and poor of the world need is more capitalism, more industrialisation, and more globalisation.

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THE GILLBERG AFFAIR

Profound ethical issues were smoothed over

The issue at the heart of the Gillberg affair concerns the relation between raw data and the representation of those data.¹ That issue is central to most recent scandals that have damaged the scientific basis of medicine and the trust of patients. It also concerns the availability of raw data to journals, fellow scientists, consumers, those who claim to police matters of integrity in science, and even to authors themselves. In short, it concerns the safety of the entire scientific enterprise.

Gornall's article skirts around every one of the principles while making conjectures about the personalities involved.¹

The only fact of the affair that is relevant to a serious discussion of ethics is straightforward. The Gillberg team destroyed raw data, having faced an accusation of research misconduct pertaining to those data. They destroyed those data despite a court order that the data should be made available for scrutiny.

The argument about confidentiality is entirely spurious and could be made about practically every bit of clinical research that has ever been carried out. Is it really being suggested that no one (regulatory bodies, courts, bodies investigating research misconduct, trial participants themselves, coauthors, journal editors, research councils, or even authors of the science itself) should ever be allowed to scrutinise any aspect of research? This is not science, and the article that originated

this discussion is not part of any form of legitimate scientific debate.

Journals such as the *BMJ* may request raw data from human studies when fraud is suspected, as do a variety of other bodies. There is nothing at all special about the Gillberg study that makes it an ethical outlier exempt from the usual norms of science. At least no such reason has been provided in anything I have read. In the well publicised case of Singh, which also involved the destruction of raw data (in his case termites provided the excuse), the failure to provide raw data provided grounds for suspicion of scientific misconduct—not congratulations.² The apparent moral of the report by Gornall¹ is that future researchers faced with questions about the plausibility of their findings should simply destroy their data.

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Competing interests: None declared.

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ASYLUM SEEKERS' HEALTH RIGHTS

BMA is in denial

Despite the evidence that the 2004 charging regulations that bar access to free NHS hospital care violate refused asylum seekers' human rights,¹ the BMA has never acknowledged the fact. Now the government has raised the stakes immeasurably²—the years of confusion, procrastination, hounding, and denial of hospital care³ will appear small beer if its threat to also ban access to free primary care is implemented this October, as is widely expected.

An unconscionable disconnect exists between BMA high profile support for health rights, as reflected by Mary Robinson's prestigious launch of the BMA's *Right to Health: a Toolkit for Health Professionals*,⁴ and apparent institutional resistance to incorporate health rights into policy. As the toolkit says, the right to the highest attainable standard of health is a fundamental human right, protected by international law, and the state must refrain from denying equal access for asylum seekers and illegal immigrants.

The ethics department stipulation that the membership inform BMA policy⁵ has been met by the unequivocal 1997 instruction from the annula general meeting to the BMA Council "to campaign against embargoes which damage health." On this occasion the government imposing sanctions is British and the victims live in the UK, but the ethical issues are identical.

As the chairman of the international committee proudly explained in his ARM speech, the toolkit provides a basis by which medical associations and populations can hold their governments to account regarding the provision of health care. If the BMA continues to disregard its own educational material, it will surrender its reputation for integrity and its status as an authority on human rights. If it persists in its role as the watchdog that failed to bark, and the government withdraws free access from all health care for refused asylum seekers, the medical profession will—to the extent that its passivity has shown a green light to the government's violation of international human rights law—share responsibility for the suffering and deaths that ensue.

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Competing interests: PLH played a part in developing the General Comment 14 of the International Covenant on Economic, Social and Cultural Rights.

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