

Do governments ever listen to research ?

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Do governments ever listen to research, or are their agendas so dominated by issues of survival and power that they do not have the desire or the will to look at what is put forward by the research community, let alone adopt policies in response to that research? This paper explores why the wealth of findings produced for this and the previous government has had limited or no influence on policy or practice. It raises the question of whether researchers are writing only for each other, in the belief that somehow their message is getting across to government, and that action will follow. Experience shows that even when government takes on board research, it is often misused or the conclusions drawn are very different from those of the original researchers.

Examples where research has been ignored are legion. The paper considers only a fraction of the evidence in the field of health and health inequalities.

The Black Report: a message that won't go away

The Black Report (DHSS, 1980) and the other studies to which it gave birth demonstrated the reality of the class divide in Britain and the relationship between material poverty, poorer health and worse health care. It was seen as a major research finding which few researchers have attempted to query. Indeed, a Health Education Council study seven years later offered even stronger evidence on the health divide (Whitehead, 1988).

The previous Government, in its foreword to the Black Report, rubbished the recommendations, claiming that they were "quite unrealistic in present or any foreseeable economic circumstances, quite apart from any judgement that may be formed of the effectiveness of (the proposed) expenditure in dealing with the problems identified".

Sixteen years later the 1996 Health Survey for England (HMSO, 1988) confirmed that geography, wealth and class still made a significant difference to people's health. The new Government promised to make amends, but reduced the ambitious 27 health targets set by the previous Government (in its dying days) to only four targets, announcing that it "does not propose at this stage to set national targets to narrow health inequalities between social classes, different parts of the country, ethnic groups and men and women", although it did commission yet another study.

While the Government's four targets each had a major social component, many other conditions with an equally strong social component, such as maternal health, the health of working men, teenage pregnancies and child health, have been omitted.

Effectiveness measured by activity levels

A bizarre approach to health assessment as an aid to decision-making on policy and practice has been the development of health service activity measures as an alternative to evaluating the effects or outcomes of the activity. This approach resulted from the Körner Reports (DHSS, 1982), and was announced with great fanfare by the previous Government. It proved to be a comfortable way of avoiding the issue of whether health service policies and practices improved health and reduced inequalities. It also avoided the need to look at the many awkward research studies pointing to gaping holes in health service provision for the less advantaged.

Stakhanovite efforts were to be rewarded and those at the bottom of the activity charts were to be called to account, regardless of the outcomes. Thus surgeons in one hospital who performed x hip operations per surgeon were seen as less successful than those who produced $x+20$ hip operations in the same period. No regard was paid to how many of the operations had to be repeated or how many left the patients worse off.

This approach was even applied to the field of community health, with thousands of health visitors asked to count not only the number of 'contacts' they had with families each day, but to list the number of 'topics' dealt with during each contact. In some areas 'contacts' could include casual meetings at the local supermarket, and 'topics' were broadly defined. Again there was no reference to outcomes.

It was an exercise that has cost hundreds of millions of pounds, produced untold volumes of useless and hardly used statistics. Even today there is little sign of anyone in government asking whether this bizarre practice has any value.

Tobacco and cannabis: contradictory responses

While this Government's approach to smoking is an improvement on the previous Government's laissez faire approach, both have tended to react to political pressures rather than pay heed to research findings. Thus, for example, while more public areas are being turned into no smoking zones, Government Ministers continue to vote for a £700 million annual subsidy to enable European farmers to produce tobacco in competition with developing countries.

Although the authorities claim that their approach to tobacco is based on research findings, the same attitude does not apply in the case of multiple sclerosis sufferers, where there is considerable evidence about the alleviation of pain and spasms through the use of cannabis. A high ranking medical deputation's plea to the Health Minister that cannabis supply and usage should be permitted in this restricted area was rejected. Meanwhile, to add a Catch 22 twist, the Home Office continues to refuse a licence for research into this area, thereby enabling the Government to claim that there is as yet no convincing UK research evidence on effectiveness.

Attempts to ban nutritional supplements

Over the past few decades there have been many research studies on the role of micro-nutrients in health-related matters, including the effectiveness of nutritional supplements in dealing with or reducing the seriousness of a multitude of illnesses, such as heart disease, spina bifida, foetal and birth problems, chronic illnesses and even cancers. Evidence on widespread marginal deficiencies is linked to the fact that high levels of phosphate fertilisation of crops limits their uptake of essential nutrients, with food-refining practices taking out even more of what remains.

Any government conscious of the ever rising proportion of Gross Domestic Product devoted to health care should look at the existing research on the value of nutritional supplements, and fund further studies into what could prove a major cost saving for the NHS. But again it is power and politics that determine policy.

The powerful vested interests of the pharmaceutical industry, supported by the more conservative wing of the medical profession, have brought unceasing pressure on governments to block any moves in that direction. There are a number of shameful episodes that can be cited on how research in this area is blocked or ignored. Arguments that not enough is known about the claimed side effects of the nutrient supplements, most of them safer than table salt, ignore the fact that every year there are thousands of deaths and cases of serious illness resulting from the administration of pharmaceutical drugs in legally approved doses.

Folate and Spina Bifida babies Animal studies have for decades past pointed to the links between spina bifida and a deficiency of folate. Two small scale studies by leading UK researchers in this field pointed to the evidence that women with one spina bifida baby could be helped to avoid another such baby (the normal chances are 1 in 20 of a recurrence) by taking folate early in pregnancy or before conception. The previous Government was adamant that it would not respond until a full-scale research study was undertaken. The Medical Research Council embarked on a study on 3,000 women, with the prospect that nearly 40 women in the placebo group could expect to have another spina bifida baby or be given the option of aborting the child. Half-way through, the researchers ended the study on ethical grounds and today folate is the recommended supplement for all women of child-rearing age.

Deaf to the B6 protest Thousands of research studies have involved the vitamin B6, a popular remedy for pre-menstrual tension, post-natal depression and many other conditions of especial concern to women. For decades women have bought this supplement at health food stores or persuaded their GPs to prescribe it, with daily doses ranging from 50 to 200 mg. With one exception, all the human studies found B6 to be completely safe at normal dosages and often highly beneficial. The one exception was a retrospective telephone study, carried out in the mid-1980s by a doctor who prescribed hormonal treatment for women with post-natal depression. The study claimed that many of the doctor's patients had found tingling in the upper limbs when they had previously taken B6, a tingling which

disappeared when the B6 was stopped. It is on this basis, and supported by one animal study using massive doses of B6 (whose authors rejected the misuse of their study), that a Government Minister has decided to ban over the counter sales of B6 at any level above 10 mg. on its own or in any combination. Higher doses have to be obtained from a pharmacist, or above 50 mg. from a GP prescription. The Minister has not moved in the face of the floods of protest letters, protesting medical deputations and a detailed review of the research and rebuttal of the one study. The Minister has claimed that he is protecting women from death.

There are many other examples that could be cited. Their significance lies in the fact that nutritional supplements are in many ways a form of effective folk medicine, which are today prescribed (and used) by an increasing number of nutritionally aware medical doctors and complementary therapists.

The same governments that conventionally ignore research and introduce major unresearched health policy changes for political and economic reasons are now insisting on massively expensive research to establish the safety and effectiveness of remedies which have been used safely and effectively for decades (in the case of herbs, for centuries). In most cases the cost of the research requirements are beyond the means of the manufacturers so that these and many other supplements will no longer be available.

Each government's attitude to research findings is little short of an abuse of the research process. This suggests that the research community has far to go before it can establish a modus vivendi in which governments ask for answers to questions of interest, while also listening to research, however uncomfortable, and adopting its messages, even if in a politically modified form.

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