

## Lancet gate: a matter of fact or a matter of concern

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### Abstract

I am adopting an epistemological point of view to decrypt the recent Lancet gate, revealing current weaknesses in Sciences and its production in western countries, giving an unique opportunity to refound both.

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To the Editor,

The coronavirus disease 2019 (COVID-19) crisis has led to extreme tension that I have never seen before, although I have been specializing in the study of epidemics for a long time and have had the opportunity to investigate both real and fake epidemics [1]. Everything has moved at an extraordinary speed and has been confronted with attitudes of hostility unknown in recent years. This emotion is reflected, for example, in the fact that the epidemic in China has had a relatively low mortality rate that will probably be statistically invisible by the end of 2020, as it will be in many countries, but since the outset has been qualified as the worst crisis of the twenty-first century. Paradoxically, it is the rich countries—western Europe and the USA—that have the highest mortality per habitants in the world, and very significantly so [2]. The speed of communication by all the institutions, the scientific press and WHO, has

led to retractions, brutal changes of position and, in France, to the banning of a banal drug such as chloroquine/hydroxychloroquine, which had been safely used for 70 years. One of the extreme situations has been the split between the pro and con chloroquine proponents who represented the split for or against Trump, for or against Bolsonaro, for rich European and American countries against the eastern or African countries that use it most. Chloroquine and hydroxychloroquine have been recommended for use in countries covering more than half of the world population, but not recommended in some parts of western Europe and the USA, and even banned in France. This shows that here and now, there is not a single truth, but at this stage there are opinions, each one with data that it analyses in the most appropriate way using the method considered best to answer yes to the hypothesis [3]. We should not forget that Husserl clearly explained that mathematical methods are the clothes of ideas [4] and sophisticated models should not dissimulate rough data. Moreover, the growing use of ‘big data’ is revealed here. In practice, this describes the use of data collected in a more or less professional way for another use, retreated to make an adjustment (propensity score), allowing a comparison of the different groups to evaluate strategies. This gives the illusion of being more credible because of the large numbers. In fact, the studies reported by the physicians themselves may correct dubious data using their own experience, the computer will not. In practice, under these conditions, nothing is verifiable and a painful experience has just shown us this with the episode of Surgisphere, who managed to publish in the two best journals of the medical world, series whose sources are unknown, whose methods are unknown and that were retracted. A simple analysis of the elements, which I performed myself, immediately showed that these studies were just impossible, either arranged or purely invented. In one study, the number of deaths was greater than the total deaths in the country [5], in the other it was claimed that ethnicity was recorded in all cases including France, where this is illegal [6].

In these conditions, we see the realization of the prediction of the birth of hyperreality, written by Baudrillard (*Simulacra and Simulations*) in the 1970s [7], which describes a world where digital reality no longer represents a distortion of reality but simply another reality that no longer has anything to do with tangible reality. This was also predicted in science fiction books by P.K. Dick [8]. The most extreme case was recently revealed in London, where the most rated restaurant on TripAdvisor, called *The Shed at Dulwich*, did not exist, and was in fact pure farce fuelled by false comments placed on TripAdvisor. How a restaurant that did not exist could become the most

popular restaurant in London in 6 months is also part of this hyperreality.

We are, now, in this situation. This is also amplified by the fact that actors may be too concerned with the message rather than with real data. This was argued by B. Latour, who finally theorized that between data, from empiric science, and concerns, the latter may decide [9]. In contrast, time shows, in general, that facts resist and concerns change overtime. Never forget Galileo's famous quote *eppur si muove*.

In this storm, it is important to have reliable landmarks on the boat that allow sailors to keep a cool head. This kind of crisis has happened before and will happen again. We are not in a hostile war where everything seems allowed to win! It is essential to be on the alert because results are sometimes only reported from their headlines in the press, by people who are usually unable to analyse the data themselves. This can cause considerable damage to health. The credibility of the *Lancet* is essential for it to continue to make a significant contribution to human health. A few basics could help to ensure this credibility during crises. In particular, by being based on a dialectical approach, by publishing opposing criticisms in the same issue of the journal for each statement that significantly changes knowledge or care. This is to avoid oversimplified reading and protect from insulting the future of science. If any analysis based exclusively on big data is published, it should be balanced by an analysis made by real physicians. In the case of hydroxychloroquine, the Oxford Tropical Medicine team could have made an immediate denial to the fact that up to 10% of people would die of heart disease after taking hydroxychloroquine. This would have prevented the subsequent excessive reactions to the publication of this paper. The recent release of 'recovery' assay also reports a posology of hydroxychloroquine far above that of its usage (2.4 g the first day). Now, the Indian press is teaching science to Oxford teachers [10] to avoid such a claim. The leading author of this assay pretends that it is the dosage used in treating amoebiasis [11,12]; but it has never been used in amoebiasis. Here as well, somebody with knowledge in the field would have been useful.

The use of preprint comments, which will become widespread, is critical. It is important to read and integrate the direct comments because some, in and outside the scientific community, may have a particularly relevant view. These criticisms should not be neglected. Finally, it must be remembered that all emerging areas are controversial by nature and the controversy must be kept alive. The truth cannot be told at the time of discovery. In practice, I am particularly attached to the credibility of the *Lancet*, having been an editorial consultant of this journal for a

long time. Crises are salutary in that they point out our flaws. Of course, the men and women involved in writing, reviewing or editing articles for the *Lancet* cannot escape the excitement, anxiety and hyperresponsiveness of the world to which they belong but, remember Rudyard Kipling: "If you can keep your head when all about you are losing theirs and blaming it on you" [13]. That is what the *Lancet* is asked to do and I hope that these few thoughts may help it to get back to its essential foundations.

## Conflicts of interest

The author declare no conflict of interest.

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