

This is a repository copy of *Put more trust in the trustworthy and less in the untrustworthy to improve judgement of medicines*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/id/eprint/126609/>

Version: Published Version

Article:

Madden, Mary Teresa orcid.org/0000-0001-5749-2665 (2017) Put more trust in the trustworthy and less in the untrustworthy to improve judgement of medicines. British medical journal. j4202. ISSN: 1756-1833

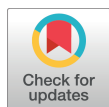
Reuse

This article is distributed under the terms of the Creative Commons Attribution (CC BY) licence. This licence allows you to distribute, remix, tweak, and build upon the work, even commercially, as long as you credit the authors for the original work. More information and the full terms of the licence here:

<https://creativecommons.org/licenses/>

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



LETTERS

JUDGING BENEFITS AND HARMS OF MEDICINES

Put more trust in the trustworthy and less in the untrustworthy to improve judgement of medicines

Mary Madden *lecturer in applied health research*

School of Healthcare, Faculty of Medicine and Health, University of Leeds, Leeds LS 2 9JT, UK

The Academy of Medical Sciences recommends involving patients, carers, and the public in research as a means of tackling concerns about the erosion of public trust, overmedication, and conflicts of interest.¹ Patient and public involvement, however, is already an imperative for much publicly funded UK health research and has been for some time. Moreover, the field of involvement is not outside of or immune to conflicts of interest or the erosion of trust, especially given that such involvement is often reduced to time consuming and tokenistic box ticking exercises.²

Following O'Neill,³ we should aim for more trust in the trustworthy and less in the untrustworthy, not for more trust across the board. This requires building, and in some cases rebuilding, trustworthiness in health research and its processes and practices of involvement. Pervasive discussion of the "deficit model," which implies that all public and professional

scepticism of science is unfounded and that corrective communication by experts is necessary, is unhelpful. We need to encourage broader debate that attends to those concerns.⁴

Competing interests: None declared.

- 1 Freer J, Godlee F. Judging the benefits and harms of medicines. *BMJ* 2017;358:j3129. doi:10.1136/bmj.j3129 pmid:28667159.
- 2 Madden M, Speed E. Beware zombies and unicorns: toward critical patient and public involvement in health research in a neoliberal context. *Front Sociol* 2017 Jun 2, doi:10.3389/fsoc.2017.00007
- 3 O'Neill O. What we don't understand about trust. TED. https://www.ted.com/talks/onora_o_neill_what_we_don_t_understand_about_trust
- 4 Madden M. Engaging civil society with health research. *Notes and Records* 2016 Sep 16. doi:10.1098/rsnr.2016.0037 <http://rsnr.royalsocietypublishing.org/content/early/2016/09/12/rsnr.2016.0037>

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>