

Letters to the editor

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Should clinical research be curtailed?

The amount of clinical research taking place is excessive.¹ Out of the 6 million articles published in a year, half are never cited and a good percentage of the cited articles are self-cited.² Would medicine be just as effective, and not as expensive, if clinical research was replaced with quality improvement?³ Somewhat cynically, this could be called trial and error based on doctors' coffee room chat.

As a counterpoint, the world has just benefited from a truly amazing public health research project on COVID-19. Initial vaccine trials involved 75 000 patients, with the

results saying, "go ahead, it is safe," and data are now being collected on the hundreds of millions of people who are vaccinated, saying it is safe. When one considers that vaccines in the not-too-distant past took years to come online, the mRNA rollout is an unbelievable triumph.

However, regardless of what modern monetary theory says, money is finite, so perhaps research should be limited to really serious problems of a public health nature. Quality improvement would be cheaper and less bureaucratic than conducting clinical trials as there is no self-serving demand for people to publish in order to get tenure. A nice way to think about quality improvement is trial and error, which is how the Silicon Valley brings technology

products to market. So assuming funding is finite, the question becomes which 1000 small studies of 10 patients each should be defunded to allow the money to be redirected to a big public health issue study of 10 000 patients?

—Mark Elliott, MD
Vancouver

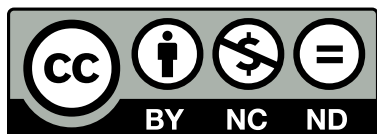
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