

How a Changing World can impact Medical Research

Editorial

The Editorial Board of The Journal of Liver Research, Disorders & Therapy has recently honoured me with offering me the role of **Editor-in-Chief**. JLRDT is an online, free access journal, going from strength to strength, with an Editorial Board composed of highly respectable, high-profile researchers from the whole world. Accepting this role has been both a bold choice and a challenge for me. So I decided to start this series of editorials with a controversial issue: how politics – and global political changes – can impact Medical Research.

This topic can be seen as controversial – and perhaps even inappropriate in a Medical Journal. This view is changing, though: illustrious examples and precedents illuminate the way. The New England Journal of Medicine has for some time been taking courageous and strong positions on – for example – the problem of firearms policies in the United States, its impact on the safety of the population, the medical repercussions of mass shooting accidents, and the role of the Medical Profession in trying to limit the damage. Fiona Godlee, Editor-in Chief of the British Medical Journal, has been for years writing editorials on controversial medical/ political issues, such as the approach of the Medical Profession on the End-of Life issue, the inadequacy of the Regulatory Directives for Medical Devices in Europe, and the nefarious effects of Brexit on medical research and collaboration in Europe – and beyond. Is all this inappropriate? Let's consider what the words we use mean. "Pòlis", in V Century BC Athens, was the City. "Polites" were the citizens; and "Politika" was the art of living together in harmony. Politics is not a bad thing in itself then; its degenerations can be. Whilst the political world is changing, so is the approach of the Medical Profession and of the Scientists and Researchers around the world, which must defend one of the most important features of modern research: international collaboration. Seen from this angle, the approach taken by the NEJM and the BMJ seems totally appropriate. Is building a wall on the border between Mexico and the United States going to help collaboration in research between the two countries? Is Brexit going to help collaboration between scientists in the UK and scientists in Europe? Universities and Medical Schools, both in the European Union (EU) and in the United Kingdom, have already said what they think, and very loudly. What will be of the Erasmus Programme? Just examples. European Medical Societies, for example, include among their members national societies coming from countries not just not belonging to the EU (like the Ukraine or Serbia), but also countries geographically not in Europe, such as Turkey or Israel. This has been, for two or three generations, a wonderful benefit for research. Is now

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the trend to build new walls between the countries going to help? Let's consider Brexit, for example. Another wall made of water. A collaborative project, started in 2015 in our field of Liver Disease, and focussing specifically on loco-regional approaches to the treatment of Liver Cancer (Methodology of Clinical Trials in Interventional Oncology) was led by an international group of physicians working in interventional Oncology, together with the Oncology Department of the European Medicines Agency (EMA). The EMA is the equivalent, in Europe, of the Food and Drug Administration (FDA) in the US (with some differences, in that the European Agency does not deal with Medical Devices, or Food); it was, at the time, based in Canary Wharf, in London, where it had been based since its inception in 1995. The very special and atmospheric location of the Agency had given the name to the project: The Canary Wharf Consensus. Come June 2016, the Brexit Referendum in the UK decided not just the fate of the UK or the EU, but certainly – and also more immediately and importantly for the medical and pharmaceutical world – the fate of the EMA. The European Commission, after months of debate, and a warning from the Executive Director of the Agency, Prof. Guido Rasi, that it would lose up to 50% of its staff, and 30% of his first layer of medical staff, could not avoid the only possible decision. The UK would no longer be part of the European Union, the Agency was an Agency of the European Union, and so it was very clear that it had to be relocated to somewhere else in the European Union. After long debate, the Commission decided for Amsterdam, and that's where the Agency has gradually been relocated. In the meantime and for the duration of the process (up to three years) all new and not immediately and institutionally indispensable projects were to be frozen. This was the death of The Canary Wharf Consensus, and a severe blow to the growth of Interventional Oncology, with detriment to the options available to Liver Cancer patients. In other words, damage, and possibly death, of Liver Disease patients.

Whoever thinks that Politics and Medicine (or Medical Research) are not interdependent, should think again.