



Executive Complaints Unit

Professor C Exley
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Dear Professor Exley

Newsnight, BBC Two, 19 September 2018

Thank you for your email of 5 November and the detailed explanation of your complaint about the item on vaccination which was broadcast on the above edition of **Newsnight**. I have now had an opportunity to watch the programme and carry out some additional research into the issues you have raised. I understand the reason for your concerns but having considered the content of the programme I do not believe there are grounds for me to uphold your complaint. I hope I can explain the reasons why I have reached this decision.

I should begin by explaining the remit of the Executive Complaints Unit is to consider whether the content of the item in question breached the BBC's editorial standards, as set out in its [Editorial Guidelines](#). The guidelines on Accuracy and Impartiality refer to the concept of "due accuracy" and "due impartiality" where the term "due" means "adequate and appropriate to the output, taking account of the subject and nature of the content, the likely audience expectation and any signposting that may influence that expectation". The guidelines on Impartiality also make it clear "Due impartiality is often more than a simple matter of "balance" between opposing viewpoints". This is set out in more detail in Section on Due Weight (4.4.2) which says:

Impartiality does not necessarily require the range of perspectives or opinions to be covered in equal proportions either across our output as a whole, or within a single programme, web page or item. Instead, we should seek to achieve "due weight". For example, minority views should not necessarily be given equal weight to the prevailing consensus.

As you know the item on the programme considered why there has been a continued fall in the number of people receiving the MMR vaccination and why there appears to be "an increasing scepticism towards vaccinations for other diseases that can be life-changing or even fatal". As the presenter, Emily Maitlis, said in the introduction:

...we are going to ask why the “anti-vaxxers”, as they are known across the pond, seem to be regaining the upper hand in telling us when facts can simply be dismissed. Have we had enough of experts or do we genuinely believe science is now up for debate?

In practice, the guidelines I have set out above mean I have to take account of where the weight of informed scientific opinion lies in this debate when considering whether the scope of the discussion and the choice of contributors met the requirements for due impartiality. My understanding is all the leading authorities and bodies responsible for public health support the use of vaccination, and say there is no evidence for the kind of public safety concerns outlined by Ms Maitlis in her introduction. Vaccination is not completely risk free but the side effects tend to be mild; serious side effects are extremely rare. Medical professionals around the world therefore agree the benefits far outweigh the risks. The [NHS](#), for example, has a page on its website about vaccination benefits and risks which says:

All medicines have side effects. However, vaccines are among the safest and the benefits of vaccinations far outweigh the risk of side effects.

When you're considering a vaccination for yourself or your child, it's natural to focus on the potential side effects. But a better approach is to try to balance the benefits of having a vaccine against the chances of harm.

Most side effects from vaccination are mild and short-lived.

I think it is also reasonable to say leading health bodies around the world have expressed concern about the growing number of websites which question the safety of vaccination or suggest the potential side effects are greater or more harmful than the medical community believes. I note, for example, the [World Health Organisation](#) says:

Due to the success of immunization, some diseases are no longer perceived as a threat. Certain groups have even questioned the utility of vaccination in spite of its proven success in controlling disease. In recent years, a number of web sites providing unbalanced, misleading and alarming vaccine safety information have been established, which can lead to undue fears, particularly among parents and patients. Acknowledging the above-mentioned issues and urged by governments, key non-governmental organizations and the United Nations Children's Fund (UNICEF), WHO initiated, in 2003, the Vaccine Safety Net Project (VSN).

I am therefore satisfied it was reasonable and appropriate to select the contributors who took part in this discussion. I do not share your view that it was necessary to include a contributor who had “a background in either science or vaccine safety” bearing in mind the topic of the discussion (“Have we had enough of experts or do we genuinely believe science is now up for debate?”) and the weight of informed opinion about the safety and potential side effects of vaccines.

I accept there are some, including yourself, who are concerned about the ingredients which are used in vaccines, such as aluminium. I also appreciate you and others have conducted [research](#) which suggests a correlation between aluminium in vaccines and

conditions such as autism. However, I am unaware of any studies which have demonstrated a causal link and I have to take account of the fact the vast majority of scientists in this field take the view vaccines are safe and consider appropriate measures are in place to investigate reports of suspected serious side effects. The Health and Medicine Division of the National Academies of Science, Engineering and Medicine, for example, issued a [report](#) into vaccine safety in 2013. The associated website says:

Vaccines are among the most safe and effective public health interventions to prevent serious disease and death. Because of the success of vaccines, most Americans today have no firsthand experience with such devastating illnesses as polio or diphtheria. Health care providers who vaccinate young children follow a schedule prepared by the U.S. Advisory Committee on Immunization Practices. Under the current schedule, children younger than six may receive as many as 24 immunizations by their second birthday. New vaccines undergo rigorous testing prior to receiving FDA approval; however, like all medicines and medical interventions, vaccines carry some risk.

Driven largely by concerns about potential side effects, there has been a shift in some parents' attitudes toward the child immunization schedule. HHS asked the IOM to identify research approaches, methodologies, and study designs that could address questions about the safety of the current schedule.

This report is the most comprehensive examination of the immunization schedule to date. The IOM committee uncovered no evidence of major safety concerns associated with adherence to the childhood immunization schedule. Should signals arise that there may be need for investigation, however, the report offers a framework for conducting safety research using existing or new data collection systems.

In conclusion, I do not believe the choice of contributors or the manner in which the discussion was conducted led to a breach of the BBC's Editorial Guidelines on Impartiality.

I have also considered the specific aspects of the debate which you said were “*Displays of lies or at best ignorance*” and assessed whether they were materially inaccurate or would have left the audience with a misleading impression. I propose to address each one in turn, following the chronological order of the list you sent on 5 November.

1. The figure for 876 laboratory confirmed cases of measles in England came from [Public Health England](#). The Head of Immunisation at PHE said “*The measles outbreaks we are currently seeing in England are linked to ongoing large outbreaks in Europe. The majority of cases we are seeing are in teenagers and young adults who missed out on their MMR vaccine when they were children*”. I therefore do not believe it was materially inaccurate or misleading to cite the figure since it is clearly the informed view of PHE that non-vaccination is a significant contribution to then increase in confirmed cases of measles.
2. I think the most reasonable inference to be drawn from the use of the phrase was that it was irrational for people to fear “*the thought of injecting themselves*”

with a disease supposedly to inoculate them against something else” when the evidence demonstrates the risk of possible side effects from vaccines is far outweighed by the benefit of protection against fatal diseases such as small pox. I therefore do not believe viewers would have understood the reporter, David Grossman, to suggest all vaccines are 100% safe.

3. The use of “*virus*” in this context was clearly a play on words and has to be judged accordingly. Mr Grossman began his report as follows: *“This is the story of a virus and how it has spread round the world affecting countless millions. This is not though a biological virus but an idea that is now blamed by some doctors for the deaths and illness of children on every continent”*. When he went on to say *“it’s clear then that medical science doesn’t have to counter just one type of virus. There are those which affect our bodies and those which affect our minds”* this was referring back to the original “*idea*” that ill-informed members of the public believe they know more than medical experts. In this context, I see no reasonable basis for concluding the audience would have assumed there were no grounds to be concerned about vaccine safety.
4. I addressed this point in my response to the due impartiality of the discussion.
5. Helen Donovan from the Royal College of Nursing spoke about a “*small decrease*” in vaccinations and said one of the reasons this was significant was because *“We know that the WHO recommend that we need to have 95% of all our children immunised against all of our vaccines”*. It seems to me reasonable to cite an international body such as the WHO when explaining why a fall in vaccination is regarded as a cause of concern. I do not see a requirement to explore this in more detail in the context of a discussion about *“an increasing [public] scepticism towards vaccinations”*.
6. Professor Michael Patrick Lynch was talking about what he perceived as the danger of social media sites which provided news and information tailored to the preferences of users. He expressed concern this *“can reinforce the sense that we can be our own experts on almost any topic”*. Ms Maitlis followed up by asking *“So is it because we feel smarter or is it because authority has let us down? We don’t have the same sense of deference; we don’t want to believe the experts anymore?”* Her questions clearly went beyond just the safety of vaccines and so I do not share your impression of what viewers would have understood Ms Maitlis to be saying.
7. Professor Lynch was expressing a professional opinion about why public attitudes towards experts appeared to be shifting. He was not talking specifically about vaccine safety and I think it is reasonable to assume viewers would have understood the broad point he was making about *“arrogance on the part of the ordinary consumer, arrogance of a certain type that we know it all”*.
8. I did not share your impression the “*concerns*” which Dr Pauline Paterson identified were *“emanating from hard science”* as you suggest. As I mentioned in Point 7 above, the discussion was about the spread of information and the idea that *“everyone can be seen as having equal weight when it’s in cyberspace”*. Dr Paterson clearly stated *“anyone can be seen as an expert on social media, on*

the internet, and also concerns can spread very quickly with the internet, with social media". Viewers would, I think, have understood she was making a far broader point than one about scientific evidence and was referring to the spread of opinion dressed up as evidence.

9. Helen Donovan was making the point that nurses are generally regarded as trusted and so it was important they were *"as up to date with all the information that's out there"*. I appreciate you think the current information from the NHS, WHO, NAS etc. is misleading but I imagine the audience would have understood Ms Donovan was simply expressing the view that nurses need to have the latest information to allow them to respond to questions or queries from the public.
10. All the leading medical bodies take the view vaccinations are an essential public health intervention to prevent serious disease and death. The benefits to human health are considered to outweigh by far any potential risks. I therefore do not believe it is inaccurate or misleading to suggest those who try to push the public away from vaccination are responsible for creating *"a public health scare"*.
11. Professor Lynch was expressing a professional view rather than an incontrovertible fact and the audience can be expected to judge his comment accordingly.
12. As in Point 11, Professor Lynch was expressing a personal view.

In conclusion, I do not believe there are grounds for me to uphold your complaint. I should explain there is no provision for further appeal against this decision within the BBC's complaints process but I would be happy to consider any comments you may wish to make about my finding. I would be grateful if you could let me have any such comments by 26 November.

Alternatively, if you do wish to take your complaint further, you can ask the broadcasting regulator, Ofcom, to consider your complaint. You can find details of how to contact Ofcom and the procedures it will apply at the following website: <https://www.ofcom.org.uk/tv-radio-and-on-demand/how-to-report-a-complaint>. You can also write to Ofcom at Riverside House, 2a Southwark Bridge Road, London SE1 9HA, or telephone either 0300 123 3333 or 020 7981 3040.

Yours sincerely



Colin Tregear
Complaints Director