

12 May 2021

## **BRIEF19**

*A daily review of covid-19 research and policy*

### **RESEARCH BRIEFING**

#### **Study claiming smokers less likely to get covid-19 retracted.**

Almost a year ago, a paper was published in the [European Respiratory Journal](#) which caused a lot of head scratching. The authors of the study claimed that smokers were 23 percent less likely to be diagnosed with covid-19 compared to non-smokers, implying a *protective* effect from cigarettes or vaping. This finding seemed to go against mountains of previous research of smokers and respiratory illnesses where increased illness and mortality is often seen. The article was initially released as a preprint in July 2020 and then given “early view” status by the journal. Now, that article has been [retracted](#).

The justification for retraction comes not as a result of its questionable findings, but newly identified conflicts of interest among its authors. The research team came from the University of Piraeus in Greece and University of Utah. But the members also had troubling ties. One of the authors is a fairly prominent name in vaping research. Another of the authors, served as a consultant for the tobacco industry (related to harm reduction). Another author, was a principal investigator for a Greece-based non-profit organization, also funded by the tobacco industry. In the article, none of the authors reported conflicts of interest. Medical journal standards dictate that such conflicts be stated overtly in any manuscript.

The journal clarified that according to the bylaws of The European Respiratory Society, which creates it, its mission is to promote lung health. Specifically, individuals with ongoing relationships in the tobacco industry are barred from taking part in the society’s activities, includes professional and academic meetings and any relevant publications. Nevertheless, the senior author of the smoking and covid-19 paper released a [statement](#) on the *Retraction Watch* (a website that monitors retracted paper) justifying the omissions, saying that “conflicts were irrelevant to the study’s main aims and objectives.”

This topic was also addressed in the journal [BMJ Evidence-Based Medicine](#) not long after publication of the initial article. Titled “Is there a smoker’s paradox in covid-19?” the authors of the *BMJ EBM* article performed an evidence-based analysis of the available data. These authors did point out that the “smoker’s paradox” concept is not a new idea and has been around since 1995 when a junk theory was floated that smoking decreased short-term mortality after heart attacks and stroke. The authors of the *BMJ EBM* article ultimately concluded that, “reported data are questionable and a protective effect should not be inferred.”

One unanswered question is why it took so long for the authors’ conflicts of interest to come to light and for the *European Respiratory Journal* to respond. The important lesson from this retraction is that if something appears too good to be true a dose of skepticism must always be maintained, and post-publication scrutiny is in order.

The covid-19 pandemic has tested the limits of junk science, with poorly vetted research too often being pushed out as fact. Now, the cleanup begins.

—Christopher Sampson, MD, FACEP

### **POLICY BRIEFING**

#### **Renewed push for healthcare provider litigation protection during the pandemic.**

One of the unfortunate realities of American society is the propensity for frivolous lawsuits, and it seems a global pandemic was not enough to stop the ever-rising tide of litigation.

Last year, in recognition of the extreme conditions facing the healthcare system when the covid-19 pandemic erupted, in regards to limitations in both understanding of the disease and supplies available for treatment, a bipartisan group of representatives [proposed](#) the Coronavirus Provider Protection Act. This bill sought to create safe harbors for lapses in care that occurred during the declared national emergency up until sixty days after its termination. Importantly these lapses applied to situations determined to be due to a lack of adequate resources, inadequate testing ability, workforce shortages or as a result of following established infection control guidelines that would otherwise be considered deviations from the standard of care. Unfortunately, the legislation [never](#) made it out of the House of Representatives.

But with a new Congress comes new opportunities. Representative Luis Correa (D-CA) has [introduced](#) H.R. 3021, the next iteration of the same bill, which has continued to enjoy bipartisan support. During the last cycle, conflict arose between trial lawyers and medical interest groups, so there is still a long way to go before these protections can become a reality. Nevertheless, it is reassuring that the need for such protections remains recognized and is deemed to be important enough for renewed consideration. *Various.*

—Brief19 Policy Team

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