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Patient partnership at BMJ

Only by working together can we improve the health and wellbeing of people and the planet

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Pressures on health systems around the world continue to mount, and staff shortages, long waiting lists, and delays for essential treatment are putting an unprecedented strain on health services.¹ In the UK, National Voices, a leading patient organisation, argues that the UK's current healthcare workforce crisis is “badly impacting people's experience of health and care.”² The experience of patients and the public can and should contribute to finding solutions to the pressure on the health services. But their voices are often marginalised.

Solid foundation

The BMJ has been a vocal champion of patient partnership for over 20 years, but in 2014 our focus shifted to developing in-house expertise, policies, and capabilities, including patient editors, a patient advisory panel, peer review by patients, co-production of articles, and firmer requirements for authors of research studies to include a statement on patient and public involvement.³ By 2022, more than 85% of research papers were sent for patient and public review, and around 50% of accepted research had a completed patient and public review. Articles in the Education section have a similar rate of patient and public review. Researchers reporting no patient and public involvement must now detail the barriers they faced, to inform future progress. We also support other journals in the BMJ group to develop and adopt key elements of our patient partnership work.^{4 5}

We continue to give patients a prominent voice in the journal through our “What your patient is thinking” series⁶ and increasing the number of patient commentaries and opinion pieces. BMJ articles with a patient coauthor are free to access for two weeks, and patient author groups without access to funding can also apply for a waiver of BMJ's open access fees.⁷ This year we have also started using a “patient author” or “public representative” affiliation for patient and public authors to help highlight, quantify, and track the patient authored content we publish. We encourage other journals to do the same.

Priority areas

In addition, our international patient and public advisory panel has been working to identify priority areas for advocacy. After the panel identified patient access to health records as a priority in 2021, we published a collection of articles⁸ and hosted a series of webinars⁹ exploring some of the remaining challenges. Despite progress in some countries, many people around the world are still unable to access their health records. We will continue to champion patients' right to access their health records, share progress, and offer a platform for discussion.

We have now added four further priority areas to our work, starting with patient safety. As healthcare systems attempt to rebuild after the covid-19 pandemic, waiting lists lengthen, staff shortages deepen, and concerns for patient safety grow. Our aim is to reinstate the patient voice in healthcare decision making after it was sidelined during the pandemic and to highlight where this is being done well. Several recent high profile failures in patient safety, including maternity scandals where hospitals and units failed to listen to women and their families, show why this crucial.^{10 11}

The second priority area is patient involvement in genomic medicine. The far reaching effects of this rapidly evolving field on patients, families, and the public are not being adequately considered. Progress in the science is rapidly outpacing the development of strategies for safe and ethical implementation. The challenges are clear given the sensitive information that may be identified when using genomic testing and medicine.

The third priority is patient involvement in medical conferences. We will re-energise the “patients included” charter¹² for conferences—first published in 2015, as a way for organisers to demonstrate their commitment to patient and public involvement—by reviewing the charter's clauses and championing organisations that meet their requirements in full. We will also encourage more organisations to commit to including patients and the public in their conferences.

Finally, patient editors and panel members will support *The BMJ*'s wider work on sustainability by drawing attention to patient-led initiatives on sustainable healthcare. As always, we welcome readers' thoughts, ideas, and comments on any of these topics.

The BMJ remains committed to patient and public partnership, and we plan to grow and diversify our database of patient contributors to ensure we publish content relevant to diverse international patients and carers. A patient focused special issue is under way to mark the 10 year anniversary of our patient and public partnership strategy in 2024.

With the support of our international patient and public advisory panel, *The BMJ* will continue to be a leading voice on the science and implementation of working collaboratively with patients, families, carers, and the public. Working together is essential to achieve our mission to improve the health and wellbeing of people and the planet. Involving patients in the day-to-day work of a scientific journal is hard, complex, and requires commitment, but it is ultimately rewarding and essential.

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