The Editor

Financial Times

Via e-mail

4th June 2020

Dear Sir

Formal compliant in respect of coronavirus related coverage by John-Murdoch and Chris Giles of the Financial Times

This complaint concerns two specific articles authored (or co-authored) by the above Financial Times employees. The complaint is presented with respect to two alleged breaches of the IPSO Editor's Code of Practice (the Code), specifically;

- Accuracy; and under separate grounds
- The Public Interest

Context

Although not strictly relevant to the two articles reported below, it appears that the Financial Times has adopted an editorial position aimed at overstating the fatality of the coronavirus and in general supporting "lockdown" related legislations. This has manifested itself in a number of articles which have criticised individual country's decisions to relax "lockdown" regulations, or not to adopt such regulations.

The specific articles that this complaint covers are;

- 28th May 2020 Twitter post by Chris Giles (Appendix 1).
- Numerous articles prepared by John Murdoch and Chris Giles and other co-authors incorrectly asserting that excess deaths are equal to COVID deaths, including "indirect" deaths (Appendix 2).

28th May 2020 Twitter post

Accuracy

Chris Giles claims that early lock down reduced the eventual death toll and produces a graph to support this assertion. In general, the degree of correlation between two variables is expressed by R2. R2 can range from 1 under perfect correlation to 0 where there is no correlation. Chris Giles ignored several requests posted via Twitter to disclose what the R2 is for the chart that he posted. I recreated as far as I was able the chart and identified an R2 of 0.09, this indicates no correlation between the variables.

This in and of itself renders the article misleading and inaccurate. However, Mr.Giles went even further by implying some causal link for which there is no evidence. I have carried out extensive analysis of lockdown severity and outcomes in terms of COVID related deaths per million and found zero correlation.

As you will see from the post his chart is actually a replacement for an even more misleading chart which was flatteringly referred to as a tautology. I believe that this posting represents a material breach of the Code, specifically title 1. Accuracy points i) and iv).

Appendix 3 is summary of complaints addressed to Chris Giles about the analytical methods used and the reliability of the results produced by other readers.

The Public Interest grounds

Chris Giles indicates a positive relationship between early lockdown and excess deaths. At this stage, there is no evidence that lockdown affected in any way final outcomes. It is clear that in the UK lockdown has had significant negative consequences, including excess cancer and cardiovascular disease deaths (described below). There is no (or very little) empirical evidence that lockdown (early or late) was beneficial with similar outcomes for different countries under a variety of different regimes. By making assertions that lockdown is (or was) beneficial Chris Giles is making unsubstantiated statements that could have a negative impact on public health by extending or otherwise increasing lockdown.

I am complaining on this separate ground, in addition to the accuracy claim.

Repeated dishonest and misleading assertion that excess deaths are somehow equivalent to COVID deaths.

In its Coronavirus coverage the FT has repeatedly equated excess deaths with COVID deaths, coining a new term of "indirect" COVID deaths. In making this assertion the FT is ignoring official statistics published by the Office of National Statistics (ONS) and the National Records of Scotland (NRS) which clearly identify those excess deaths which are **not** caused by COVID-19.

The NRS data is the clearest on this point, below is an extract from an Excel table analysis produced by NRS;

Figure 6: Excess Deaths by underlying cause of death[1], 2020

Week ending				5 April 2020	12 April 2020	19 April 2020	26 April 2020	3 May 2020	10 May 2020	17 May 2020	24 May 2020
Week number	11	12	13	14	15	16	17	18	19	20	21
Difference											
Cancer	1	42	-36	83	40	38	-4	-2	-9	17	7
Dementia / Alzheimers	5	5	15	85	102	82	71	42	26	17	-11
Circulatory (heart disease and stroke)	17	-13	-31	104	54	11	28	51	8	4	-31
Respiratory	-43	-14	-23	17	2	-24	-23	-20	-27	-38	-39
COVID-19	0	10	53	256	588	637	633	498	387	300	212
Other	20	45	-17	100	92	105	44	30	15	57	39
All	0	76	-39	646	878	849	749	600	401	357	178
		COVID		256	588	637	633	498	387	300	212
		NON-COVID		390	290	212	116	102	14	57	-34
		NON-COVID %		60%	33%	25%	15%	17%	3%	16%	

Footnote
1) The ICD 10 codes for disease categories are as follo
Cancer: C00-C97
Dementia and Alzheimer's: F01, F03 and G30
Circulatory: I00:I99
Respiratory: J00-J99
COVID-19: U07

Link is below;

https://www.nrscotland.gov.uk/covid19stats

The table clearly identifies those excess deaths that are attributable to COVID-19 (COVID related) and other causes which are not related to COVID including cancer and circulatory disease deaths.

The ONS similarly identifies both excess deaths and deaths related to COVID. The difference between excess deaths and COVID related deaths are excess deaths not related to COVID. Further the ONS has provided a one-off data set from the start of 2020 to 17th April 2020 which specifically identifies excess deaths attributable to cancer and cardiovascular disease (shown as CVD below).

Table 1. Provisional weekly death registrations and percentage of excess death for selected causes, deaths registered i

Week number	12	13	14	15	16
Week ended	20-Mar-20	27-Mar-20	03-Apr-20	10-Apr-20	17-Apr-20
COVID 19 deaths	103	539	3,475	6,213	8,758
Total deaths, all ages	10,645	11,141	16,387	18,516	22,351
Total deaths: average of corresponding week over the previous 5 years [1] (England and Wales)	10,573	10,130	10,305	10,520	10,497
% of excess non-COVID19 deaths compared to the last 5 years	0%	5%	25%	17%	29%
% of excess cancer and CVD deaths compared to the last 5 years	-3%	-2%	16%	3%	11%
Total CVD deaths, all ages	1,498	1,459	1,761	1,617	1,700
Total CVD deaths: average of corresponding week over the previous 5 years	1,639	1,541	1,547	1,608	1,636
Total cancer deaths, all ages	2,311	2,252	2,685	2,450	2,696
Total cancer deaths: average of corresponding week over the previous 5 years	2,271	2,249	2,293	2,326	2,330

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/11683provisionalweeklydeathregistrationsandpercentageofexcessdeathforselectedcausesenglandandwales2020

Furthermore, it is important to be aware that under new ONS guidelines deaths related to COVID-19 only required COVID-19 to be mentioned on a death certificate[i]. ONS allows COVID-19 to be included on a death certificate even in the absence of a swab. In practical terms this means that deaths "related to" COVID-19 cover essentially all possible contingencies and will include cases where COVID was not the cause of death (only appearing in Part II of death certificate). Based on this very board definition there is no basis for the assertion that deaths that are not "related to" COVID should be treated as resulting from COVID-19. Even in the event that some non-COVID deaths missed the presence of the coronavirus, there is absolutely no basis to assume that are such cases they account for 100% of non-COVID deaths.

By making such an assertion the FT is ignoring the causes of death entered by medical professionals in death certificates and official government statistics from ONS and NRS in order to come up with its own misleading and dishonest data. I am complaining about this practice under two separate grounds of Accuracy and Public Health.

Under Accuracy (article 1), the claim relates to items i) and iv).

Claim under the Public Interest

Overstating fatalities from COVID gives a misleading and dishonest impression of the fatality of COVID-19. A recent MORI poll identified that the median respondent believed that there was a 6% chance of dying from COVID-19, which is around 20 times higher than the all ages infection fatality ratio[ii]. Such misconceptions are created and perpetuated by misleading reporting from the FT and others. More importantly, it airbrushes away the fact that cardiovascular disease deaths, diabetes

deaths (at home) and dementia deaths are above their 5 year averages. Many medical professionals have been calling cancer patients and cardiovascular disease patients forward for treatment. The Financial Times dishonest reporting implies that the problem of missed treatments for these diseases simply does not exist and in fact all excess deaths are somehow attributable to COVID. This is directly undermining messages from the British Heart Foundation, the NHS and leading oncologists for patients to come forward for treatment. This is a dangerous misrepresentation.

Not only is there a need to increase treatments, but there is a widely recognised public interest need to identify, analyse and rectify non-COVID related excess deaths (BMJ "staggering number" of extra deaths in community is not explained by covid-19[iii]). By blurring the boundaries between COVID "related" deaths and non-COVID deaths, the FT is denying the existence of this problem, which may hinder subsequent analysis.

The individuals who have been making these assertions have been aware for a long time that their analysis is misleading, many tweets and comments on FT articles have been posted (see appendix 3 for a sample). I have personally e-mailed one individual with concerns, but they have carried on with their misleading "analysis".

The above complaint points out that the assertions with respect to data for England and Wales and Scotland directly contradict official government statistics. The FT assertion the excess deaths are somehow equal to COVID deaths is applied to all counties. I do not have access to the statistical definitions for all countries, but suspect that the FT's approach will also be misleading and inaccurate for other countries. However, I only have specific evidence for England and Wales and Scotland.

I believe that the FT should investigate the above as a matter of urgency and take appropriate steps and in particular to take the remedial steps set out in the Code. In this instance, the relevant items have been very widely circulated due to the FT's reputation for balance and accuracy. Accordingly, misleading statements should be corrected with comparable prominence.

I reserve the right to appeal to the Complaints Commission should your response not be satisfactory and to make further complaints in event that the same misleading statements are made.

Your faithfully,

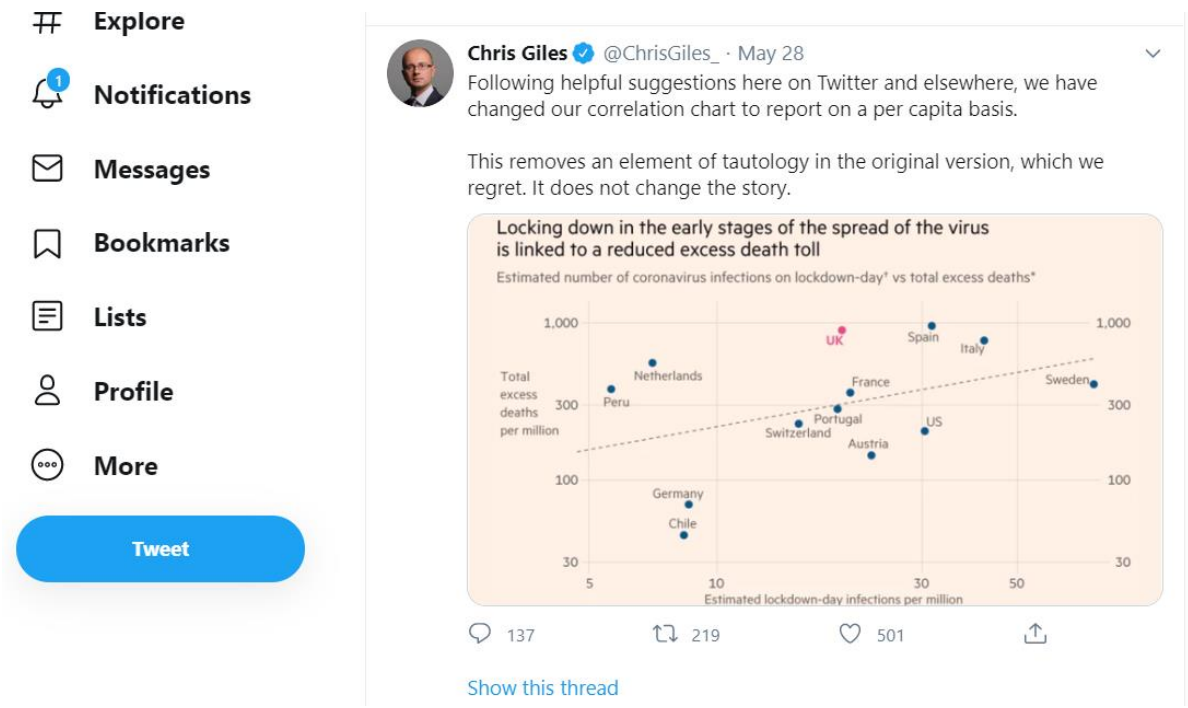
Appendix

1 28th May 2020 chart produced by Chris Giles.

2 Various FT comments equating excess deaths to COVID deaths.

3 Selected comments on chart produced by Chris Giles

Appendix 1



Appendix 2

One of many statements claiming that all excess deaths should be attributed to COVID-19

John Burn-Murdoch and **Chris Giles** MAY 28 2020

1879

Be the first to know about every new Coronavirus story | Get instant email alerts

The UK has suffered the second-highest rate of deaths from the coronavirus pandemic after Spain, according to excess mortality figures.

The UK has registered 59,537 more deaths than usual since the week ending March 20, indicating that the virus has directly or indirectly killed 891 people per million.

Until Thursday, the UK had a higher rate of death than in any country for which high-quality data exist. However, Spain made a revision to its mortality estimates, adding 12,000 to its toll of excess deaths from coronavirus in a one-off adjustment to 43,000. This increased its death rate to 921 per million.

Some of these deaths may be the result of causes other than Covid-19, as people avoid hospitals for other ailments. But excess mortality has risen most steeply in places suffering the worst Covid-19 outbreaks, suggesting most of these deaths are directly related to the virus rather than simply side-effects of lockdowns.

Appendix 3 – sample of comments made with respect to misleading analysis of 28th May 2020

Ian @Treborchamp · May 28

Replying to @ChrisGiles_ and @d_spiegel

As clear as mud. Showing a visual should be simple to understand with like for like data. I have taken a look at this and I still do not understand what you are showing. For eg, why is Sweden on this graph? They have never locked down! Where's Belgium?

Taran Baker @Taran_Baker · May 28

Including Sweden completely refutes the point the chart is trying to make. The chart is trash, the first iteration of this was just as bad. Complete garbage that just serves to make FT and Giles a laughing stock.

2 10

Aaron Ginn @aginnt · May 28

Replying to @ChrisGiles_ and @d_spiegel

These counties seem arbitrarily picked. Where is Japan, Taiwan, and SK, Iceland, or Belarus who all have no lockdown or much lighter mitigation? Why wasn't the varied "strictness" of the mitigation policies accounted for? X-axis should be cases not infections - iceberg problem.

2 5 28

Nay @nay_sue1 · May 29

Even the revised graph is trash WITHOUT those countries (correlation coeff of 0.165). Adding in remaining missing countries prob tells opposite story, so wouldn't fit narrative lol.

1 2

Laura Koster @l_r_a_koster · May 28

Replying to @ChrisGiles_ and @d_spiegel

Might be worth actually giving the newly computed correlation as well as the R^2 before claiming that the conclusion does not change? Also might want to address selection bias concerns.

3

Chris Collins @chrishcollins · May 28

Replying to @ChrisGiles_ and @d_spiegel

How are you estimating lockdown infections? Nigh on impossible unless you are "extrapolating backwards" from deaths and death rates, which makes the whole thing a bit circular.

2

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[i] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending22may2020#glossary

[ii] https://www.ipsos.com/en/public-opinion-covid-19-outbreak

[iii] https://www.bmj.com/content/369/bmj.m1931