

Open letter to the University of Oxford

Subject: Request for correction of public communication on statin-related adverse effects

To the Vice-Chancellor of the University of Oxford,
to the University of Oxford Communications Office,
and to Oxford Population Health,

We, the undersigned, respectfully urge the University of Oxford to revise its public communication concerning the Lancet article *“Assessment of adverse effects attributed to statin therapy in product labels: a meta-analysis of double-blind randomised controlled trials”* (1).

On 6 February 2026, the University of Oxford published a news item with the headline:

“Statins do not cause the majority of side effects listed in package leaflets” (2).

This wording conveys a stronger causal conclusion than the evidence can support. Given the relevance of this matter and the academic authority of the University of Oxford, we maintain that this headline should be corrected (3).

The issue is not whether statins have important cardiovascular benefits, but whether the absence of sufficient evidence supporting many causal adverse-effect claims can properly be communicated as evidence that statins “do not cause” those outcomes.

In their reply to our Lancet correspondence, the authors explicitly recognise that *“absence of evidence is not the same as evidence of absence”* (4), a point made forcefully over 30 years ago by Altman and Bland (5). Yet the Oxford headline turns a lack of evidence supporting most causal claims into strong reassurance that statins do not cause those outcomes. This is precisely the conceptual confusion that both sides now agree should be avoided (3,4).

We therefore respectfully request that the University of Oxford:


1. revise the headline and any related public-facing wording so that it accurately reflects the evidential claim, for example by stating that the randomised-trial data “did not provide clear evidence of causal relationships” for most listed adverse effects, rather than that statins “do not cause” them;
2. add a clear correction or editorial note to the existing news item, explaining the distinction between absence of evidence and evidence of absence;
3. notify journalists, press offices, and media outlets that received or relied on the original communication, so that subsequent reporting does not continue to reproduce an overstrong causal message;
4. ensure that future communications on drug safety avoid presenting “statistical non-significance”, imprecise interval estimates, or lack of evidence supporting a causal claim as if they demonstrated absence of harm;

5. encourage further studies specifically designed to address the methodological concerns raised in the correspondence and still left unresolved (3);
6. refrain from recommending revisions to product labels and other official sources of health information based on the current evidence alone, until the methodological concerns raised here and in the correspondence have been adequately addressed.


This request is made in the interest of research credibility, patient protection, and responsible public communication. Specifically, institutional communication should preserve uncertainty where uncertainty remains.


We recognise that nocebo effects are a genuine concern (2); however, addressing them requires calibrated communication about clinically relevant uncertainty, since lack of transparency undermines both patient safety and public trust in health communication (6).


Signed,

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