

Interview: Chris van Tulleken

Dr Chris van Tulleken is the guest editor of the June issue of *Future Healthcare Journal (FHJ)*, which will focus on commercial determinants and conflicts of interest in public health and policy. This issue of *FHJ* is due to publish at the end of June 2025.

***Commentary* speaks to Chris about his career and his interest in the commercial determinants of health, such as ultra-processed food and tobacco..**

Many readers might recognise you from TV, but could you share your medical background – particularly in virology and infectious diseases?

I trained at Oxford and then in tropical medicine at the London School of Hygiene and Tropical Medicine. Then, as a young registrar, I did a lot of work in ‘complex humanitarian emergencies’ in the Central African Republic, Pakistan and Myanmar. These are beyond just medical situations – they have political context or violence. Those were where I started to see the impact of the food industry on human health.

I was a Medical Research Council clinical research training fellow and did a PhD at UCL in molecular virology. During that, I simultaneously built a children’s broadcasting career with the BBC.

How did that broadcasting, public-facing side of your career develop?

The answer is a set of accidents, chances and good fortune. Xand, my identical twin, and I auditioned to present a show about children for the BBC called *Operation Ouch*. And 14 years later, we’re still presenting it. We literally applied to present a kids’ show because we thought it would be fun to do together. This led to doing more for broadcasting for adults.

We’re all doing [these different types of communication] to some extent. Whether you’re mainly a clinical consultant doing the odd radio interview or writing the occasional piece, versus spending a quarter of your time [communicating] like me – we all end up doing a bit of it. Particularly as an infection and tropical diseases specialist, my patients are often unable to advocate for themselves. They’re often from low-income settings and very marginalised. It’s important to advocate for our patients, and I do a lot of that with my colleagues at UCLH.

I’ve tried to make my broadcasting, research, advocacy and my clinical work all focus on the same thing: these big structural problems – largely that we don’t regulate

corporations very effectively.

I’m still unsure about how to describe myself when speaking to policymakers, governments and intergovernmental organisations. I want to be regarded as a serious academic, who does good research and generates new knowledge, you know? But I’m also very proud of being a kids’ TV presenter.

In the RCP journal *FHJ* and in *Commentary*, a lot of doctors are going to know me as they have kids who watch *Operation Ouch*. I’m keen to say that, when I’m talking about food policy, this isn’t just my opinion. I’m working with institutions like RCP, WHO, UNICEF and the *BMJ* to try and ask for very well-evidenced changes in the food system.

How did you become interested in ultra-processed foods, and how has this area developed over the last few years?

[It started with] my experiences in low-income countries, watching the food industry displace traditional ways of feeding – particularly for children. Plus, very early on in my broadcasting career, I realised that we were giving people good advice that they were unable to follow. That switched my research into studying ‘the social and commercial determinants of health’; how the structure of our society affects human health and especially how we might regulate corporations more effectively.

Globally, we’ve seen a massive amount of progress. We’ve seen the World Health Organization release a large report on commercial determinants of health last year. It shows that, in northern Europe, fossil fuels, food, alcohol, tobacco and gambling contribute to a large proportion of early deaths.

We’ve seen a growing understanding that the food industry and the tobacco industry aren’t just similar – they were the same industry for a long time. The biggest tobacco companies were also the biggest food companies. There is an understanding now that many ultra-processed food products have more in common with tobacco products than with fruits and vegetables.

In the UK, we are way behind. We don’t have any effective warning labels on our most harmful food, we have very little effective regulation of harmful food with regard to public health. I work with WHO and UNICEF globally, where we’re seeing lots of progress. But in the UK things are very static.

Could you tell me about what inspired the upcoming edition of *FHJ* that is focused on the commercial determinants of health?

We had a tripartite meeting at the RCP last year, between the BMJ, the RCP and WHO. This issue of *FHJ* comes out of that meeting, which was called Dangerous Liaisons. It was a brilliant meeting, with incredible experts who said; 'We see the government partnering with industry, and this helps industry evades regulation.'

The aim was to draw attention to conflicts of interest between industries that affect human health and those who should regulate them. The tobacco industry pioneered this idea about paying doctors and scientists to mislead, or just lie, and massively delay effective regulation. For a long time, we thought that tobacco was a weird industry. But what's clear now is that the model of corrupting science, biasing policymakers and buying influence is used by fossil fuels, pharmaceuticals, gambling, tobacco, infant formula, the food industry, tech etc. [The meeting] was about bringing together experts, from different disciplines, under the RCP / BMJ banner to say that this is a real problem.

The backing of the RCP on that is incredibly important. It's arguably the biggest public health problem in the UK.

It's very hard to get funding [for research on the commercial determinants of health] because, by definition, we can't get funding from industry to study this problem. If you don't do this work extremely carefully, you're very vulnerable to critique because many people make a huge amount of money from these industries.

In this issue of *FHJ*, we've got contributors who have been lobbyists, we've got young people affected by marketing. We've got people running not-for-profit pharmaceutical companies, reflecting on how not having a financial incentive changes what they do.

Then we've got academics who study pharmaceuticals, gambling, tobacco, alcohol and food. All showing the subtle and different ways in which industry co-opts those who might regulate them – both the formal government regulators.

Are there any particular highlights in this issue of *FHJ*?

All the pieces are excellent; they're unusually readable, this is very accessible to the public as it's showing the ways in which industry manipulates us all. And the journal is open access, so everyone can read it.

These are, often quite young, researchers who are exposing really bad behaviour by the biggest companies on Earth and trying to do something about it. Every article is a David and Goliath story; someone trying to tackle enormous corporate power that massively damages public health.

The young people's voice is incredibly important to have in there and it's unusual. We don't often get peer-reviewed academic publications from kids at high school.

That's been really exciting.

The piece about not-for-profit pharma shows that there are other ways of doing business, creating innovation and products, and serving communities that aren't just about making profits and generating investor value.

Then Lord James Bethell, who was a lobbyist for many years, has written the most powerful insider piece of how it works. We have the insider voice saying that the academic analysis is right and we have to do something. It has, in a way, much more power than a bunch of public health academics, who've been saying all this for decades.

What reaction and response are you hoping for from this issue of *FHJ*?

For many years, I've tried to take academic research and turn it into responsible broadcasting that isn't campaigning. We use science to make the argument. We then use those television programmes to generate more evidence and more press coverage. We've been quite successful at turning evidence into programmes, and using that to create more evidence. In a way, this issue is a continuation of that.

Getting the *imprimatur* of the RCP is what changed the tide on smoking. The RCP was a crucial institution in bringing [accountability to the tobacco industry]. To be doing this work on commercial determinants with the RCP – even among a lot of gloom and lack of progress in the UK – it starts to feel as though this is something tangible.

The very clear ask from this issue of *FHJ* is that government regulators must deconflict. You cannot have people advising the Food Standards Agency and advising the Department for Environment, Food and Rural Affairs who are in-house at, or paid by, big food companies.

As you will see in *FHJ*, the extent to which policies are written by the industries that policymakers are intending to regulate is astounding. Industry is in the room when we're writing policy that affects public health around food: they're writing the policy. We did achieve a degree of control with tobacco, so we need to use that template for all of the other industries and get industry money out of the room.

I think everyone who works in these areas understands that we will be doing this work for many, many years – probably until we die. My colleagues in South and Central America have been threatened, there's been violence. This work has to be done in partnership with WHO, the RCP, the *BMJ*; we're trying to bring many people into the room, so that it's not just lone actors taking risks.

How can physicians think about the commercial determinants of health when they are speaking with patients?

When you're in a consultation with a patient who can't lose weight, who's spending money on gambling machines, who's drinking too much alcohol or smoking

too much, it is not because they are a weak-willed person who's lazy or morally inadequate.

It is because the consumer-facing marketing budget of any one of these corporations runs into billions of pounds every year. Our patients' health is perhaps mainly determined by commercial incentives.

There's that very simple clinical reframing. I spend a lot of time saying to patients: 'It is not your fault'. It really isn't. Many *Commentary* readers will themselves be struggling with alcohol, tobacco and food – it's not our fault either. There's a personal element where you can be a little easier on people, understanding that it's a structural problem.

What can physicians take away from this edition of FHJ in their research or their own behaviours?

Many clinicians will advise or work within industry. That's important and great, but the difficulty comes with conflicted individuals. [We all] need to ask advisory boards and guideline committees for drugs, devices or food policy to be conflict free.

There's a lot of important research conducted by the pharmaceutical industry, involving scientists and physicians. Pharma is incredibly well regulated, in some respects, when it comes to research outcomes. That's the kind of model, the regulatory systems that we should be looking at much more carefully with food, gambling and alcohol.

You can't mitigate conflict. You don't get to decide if you're conflicted. If you are paid by an institution whose primary interest is making money, and your primary interest is meant to be caring for patients or improving patient care – you can't serve those two at the same time.

If you are a physician or scientist, you should absolutely be able to advise industry and you should be paid for your time. We need good, effective corporations. You should not then sit on a guideline committee that creates regulatory policy for that industry. We need to severely limit the ability that those corporations have to mark their own homework and to regulate themselves.

It's all very possible. Other countries have done this, with no hit to the economy. None of this is incompatible. This is not an anti-growth, anti-economic agenda. Everything we're proposing is fully compatible with robust vigorous economic growth and innovation.

I get offered a lot of money by the food industry and I turn it down – because I influence food policy as a broadcaster about food. I think all the institutions that affect health policy charities, royal colleges, government regulators, influencers, doctors, academics must deconflict from the industries that harm health.

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