Correspondence

Clean up bullying investigations

We suggest that there should be an approved code of conduct for the investigation and reporting of complaints related to bullying, harassment and discrimination in the scientific workplace. Currently, the processing of such complaints can vary in objectivity and impartiality (see, for example, *Nature* **563**, 304–305; 2018 and *Nature* **563**, 616–618; 2018).

The system needs to be tightened up and transparency improved. Organizations should not be allowed to protect their image — for instance, by shutting down a complaint too quickly. Investigations need to be genuinely independent, not conducted by single individuals from private employment-law firms in the pay of the institution. And tactics must never be used to silence complainants.

In our view, anti-bullying policies will not work until a clear code of conduct is in place to prevent manipulation of the investigation process and to ensure transparent and unbiased reporting to funding institutions (see also *Nature* **557**, 149; 2018).

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Vested interests in unblinded trials

Actions coordinated by patients on social media risk breaching impartial research protocols and unblinding clinical trials (see *Nature* **563**, 312–315; 2018). Clarification is therefore needed on the trade-offs between ethics and knowledge gains in shifting testing standards. Otherwise, drug companies could be tempted to exploit this methodological gap to make candidate treatments look better in tests.

Take the PatientsLikeMe web-based personalized health network, which aims to help people to find new treatments, connect with others and take action to improve their outcomes (see https://www.patientslikeme.com). In an event involving people with motor neuron disease (amyotrophic lateral sclerosis, or ALS), we found that use of the network resulted in a potentially disruptive confluence of interests that could not be resolved safely with alternative test designs (N. Tempini and D. Teira *Econ. Soc.* http://doi.org/czrw; 2019). Patients who inadvertently unblind trials online could weaken testing standards and so open up the market to inferior drugs. And allowing unblinding initiatives to proliferate spontaneously could provide opportunities for the unscrupulous to manipulate or even sabotage experiments.

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Agree on meaning of wilderness

In our view, defining and quantifying the world's remaining wilderness and its values call for more concerted efforts towards consensus. To inform conservation policy, concerned scientists and agencies should look beyond their own criteria, measures and thresholds for identifying 'intact' ecosystems (see J. E. M. Watson *et al. Nature* **563**, 27–30; 2018).

Specifically, a map of valued natural regions should include all wild lands generally judged to be important — such as New Guinea's Foja Mountains (*Nature* **439**, 774; 2006) and the Congo Basin's Cuvette Centrale, with its near-pristine peatlands (G. C. Dargie *et al. Nature* **542**, 86–90; 2017). Otherwise, policymakers might wrongly infer that omitted areas are tainted by human presence and no longer worth protecting.

Conservation is a societal goal, and broad agreement on what is worth conserving is a necessary basis for action. Some might want vast empty spaces; others will want smaller, value-rich ones. If wilderness is to remain broadly inspirational and beneficial, we need an inclusive approach to identifying and promoting the requisite goals and actions.

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Manufacturers must make data accessible

The UK Biobank database contains health data from more than half a million people. It is an invaluable resource for understanding diseases and developing predictive machine-learning algorithms (see also *Nature* **562**, 163–164; 2018). In our experience, however, proprietary data formats by manufacturers of medical equipment are obstructing the sharing of clinical data.

In ophthalmology, for example, the Eye and Vision consortium has collected data for more than 100,000 individuals from the UK Biobank data set — one of the largest annotated data sets available. Unfortunately, a key data modality — from optical coherence tomography (OCT) — is inaccessible. It is present only in a proprietary format that is defined by the manufacturer of the OCT machine.

We obtained approval to develop new machine-learning algorithms for age-related macular degeneration, only to find that the OCT data could not be read without the manufacturer's commercial software suite. This does not allow bulk processing. Moreover, the data cannot be read using analytics languages such as Python or R.

Manufacturers must fall in line with open-data obligations if they are not to jeopardize the design of future cohort studies.

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Avoid surgical brain contamination

In their paper on the likely transmission of potentially harmful amyloid-β protein aggregates to people given human pituitary growth hormone, Silvia Purro and colleagues close with a plea to improve methods for removing such contaminants from surgical instruments (*Nature* **564**, 415–419; 2018).

In Germany, precautionary measures to reduce unrecognized risks from protein 'seeds' are already recommended. Guidelines from the Commission for Hospital Hygiene and Infection Prevention highlight the importance of removing protein contaminations and of at least partially inactivating prions on surgical instruments (see go.nature.com/2vjyysf).

This approach can also protect against the accidental transfer of amyloid-β protein seeds (see, for example, M. Beekes and A. Thomzig *Nature* **531**, 580; 2016). It could therefore be applied to all instruments at risk of such contamination, not just those used in brain surgery.

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