

## Editorials

# Fighting about conflict of interest:

where should the balance lie?

### A SURPRISING BATTLE

You never know what will start a battle. However, you do not expect food fights between elderly aunts at the village teashop — one looks on in puzzled embarrassment. For doctors the relationship between medicine and the pharmaceutical industry seems hard to discuss in polite company and last summer saw a remarkable spat between two venerable journals, the *New England Journal of Medicine* (NEJM) and the *British Medical Journal* (BMJ).

The NEJM is well known for 30 years of leadership in defining, declaring, and limiting the possible effects of conflicts of interest (COI) in medicine. It was therefore surprising in May to see a series of three discussion articles in the NEJM by one of the journal's national correspondents, Lisa Rosenbaum, supported by the editor-in-chief, Jeffrey Drazen. They question whether we are now too paranoid about COI, and whether we are succumbing to 'moral outrage' rather than reason.<sup>1-4</sup> Many found the suggestion that the well-recognised barriers between pharma and academia should be weakened or even partly abandoned to be frankly astonishing. The language was also surprising, referring to widespread COI concerns as a 'contagion', and a 'moral outrage campaign'.

Perhaps most remarkably, two previous editors-in-chief of the NEJM together with a former deputy editor then used the platform of the BMJ (itself a notable campaigner against the risk of pharma-sponsored bias) to publish a strong attack on their erstwhile NEJM colleagues in an essay entitled 'Justifying conflicts of interest in medical journals: a very bad idea'.<sup>5</sup> Steinbrook and colleagues refer to the original articles as 'rambling' and state:

*'We find it sad that the medical journal that first called attention to the problem of financial conflicts of interest among physicians would now backtrack so dramatically and indulge in personal attacks on those who disagree.'*

### ARGUMENT OR POLEMIC?

Many doctors are certain that promotional material will not influence their practice. Many other doctors cite hard evidence that it does.<sup>6</sup> Why else would promotional money be spent? Many of us feel caught

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in the middle, puzzled by such un-aunt like behaviour. Part of the difficulty is that both sides are tempted by polemic. Rosenbaum is not suggesting that we should have no concern for bias. However, she is suggesting that our concern for bias is exaggerated, or at least overvalued. Steinbrook and colleagues however make the telling point that the existing rules:

*'... do not assume that most physicians or researchers let financial gain influence their judgment. They assume only that it is often difficult if not impossible to distinguish cases in which financial gain does have improper influence from those in which it does not.'*<sup>7</sup>

The fight did not go unnoticed. The BMJ essay was supported in an editorial by Loder and colleagues who are 'deeply troubled by a possible retreat' from strong protection against COI, citing 'recognition of extensive, systematic problems' that are 'far from solved'.<sup>8</sup> There has been much subsequent discussion, for example, by Margaret McCartney who points to 'rich pickings for the drug industry' and Richard Lehman who 'wondered if it might be some kind of elaborate joke ... the NEJM has shot itself in the foot'.<sup>9,10</sup> Even Richard Horton, editor-in-chief of *The Lancet*, sought to mediate between the warring factions.<sup>11</sup>

So where does this leave the puzzled practitioner? Rosenbaum gives a clue as

to why it's a fight rather than a debate. She quotes Haidt:

*'[Moral reasoning] is not "reasoning in search of truth", but rather "reasoning in support of our emotional reactions".'*<sup>12</sup>

This of course echoes David Hume's view that 'reason is, and ought only to be the slave of the passions, and can never pretend to any other office than to serve and obey them'.<sup>13</sup> This is a much misunderstood claim, relevant to the context of this fight. We all tend to see the world from our own perspectives. As Richard Asher observed:

*'Ideas are much easier to believe if they are comforting ... Just as we swallow food because we like it not because of its nutritional content, so do we swallow ideas because we like them and not because of their rational content.'*<sup>14</sup>

This does not have to lead us to unbridled moral relativism. It alerts us to take care of our own cognitive bias — the tendency to trust observations that back up, rather than challenge, our existing beliefs.

### ROOTS OF CONFLICT

But there is a more important clue. Medicine is a profession. Our duty is to our patients. Pharma is an industry. Depending on your economic philosophy, its duty is at worst solely to its shareholders, at best

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to its stakeholders, which would include shareholders, workers, patients, and the community. There is thus a fundamental difference in where duties lie. We may be on the same planet but we are on different paths. This difference cannot be bridged but must be navigated. Guidelines and codes of practice will provide a helpful map, but they should never be mistaken for a marriage certificate. We should not mistake business ethics for medical ethics. Both are needed but they address different domains.

Does this mean then that medicine and pharma must be at war? Not at all. We should live with respect for our neighbours. But we need to understand that a business culture is not a medical culture. Sure, they overlap — medicine must manage its resources in a business-like manner. And we rely on pharma for our quotidian dose of miracles. But the fundamental objectives are different. Industries make consumers, and the ambition of industry is for the consumer to need more, to buy more, and for the industry to grow more. When Bevan set up the NHS he believed that the need for health care would get less as doctors cured the nation's illnesses. His view proved naïve, but his heart was in the right place! Not only is our duty the good of

the patient but our ambition should also be the health of our patient.

The fight between the *NEJM* and the *BMJ* should prompt us to examine our own practice, our own values. The GMC's requirement is to '*make the care of your patient your first concern*'. This is a good rule, though at times a very hard one. Our challenge as doctors is to make this a reflection of our own values, not just an external rule. We know this is difficult, but that is why we are professionals, because we seek something better than plain commerce. We can respect our neighbours, but we live in a different family. We should keep our boundaries clear. As Robert Frost said, '*Good fences make good neighbours*'.<sup>15</sup>

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