

## **IOM Committee on Conflicts of Interest in Medical, Research, Education and Practice.**

Committee member statements on issue prior to being assigned to the committee:

**Bernard Lo, MD, Chair**, UCSF medical ethicist, wrote in *The New England Journal of Medicine* in 2000 (“Conflict of interest policies for investigators in clinical trials” volume 343, pp 1617-1620):

“We suggest that university-based investigators and research staff be prohibited from holding stock, stock options, or decision-making positions in a company that may reasonably appear to be affected by the results of their clinical research.”

**Lisa Bero, PhD, Professor of Clinical Pharmacy at UCSF**. Originally an anti-tobacco activist, she is an extensively published and outspoken opponent of industry and an advocate for severe conflict of interest regulations. She is the “conflict of interest officer” for UCSF and was cited in *Nature* (volume 448, pp 394-395) as vehemently opposed to the University of California Academic Senate’s rejection of proposed conflict of interest regulations reflective of her views. In other publications she has recommended indoctrination of faculty concerning conflict of interest avoidance and chided journalists for failing to cite conflicts of interest in press articles.

**Eric Campbell, PhD**. Of Massachusetts General Hospital has based his career on studies purporting to show that “geneticists” with ties to industry are less willing to respond to requests to share data and reagents than “non-geneticists” without such ties. However, the non-sharers with ties have more NIH support than the sharers without them. More recently, his primary activity has been to report repeated surveys summarizing financial relationships between physicians and industry based on the assumption that these relationships are problematic. His mentor and supervisor is David Blumenthal, a Trustee of the Macy Foundation that underwrote the IOM Committee effort and has publicly advocated elimination of all corporate subsidy of CME.

**Timothy S Jost, JD**, Professor at Washington and Lee Law School and author of “The American right-wing policy agenda,” (*Health Economics, Policy and Law* 2: 233-239, 2007).

**Robert P Kelch, MD**, Michigan Health System wrote in an article “Maintaining the public trust in clinical research in *The New England Journal of Medicine* (volume 346, pp 285-287):

“One cannot work simultaneously as an inventor-entrepreneur and a physician or other health care provider and maintain the trust of patients and the public.”

**George Lowenstein, PhD**, Professor of psychology at Carnegie Mellon University and in the vanguard of the “social science research” that concludes physicians, contrary to their beliefs, do not know when they are being manipulated by sales techniques. The

Summary of an October 2007 AAMC symposium on “The scientific basis of influence and reciprocity”, states that Loewenstein “stressed the following conclusions (pp. 23-24):”

“Conflicts of interest will inevitably bias physician behavior, however honorable and well-intentioned specific physicians may be. Bias may distort their choices, or they may look for and unconsciously emphasize data that support their personal interests.

The only viable remedy is to eliminate conflicts of interest whenever possible – e.g. eliminate gifts from pharmaceutical companies to physicians. This should include gifts of any size, because even small gifts can result in unconscious bias.

There is a growing crisis of trust in medicine, but on the whole, physicians are still highly trusted and respected. This trust and respect cannot be taken for granted. Once lost, it is far more difficult to restore trust than to maintain it.

Dr Lowenstein proposed that it might make better sense and minimize conflicts of interest for physicians if they were also paid fixed salaries with yearly performance reviews...medicine should move toward this system.”

**Dennis Thompson, PhD**, emeritus professor of ethics at Harvard’s Kennedy School who published “Understanding financial conflicts of interest” in The New England Journal of Medicine in 1993 (volume 329, pp 573-576). In that publication he promotes the first creeping definition of conflict of interest (what a “reasonable person” might consider inappropriate rather than simply a conflict), declares benign results of actions insufficient to waive regulations and makes assertions concerning adverse choices concerning research topics that have not been born out in fact. He imperially dismisses the objections of the at the time only person, Kenneth Rothman, to speak out against conflict of interest as the “New McCarthyism in science,” (JAMA volume 269, pp 2782-2784), and he was supportive of the appearance standard:

“Why not simply judge professional decisions by their results? One reason is that many treatment or referral decisions are never reviewed by anyone other than the physicians directly involved. Neither is the market an adequate test of results; it provides only limited protection against the harmful effects of conflicts of interest. In the conduct of research, peer review of results offers greater protection. But the objectivity of a particular piece of research is not the only concern, as many commentators suppose it is. The more far-reaching issue, which peer review does not normally address, is the choice of topics and the direction of research -- for example, the tendency of industry-sponsored researchers to put more emphasis on commercially useful research than basic research. Nor do conflict-of-interest rules encourage one to ‘focus attention on the circumstances of the writer rather than on the substance of the writing and thereby stifle objectivity (Rothman).’ There is no reason that one cannot consider both the circumstances and the substance. Furthermore, the point of the rules is to eliminate or reduce certain kinds of circumstances so that the scholar can concentrate on substance.

The second purpose of conflict-of-interest rules depends even less on the assumption that physicians neglect patients or researchers produce biased results because of the influence of financial gain. That purpose is to maintain confidence in professional judgment. The aim is to minimize conditions that would cause reasonable persons (patients, colleagues, and citizens) to believe that professional judgment has been improperly influenced, whether or not it has.”

In this article Thompson genuflects warmly to the writings of Relman, Kassirer and other conflict of interest critics.