

# Conflict of interest is not just about advising pharmaceutical companies

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Readers of the *Journal of Psychopharmacology* will already know that we have adopted a disclosure policy for authors within the last year, following a related change in the policy of the British Association of Psychopharmacology (BAP) for members of Council. We are glad that we did. Disclosure is strongly preferable to concealment.

When we drafted the BAP disclosure guidelines, we included conflicts of interest that might result from relationships to a voluntary organization, a charity, a law firm, a department of government, an investment company or any other formally constituted body with interests in the field of psychopharmacology. In other words, we sought to alert members to relationships, which were not invariably the result of scientific or educational cooperation with the pharmaceutical industry.

Richard Horton, the editor of *The Lancet*, recently announced that just such a conflict of interest existed in relation to Dr Andrew Wakefield's initial publication on a syndrome of bowel disease and autism tentatively linked to the MMR vaccine (Horton, 2004). It will be recalled that his work has led to a media fuelled 'controversy' and, in practice, falling immunization rates that make a lethal epidemic of measles increasingly likely. Horton went on to state:

We regret that aspects of funding for parallel and related work and the existence of ongoing litigation that had been known during clinical evaluation of the children reported in the 1998 *Lancet* paper were not disclosed to editors. We also regret that the overlap between children in the *Lancet* paper and in the Legal Aid Board funded pilot project was not revealed to us. We judge that all this information would have been material to our decision-making about the paper's suitability, credibility, and validity for publication.

The issue here is primarily independence. It is usually assumed that it is only industry and those clinicians who work cooperatively with industry who have a problem in this respect. For example, any statement of my own opinion in relation to the use of a medicine for clinical practice is now accompanied by a lengthy statement of the companies I have either advised or given talks for in industry supported symposia over the years. I have no personal problem with that, nor should anyone else in a similar position. Unfortunately, the maverick opinion is much more likely to be described as independent and without conflict of interest.

I hope *The Lancet* case marks a new phase in the uncritical lionization of self-appointed whistle blowers who 'courageously' and preferably single-handedly 'take on the establishment'. A swooning article in the *Telegraph* Magazine on 8 June 2002 is by no means untypical of the genre. It gives an account of a visit to Dr Wakefield's household, featuring 'a likeable, lively family, the kind you would be happy to have as friends'. The author describes Dr Wakefield as 'a handsome, glossy-haired charismatic hero' who is pitted against mysterious forces who have planted bugging devices and have stolen patients' records in 'apparently inexplicable' burglaries. A Hollywood depiction of Dr Wakefield's heroic struggle is fervently anticipated, with Russell Crowe playing the lead 'opposite Julia Roberts as a feisty single mother fighting for justice for her child'.

The idea that Dr Wakefield might have a conflict of interest because of legal work he undertakes on behalf of litigants sounds an echo in relation to other classes of medicines. The Seroxat Users website, for example, is prominently linked to that of Hugh James solicitors. Their blurb leaves little doubt as to their priorities:

Hugh James' Group Action Team has been hugely successful and has built a reputation that is second to none over the last five years. The team has gained victory in such high profile cases as the 1998 British Coal Respiratory Illness Compensation Case where we represented five of the lead claimants and established liability for over 100 000 mineworkers at a cost of an estimated one billion pounds to the Department of Trade and Industry. We also made a significant contribution to the victory against British Coal for claims by sufferers of Vibration White Finger which has led to vast numbers receiving compensation.

The involvement of lawyers could suggest that the clients they support may have more at stake than the public interest. Furthermore, the doctors or other experts who act as their expert witnesses, researchers or advisors can certainly make money at a substantial hourly rate.

Charles Medawar is a particularly vocal lay critic of the use of antidepressants and the need for a special independence in the regulation of medicines. The following is extracted from the preface to his book *Medicines out of Control? Antidepressants and the Conspiracy of Goodwill* (Medawar and Hardon, 2004):

Commercial sponsorship both sustained and undermined the reputation

and independence of political, professional and academic institutions, drug regulatory systems, even patient organizations and the World Health Organization. Through relentless lobbying, marketing, promises and threats, the Pharmas came to excel in letting others get their own way (sic).

He goes on to depict a picture of total corruption brought about by the pharmaceutical industry. He is the sole executive of a consumer organization called Social Audit. In the book's preface, his dependence (a pun is intended in view of the thesis of the book) is acknowledged primarily to the Joseph Roundtree Trust. However, Social Audit's web site (<http://www.socialaudit.org.uk/>) goes a little further:

Its (Social Audit's) work has been funded mainly by sale of publications, also through consultancy work in legally aided drug injury litigation. We have undertaken generic research for solicitors acting for plaintiffs in a number of major cases, including those involving Opren/Oraflex (benoxaprofen); Factor VIII and other blood products contaminated by HIV; and dependence-related problems with benzodiazepine tranquillizers.

What claim to a special independence do lawyers or individuals working for or as single issue pressure groups have, exactly? Their *raison d'être* is to seek out controversy and conflict that has the potential directly to sustain and reward them. Why should their potential conflict of interest be treated more leniently than a clinician, such as myself, who has an interest in pharmacology and is sometimes paid to give advice to companies about their products?

The lesson is two-fold. First, we have to insist that all conflicts of interest are declared when individuals make market-sensitive statements. Furthermore, the interests need to be comprehensive. The more comprehensive we are, the less it will seem that some have many and others have none. Furthermore, the grotesque cultural relativism that makes my conflict of interest a vice and yours a virtue must wither and disappear. Unfortunately, in relation

to the pharmaceutical industry, this bias is like a fever that has yet to run its course.

Second, let us try and clean up our public discourse: it should not revolve around the destruction of opposing argument by any means available (personal discredit preferred), the invention of tangential versions of what medicines do or do not do and the pandering to what journalists most like to print. Reliable knowledge is all that science is – and that is what scientific journals seek to establish. Conflict of interest neither establishes nor destroys reliable knowledge. Only a rigorous methodology, sensible questions and accurate observation can do so.

So what of *The Lancet's* criticism of Dr Wakefield? In fact, the work that *The Lancet* chose to publish was not actually invalidated by his conflict of interest, despite the editor's bluster. The evidence is that it was preliminary and drew premature conclusions, which were probably wrong. In other words, the science was such that it should not have been published in so high impact a journal. With hindsight, the editor clearly regrets it was. *The Lancet* can pick and choose, however, so what made the difference? Does the editor of *The Lancet* perhaps also have a competing interest? He plays, after all, on the borderline between journalism and scientific publishing. Both are potentially highly profitable. Did it not seem like a very good story, likely to generate a lot of interest, likely to bolster his position as editor of a cutting edge journal?

We can forgive him that: in a better future, should we not simply place a higher premium on seeking the truth?

## References

- Horton R (2004) A statement by the editors of *The Lancet*. *Lancet* 363: 820–821
- Medawar C, Hardon A (2004) *Medicines out of control? Antidepressants and the conspiracy of goodwill*. Aksant Academic Publishers, Amsterdam