

# Are commercial conflicts of interests justifiable in medical journals?

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A group of former senior editors, writing in *The BMJ* today, criticise a "seriously flawed and inflammatory attack" by *The New England Journal of Medicine* (*NEJM*) on what that journal believes have become overly stringent policies on conflicts of interest.

The *NEJM* was the first major medical journal to introduce [conflict of interest](#) policies in 1984. It required all authors to disclose any financial ties to health industries and made conflict of interests more transparent.

But recently the *NEJM* published a series of commentaries and an editorial that attempt to justify and rationalise financial conflicts of interests in medicine, and assert that there are negative consequences of such policies.

The articles by national correspondent, Lisa Rosenbaum, and supported by editor in chief, Jeffrey Drazen, "reinterpret and downplay the importance of [conflicts of interest](#) in medicine" and do not provide evidence to back claims, argue former senior editors from the *NEJM*.

They explain that the key concerns for medical journals are not about doctors and researchers being bought by drug companies, or being motivated by a desire for financial gain.

Rather the essential issue is that the objectivity of authors with financial conflicts of interest "might be compromised, either consciously or unconsciously and there would be no easy way to know whether it had been."

They explain that judges and journalists, for example, are expected to stay away from cases or stories in which they have a financial conflict of interest.

"Yet Rosenbaum and Drazen seem to think it is insulting to physicians and medical researchers to suggest that their judgment can be affected in the same way," they add.

The authors acknowledge that doctors and researchers sometimes have [financial ties](#) with industry for research and consulting specifically

related to research, but argue that physicians who develop products and hold patents or receive royalties should not evaluate the products they develop.

Financial conflicts of interest have eroded the credibility of the medical profession, and doctors and the public expect journals to be trustworthy, they explain.

In addition, they commend The BMJ's introduction of a "zero tolerance" policy on educational articles by authors with any industry ties.

In an accompanying editorial, a group of senior editors at The BMJ also respond to *NEJM*'s articles, saying that they are "deeply troubled by a possible retreat from policies that prevent experts with relevant commercial ties from authoring commentary or review articles."

Such policies were not motivated by a few events, as Drazen suggests, but by recognition of extensive, systemic problems, they add, and argue for a separation between doctors working with industry to develop treatments and those who can assess medical evidence without any conflict of interest.

While they agree that experts with industry funding may be able to express independent views, journal readers and editors do not have a reliable way to see which thoughts might be influenced. "Bias is not always overt or easily detected," they explain.

They conclude: "It is a mistake by *NEJM* to suggest that rigorous standards should be revisited. To do so would undermine the trustworthiness of [medical journals](#) and be a disservice to clinical practice and patient safety."

**More information:** Justifying Conflicts of Interest in Medical

Journals: A Very Bad Idea, The *BMJ*,  
[www.bmj.com/cgi/doi/10.1136/bmj.h2942](http://www.bmj.com/cgi/doi/10.1136/bmj.h2942)

Revisiting the Commercial-Academic Interface in Medical Journals, The  
*BMJ*, [www.bmj.com/cgi/doi/10.1136/bmj.h2957](http://www.bmj.com/cgi/doi/10.1136/bmj.h2957)

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