

CONFLICT OF INTEREST IN MEDICAL RESEARCH, EDUCATION, AND PRACTICE

Bernard Lo and Marilyn J. Field, *Editors*

Committee on Conflict of Interest in
Medical Research, Education, and Practice

Board on Health Sciences Policy

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

¿Qué es el conflicto de intereses?

«Los conflictos de intereses se definen como las circunstancias que crean el riesgo de que el juicio profesional o las acciones en relación con un interés primario puedan estar indebidamente influidos por un interés secundario»

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Institute of Medicine, 2009

¿Qué es el conflicto de intereses?

Qué se considera influencia indebida es una cuestión de juicio, no cuantificable, cuya valoración depende del contexto y debe llevarse a cabo con criterios explícitos y argumentos claros.

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¿Qué es el conflicto de intereses?

La medicina —y la ciencia— es una empresa social que descansa, en gran parte, en la confianza que le deposita la sociedad.

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Target Article

Clarifying Conflict of Interest

Howard Brody, University of Texas Medical Branch

Erde's further analysis then suggests that a conflict of interest exists in medicine when the following conditions have all been met:

1. The physician has a duty to advocate for the interests of the patient (or public).
2. The physician is also subject to other interests—her or his own, or those of a third party.
3. The physician becomes a party to certain social arrangements.
4. Those arrangements, as viewed by a reasonable onlooker, would tempt a person of normal human psychology to neglect the patient's/public's interests in favor of the physician's (or third party's).

Consecuencias de los conflictos de intereses

- Los conflictos de intereses amenazan
 - la integridad de las investigaciones científicas
 - la objetividad de la educación profesional
 - la calidad de la asistencia sanitaria
 - la confianza de la sociedad en la medicina y en la ciencia

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Relaciones estrechas entre la industria y los médicos, investigadores y educadores

■ Ejemplos:

- Regalos de las compañías farmacéuticas a los médicos
- Visitadores médicos y regalo de muestras
- La industria financia la mayor parte de la investigación biomédica
- Muchos médicos e investigadores reciben apoyo de las compañías farmacéuticas para la investigación
- Muchos médicos proporcionan servicios científicos, educativos y de propaganda a las compañías; algunos están en sus consejos de administración
- Buena parte de los fondos para la educación médica provienen de la industria farmacéutica

Ejemplo 1: El caso de la diana de hemoglobina en el tratamiento de la anemia en la enfermedad renal crónica

- Cuando aparecieron los agentes estimulantes de la eritropoyetina, se abrió la perspectiva de poder controlar la anemia de los pacientes con enfermedad renal crónica avanzada.
- Con el tiempo, tras varios estudios observacionales, se difundió la idea de que cuanto más intenso fuera el tratamiento de la anemia con eritropoyetina mejor para el paciente.
- Las guías de práctica clínica de la Kidney Disease Outcomes Quality Initiative (KDIGO), de la National Kidney Foundation de EE. UU., fueron elevando progresivamente la diana de hemoglobina para el tratamiento, de 11-12 g/dl en 2000 a 12-13 g/dl en las guías de 2006, a pesar de que no había evidencia que lo apoyara.
- Para la redacción de esta guía, los autores no tuvieron en cuenta los dos últimos ensayos, CHOIR y CREATE, por no haberse publicado todavía, aunque los redactores sí conocían sus resultados.
- Un metanálisis publicado posteriormente, en 2007, pero con datos ya existentes cuando se publicó la guía, mostraba un aumento de la mortalidad con dianas de hemoglobina mayores.

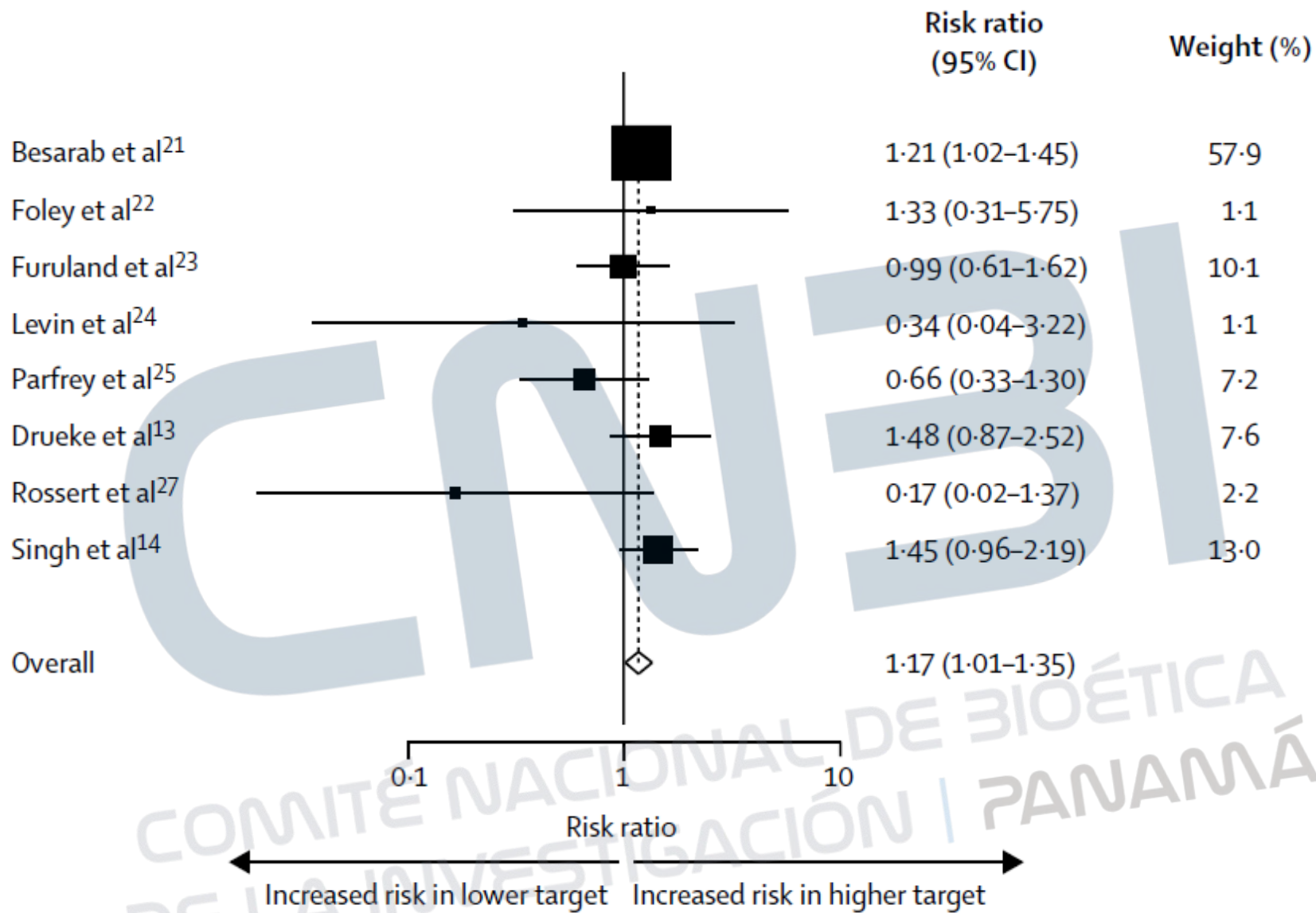


Figure 2: Risk of all-cause mortality in the higher haemoglobin target group compared with the lower haemoglobin target group (fixed effects analysis)

The Roger et al trial²⁶ is not reported because there were no deaths in either group.

Phrommintikul et al. Mortality and target haemoglobin concentrations in anaemic patients with chronic kidney disease treated with erythropoietin: a meta-analysis. Lancet 2007;369:381-8

Ejemplo 1: El caso de la diana de hemoglobina en el tratamiento de la anemia en la enfermedad renal crónica

- Poco después de su publicación, se pusieron de manifiesto varios conflictos de intereses en la redacción de la guía:
 - la National Kidney Foundation recibió el 57% de sus ingresos de compañías privadas. De ellas, Amgen y Ortho Biotech, que comercializan versiones de agentes estimulantes de la eritropoyetina, aportaron el 39% del total. En particular, Amgen financió la guía de la anemia.
 - De los 18 miembros redactores de la guía, dos tercios — incluyendo los dos copresidentes y el vicepresidente— declararon poseer algún tipo de lazo financiero con compañías fabricantes o vendedoras de agentes estimulantes de la eritropoyetina, ya sea como consultores, como receptores de becas de investigación o como conferenciantes.

García López F y Saracho R. Cifras diana de hemoglobina en la insuficiencia renal crónica: evidencia y guías de práctica clínica. Nefrología 2007;27:60-4.

Ejemplo 2: Pandemia de gripe A H1N1 2009

- Cuando las primeras informaciones de casos provinieron de México, se extendió por todo el mundo la idea de que esa pandemia de gripe podría ser muy letal y, quizá, alcanzar las dimensiones de otras pandemias con mortalidad masiva, como la de la llamada «gripe española» de 1918.
- El 11 de junio de 2009, la OMS declaró el estado de pandemia en fase 6, el grado máximo posible. Al hacer la declaración de pandemia, la OMS recomendaba tratamiento de los casos con los antivirales oseltamivir (Tamiflu) y zanamivir (Relenza) y la vacunación masiva de la población.
- Muchos países compraron cantidades enormes de antivirales y de vacunas con cargo a los presupuestos públicos de sanidad.
- Al final, la pandemia resultó ser muy benigna y muchos de los medicamentos comprados y almacenados no se llegaron a utilizar.
- Una investigación posterior reveló que muchos de los expertos que asesoraron a la OMS presentaban conflictos de intereses no declarados con las compañías fabricantes de los antivirales y de las vacunas.
- También se supo que la directora general de la OMS, la Dra. Margaret Chan, recibió el asesoramiento de un comité cuya composición fue secreta, incluso para otros asesores de la OMS que participaron en el proceso. Y en los preparativos que la OMS había hecho en los 10 años anteriores había colaborado estrechamente con el European Scientific Working Group on Influenza (ESWI), que es un grupo de expertos financiado al 100% por la industria farmacéutica, entre otras por las compañías que proveen los antivirales y que actúa como grupo de presión a su favor.
- Por último, la supuesta eficacia de los antivirales no era tal, pues la evidencia a su favor era muy escasa en aquel momento. Posteriormente, en una revisión sistemática Cochrane del oseltamivir solo se pudo encontrar una reducción leve en el tiempo de duración de los síntomas pero no en la frecuencia de complicaciones.

Ejemplo 3: Guías estadounidenses de 2013 para la evaluación del riesgo cardiovascular

(The American College of Cardiology/American Heart Association)

- Estas guías incluyen medidas para el tratamiento de la hipercolesterolemia.
- De los 15 miembros del comité que redactó las guías, 8, incluyendo el presidente y dos copresidentes, tenían vínculos de algún tipo con compañías farmacéuticas que comercializaban medicamentos para bajar el colesterol en sangre.
- Algunos de estos miembros rompieron los lazos con la industria durante la redacción de las guías y se comprometieron a no mantener nuevos vínculos durante los dos años posteriores a su publicación.
- Los miembros que tenían relaciones con la industria no las revelaron en el momento de constitución del comité, esas relaciones se desvelaron como fruto de la investigación de una revista médica.
- Estas guías proponen un uso masivo de estatinas como prevención primaria de la enfermedad cardiovascular, cuando el riesgo estimado de enfermedad cardiovascular sobrepasa cierto porcentaje —más del 7,5% estimado en un plazo de 10 años—. Esto afectaría a miles de millones de personas en todo el mundo.
- La presencia de estos vínculos con la industria pudo haber exagerado el papel de las medidas farmacológicas de prevención primaria en detrimento de otro tipo de medidas no farmacológicas.

Pharmascolds vs pharmapologists

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MEDICINE AND SOCIETY

CONFLICTS OF INTEREST — PART 1
Debra Malina, Ph.D., Editor

Reconnecting the Dots — Reinterpreting Industry–Physician Relations

Lisa Rosenbaum, M.D.

In November 2013, shortly after the release of controversial new cholesterol guidelines that expanded the target statin therapy, I ran work on eliminating “Can you believe th Then he added, shaki are all in bed with th It’s a marketing sche statins.”

He was not alone i *York Times* op-ed, for e another physician a that making more p therapy would “bene dustry more than any ing statins for prim from a medical journ had coauthored emp side effects.² This fr exaggerated, necessari journal.² Yet no one w alists’ credibility in tl editorialists challeng guideline writers: “Th to have important me by doctors and sciei confidently rely to n influence, conscious dustries that stand to

One could argue t know that statins ar drugs we have to pre and that the commi viewing the evidenc who would benefit m mittee members had industry, mostly in th or consulting fees.³

seem reasonable to conclude that their recom mendations were motivated by a desire for finan

MEDICINE AND SOCIETY

CONFLICTS OF INTEREST — PART 3
Debra Malina, Ph.D., Editor

Beyond Moral Outrage — Weighing the Trade-Offs of COI Regulation

Lisa Rosenbaum, M.D.

Although I probably couldn’t have explained its rationale, I never questioned the anti-pharma animus that pervaded my medical education. The message I received from certain outspoken classmates and fellow trainees was that interacting with pharmaceutical reps was simply wrong. Being caught with a pharma-sponsored sandwich was like being seen throwing compostable items into the garbage: people glared. Being a pharماسold conferred the do-gooder sheen many of us coveted.

I suspect my experience was not unique. Indeed, the American Medical School Student Association (AMSA) now grades medical schools on their creation of a “pharma-free” environment, issuing annual report cards on conflict-of-inter-

In 1980, the *Journal’s* editor Arnold Relman wrote an editorial entitled, “The New Medical-Industrial Complex.”¹ Although it’s hard to pinpoint the moment when a culture forever changed, the

This application of language associated with rape and child abuse to the circumstances of education about effective drugs reveals a feature of the conflict-of-interest movement that has fed its contagion and rendered it virtually unassailable: it casts industry interactions as a moral issue. Once moral intuitions enter the picture, the need to rationally weigh trade-offs is often eclipsed by unexamined convictions about right and wrong. And as psychologist Philip Tetlock told me, “Once a moral outrage campaign gets going, it’s hard to stop. People start competing to be virtuous.”

drug and device companies publicly disclose all physician payments over \$10, is the ultimate act of closer attention.

Lisa Rosenbaum, M.D.

As for “careful study,” however, we still lack an to guide effective conflict manage- th everyone agrees that patients’ ot be compromised by physicians’ icial gain, the extent to which phy- y and secondary interests actually what circumstances, and at what wn. Equally unclear are the bene- of regulations aimed at exposing these conflicts. The IOM’s 2009 rect-of-interest policies recognized is, noting that “on many topics re- ts of interest, no systematic stud- le. For other topics, data are sug- han definitive.”³

EMPIRICAL GAP

It may be worse than no data at all. g evidence of industry influence providing us with well-publicized ome 94% of physicians have rela- industry, though these interactions volve activities such as receiving or food in the workplace.⁴ Physi- test a drug for hospital formulary than other physicians to have had interactions.⁵ Industry-sponsored ore likely than government-spon- have positive results.⁶ Physicians nposia funded by pharmaceutical srequently prescribe the featured gher rate.⁷ All these associations lid. But they don’t answer the key ny of these interactions, or efforts , beneficial or harmful to patients? on how you define harm. Consider l “gifting,” a practice that smacks

SACRED VALUES AND INVENTED HARM



FEATURE

ESSAY

Justifying conflicts of interest in medical journals: a very bad idea

A series of articles in the *New England Journal of Medicine* has questioned whether the conflict of interest movement has gone too far in its campaign to stop the drug industry influencing the medical profession. Here, three former senior *NEJM* editors respond with dismay

Robert Steinbrook *professor adjunct of internal medicine*¹, Jerome P Kassirer *distinguished professor*², Marcia Angell *senior lecturer on social medicine*³

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A seriously flawed and inflammatory attack on conflict of interest policies and regulations appeared recently in a most unexpected location: the venerable and trusted *New England Journal of Medicine* (*NEJM*). In a series of rambling articles, one of the journal's national correspondents, Lisa Rosenbaum, supported by the editor in chief, Jeffrey Drazen, tried to rationalise financial conflicts of interest in the medical profession.¹⁻⁴ As former senior editors of the *NEJM*, 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.

Physicians and the public rely on journals as unbiased and independent sources of information and to provide leadership to improve trust in medicine and the medical literature. Yet financial conflicts of interest have repeatedly eroded the credibility of both the medical profession and journals.⁵⁻⁶ As the Institute of Medicine explained in its 2009 report, a conflict of interest is "a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest." The key issue is that "a conflict of interest exists whether or not a particular individual or institution is actually influenced by the secondary interest."⁷ The report drew heavily on a 1993 *NEJM* article by Dennis Thompson, not cited by Rosenbaum, which made clear that the 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."⁸

The *NEJM* has now sought to reinterpret and downplay the importance of conflicts of interest in medicine by publishing

articles that show little understanding of the meaning of the term. The concern is not whether physicians and researchers who receive industry money have been bought by the drug companies, as Drazen writes,⁴ or whether members of guideline panels or advisory committees to the US Food and Drug Administration with ties to industry make recommendations that are motivated by a desire for financial gain, as Rosenbaum writes.^{1,3} The essential issue is that it is impossible for editors and readers to know one way or the other.^{6,7}

Judges are expected to recuse themselves from hearing a case in which there are concerns that they could benefit financially from the outcome. Journalists are expected not to write stories on topics in which they have a financial conflict of interest. The problem, obviously, is that their objectivity might be compromised, either consciously or unconsciously, and there would be no easy way to know whether it had been. 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. Doctors might wish it were otherwise, but none of us is immune to human nature.

Straw men

Rosenbaum's language is colorful, but her arguments for the purported harms of conflict of interest policies and regulations are fanciful and data-free. No one is proposing that "we prevent the dissemination of expertise, thwart productive collaborations, or dissuade patients from taking effective drugs," or allow "true experts to be replaced—on advisory panels, as authors of reviews and commentaries, in other capacities of authority—by people whose key asset is being conflict-free."⁹ Where is the evidence of "a loud chorus of shaming,"¹² or "a stifling of honest discourse,"¹² or that "the license to trample the credibility of

Argumentos de los contrarios a los conflictos de intereses

1. Presunción de culpabilidad
2. Se impide la colaboración fructífera con la industria
3. Sin pruebas del daño ocasionado por los conflictos
4. Deben sustituirse por un análisis beneficio-riesgo
5. Ubicuidad de los conflictos de intereses

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Adaptación de Brody H. Clarifying conflict of interest. Am J Bioethics 2011;11:23-8.

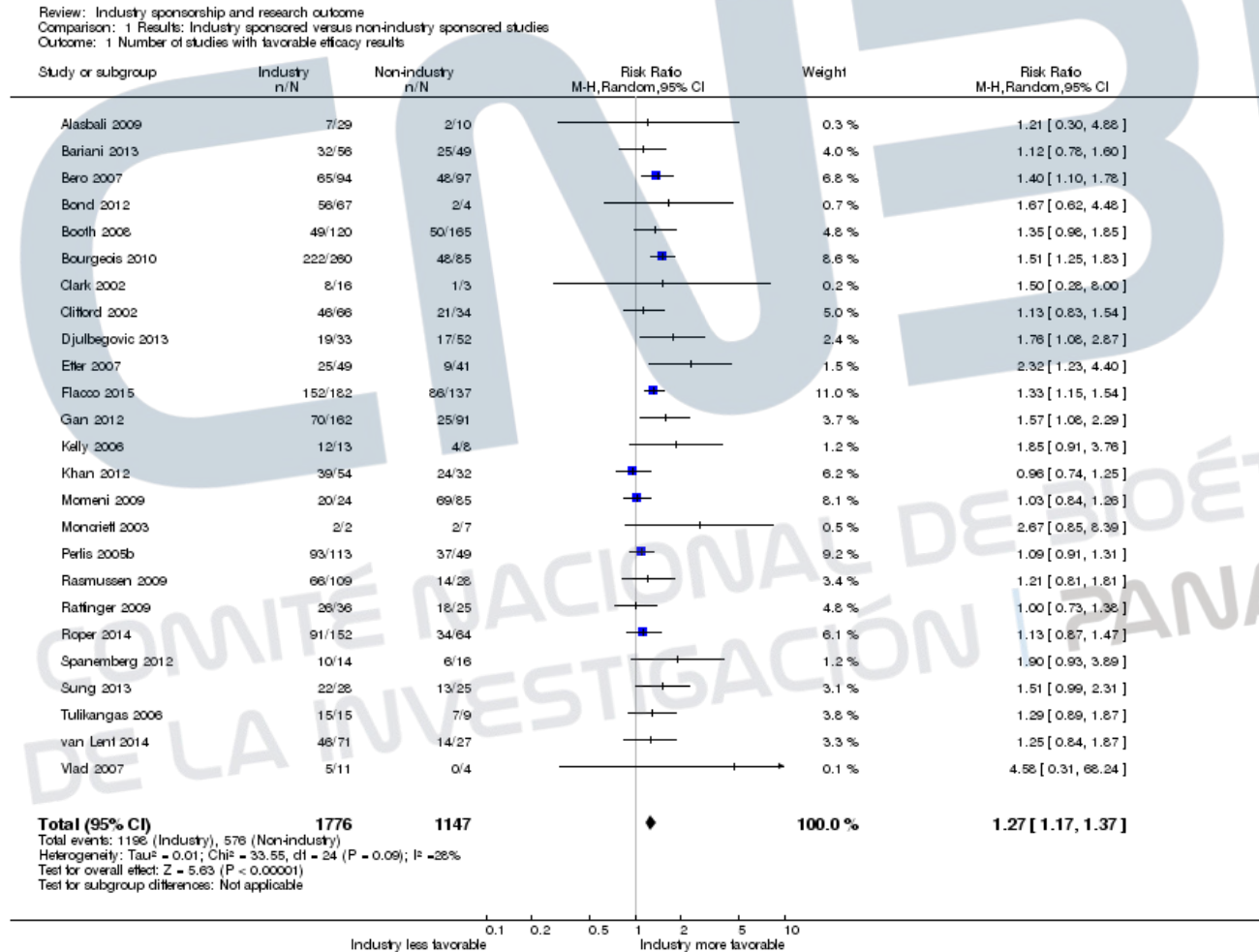
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Industry sponsorship and research outcome



Lundh et al. Industry sponsorship and research outcome (Review). Cochrane Library. 2017.

Table 3. Risk ratios for the conclusion of no positive association between sugar-sweetened beverages and weight gain in the systematic reviews conducted up to August 31, 2013.

Risk Ratio	No Conflict of Interest with Food Companies	Conflict of Interest with Food Companies
Crude risk ratio (95% CI)	1 (Ref.)	5.00 (1.29–19.34)
Adjusted for year of publication (95% CI)	1 (Ref.)	4.94 (1.23–19.90)
Adjusted for year of publication and the whether published in a journal in the first impact factor quartile of its category (95% CI)	1 (Ref.)	5.16 (1.30–20.48)

doi:10.1371/journal.pmed.1001578.t003

Bes-Rastrollo et al. Financial conflicts of interest and reporting bias regarding the association between sugar-sweetened beverages and weight gain: a systematic review of systematic reviews. PloS Medicine 2013;10:e1001578.

Sesgos en la investigación producidos por conflictos de intereses con la industria

- Sesgos en la naturaleza de la investigación
 - Resultados favorables a la industria cuando esta es la promotora, tanto en estudios individuales como en revisiones sistemáticas
- Sesgos en la divulgación de los resultados de la investigación
 - Sesgo de publicación
 - Sesgo de la descripción de los resultados (*outcome reporting bias*)
- Sesgos en la redacción de las guías de práctica clínica

Argumentos de los contrarios a los conflictos de intereses

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Adaptación de Brody H. Clarifying conflict of interest. Am J Bioethics 2011;11:23-8.

VIEWPOINT

Disclosures in Nutrition Research

Why It Is Different

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Nutrition research is among the most contentious fields of science. Although the totality of an individual's diet has important effects on health, most nutrients and foods individually have ambiguously tiny (or non-existent) effects.¹ Substantial reliance on observational data for which causal inference is notoriously difficult also limits the clarifying ability of nutrition science. When the data are not clear, opinions and conflicts of interest both financial and nonfinancial may influence research articles, editorials, guidelines, and laws.² Therefore, disclosure policies are an important safeguard to help identify potential bias. In this Viewpoint, we contend that current norms for disclosure in nutrition science are inadequate and propose that greater transparency is needed, including a broader definition of what constitutes disclosure-worthy information.

Financial conflicts of interest have received substantial attention in nutrition science, particularly conflicts of interest involving the food industry, and for good reason.³ Food represents a huge market so it is logical that the food industry will try to promote its products and influence the scientific literature and opinion making.⁴ Major distortion may sometimes

other media coverage, and social media magnification can be critical in this regard.

Another aspect involves nonfinancial conflicts of interest. Allegiance bias and preference for favorite theories are prevalent across science and can affect any field of study. It is almost unavoidable that a scientist eventually will form some opinion that goes beyond the data, and they should. Scientists are likely to defend their work, their own discoveries, and the theories that they proposed or espoused. Nutrition scientists are faced with an additional challenge. Every day they must make numerous choices about what to eat while not allowing those choices to affect their research. Most of them also have been exposed to various dietary norms from their family, culture, or religion. These norms can sometimes be intertwined with core values, absolutist metaphysical beliefs, or both. For instance, could an author who is strongly adherent to some religion conclude that a diet-related prescription of his or her religion is so unhealthy as not to be worthwhile?

Advocacy and activism have become larger aspects of the work done by many nutrition researchers, and also should be viewed as conflicts of interest that need to be disclosed. These

PERSPECTIVE

Why Having a (Nonfinancial) Interest Is Not a Conflict of Interest

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Abstract

A current debate about conflicts of interest related to biomedical research is to question whether the focus on financial conflicts of interest overshadows “nonfinancial” interests that could put scientific judgment at equal or greater risk of bias. There is substantial evidence that financial conflicts of interest such as commercial sponsorship of research and investigators lead to systematic biases in scientific research at all stages of the research process. Conflation of “conflicts of interest” with “interests” in general serves to muddy the waters about how to manage conflicts of interest. We call for heightened disclosure of conflicts of interest and policy action beyond disclosure as the sole management strategy. We propose a different strategy to manage interests more broadly to ensure fair representation and accountability.



 OPEN ACCESS

Citation: Bero LA, Grundy Q (2016) Why Having a (Nonfinancial) Interest Is Not a Conflict of Interest. *PLoS Biol* 14(12): e2001221. doi:10.1371/journal.pbio.2001221

Published: December 21, 2016

In 2005, a Scottish judge ruled against the plaintiff, a lifelong smoker, in *McTear v. Imperial Tobacco Limited* [1]. In part of his judgment, Lord Nimmo Smith contrasted the expert witnesses handsomely paid by Imperial Tobacco with the plaintiff’s unpaid experts. He contended that the paid expert witnesses were less biased than the unpaid experts who had dedicated their lives and professional careers to their scientific research. In this case, the judge believed that the experts’ “nonfinancial” interests constituted the greater risk to expert opinion.

A current debate about conflicts of interest related to biomedical research is to question whether the focus on financial conflicts of interest overlooks “nonfinancial” interests that



HEAD TO HEAD

Should we try to manage non-financial interests?

Ideological biases influence medical research and practice and should be disclosed and managed, say **Miriam Wiersma and colleagues**. But **Marc Rodwin** argues that many of these interests are widespread and inherent to life and cannot be avoided or eliminated

Miriam Wiersma *master of philosophy candidate*¹, Ian Kerridge *professor of bioethics and medicine*¹, Wendy Lipworth *associate professor*¹, Marc Rodwin *professor of health law*^{3,4}

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Yes—Miriam Wiersma, Ian Kerridge, Wendy Lipworth

Non-financial conflicts of interest in medical research and practice, which include those of a political, ideological, individual, or religious nature,^{1,2} are often overlooked, denied, and even defined out of existence.^{3,4} The focus is directed instead

Effects on policy and practice

Although non-financial conflicts have been much less studied than financial interests, emerging evidence indicates that they can affect biomedical research and policy. For example, evidence shows that non-financial interests may “call into question the impartiality of [systematic] reviews”¹⁰ and

Box 1. Examples of Interests in Biomedical Research

Personal, religious, or political beliefs

Personal experiences

Advocacy or policy positions of the researcher or organization with which they are affiliated

Intellectual, theoretical, or school of thought commitments

Type of training; professional or academic education

Profession or discipline

Academic competition or rivalry

Career advancement or promotion

Glory seeking or desire for fame

Dominant researcher in area of research

Personal experience with subject of the research

Personal relationship with someone who has the disease or condition under study

Role as investigator on study included in a systematic review

Published opinion essay or commentary on topic of research

Institutional affiliation or academic associations

Box 1: Typology of interests

1. Intellectual commitments (eg, working within a theoretical framework, school of thought, or having proposed a hypothesis)

Interest in a positive outcome to a study that will support your previous findings

Interest in maintaining professional reputation

Interest in career advancement

Interest in finding potential practical applications of research

Interest in maintaining good relations with entities that can provide future research funding

Legal conflicts of interest

1. Income or gifts from a commercial interest that will profit if you make professional decisions that favour their interests

2. Income from consulting related to your research

3. Intellectual property in fruits of research

4. Financial interest in a firm sponsoring your research

5. Equity interest in firms that commercialises your research

¿Conflictos de intereses financieros y de otro tipo?

- Separar adecuadamente:
 - Conflictos de intereses
 - Sesgos
 - Integridad científica

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Efectos de la confusión entre conflictos de intereses financieros e intereses personales de otro tipo

- Desviar la atención de los conflictos de intereses financieros
- Restar importancia a los conflictos de intereses financieros: uno más entre iguales
- Sembrar la duda entre todos los profesionales: erosión de la confianza de la población en la medicina y en la ciencia
- Presentar el fenómeno como inconmensurable e inmanejable

Características de los sesgos derivados de conflictos de intereses, principalmente de tipo financiero

1. Se ocasionan incluso con pequeños regalos, pero suficientes para que se genere el sentimiento de obligación y reciprocidad que genera el sesgo, a menudo de forma no intencionada e inconsciente
2. Son previsibles, ya que van siempre en la misma dirección, favorable al interés secundario, el de la industria financiadora
3. Son objetivos y cuantificables
4. Su trascendencia es abrumadora, de todo punto incomparable con posibles sesgos por intereses internos, cuya influencia se limita al ámbito de la esfera del interés individual
5. Se pueden controlar, mediante
 - la eliminación del conflicto de intereses,
 - la renuncia a la financiación, en conflictos financieros, o
 - procesos de recusación, en conflictos personales e institucionales

Conflictos de intereses en la educación médica

- ¿Contribuyen los fondos de las compañías farmacéuticas, de productos sanitarios o de biotecnología a los fines de la educación?
 - (Fines de la educación: facilitar a los alumnos a desarrollar su capacidad de pensar críticamente y a evaluar la literatura para la toma de decisiones clínicas.)

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Criterios de las políticas de manejo de los conflictos de intereses

- Proporcionalidad
- Transparencia
- Rendición de cuentas
- Imparcialidad

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Políticas de manejo de los conflictos de intereses

- Declaración del conflicto de intereses
- Poner en marcha políticas institucionales de prevención y manejo de los conflictos de intereses
- Políticas específicas para la investigación, la docencia, la asistencia y las guías de práctica clínica
- Divulgación pública de los pagos que efectúan las compañías a profesionales médicos e investigadores

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Políticas de manejo de los conflictos de intereses

- Declaración del conflicto de intereses
 - A pacientes individuales
 - A estudiantes
 - A participantes en la investigación
 - A lectores de una revista científica
 - A organizadores de un sistema de revisión por pares
 - A tribunales para la adjudicación de plazas
 - A organizadores de sistemas de educación médica
 - A organizadores de guías de práctica clínica



Search Open Payments

The Open Payments Search Tool is used to search payments made by drug and medical device companies to physicians and teaching hospitals.

Search Physician, Teaching Hospital, or Company by Name

Or use the [Advanced Search](#)

Open Payments data is from August 2013 to December 2017 – [See About page](#)

The Facts on Open Payments

2017 Open Payments Data



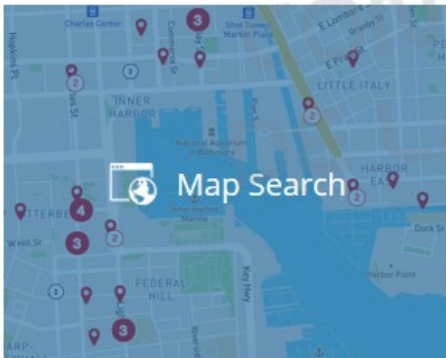
Total US Dollar Value
8.40 Billion



Total Records Published
11.54 Million

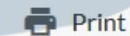


Explore the Facts on Open Payments Data



Disclosure of payments to HCPs

EFPIA member associations have been working to transpose the EFPIA Disclosure Code



Under the EFPIA Code, the pharmaceutical industry have to disclose payments made to healthcare professionals, such as sponsorship to attend meetings, speaker fees, consultancy and advisory boards. Bringing greater transparency to this, already well-regulated, vital relationship is about strengthening the basis for collaboration in the future. Industry is being proactive, based on its commitment to this relationship. Collaboration between industry and healthcare professionals benefits patients. It is a relationship that has delivered numerous innovative medicines and changed the way many diseases impact on our lives. Industry and healthcare professionals collaborate in a range of activities from clinical research to sharing best clinical practice and exchanging information on how new medicines fit into the patient pathway. Society has increasingly high expectations for transparency, none more so than in healthcare. We want to ensure we meet those expectations going forward. We are keen to work with our partners, the HCP community and professional organisations to ensure this vital relationship is understood by patients, the media and other stakeholders.

As part of their support for further transparency, EFPIA member companies have certified their commitment to the implementation of the EFPIA Disclosure Code. You can access member companies' individual certification letters by clicking [here](#).

Políticas específicas

- Docencia
 - Reformar las relaciones de la industria con la educación
 - Proporcionar una docencia sin conflicto de intereses
 - Reformar el sistema de financiamiento de la educación médica continua
- Investigación
 - Restringir la participación de investigadores con conflictos de intereses

Políticas de manejo de los conflictos de intereses en la investigación

- Investigadores:
 - Educación en conflictos de intereses
 - Declaración de posibles conflictos de intereses
- Instituciones:
 - Evaluación del riesgo de conflictos de intereses
 - Políticas de minimización de conflictos
- Comités de ética de la investigación:
 - Retirada de la revisión y deliberación a aquellos miembros con conflictos de intereses
 - Modificación de la composición para reducir el riesgo de conflictos de intereses
- Información a los participantes de los posibles conflictos de intereses de promotores e investigadores/médicos

Políticas específicas

- Asistencia
 - Reformar las relaciones financieras entre la industria y los médicos
- Guías de práctica clínica
 - Restringir los conflictos de intereses tanto en su financiamiento como en los participantes de la redacción
 - Crear incentivos para la reducción de los conflictos
- Instituciones
 - Crear una responsabilidad institucional a nivel del consejo de dirección

Conclusiones

- Los conflictos de intereses afectan a la confianza de la sociedad en la medicina y la ciencia y tienen una repercusión enorme en la asistencia, docencia, investigación y en la redacción de las guías de práctica clínica
- Es dudoso que existan los conflictos de intereses intelectuales
- La declaración de los conflictos de intereses es un medio insuficiente para su control
- Se deben adoptar medidas para la prevención y manejo de los conflictos de intereses
- En la investigación se pueden adoptar muchas medidas para prevenir, minimizar o manejar los conflictos de intereses



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DE LA INVESTIGACIÓN

¡Muchas gracias!