

Royal College debates whether MDs should promote moderate consumption of alcohol



Features

Chroniques

Pam Harrison

In brief

EMERGING NEWS ABOUT THE POTENTIAL BENEFICIAL EFFECTS OF MODERATE ALCOHOL CONSUMPTION raises some interesting challenges for physicians, who often come face to face with problems created by alcohol. Physicians on the affirmative side won a debate on the pros and cons of moderate drinking that was held during this fall's Royal College meeting. Pam Harrison explains how they did it.

En bref

LA POSSIBILITÉ QU'UNE CONSOMMATION MODÉRÉE D'ALCOOL soit bénéfique pour la santé, dont on entend beaucoup parler ces jours-ci, pose des défis intéressants pour les médecins qui ont souvent à affronter les problèmes suscités par l'alcool. Au cours d'un débat contradictoire à ce sujet, au congrès du Collège royal cet automne, les médecins favorisant cette tendance ont remporté. Pam Harrison nous explique comment.

Should doctors tell Canadians that drinking responsibly might do more good than harm? And should the Royal College of Physicians and Surgeons of Canada endorse the notion that it has an obligation to tell the public that not all alcohol is evil?

Some college members think so. The college's current policy on alcohol, published in 1993, sees only harm in drinking, and most of it is found among those who drink moderately. Now proponents of moderate consumption want that policy changed, a fact that led to a formal debate on the issue during the college's September annual meeting in Toronto.

Dr. David Goldberg, a professor in the Department of Laboratory Medicine at the University of Toronto, said studies point to a reduction in total mortality among women who drink up to 2 drinks a day and men who drink up to 3 drinks a day, compared with those who don't drink.

He said the mortality data accounts for motor vehicle accidents, breast cancer and "every other disease and disability for which alcohol has been blamed."

As well, he said studies comparing morbidity and mortality in drinkers versus abstainers have corrected for the "sick" abstainer who can no longer drink for health reasons.

Dr. Ivan Wolkoff, a Toronto psychiatrist, seconded Goldberg's motion. He argued that moderate drinking has psychological benefits, with some studies indicating that moderate drinkers are at less risk for cognitive decline, are less prone to depression and are less likely to miss work than people who don't drink.

Dr. Jürgen Rehm, an associate professor in the Department of Public Health Science at the University of Toronto, and Dr. Robin Room of the National Institute for Alcohol and Drug Research in Oslo, did not buy those arguments. They criticized the studies cited by Goldberg and Wolkoff, and pointed out that they involved selected populations — typically older subjects in whom the risk of

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heart disease is greatly elevated and for whom clear benefit from alcohol consumption has been amply demonstrated. However, they argued that these conclusions do not apply to the general population.

They also argued that mortality should not be the only important health outcome receiving consideration, because alcohol's main effect is seen in morbidity and disability data. According to the Global Burden of Disease Study, worldwide alcohol consumption is responsible for 2.2% of all deaths, 2.5% of all life years lost due to death and 6% of all life years lost due to disability. Further, they felt that the public might misconstrue the moderate-drinking message and drink excessively for "health" reasons, while heavy drinkers will use published benefits as an excuse to drink more.

Goldberg and Wolkoff both scoffed at that notion. "People who use statements about the health benefits of alcohol to drink excessively would have done so anyway," said Wolkoff. In fact, he argued that it is "unethical" for physicians to fail to present all sides of a health issue. He said doctors have a duty to inform patients

about the health benefits of responsible drinking "just as we would inform them about the health benefits of jogging and eating broccoli."

In the end, the most persuasive argument raised by the Yes side probably surrounds the money that might be saved through widespread, moderate consumption of alcohol. According to statisticians at Harvard, Americans would save up to \$50 billion a year on health care if the entire adult American population drank up to 2 drinks a day.

"This would translate into \$5 billion here in Canada," said Goldberg, "and by Jove, our health care system could badly do with these dollars."

The proposal was carried by a large majority of delegates, who were in favour of having the college publish information on the health benefits of moderate drinking. It's expected that a synopsis of the debate will make its way into the Royal College *Annals*, after which the college will be asked to review its existing policy.

In Canada, moderate drinking is defined as less than 9 drinks a week for women and less than 14 drinks a week for men. ?

Conflict-of-interest issues face increasing scrutiny

Doing business with industry is now almost an inevitable part of medical research, given the dearth of public funding, but this change in funding sources is also changing the rules on financial disclosure. This was readily apparent during the Royal College's 1998 annual meeting in Toronto: a new college policy means that all speakers have to disclose any conflict of interest — read financial ties with industry — prior to making a scientific presentation. And you have to know that speakers are taking the disclosure rules seriously when, during a debate on the merits of moderate alcohol consumption, several of the debaters confessed to owning wine cellars before making their presentations.

This disclosure rule was initiated before publication of a late-1997 study by University of Toronto internist Allan Detsky, but his findings have undoubtedly lent credence to the college's move. Detsky discovered an almost ubiquitous relationship between authors who supported the safety of calcium-channel blockers (CCBs) and the drug companies that make them.

As he reminded physicians attending the annual meeting, 96% of authors whose publications were classified as supportive of CCBs had a financial relationship with a CCB manufacturer. This compared with 33% of authors whose publications were found to be critical of calcium-channel blockers. As well, authors

who were critical of CCBs were also much less likely than authors who supported the drug to have financial relationships with manufacturers of other drugs.

"We concluded that if you were supportive of CCBs, you were more likely to have financial relationships with any manufacturer," said Detsky.

Asked if he thought publication of his findings had prompted more extensive disclosure among authors and speakers in general, Detsky said that the Federal Drug Administration in the US released a new policy governing disclosure several months after his article appeared in the *New England Journal of Medicine*. However, he noted that this may have been a coincidence.

Detsky stressed that physicians have to recognize what a conflict of interest is before they will feel compelled to disclose it. "In talking to many authors, they do not see [a relationship with industry] as a conflict of interest," he said in an interview.

"I'm not against relationships with pharmaceutical companies because they can't do business without us and we can't do business without them. But authors and editors need to be more sensitive to the issue of how they disclose this information. To me it's simple: if revealing a previously undisclosed relationship would be embarrassing to you, you're better off disclosing it right up front."