Competing interests are a complex problem

Part I of a series on conflicts of interest in medicine

The direction of an article about conflicts of interest in medical research can become apparent rather quickly if the author opens with an anecdote. Let's say, for example, that it begins with the story of Dr. P. Trey Sunderland III.

In 1998, the National Institutes of Health (NIH), a department of the US government, partnered with the pharmaceutical company Pfizer to study the early detection of Alzheimer disease. Sunderland, head of geriatric psychiatry at NIH, led the government laboratory conducting the research. A few years later, in a government press release, Sunderland said he was hopeful the project would lead to "new possibilities for preventive interventions."

But there was something NIH didn't know about Sunderland: he was also working for Pfizer. According to an investigation by the *Los Angeles Times*, Sunderland had received hundreds of thousands of dollars in consulting fees from the drug company. Pfizer sold an Alzheimer treatment called Aricept, which Sunderland had endorsed during presentations and in medical journal articles. On Dec. 8, 2006, he pleaded guilty to criminal conflict of interest in a federal court. He was ordered to pay the government $300 000 and perform 400 hours of community service.

Now, let's begin again, but this time with a different anecdote.

In 1943, a team of microbiologists discovered streptomycin, the first effective antibiotic treatment for tuberculosis. The leader of that team was Selman Waksman, a professor at Rutgers University in New Jersey. Less than a decade later, in 1952, he was awarded the Nobel Prize in Physiology or Medicine for this discovery. Another party, however, played a vital role in this success story: the pharmaceutical company Merck.

"This partnership between an academic researcher and a drug company went on to alleviate substantial human suffering and should be a model for current behavior," Dr. Jeffrey Drazen, editor-in-chief of the *New England Journal of Medicine*, wrote in a recent editorial. "Unfortunately, it is not."

In an ideal world, there would perhaps be no need for a conversation about conflicts of interest in medical research. Academic researchers with good ideas for new medications would have all the funding and resources they need to manufacture compounds and launch large-scale clinical trials without support from industry. That, however, is not reality. Today, like it or not, the expensive and risky process of getting new medications into the hands of patients requires resources unavailable in academic laboratories.

"We are in the business of making patients better," said Drazen, a pulmonologist. "When you develop something and want to take it that last step, from a general idea to making a difference for patients, you really need a way to work with commercial entities."

The *New England Journal of Medicine* is a strong advocate for openness and transparency, said Drazen. Still, he is concerned that an anti-industry sentiment has crept into medicine. Managing conflicts of interest is complicated, he said; not all financial interactions between physicians and industry belong in the same category.

"The problem is that people are taking the marketing arm, where doctors are selling a drug, and they conflate it with the discovery arm, where we want to encourage interaction," said Drazen. "We need to figure out a way for researchers to work with commercial entities that won't paint them as having sold their soul to the devil."

If negative attitudes about all financial ties between doctors and industry don't change, they will continue to undermine innovation in medicine, according to Dr. Thomas Stossel, author of the book *Pharmaphobia*. Over the course of his lengthy career, the practice of medicine has improved tremendously, said Stossel. He attributes that improvement to better tools, most of which came from the medical-products industry.

"We get that stuff at great difficulty and at great expense," said Stossel, director of translational medicine at Brigham and Women's Hospital in Boston. "With respect to innovation, intelligent, educated people — even doctors — have no idea. They think this stuff comes from Santa Claus." — Roger Collier, *CMAJ*

Next: Part II: The costs of vilifying pharma

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