



boost when doctors such as Wiebe bring questionable practices to the attention of physicians and the public.

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The myth of freedom from conflict of interest

The article by Trudo Lemmens and Peter Singer on conflict of interest¹ raises several important issues. However, rules governing conflict have created a slippery slope that has the potential to do harm. One of the most obvious examples is the attempt to separate the clinical researcher from the clinician, an approach that is counterintuitive to good patient care and continuity of care. Conflict guidelines have also created the false impression that a state of freedom from conflict could exist. However, such a state is impossible because of the nature of the physician-patient relationship, whereby physicians are paid for their services and decide for every patient the services to be offered.

My greatest concern, though, is the new fad of evidence-based review, which claims to be above conflict. Surely, if cost savings were not forthcoming, the drugs and procedures under review would cease to be funded by the governments that support health care. Yet it seems that as each new drug is taken along its evidence-based path, decisions are underpinned by the mandate to reduce costs and thereby secure future funding from the government sponsor.

The relationship among physicians, patients, industry and government is conflicted. Unless we admit this, we will be providing meaningless solutions to conflicts that are obvious or of media interest only, while failing to address the real issues.

We should define all potential conflicts, support disclosure and be very careful about regulating the path of individual professional conscience. In the end, the physician still has the personal responsibility to just do the right thing.

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Reference

1. Lemmens T, Singer PA. Bioethics for clinicians: 17. Conflict of interest in research, education and patient care. *CMAJ* 1998;159(8):960-5.

[One of the authors responds:]

I agree with Dr. Sacks that conflicts of interest are an inherent part of medical practice. Indeed, we should not pretend that conflict-of-interest rules can create situations that are devoid of conflict. They also should not create unnecessary barriers between clinical care and research. However, I cannot see why conflict rules "have created a slippery slope," for example, by separating "the clinical researcher from the clinician."

Conflict-of-interest rules should help us to identify, for example, situations in which financial interests and research interests risk affecting clinical care. They should also provide an appropriate framework to deal with these existing tensions. The recent controversy surrounding Dr. Nancy Olivieri and Toronto's Hospital for Sick Children revealed that a lack of appropriate procedures to deal with conflicting interests can be counterproductive to both clinical care and research.^{1,2} Reliance on individual conscience and mere disclosure of a conflict is clearly insufficient and lays too heavy a burden on physicians. Good conflict-of-interest guidelines help us to prevent situations that we know create serious risk of irremediable conflicts, and they give us a struc-

ture to deal with conflicts when they do arise. They also help physicians and the public to identify situations in which patient care and scientific integrity can be threatened, and they allow these groups to seek external support for tackling such issues. The increasing dependence on industry funding augments the potential for conflicts of interest and suggests the need for appropriate control.

As Sacks rightly points out, government interests can create similar tensions that are perhaps even more difficult to address. Finding an appropriate and transparent way to discuss and deal with conflicts in general should be high on the priority list of both physicians and government if we want to preserve public trust in medical research and clinical care.

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References

1. Phillips RA, Hoey J. Constraints of interest: lessons at the Hospital for Sick Children. *CMAJ* 1998;159(8):955-7.
2. Shuchman M. Legal issues surrounding privately funded research cause furore in Toronto. *CMAJ* 1998;159(8):983-6.

Rehabilitation and stroke

I was initially pleased to see the supplement to the Sept. 22 issue of *CMAJ*,¹ which was devoted to the important subject of stroke and the evolution of its management. However, given that most people who have had a stroke of moderate or greater severity face a lifetime of altered functional abilities and difficulty in fulfilling their roles in society, I was surprised that the important subject of rehabili-