

Medicine's intellectual property rights attacked in Osler lecture

John Ralston Saul, who was introduced as “a gadfly and midwife of truth” when he gave the 25th anniversary Osler Lecture at McGill University in November, says firm ethical parameters, and not ever-



Sir William Osler: “to teach and to think”

changing management models and new technology, should determine the health care road that Canada follows. “Ethics is practical, down-to-earth stuff that should be normalized and used as a tool instead of being marginalized and applied only to heroic situations,” said Saul, who addressed a standing-room-only crowd of 650 professors and university students.

Saul, one of the country's best-known essayists and novelists, said many facets of our medical system are predicated on “a war against death,” but he labelled this a losing proposition. “Everyone in this room will be dead in 50 years,” he said, looking around at the primarily undergraduate audience and then revising his statement to predict that “everyone with tenure” in the room would be dead within 50 years.

During the lecture, Saul referred repeatedly to Osler's contention that “to teach and to think” is the physician's highest ideal, especially for doctors associated with a university. He also used the forum to attack the legitimacy of intellectual property rights relating to medical advances. He said the notion that any idea

that “can walk with a penny attached to it” can be owned or purchased is morally hollow, especially when patients are unable to afford the medicine that might save them.

“The reality is that a system that allows companies to own ideas absolutely penalizes health care and slows down progress. Why would you develop new treatments if you can make money from the old ones, which you own? Right now, there's no relationship between how many drugs are available and the number of people who are sick.”

Saul said intellectual property is a feudal concept that evolved from the absolute ownership of land to the ownership of machines in the industrial era and the ownership of ideas in the 21st century. Elisabeth Rode, a spokesperson for Rx & D, the association representing Canada's research-based pharmaceutical companies, defended drug patents as a way of recouping the approximately \$800 million required to get a new drug to market. Research on new drugs accounts for 42% of all research and development done in Canada, she added. — *Susan Pinker*, Montreal

New ethics group formed to combat misconduct in scientific publishing

Editors from health science journals across Canada are forming an association to promote ethical behaviour in research, peer review and editing.

At a November conference sponsored by *CMAJ* and the Canadian Institutes of Health Research (CIHR), editors from 22 peer-reviewed journals discussed ways to deal with issues of ethical and scientific misconduct, such as plagiarism and falsified data. Presently, when editors suspect an ethical impropriety they contact the body that sponsored the research. “But you often never hear from them again,” said Dr. Tony Reid, scientific editor of *Canadian Family Physician* and a strong supporter of the conference.

CMAJ Editor John Hoey says scientific misconduct is likely under-reported here. Countries with monitoring organizations report 1 or 2 incidents per million population, which means there are probably 30 to 60 cases per year in

Canada. “We don't see nearly those numbers. If [Canada had] a similar structure, our numbers might increase.”

The editors attending the meeting agreed to form an independent organization to promote ethical behaviour in research and publishing and to develop educational resources for editors, peer reviewers and others. The organization's structure will be decided in the new year. Another 61 journal editors were unable to attend but plan to participate.

In the new year, an interim planning committee hopes to compile a database of case examples of unethical behaviour, provide guidelines for reporting misconduct, explore links to similar groups and provide help to editors facing ethical issues. A second meeting will be held in a year.

CMAJ will also devote part of its Web site to publication ethics, including minutes from the conference and online resources for editors and researchers.

Dr. Frank Davidoff, editor emeritus of the US-based *Annals of Internal Medicine*, said editors must be proactive and prevent misconduct instead of acting after the fact. He said prevention begins with education and fuller disclosure.

Dr. Alan Bernstein, president of the CIHR (*CMAJ* 2001;165[6]:786-8), said medical science risks losing public trust if it isn't “squeaky clean.”

“There's a hodgepodge of research ethics with different words used in different places. It's a mess for researchers and a hindrance for partners. Basically, it's a source of confusion.” Some countries already have ways to deal with ethical issues that arise in publishing. In the UK a group of medical editors formed a Committee on Publication Ethics in 1997. Journal editors interested in joining the new Canadian group can send an email to john.hoey@cma.ca. — *Barbara Sibbald*, *CMAJ*