



Comments on the Conflict of Interest Disclosure Policies in Medical Journals

The International Committee of Medical Journal Editors (ICJME) should be commended for proposing a new model conflict of interest declaration form after a decade of using the current one.¹

Medical journals serve a public trust of the highest order, arguably discharging more consequential responsibilities than those exercised by judges, regulators, elected representatives, and journalists. This is because medical editors are custodians of the global collectivity of scientific evidence that proximately and mainly determine the care upon which billions of lives depend in perpetuity.

Preliminary considerations

Medical journals that rely heavily on commercial advertising revenue must reconcile their legitimate concern about authors' conflicts of interest with their own financial dependence on pharmaceutical companies, medical technology companies, and—especially in the United States where so much health care is privately funded—private health insurance companies.² Practices vary on this. For instance, a 2013 study of six English language journals revealed that the estimated annual revenue from pharmaceutical advertisements ranged from £0.025 million for *The Lancet* to £3.8 million for the *Journal of the American Medical Association*.³

Likewise, a 2019 study of conflict of interest policies of 130 high-impact medical journals found that 99% required disclosure of authors' interests but, paradoxically, only “18% of journals that were listed as followers of the ICMJE Recommendations had a publicly available editor's [conflict of interest] policy.”⁴

¹ This commentary completes CHSL's April 30, 2020 submission in response to a consultation invited by the *Journal of the American Medical Association* website on behalf of 18 medical journal editors and co-published in 12 journals. The JAMA consultation tool restricted input to 400 words including citations by April 30, 2020.

² E.g., Sinha, Michael S. et al. Pharmaceutical Advertising in Medical Journals: Revisiting a Long-Standing Relationship. *CHEST*. 153: 9 – 11. Likewise, Schwartz LM, Woloshin S. Medical Marketing in the United States, 1997-2016. *JAMA*. 2019;321(1):80-96. doi:10.1001/jama.2018.19320 concluded: “Medical marketing increased substantially from 1997 through 2016...Pharmaceutical marketing to health professionals accounted for most spending and remains high even with new policies to limit industry influence. Despite the increase in marketing over 20 years, regulatory oversight remains limited.”

³ Gettings J, O'Neill B, et al. Differences in the volume of pharmaceutical advertisements between print general medical journals. *PLoS One*. 2014 Jan 8;9(1):e84790. doi: 10.1371/journal.pone.0084790. eCollection.

⁴ Dal-Ré R, Caplan AL, Marusic A. Editors' and authors' individual conflicts of interest disclosure and journal transparency. A cross-sectional study of high-impact medical specialty journals. *BMJ Open* 2019;9:e029796. doi:10.1136/bmjopen-2019-029796.

The proposed form may introduce more problems than it fixes on an occasion where effective guidance could truly help improve the transparency and quality of medical research. Reluctance to indicate that the purpose of the form is to solicit information relevant to possible conflicts of interest—e.g., by giving it the nebulous name, “The ICMJE Disclosure Form”—appears to be a denunciation of the policy need for transparency.

1. The pathways of possible undue financial influence is not constrained by the research topic.

The measure of whether the questions are clear and appropriate should be how many potentially problematic relationships—especially financial ones—can be concealed or diminished by discretion expressly granted to the respondent by the questionnaire. The editorial explaining the rationale for the proposal⁵ should have placed more emphasis on the public health and transparency objectives of disclosure than the risk of stigmatizing researchers if readers misinterpret such disclosures.

Likewise, despite claiming that, in the new form, “we no longer ask authors to decide what might be interpreted as a potential conflict of interest,” the proposal invites authors to minimize the appearance of conflicts of interest by declaring them “directly” or “topically” unrelated. This incorrectly indicates that financial influence is bound to the logical nexus to the stated purpose of funding and can be meaningfully compartmentalized by institutional sub-units or recipients’ minds. Money is fungible and funding provided to a researcher or institute for one purpose foreseeably influences other research by those parties. Readers are entitled to assume, for example, that if a research institute receives a large amount of funding from a pharmaceutical company that is purportedly “unrestricted” or offered in relation to a diabetes drug, such funding would create financial incentives to suppress research findings that a cancer drug made by the same company is unsafe or ineffective.

Instead, ask the broader question: “Does the funder have a foreseeable interest in the research or other activities of the researcher or their employer?”

2. Expand the scope of disclosure from three to 10 years; three years is far too short.

Expanding the scope of disclosure coverage is not onerous. In many jurisdictions, people and institutions are required by law to retain payment records for six years for tax purposes and 10 years for patient care. Active researchers continually update their CVs. Recipients of multi-million-dollar grants for multi-year drug trials, for example, should not be relieved of disclosing funding by publishing articles 37 months later.

3. Researchers should disclose the quantum of financial support by year, not only the fact of financial support.

Research indicates that even small reciprocities (such as a single paid meal) can bias opinions of health professionals, but larger payments have larger influences on, by analogy, prescription practices.⁶ If a journal published nutrition research conducted by staff at a research institute that had received \$140 million in funding from two manufacturers of drugs to treat aspects of metabolic syndrome, readers would legitimately be entitled to know the quantum of that financial

⁵ Taichman DB, Backus J, et al. A Disclosure Form for Work Submitted to Medical Journals: A Proposal From the International Committee of Medical Journal Editors. *Ann. of Int. Med.* doi:10.7326/M19-3933 and co-published in *The Lancet*, the *New England Journal of Medicine*, *The British Medical Journal (BMJ)*, the *World Health Organization Bulletin*, and a other medical journals.

⁶ DeJong C, Aguilar T, Tseng C-W, et al. Pharmaceutical industry sponsored meals and physician prescribing patterns for Medicare beneficiaries. *JAMA Intern Med* 2016;176:1114–22.

support. Under the current and proposed disclosure forms, a research institute would be able to trivialize the enormous role of such corporate funding by listing them alongside a large number of charities, foundations, and governments that provided comparatively inconsequential amounts funding in the distant past. The new form should stipulate the amount of currency and the years or ranges of years that payments were made converted to the currency(ies) stipulated by the publishing journal. Doing so would require more conscientiousness and responsible volition than merely checking a box in a range of amounts or, worse, declaring only whether the funding is non-zero. Failure to require the disclosure of the amount of compensation may be interpreted as medical science publishers generally acceding to the collective power of commercial research funders or journal advertisers. Obtaining large research grants from public sources is a badge of honour for researchers and readily disclosed. However, information about research funding contracts involving commercial sources—even paid to public research institutes—is often very difficult to obtain. Medical journals should proactively require the disclosure of such amounts and vet such reports against information made available by sunshine, freedom of information, and access to information laws.

- 4. Provide guidance on vetting and penalizing flawed disclosures.** Often, only short summaries of conflict of information disclosures are prominently reported in journal articles. If the disclosure is highly detailed and reveals, for instance, extensive specifics of unproblematic interests to, ostensibly, bury the lead about problematic ones. Journal editors should judge the most relevant and probative disclosures to prominently display in articles, and publish full disclosures in open-source areas of journal websites (i.e., not behind paywalls).

The ICJME disclosure form should guide editors about exercising due diligence to fact-check disclosures and penalize errors and omissions as vigorously as they would for academic dishonesty, such as by privately or publicly barring researchers from publishing for a certain period of time, retracting the article, or publishing an *erratum* with editorial reflections on the concern. Without active oversight, for instance, it might be left to readers or other publications to alert editors that authors of an article about nutrition received funding from sources that put them in a conflict of interest. This point was raised retrospectively in a news story in the *Journal of the American Medical Association*,⁷ citing a *New York Times* investigation about an article published in the *Annals of Internal Medicine*.

The failure of medical journals to hold declarations of competing financial interests to the same standards of vetting and peer review as the research itself, may cause their respectability in the community to deteriorate. As noted in the introduction to this comment, it is also incumbent on journals to lead by example in holding their editors to the same standard of transparency and recuse editorial involvement when conflicts of interest arise in regards to their own financial interests.⁸

⁷ Rita Rubin. Backlash Over Meat Dietary Recommendations Raises Questions About Corporate Ties to Nutrition Scientists (news article). *Journal of the American Medical Association*. Published on-line January 15, 2020. E1-E4.

⁸ Dal-Ré R, Caplan AL, Marusic A. Editors' and authors' individual conflicts of interest disclosure and journal transparency. A cross-sectional study of high-impact medical specialty journals. *BMJ Open* 2019;9:e029796. doi:10.1136/bmjopen-2019-029796

5. Do not blur the distinction between financial and non-financial conflicts of interest. So-called “non-financial conflicts” can destructively impugn selfless collaboration with public interest groups or expert knowledge translation, and can enable researchers to misleadingly dilute reports of worrisome conflicts of interest with long lists of roles in “board, society, committee or advocacy group” activities.

Performing research for a company that has a large financial interest in the outcome of the study is categorically more worrisome than a researcher holding an unpaid advisory role to a public interest charity. Likewise, a person who is a recognized expert on a topic and who has published conclusions on that topic, cannot be said to have a concerning conflict of interest in a way that does not simultaneously also diminish the value of knowledge and expertise altogether.

Respectfully submitted,



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https://apps.who.int/iris/bitstream/handle/10665/206554/9789241510530_eng.pdf?sequence=1