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## Ethics and conflict of interest in psychiatric research

Fernando Portela Câmara

*This article discusses the relationship between personal interests and medical research. The presence of research professionals who conduct studies which will later be used for market investments through new pharmaceutical products or procedures has brought up a number of issues, especially regarding the neutrality of the use of such products. The fact that some researchers receive shares in stocks and profits of some companies, and the way the companies finance them and use their credibility in scientific marketing have been a source of concern to scientific journals, the academic community and the better-informed public as to the validity of the results presented and the reliability of the pharmaceutical products themselves. The question of how neutrality can be preserved without the inevitable involvement of these interests is an ethical issue that has yet to be carefully examined by agencies that regulate the medical profession.*

**Key words:** Ethics, conflict of interest, medical research

In *Inferno*, Dante teaches us that virtues are not inborn characteristics of humankind, so it must be get. They come from the “outside”, acquired by the force of experience and reflection, allied to will to work and through rules of society. It is natural and innate to human beings to transgress, be coward, deceive, lie, kill, steal ... as evolutionary strategies for survival of the fittest in a hostile and limited environment, strategies which, as far as human beings are concerned, did not come just by using force, but also by astuteness, intelligence, skillfulness, etc, which has brought our otherwise fragile specie to where we are today. Yet, while we are born brutes, we also have the capacity to feel, comprehend and be compassionate, making possible the creation of civilization and striving for progress toward improvement, then from such efforts to overcome individualism that gravitates around infantile egocentrism, Ethic is born. Ethic is not a socio-biologic determinism, it requires will for its exercise and consensus in order to be applied.

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Medical doctors in exercising their profession, perform an action directed to the benefit of the other as unconditional objective, guaranteeing him health in its fullest definition. It is not an idealistic or individualistic action, but rather a action of solidarity, which coming from a professional channels the purpose of the profession into a singular act that is the reason for its very existence: the treatment of the ailing individual. This defines the profession whose validity is determined by the judgement of medical peers and the approval of the patient; however this validation is at the same time Ethical, for it is not only directed to the patient but also onto society in general, thus establishing a reliable procedure based upon research, accumulated experience and consensus. Those Ethics are going to guarantee and safeguard the well being of the patient and the one responsible for him, repudiating adventurous individualism (often driven by a personal interest) with the medical class consensus (which is driven by common interest and solidarity).

Medical practice is mainly based on the use of medication, today a source of formidable profits for the pharmaceutical industry. A great portion of those drugs are today prescribed by psychiatrists, when Prozac in the league with the media, took away the prejudices against mental illness popularizing depression as a “malady of modern Western society”. Drugs used in modern medicine come from the pharmaceutical industry, making its market through medical doctors who are also research specialists, validating it and/or writing guidelines for the medical professionals. The industry, as a rule, follow scientifically accepted protocol, financing research laboratories (some of which in the universities), remunerating

the investigators in charge of testing the new drugs and analyzing the results before placing them on the market. The industry makes its planning seeking maximum return on its investment, is subject to specific laws and regulations and is vulnerable to law suits. The research specialist, however, is not subject to such rigor, enjoying academic freedom to communicate and publish to the academic community and to the public in general the findings of his investigations. However he may have self interest in a partnership with the industry aiming at personal financial gains, for the industry itself wave this possibility in front of him, thus opening doors for the controversy that recently has taken a considerable space in the media and among organized activist groups. It refers to the reliability of studies results involving biomedical research and to the conflict of interest when author or author participate in the profit of the business enterprise that finances the research.

In 1977, a newspaper reporter questioned the chief editor of the *New England Journal of Medicine* about an article being that would be published in that journal, which discussed the increase of serious side effects (lowering of testosterone and of the sperm counting) from a well known antacid medication. The reporter wanted to know why analysts from Wall Street acquired copies of the referred work long before it was published with the result that stocks of the companies which manufactured the drugs lost all their value. Worried with the financial implications of the medical research, the editor in question demanded from the responsible research specialists to specify in their articles if had or not received financial support from the industry, leaving it up to the reader to judge if there was or was not a conflict of interest in this particular research (Brownlee, 2004). The editor decided that it was impossible to say if the research specialists had closed their eyes to the negative results or if they were manipulating their conclusions in favor of his sponsors (ibid.). Therefore, the question is placing into the arena of Ethics where the reader would question the relevance of the research data in light of the author's engagement with the industry. The journal would then have, at least a built in policy of informing the reader about the author's interest.

This question has raised a great polemic beginning in the 90's with an enormous increase in the demand for psychiatric medications, together with the astronomic profit for the pharmaceutical industry itself. In 2004 the *Washington Monthly* published extensive material about this subject matter, signed by the journalist Shannon Brownlee (ibid.). The material focused on the polemic around an article written for the prestigious *Nature Neuroscience* magazine by two authors, Charles B. Nemeroff, a well known researcher in the scientific and medical community, and Michael J. Owens. It was a review of 24 types of experimental psychiatric treatment from which they concluded that only three were scientific promising. Two other investigators, Bernard J. Carroll and Robert

T. Rudin, knowing of Nemeroff's financial entanglement with the pharmaceutical company which footed the so called "promising" experiments (a company from which Nemeroff himself secured a generous participation in the profits) denounced the conflict of interest in the referenced study, in a letter sent to the magazine in question, which was not published. For that reason, they redirected the letter to the New York Times resulting in a public scandal (Petersen, 2003), and pressure on the editor of *Nature Neuroscience* to publish Carroll's and Rudin's original letter (Carroll; Rubin, 2003, p. 999-1000), to give Nemeroff and Owens the right to answer their critics (Nemeroff; Owens, 2003, p. 1000-1), announcing that the magazine was adopting a policy to disclose to the readers any form of involvement with the company sponsoring their research (Editorial, 2003, p. 997). Curiously, in the same issue of the magazine, a review of Sheldon Krinsky's book (Hall, 2003, p. 1003) was published questioning a study of medications by investigators financially involved with the company manufacturing the drugs.

In his defense, Nemeroff justified himself by throwing the responsibility of the conflict of interest to the editorial board of *Nature Neuroscience*, arguing that such questions had to do with the magazine's editorial policy and not with his lucrative relationship with private industry (Nemeroff; Owens, 2003, p. 1000-1). In other words, for him, it was the responsibility of the magazine to decide if there was a conflict of interest in his article before accepting it for publishing. Apparently, the author does not question his conscience, but to many physicians and patients who is morally responsible for some mistake or bias in validating a drug in an article is none than the author himself.

Even though the data from a well conducted experiment speak for itself, if the investigator has an interest associated with an industry producing a conflict of interest with the results obtained in his studies, there is a possibility that he may manipulate his results to support that interest. In this sense, not even a committee of specialists, can say whether or not a conflict of interest has resulted in any fraud, for, even though the data obtained from a well planned research be impartial, the investigator may not be. The fact is that any editor can force an author to reveal the whole truth, much less to question his results based upon conflict of interest.

Let's now examine a fact that to me seems to be seldom considered, but which nevertheless has a considerable ethical relevance. Every time a prestigious magazine publishes a work that affirms the efficacy of a given drug and its safety for use in the treatment of a particular illness, the magazine lends its scientific prestige to the referred product. Independently of the authors competency, the name of the journal or magazine will weight in the medical professional's assessment of the product. In other words, it will be mainly the impact of the

magazine's reputation that will validate the results of a study for a medical doctor who lives from exercising his professional skills serving his patients. Also, the editors, when accepting a manuscript, are using the prestige that they enjoy among the medical class to validate a particular published work. So, it is from, mainly, the authority enjoyed by the magazine and its editors, and not only that of the authors (often individuals well known in the community) that the physicians who are at front line in assisting their patients will be able to make the choice of which drugs will better benefit their patients.

Over the past two decades a discussion has been going on about this partnership between prestigious names in the academic world and the pharmaceutical industry corrupting the neutrality of research (Brownlee, 2004; Petersen, 2003; Hall, 2003, p. 1003) involving as well the prestige of some journals and their power to manipulate the validity of research results. In the last twenty years "medical research has been silently corrupted by private industry money" wrote Brownlee (2004), "routinely, companies delay or impede the publication of results and data that show that their drugs are inefficient". Brownlee concludes: "the majority of studies that show that popular antidepressants such as Prozac and Zoloff are no better than placebos, for instance, were never printed in the medical literature, [a fact] that only now are coming to light since the FDA (Food and Drug Administration) is examining these drugs again" (ibid.). Brownlee quotes vice-editor of *The Journal of the American Medical Association* (JAMA), Drummond Rennie, as saying "...Medicine is turning into a kind of 'land-of-make-believe' [a sort of Claud Cuckoo Land] where doctors don't know which papers to trust and public doesn't know who to believe" (ibid.)

This conflict gained public attention and interest when the partnership between universities, and when the partnership between universities, and the private industry was made into law by the North American government (Bayh-Dole Act, 1980). Financing of research about drugs became too costly for the government therefore a partnership between the universities and the industry was seen as a solution in order to advance researches resulting in a pharmacological revolution in the medical field. In 1984 private companies footed US\$26 millions for research of new drugs. In the year 2000 this sum totaled US\$2.3 billions. An increase of 9,000% in investments. The salaries paid by the industry to the research specialists had an equivalent rise, with a simple technical consultation costing US\$1000.

To give an idea of the immense investment involved, 31% of M.I.T.'s academic workers from the department of science and engineering and 20% of the faculty at Stanford Medical School, for example, have today their salaries complemented by private industry. Pharmaceutical companies get into the

academic world par excellence with its Marketing 101 strategy, recruiting researcher specialists identified as KOL (Key Opinion Leaders), who are invited to be part of scientific consultant committees and to be regular public speakers at conferences. In exchange, these prestigious researches are used to promote the industry products at scientific encounters and conferences of medical continuing education. Carl Elliot, professor of Moral Philosophy at the University of Minnesota, observed that such KOLs are convinced of their own impartiality, and, if they thought they were used by the industry as their advertisers, probably they would end the relationship (Brownlee, 2004). However, why then they don't see the problem? Could it be a defect of conscience, an absence of ethical perception maybe resulting from insufficient education on the subject?

This is a most complex question when we realize that entanglement with the pharmaceutical industry starts at the beginning of medical school as students and continues through residency and professional life. There are free samples, free subscriptions of magazines and journals, the cooperation with the directory, the organizing of meetings, dinners, etc. that create a link between the physician and the industry. This cannot be considered immoral, for the resulting partnership which provides the viability of scientific workshops, courses for continuing education, professional encounters, dissemination of information and so forth, it is made supposedly as a courtesy and with the intent to serve the medical class. On the other hand, the impact of the industry action toward the common physician is effected through advertising of its products, whose "virtues" are diluted by other competitive laboratories, at the same time as the natural selection of professional experience, passed on to other physicians in courses administered in ambulatory, infirmaries and in the full exercise of the profession, all which defines which is the best drug to be prescribe for this or that condition. Well, certainly there is no evidence that the industry has taken over the physician's conscience and thus determines his choices. Research is the responsibility of individual who dedicate themselves to such endeavor, as well as of the universities and industry. However medical treatment is ultimately the responsibility of the physician in his continuing interaction with his patient. The real critical ethical questions are generated by the partnership between the academic research and the industry, and the corrupting power of profit that the latter put at the disposition of prestigious researcher specialists, and how this can generate distortions as a final result of their investigations.

If the scientific neutrality of an author or research team is questioned for conflict of interest, who has the responsibility to judge the issue since all the participants' consciences are compromised?

The industry's planning in the partnership is condition to the return on investments, and this is not immoral. So, it is precisely the researcher specialist's

conduct which is a moral question here, for his faithfulness to the data generated and with the integrity and compromise to excellence in his work procedures, which will define the validity and reliability of what is being investigated. In order to keep conflict of interest from distortions in reliability of biomedical research as well as from discrediting the validity of the data being presented, the ideal would be to keep the academic community and the industry dialoguing from a position of independence, where conflicts of interest could be excluded. The industry can finance its own laboratories and contract its own research specialists, while the academic sector, maintaining its neutrality, could be an ethical element, which would validate and check on the reliability of research results, performing independent experiments. However, the question arises as to who could finance the high cost of such independent experiments in the name alone of neutrality and truth about facts?

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## Abstract

*Neste trabalho discute-se a relação entre interesse pessoal e pesquisa médica. A participação de pesquisadores em pesquisas que irão posteriormente reverter em investimento de mercado, via novos produtos farmacêuticos e procedimentos, tem chamado a atenção para a neutralidade dessas pesquisas. A participação de pesquisadores nos lucros e ações das empresas, bem como seu financiamento pelas mesmas para usar a credibilidade do pesquisador no marketing científico, preocupam as revistas científicas, a comunidade acadêmica e o público esclarecido sobre a validade dos resultados apresentados e a confiabilidade dos produtos lançados. A forma como esta neutralidade deve ser preservada sem os vieses inevitáveis do interesse é uma questão ética ainda não devidamente examinada pelos conselhos da classe.*

**Palavras-chave:** Ética, conflito de interesse, pesquisa médica

*Se discute en este trabajo la relación entre el interés personal y la investigación médica. La participación de investigadores en estudios que irán posteriormente a transformarse en inversiones para el mercado, vía nuevos productos y procedimientos, ha llamado la atención para la neutralidad de dichos trabajos. La participación de investigadores en los lucros y acciones de las compañías, así como su financiamiento por las mismas para usar la credibilidad del investigador en el marketing científico, preocupan a las revistas científicas, a la comunidad académica y a público esclarecido y arrojan dudas sobre la validez de los resultados presentados y sobre la confiabilidad de los productos lanzados. La forma a través de la cual esta neutralidad debe ser preservada, sin los vieses inevitables del interés, es una cuestión ética todavía no debidamente examinada por los consejos de clase.*

**Palabras claves:** Ética, interés, investigación médica

*Le thème de cette recherche porte sur le rapport existant entre intérêt personnel et recherche médicale. La participation des chercheurs à des recherches qui vont ultérieurement servir à des investissements sur le marché, à travers les procédés et les nouveaux produits pharmaceutiques, attire l'attention vers la neutralité de ces recherches. La participation des chercheurs à des profits et à des actions des entreprises, aussi bien que leur financement par celles-ci, afin d'utiliser la crédibilité du chercheur dans le marketing scientifique inquiètent les revues spécialisées dans ce domaine, la communauté de chercheurs et le public conscient de la validité des résultats présentés et de la fiabilité des produits lancés sur le marché. La façon dont cette neutralité devrait être préservée sans les enjeux inévitables de l'intérêt pose un problème éthique qui n'est pas toujours examiné par les conseils de classe comme il faudrait.*

**Mots clés:** Éthique, conflits d'intérêts, recherche médicale