



CONFLICT OF INTEREST FROM A BIOETHICAL PERSPECTIVE : A NARRATIVE REVIEW

Dental Science

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ABSTRACT

BACKGROUND AND OBJECTIVE : Conflict of Interest arises in situations wherein professional judgment concerning chief concerns such as education, patient treatment or research, may be intemperately affected by ancillary interest such as monetary gain and one's own standing. The objective of the study is to get an insight about the conflict of interest that arises in the sectors of medical research, practice and in teaching. This narrative review aims to map the existing knowledge about the subject so as to help formulate enforceable clinical practice guidelines.

METHODS AND RESULTS: A broad based literature search was conducted on Scopus, PubMed and Google Scholar. Keywords "Conflict of Interest", "Bioethics" were used in the search. 17 manuscripts were eligible for data collection.

DISCUSSION: Since conflict of interest will always be omnipresent part of human interactions, rather than looking for ways to eliminate it, one should find methods by which they can be regulated and peacefully settled.

KEYWORDS

Conflict of Interest, Bioethics, Medical Research, Policy guidelines

INTRODUCTION:

A "Conflict of interest", as per Thompson " is a set of conditions in which professional judgment concerning a primary interest tends to be unduly influenced by a secondary interest."^{1,2}

Almost every academic discipline has its own theoretical approach to understand the true essence of the term "Conflict of Interest". Hence, it is impossible to create a review of the literature in its totality . Therefore, in this review, we are focusing our search to understand the implications of conflict of interest from a bioethical perspective. We aim to categorise the different types of conflict of interest stated by different authors and ponder into the different areas wherein conflict of interest exists in biomedical setup. We try to analyse the ways of remedying this omnipresent problem and identify the limitations in the implementation. Finally we have put forth some suggestions in the regard with the best of our knowledge collected from the limited resources. The clinical basis of the review is to introspect "conflicts of interest" in practice, education, medical studies and in the formulation of clinical practice standards.

METHODS WITH RESULTS OBTAINED:

A broad based literature search was conducted on Scopus, PubMed and Google Scholar. Keywords "Conflict of Interest", "Bioethics" were used in the search. 17 manuscripts were eligible for data collection and referencing.

Types of Conflict of Interest:

As per publication, "Addressing and Managing Conflicts of Interest in Planning and delivery of nutrition programmes at country level" by World Health Organisation (WHO)³, conflict of interest is categorised as:

- "Actual Conflict of Interest
- Perceived Conflict of Interest
- Outcome based conflict of Interest"

Another classification was given by political scientists from Canada, Ken Kernaghan and John Langford in, "The Responsible Public Servant" ⁴. In the classification, the subject was divided into 7 categories:

- **"Self-dealing"**: The example given was about a person who worked for the administration and exploited his/her official placement to get a contract for a private consultancy that he held. Another example given was about using government position to set a summer work for their children.

- **"Accepting benefits"**: Bribery is one of the many examples; substantial [non token] donation are another example. An incident that explains the situation is about a person who is the purchasing agent in a particular department and he accepts liquor from a major distributor.
- **"Influence peddling"** : In this situation, the individual tries to extract gains in return of using his influence to immorally promote the work of a specific group.
- **"Using your employer's property for private advantage"** : It could be as simple as taking office stationary for using at home to using a software that is licensed to the employer for one's own private work. In the first situation, permission from the employer nullifies the conflict but in the second, it is not.
- **"Using confidential information"**: For example, while being employed by another party, you come to know that the client is planning to purchase a plot in your area. You rush and purchase the land in the name of your spouse.
- **"Outside employment or moonlighting"**: The example would be starting up an establishment that runs direct competition with your manager. Another situation would be working with many customers that you don't have time for your own employer. In addition to encourage peddling, a person in public service might sell private services in assurance that the customers will benefit from the government.
- **"Post-employment"**: In this case, a former public servant starts up a practice and lobbies the former department in which he/ she was employed.

In the health sector, **"Financial Conflict of Interest"** is a type which is most renowned and occurs as a result of direct monetary gain concerning topics like stock holdings, employment, seeking paid testimony from expert, consultancies, patents, funding, honoraria and in gifts in the form of kind (e.g. accommodation, travelling, frequent flier miles, food) or goods recommended as per guidelines.

"Indirect financial interests" truly exists in reality as it can be related to academic growth. "Direct guideline funding by for-profit organizations" is one more frequent trouble and some researchers have asked that "professional medical organizations should reject industry funding for practice guidelines."⁵

Another type reported is **"Intellectual Conflict of Interest"** that results wherein a person involved in guideline formulation is occupied in their own research work. Other instances include "authorship of

original studies and peer reviewed grant funding directly associated to recommendations under consideration". Other categories are "academic conflicts" (e.g. fund competition) and "conflicts related to clinical revenue streams" (e.g., conducting an advanced diagnostic procedure that is under review for a recommendation).⁶

Areas of Conflict of Interest:

• "Financial Conflict of Interest in Clinical Practice"

The Singapore Medical Council Ethical Code and Ethical Guidelines suggest that a doctor should avoid from:

- 1) Obtaining money from patients improperly
- 2) Unnecessary prescription of drugs or appliances for personal interests
- 3) Fee splitting or procuring commissions from referral of patients

Financial benefit to the physician by means of charging excess fee, offering healthcare services of insignificant value for the particular patient, unwanted referrals etc. are all included in financial conflict of interest in clinical scenario.⁷

• "Conflict of Interest in Industry Relationships"

Favours given to physicians by various industries like Pharmaceutical, Medical device manufacturers etc. in the form of free gifts, free meals, travel subsidies, sponsored teachings and symposia, creates expectation of reciprocation and obligation to these industries thereby generating conflict of interest e.g. Prescription Bias.⁸

Ghostwriting is an unethical practice which is even prevalent in the medical field. In this industry-sponsored writers draft and edit papers for marketing and promotional motives on which clinicians and researchers associated with institutes are accredited as authors to boost the article's value. According to ICMJE guidelines "an author is someone who has made considerable intellectual contributions to a published study. Three criteria have to be fulfilled to warrant authorship:

1. A substantial contribution needs to have been made to the conception and design, acquisition of data or analysis and interpretation of data.
2. In addition the author must have drafted the article or revised it critically for important intellectual content.
3. Lastly, to qualify, the author must also approve the final version of the article to be published."¹⁵

• "Conflict of Interest and Medical Research"

Research collaborations among institute, government and industry are important to the invention of new medicines and medical appliances that ameliorates the process of prevention, identification and treatment of health problems. Doctors as researchers have the primary duty to maintain the integrity of science and research. There are number of evidences suggesting the relationship between academic researchers and industry which can be associated with benefits like significant research productivity and can be associated with risks like avoiding sharing of the research data and holding back of negative outcomes or even sometimes manipulating and misreporting the results in scientific publications.²

• "Doctors with dual obligations in Medical research"

Clinician - researcher have dual role of healers as clinicians and being scientist when carrying out research. Clinician's primary duty is well being of the patients. Whereas Researcher's primary duty is maintaining the rectitude of science. The dual obligation to patient welfare and scientific integrity arises when a scientist is involved in clinical research involving patients. Conflict of interest emerges when Clinician- Scientists enroll their own patients who are undergoing treatment by them in the research. The patients may approve to participate in the research under therapeutic deception like direct therapeutic benefits for them and may find difficult to decline it.

• "Conflict of Interest in Medical Education"

Doctors as educators in educational institute have the primary role of rendering a quality education to their students and trainees. The dual role of Doctor-Educator arises in areas of education like hospitals where equilibrium between providing quality patient treatment and quality education to trainees needs to be maintained.⁷

Management of Conflict of Interest:

Following are the different ways of resolving conflict of interest.

• DISCLOSURE

Disclosure is the cornerstone for resolving the conflict of interests. There should be transparency in the relationship between the physician and the industry highlighting the nature, duration and profit gained by the relationship hence maintaining patient's trust in the physician. Disclosure will help in avoiding situations where the physician's decisions are compromised and their professional independence will be maintained.

According to Institute of Medicine (IOM), "the Time Frame for Disclosure for employees and others who are involved with an institution for an extended period, disclosure policies generally require an initial disclosure and then periodic (e.g., yearly) disclosures as well as interim disclosures when new relationships arise or when specific events occur (e.g., the submission of a new grant proposal or an application to license intellectual property). For researchers, policies may require the disclosure of financial ties before a study begins (e.g., to university administrators and institutional review board members), during a study, (e.g., to the research team, students, or research subjects), and after the study is completed (e.g., to journal editors when papers are submitted for publication in peer-reviewed journals)."

• REVIEW AND AUTHORIZATION

Formal review systems help in managing the conflict of interest. The research ethics boards have the authority to check whether conflict of interests are influencing the proper execution of the clinical trials and the healthcare provided to the patients involved in the trial. The academicians must delineate financial interests to the administration of the university.

• PROHIBITION

Some conflicts of interest may badly affect the trust and are inappropriate, that they need to be prohibited like excess finder's fee, referral fee and the CMA Policy also disapproves doctors from taking money from the company in favour of attending promotional activities.

• LIMITATION

Another common means to resolve conflict of interest is Limitation. The report by Institute of Medicine states that "academic medical centres and teaching hospitals should prohibit faculty from accepting gifts, making presentations that are controlled by industry, claiming authorship for ghost-written publications, and entering into consulting arrangements that are not governed by written contracts for expert services to be paid for at fair market value. Medical centres also should restrict visits by industry sales people and limit use of drug samples to patients who lack financial access to medications."^{9,10,11}

Limitations and Recommendations:

Because of the adversity of the current situation, most academic institutions have adopted "Conflict of interest" policies¹² which are periodically analysed and rated^{13,14}. This is done to sort out relationships involving the pharmaceutical and technology industry so as to decrease the risk of bias in education, research and patient care.¹² But these centres have very little knowledge about the effect of these policies including the perception of the same by their staff. Hence studies on a large scale can be conducted to bridge the information gap.¹⁶

"International Committee of Medical Journal Editors" (ICMJE) and "Committee of Public Ethics" (COPE) have downloadable versions of surveys that can be used by any institution. The academic medical centres can use the outcome obtained to refurbish and rectify guidelines, and continue ongoing education to update existing policies.

CONCLUSION:

The alliance between researchers, doctors and medical centers with biotechnology, device and pharmaceutical industry has caused a tremendous amount of growth in medical research and in formulation of life changing technology. However, these collaborations are permeating and hence create conflict of interest that can cause harm to patients, threaten public trust and bias research. Since conflict of interest will always be omnipresent part of human interactions, rather than looking for ways to eliminate it, one should find methods by which they can be regulated and peacefully settled.¹⁷ Hence public officials, medical leaders, and lawyers have commended the academic medical centres to adopt guidelines to save the honesty of education,

patient treatment and medical research. Academicians have now formulated tools like “disclosure checklist” to toughen and standardise addressing financial conflict of interest.

Statement of Conflict of Interest:

All authors declare that there exists no conflicts of interest amongst them.

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