Food for Thought - Medical Conflicts of Interest

In today's world of instant news and Internet communications, there are many different thoughts and opinions regarding ones health care choices, often promoted by experts or groups claiming to represent the public interest in a specific area. The question one must ask when presented with recommendations from patient advocacy groups or entities such as the American Heart Association, American Diabetes Association or the National Academy of Medicine (formerly the Institute of Medicine), is who is the organization advocating for? Are they truly representing the public interest or acting as a mouthpiece for their funding sources?

In a study conducted by the Office of Patient Experience at the Cleveland Clinic, of 300 patient advocacy groups surveyed, fully 2/3rds of them received funding from the industries they were monitoring in the "public interest". Contributions from pharmaceutical companies were found to be upwards of $50,000.00 which was about 17% of the median average revenue of $300,000.00 the organizations received.

Another practice reviewed by the group was organizational "seals of approval" which are often funded by special interest groups. An example is the American Heart Associations (AHA) "Heart Check Mark" endorsement of Campbell Soup despite the sodium content of their soups being greater than the AHA's own recommendation. Groups that monitor these claims challenged this in court and the recommendation was removed. Another practice commonly found are "advocacy groups" that advocate for the inclusion or exclusion for a specific medical need or condition. As an example, specific advocacy groups often pressure health care plans to include newer drugs that are marginally effective but cost more than other more effective drugs. The advocacy group that positions itself as an "independent organization", is more often than not funded by the pharmaceutical company that produces and holds the patent on the drug.

According to a physician at the Oregon Health Sciences University who is active on twitter, many of the physicians who utilize this media to advocate the use of more expensive drugs are also recipients of payments from the pharmaceutical industry both as funding for research as well as payments for advocating the drug. He and his colleagues reviewed 650 twitter accounts and found that fully 80% of them were industry funded in one form or another.

Another area of concern occurs when a federal agency such as the Centers for Disease Control (CDC) or Food and Drug Administration (FDA) solicit input for development of guidelines for foods or drugs. Those individuals providing comment on guideline development are not required to disclose potential conflicts of interest and as such can advocate for guidelines that are supportive of the industry they represent. An example of this is when the CDC developed guidelines for opioid prescribing with a more narrow and restrictive focus, physician input advocated for lesser restrictions which were ultimately adopted. It was found later that many of the individuals who advocated for less stringent guidelines had financial ties to the pharmaceutical industry that stood to benefit from increased sales of opioids. The result of the less stringent guidelines has resulted in

what is now termed the opioid epidemic, a serious public health problem characterized by an increase in prescription drug dependency and accidental deaths from over dose.

Another group found that 1 in 12 physicians and 1 in 5 family physicians accepted payments from pharmaceutical companies who produced opioid medications. While most of the payments were small, the top 1% of physicians accepting payments, those who are considered “experts” in the field, received upwards of $38 million for their efforts in promoting opioid prescriptions.

The then Institute of Medicine published standards for disclosures on clinical practice guidelines in 2011 that stated that there should be no financial conflicts among guideline committee chairs and co-chairs, and less than 50% of committee members should have commercial relationships. Yet when reviewed 3 years later in the areas of Hepatitis C and cholesterol treatment guidelines, many of the committee members as well as the committee chairs, had significant ties to the pharmaceutical industry that would directly benefit from guideline changes. One only has to look at the decrease in fasting cholesterol level guidelines over the past 10 years to see that it has benefited statin sales considerably.

So what does one do about conflicts of interest in medicine?

1. Make sure that your source of information is creditable. This may entail consulting a number of different sources in order to obtain a number of points of view, so that you can come to your own conclusions.
2. Don’t believe everything that you read on the Internet. Some of it is good, some marginal and some down right false and can be manipulated by those who are savvy to how this medium works.
3. Be willing to question authority figures that are “experts”. While most of them may be highly educated and possess numerous degrees and credentials, they are still human and subject to outside influences. Careers in academia are made not on publishing data that goes against established dogmas, but rather what brings in revenue to often financially strapped medical schools.
4. Let the boys and girls in congress know that these unethical practices are unacceptable and needs over site by congress and the federal agencies that were developed to do so, such as the FDA and CDC. Both of these organizations are rife with conflicts of interest however, as federal regulations and congress has essentially made it easier for the industries they regulate to have a place at the table.

The bottom line here is that as medical consumers, we all must be our own, as well as our families advocates and be willing to question conventional or unconventional suppositions as to what is good for all of us.

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