

## Free Lunches and Influence

KERRY K. CARNEY, DDS

There is a bit of a dust up over at the *Journal of the American Medical Association*. It seems that in May 2008, *JAMA* published an article on the use of a certain medication in the treatment of stroke patients. The particulars of the study have been overshadowed by the controversy over transparency in conflicts of interest. The author of the study failed to disclose a conflict of interest with regard to the manufacturers of the drug in the study. What followed was a long rally of “he said,” “we said.”

The short version is: The failure to disclose a conflict of interest and a possible interpretive bias in favor of drug therapy over problem-solving therapy was pointed out to *JAMA*; and a letter reiterating the complaint was published in the *British Journal of Medicine*. *JAMA* took exception to the fact that the complaint was published in another journal and maintained it was a “serious ethical breach of confidentiality ... [and] ... potentially damages” *JAMA*’s reputation.<sup>1</sup> This brouhaha involves more than finger pointing and recriminations. At the core, this is about influence.

Recently, there has been a great deal of discussion around the influence that drug makers and medical device makers enjoy over physicians.<sup>2</sup> The Institute of Medicine was established in 1970 under the charter of the National Academy of Sciences. It provides independent objective, evidence-based advice to policy-makers, health professionals, the private sector, and the public. The IOM issued a report describing the most common ways these groups “endear” themselves to physicians, schools and institutions.<sup>3</sup> The report recommended ending the practice of “free samples, free food, free medical refresher courses, and payments for marketing lectures.”<sup>2</sup>



**Legislation is being formulated that would require physicians to disclose if they have received monies from representatives of the medical industry.**

Legislation is being formulated that would require physicians to disclose if they have received monies from representatives of the medical industry. Industry members and their lobbyists have viewed this as an infringement on their constitutional rights of freedom of speech. They also point out that without the industry subsidized medical continuing education it would be a hardship for physicians to stay current.

The ramifications of conflict of interest on the machinery of scientific investigation and interpretation, though staggering, are not new. The *JAMA* study was well-designed, federally funded, and published in a peer-reviewed journal of national standing. However, the fact that there was no significant difference between outcomes of those patients treated with the pharmaceutical and those patients who received problem-solving therapy was not the take-home message. The study’s author and another expert were asked to comment on the conclusion. Both supported the prescribing of the pharmaceutical as a prophylactic against depression in stroke victims. (The other expert also had conflict-of-interest issues with the pharmaceutical’s manufacturer).<sup>4</sup>

Good scientific studies are difficult to carry out, especially when they involve human subjects. It does not make economic sense for pharmaceutical makers to

subsidize studies that might disprove the benefits of their products. Studies that find “no effect” are not often published. All of these factors sabotage the smooth running of the machinery of scientific investigation. But what does this controversy have to do with dentistry?

At a recent meeting with the deans of the dental schools in California, one of the topics for discussion was the IOM report and the issue of industry influence over dental students and faculty. Each school has established its own policy for eliminating or minimizing industry influence. Gifts are restricted or banned outright. Gone are the “Lunch and Learn” sessions sponsored by vendors. The elimination of food as a lure is significant. The ADA outreach in dental schools has shown a direct correlation between attendance and the availability of food.

Besides what’s so bad about a little food with a presentation on the benefits of a product?

The answer to that goes back to what your mother taught you. “You don’t criticize your host at a party.” (Though that social rule never seemed to constrain any of my uncles). Food, friendship, and flattery are key elements in social interaction. The blurring of the context of the meeting is what makes it an effective marketing tool. Is the meeting social or is it scientific? It is both: Facts will be presented but it would be impolite or inappropriate

to point out conflicting facts or detracting circumstances to the sponsor with whom you are breaking bread.

Sponsors are great. They underwrite many beneficial programs, but there remains the conflict between independence of thought and commercial influence. In journalism, the influence of advertising is constantly under scrutiny. Content information must remain unfettered by advertising revenue or the whole endeavor devolves into an infomercial. Science-based dentistry relies on sound principles of design, logic, reproducibility, and reasoning. Bias can render a study meaningless by insinuating into the design or coloring the conclusion. Recognizing bias is part of the critical appraisal of every study and conclusion.

The buzzword today is evidence-based dentistry. But the episode at the *JAMA*

shows that even well-designed studies may fall victim to bias. At the *Journal of the California Dental Association*, we too rely on blind, peer review to help prevent bias. For all their hard work, our reviewers are compensated only by our most grateful thanks and annual recognition. Without the review and evaluation of specialists, we would not have the award-winning publications that you read.

Influence can run the gamut from subtle and unconscious to explicit and deliberate. In its most innocuous form, we contemptuously dismiss the notion that our objective opinion could be swayed. In its most audacious form, it can take on the illegal aspect of bribery or extortion. In its most insidious form, we may not be aware of its operation. The IOM report admonishes that conflicts of interest put the public trust in jeopardy.

As caring, practicing professionals, we must insist on transparency with regard to conflicts of interest; and we must incorporate that information into our critical evaluation of clinical relevance. We cannot just read. We have to think. ■■■■

#### REFERENCES

1. Christopher A, Battle brewing among physicians, *JAMA* over conflict-of-interest investigations, *FierceHealthcare Daily News* for health care executives, March 23, 2009.
2. Harris G, Institute of medicine calls for doctors to stop taking gifts from drug makers. *The New York Times*, April 28, 2009.
3. Conflict of interest in medical research education and practice. Institute of Medicine, April 2009.
4. Leo J, Clinical trials of therapy versus medication: even in a tie, medication wins, March 5, 2009. [bmj.com/cgi/eletters/338/feb05\\_1/b463#208503](http://bmj.com/cgi/eletters/338/feb05_1/b463#208503). Accessed July 13, 2009.

Address comments, letters, and questions to the editor to [kerry.carney@cda.org](mailto:kerry.carney@cda.org).