

Il Conflitto di Interessi in campo medico

Alessandro Liberati

Università di Modena e Ce.V.E.A.S.

*L'integrità della ricerca biomedica nell'era della
Evidence based Health Care
Bologna, 23 Novembre 2001*

Contenuto della presentazione

- EBHC e conflitto di interessi: una contraddizione solo apparente
- Il CdI nella letteratura medica
- Qualche esempio dalla letteratura
- Alcune riflessioni tutt'altro che conclusive

Alcune premesse sui CdI (I)

- Se per CdI si intendono le tante, più o meno gravi, infrazioni di regole di comportamento deontologico con più o meno grandi coinvolgimenti economici allora la medicina non è per nulla diversa da tante altre professioni. I CdI medici si intrecciano con quelli della economia, sociologia, del mondo legale, ecc.

Alcune premesse sui CdI (II)

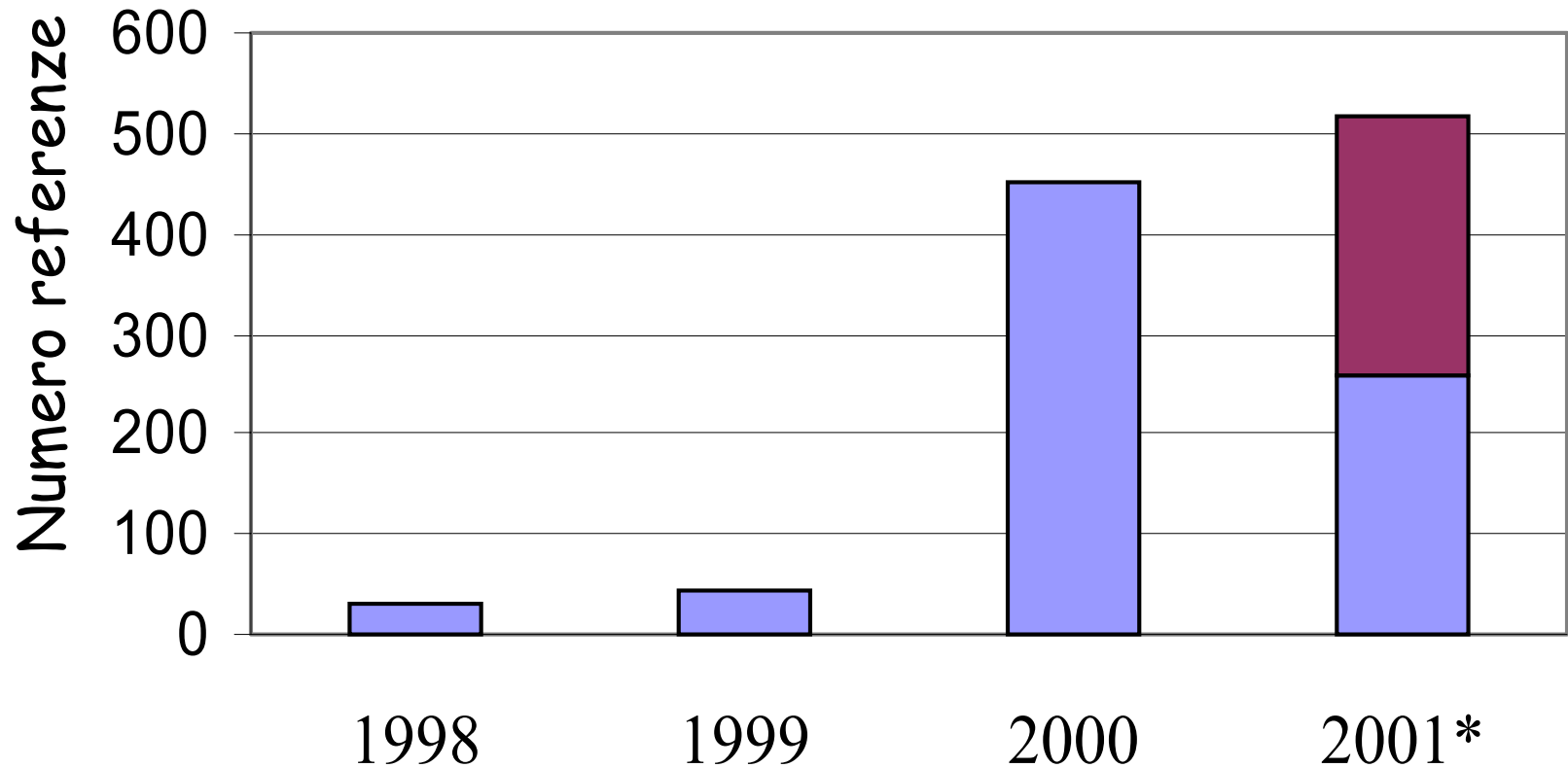
- Il CdI in medicina mantiene una sua specificità se si rifiuta, in senso sostanziale, la logica del mercato e si intende la medicina come luogo della pratica del diritto alla salute
- Se la medicina e la sanità diventano "bene di mercato" allora i CdI sono parte integrante delle regole del gioco e il problema sostanziale diventa (solo?) l'insieme di regole per non esagerare nella "furbizia permessa".

I CdI sostanziali

1. Coerenza con la Dichiarazione di Helsinki ??
2. Good Clinical Practice come marchio di qualità degli studi ?!?!?
3. Comitati Etici obbligatori ed universalmente diffusi
4. Logica dei trattati commerciali (TRIPS = Trade Related Intellectual Property System)
5. Autorità di registrazione garanti di (rispondono a) criteri di 4.
6. Formalmente i trial sono DOC ed i risultati sempre più "normativi" verso la autorizzazione

Il CdI nella letteratura medica

Il conflitto di interessi nella letteratura scientifica



* Proiezione sulla base dei primi 5 mesi

**Qualche esempio dalla
letteratura**

Special Article

CONFLICT OF INTEREST IN THE DEBATE OVER CALCIUM-CHANNEL ANTAGONISTS

HENRY THOMAS STELFOX, M.D., GRACE CHUA, M.D., KEITH O'ROURKE, M.B.A., AND ALLAN S. DETSKY, M.D., PH.D.

ABSTRACT

Background Physicians' financial relationships with the pharmaceutical industry are controversial because such relationships may pose a conflict of interest. It is unknown to what extent industry support of medical education and research influences the opinions and behavior of clinicians and researchers. The recent debate over the safety of calcium-channel antagonists provided an opportunity to examine the effect of financial conflicts of interest.

Methods We searched the English-language medical literature published from March 1995 through September 1996 for articles examining the controversy about the safety of calcium-channel antagonists.

THE safety of calcium-channel antagonists in the treatment of cardiovascular disorders has recently become a controversial issue. A case-control study suggested a possible association between the use of calcium-channel antagonists to treat hypertension and an increased risk of myocardial infarction.¹ A meta-analysis of randomized, controlled trials in patients with ischemic heart disease and a case-control study of antihypertensive medications in the elderly raised further questions about the safety of calcium-channel antagonists.^{2,3} An intense debate followed in both the medical literature and the lay press.

TABLE 1. CLASSIFICATION OF AUTHORS' POSITIONS ON THE SAFETY OF CALCIUM-CHANNEL ANTAGONISTS.

Critical

Emphasizes concern about safety

Recommends use of alternative medications

Criticizes authors emphasizing the safety of calcium-channel antagonists

Neutral

Concludes that there is insufficient information to assess safety

Makes no recommendation about medication use

Equitably assesses opposing views

Supportive

Emphasizes safety

Recommends continued use of calcium-channel antagonists

Criticizes authors questioning safety

TABLE 2. RATES OF RESPONSE TO THE SURVEY.

VARIABLE	SUPPORTIVE	NEUTRAL	CRITICAL	CHI-SQUARE FOR LINEAR TREND	P VALUE
No. of articles	30	17	23		
No. of authors surveyed	35	18	33		
No. of respondents	24	15	30		
Response rate (%)	69	83	91	5.60	0.02

TABLE 3. AUTHORS WITH FINANCIAL RELATIONSHIPS WITH PHARMACEUTICAL MANUFACTURERS.

MANUFACTURER	SUPPORTIVE AUTHORS (N = 24)	NEUTRAL AUTHORS (N = 15)	CRITICAL AUTHORS (N = 30)	CHI-SQUARE FOR LINEAR TREND	P VALUE FOR TREND
	no. of authors (%)				
Manufacturer of calcium-channel antagonist	23 (96)	9 (60)	11 (37)	22.02	<0.001
Manufacturer of competing product	21 (88)	8 (53)	11 (37)	14.84	<0.001
Any manufacturer	24 (100)	10 (67)	13 (43)	22.68	<0.001

TABLE 4. AUTHORS' FINANCIAL RELATIONSHIPS WITH PHARMACEUTICAL MANUFACTURERS.

INTERACTION AND MANUFACTURER	SUPPORTIVE AUTHORS (N = 24)	NEUTRAL AUTHORS (N = 15)	CRITICAL AUTHORS (N = 30)	CHI-SQUARE FOR LINEAR TREND	P VALUE FOR TREND
	% of authors				
Support to attend symposium					
Manufacturer of calcium-channel antagonist	67	33	20	12.39	0.002
Manufacturer of competing product	50	27	13	8.84	0.01
Any manufacturer	67	47	27	8.87	0.01
Honorarium to speak at symposium					
Manufacturer of calcium-channel antagonist	71	27	13	19.82	<0.001
Manufacturer of competing product	62	40	13	14.66	<0.001
Any manufacturer	75	40	17	19.62	<0.001
Support for educational program					
Manufacturer of calcium-channel antagonist	46	20	7	11.92	0.003
Manufacturer of competing product	37	13	10	6.16	0.04
Any manufacturer	50	20	10	11.26	0.003
Research funding					
Manufacturer of calcium-channel antagonist	79	33	17	22.45	<0.001
Manufacturer of competing product	50	33	20	5.45	0.07
Any manufacturer	87	40	20	26.09	<0.001
Employment or consultation					
Manufacturer of calcium-channel antagonist	21	33	7	2.13	0.07
Manufacturer of competing product	21	33	17	0.19	0.46
Any manufacturer	25	33	17	0.60	0.45

Review

Why Review Articles on the Health Effects of Passive Smoking Reach Different Conclusions

Deborah E. Barnes, MPH; Lisa A. Bero, PhD

Objective.—To determine whether the conclusions of review articles on the health effects of passive smoking are associated with article quality, the affiliations of their authors, or other article characteristics.

Data Sources.—Review articles published from 1980 to 1995 were identified through electronic searches of MEDLINE and EMBASE and from a database of symposium proceedings on passive smoking.

Article Selection.—An article was included if its stated or implied purpose was to review the scientific evidence that passive smoking is associated with 1 or more health outcomes. Articles were excluded if they did not focus specifically on the health effects of passive smoking or if they were not written in English.

Data Extraction.—Review article quality was evaluated by 2 independent assessors who were trained, followed a written protocol, had no disclosed conflicts of interest, and were blinded to all study hypotheses and identifying characteristics

somewhat disconcerting that not all published review articles are reaching the same conclusion about the health effects of passive smoking, particularly when there is consensus in the scientific community that passive smoking is harmful. The goal of this study was to identify factors that might explain why review articles on the health effects of passive smoking are reaching different conclusions.

Several interrelated factors may influence the conclusions of review articles. First, the conclusions of review articles may vary depending on the quality of the reviews conducted. Review articles are often

Table 1.—Criteria Used to Evaluate Quality of Review Articles on the Health Effects of Passive Smoking

Criteria	No. (%) of Articles Partially or Completely Satisfying Criterion* (N = 106)
1. Was purpose of the review clearly stated?	95 (90)
2. Did the authors clearly describe their strategy for identifying primary research studies on the review topic?	18 (17)
3. Was the search strategy appropriate?	13 (12)
4. Did the authors clearly report their criteria for deciding which studies to include and exclude?	42 (40)
5. Were the inclusion/exclusion criteria appropriate?	27 (25)
6. Did the authors clearly report their criteria for assessing the quality/validity of studies included?	49 (46)
7. Was the validity assessment appropriate?	44 (42)
8. Did the authors clearly report their strategy for combining study results (either qualitatively or quantitatively)?	31 (29)
9. Were study results combined appropriately?	23 (22)
10. Were the findings clearly summarized (either graphically or in words)?	59 (56)
11. Did the authors adequately discuss data limitations and study inconsistencies?	64 (60)
12. Were the stated conclusions supported by the data presented?	59 (56)
Mean (SD) quality score	0.36 (0.20)

*Both quality assessors agreed that the criterion had been either partially or completely satisfied.

Table 2.—Descriptive Characteristics of Review Articles on the Health Effects of Passive Smoking

Characteristics	No. (%)* of Articles (N = 106)
Conclusion	
Passive smoking harmful	67 (63)
Passive smoking not harmful	39 (37)
Type of review	
Systematic	11 (10)
Unsystematic	95 (90)
Peer review status	
Peer reviewed	64 (60)
Non-peer reviewed	39 (37)
Missing	3 (3)
Author affiliation	
Tobacco industry	31 (29)
Non-tobacco industry	75 (71)
Topic	
Lung cancer	27 (25)
Heart disease	10 (9)
Respiratory disorders	17 (16)
Multiple health outcomes	44 (42)
Miscellaneous	8 (8)
Years of publication	
1980-1986	16 (15)
1987-1992	47 (44)
1993-1995	43 (41)

*Percentages may not sum to 100 because of rounding.

Table 3.—Relationship Between Article Conclusions and Author Affiliations

Article Conclusion	No. (%) of Reviews	
	Tobacco-Affiliated Authors (n = 31)	Non-Tobacco-Affiliated Authors (n = 75)
Passive smoking harmful	2 (6)	65 (87)
Passive smoking not harmful	29 (94)	10 (13)
Significance	$\chi^2_1 = 60.69; P < .001$	

Table 4.—Factors Associated With Concluding That Passive Smoking Is Not Harmful to Health: Multiple Logistic Regression Analysis

Factors	Odds Ratio* (95% Confidence Interval)	P Value
Mean quality score (continuous)	1.5 (<0.1-67.5)	.83
Peer review status		
Non-peer reviewed vs peer reviewed	1.3 (0.3-5.4)	.70
Author affiliation		
Tobacco industry vs non-tobacco industry	88.4 (16.4-476.5)	<.001
Topic		
Lung cancer vs multiple health effects	1.6 (0.2-10.3)	.63
Heart disease vs multiple health effects	1.6 (0.2-14.7)	.67
Respiratory disorders vs multiple health effects	1.8 (0.3-11.9)	.56
Other health effects vs multiple health effects	4.6 (0.6-32.8)	.13
Year of publication (continuous)	1.1 (0.9-1.3)	.45

*Odds ratio corresponds to factors associated with concluding that passive smoking is not harmful.

passive smoking is harmful were highly ample, 1 review³⁷ stated that “[w]hile a few

I luoghi della vigilanza

Singoli ricercatori

- Ideazione
- Finanziamento
- Conduzione
- Analisi
- Pubblicazione
- Comitati Etici

Soc Scient/Professionali

- Pubblicazione
- Disseminazione
- Comitati Etici
- Linee-guida
- ECM

Alcune riflessioni, tutt'altro che conclusive

- A quali condizioni il crescere del richiamo all'etica può non essere contemporaneo ad un crescere delle diseguaglianze?
- Come superare i CdI dovuti a
 - omissione
 - favoreggiamento
 - accreditalamento di priorità improprie
 -

Alcune riflessioni, tutt'altro che conclusive

- Quando si parla di diritti e libertà rispetto a categoria scientifica siamo in difficoltà.....
- Possiamo /dobbiamo sperare che la esigenza di una autoregolamentazione (es. editoriale congiunto dei Direttori delle riviste scientifiche, 13 settembre 2001) apra una nuova stagione?
- Perché parlare di CdI non diventi una moda dobbiamo definire indicatori misurabili