

Managing or Maintaining Bias? Examining the Institutionalisation of Conflicts of Interest in Medical Journal Publishing

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PRIMARY RESEARCH QUESTION:

To what extent does the institutional environment of medical journal publishing inform actors' conceptualisation and management of conflicts of interest, and their consideration of alternative approaches?



Background: the rise of conflicts of interest in medical journals

- Partnerships between pharmaceutical industry, academic researchers & governments can lead to COIs.
- These conflicts can affect medical journals – ‘publication bias’.
- Publication bias can take various forms, e.g.
 - Suppression of negative results
 - Multiple publication of trials



Implications

- Scientific research, and journals that present its results, inform health policy & practice.
- COIs can lead to incorrect public health decisions being made, e.g. Roche and Tamiflu.
- Loss of trust in 'experts'.
- Trust is crucial in medicine; COIs jeopardise this, e.g. Wakefield and MMR/autism; statins debate between *BMJ* and *Lancet*

"People ...have had enough of experts"
(Michael Gove, Tory MP & campaigner for Brexit)



EARLY REPORT

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary
Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Introduction
We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including in some

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Scientists fear MMR link to autism

By SALLY BECK, Mail on Sunday
Comments (0) | Share
28/05/2006

Data: 48 semi-structured interviews

| Role | Number contacted | Number interviewed |
|---|-------------------------|---------------------------|
| Editors in chief | 17 | 6 |
| Executive editors | 6 | 3 |
| Senior editors | 3 | 5 |
| Associate editors | 22 | 1 |
| Managing editors | 4 | 8 |
| Publishers | 19 | 3 |
| Medical writers | 4 | 4 |
| Authors | 57 | 9 |
| Pharmaceutical company representatives | 3 | 1 |
| Tobacco company representatives | 3 | 1 |

Data: Policies and guidelines

- The top 10 medical (general and internal) journals, measured by Impact Factor (2012).
- Journals cited in my literature review for having been charged with engaging in practices deemed ethically problematic.
- Professional associations, identified through references and citations to them in the guidelines and policies of the sample journals, the interviews and references to them in my Literature Review.
- Those commercial publishers that produced the journals in my sample.
- 3 manufacturing sector companies.

Results: Who might be conflicted?

- Authors are ubiquitously referred to within the debate on conflicts of interest
- However, the primary interpretation of authorship accepted by the medical journal publishing industry – the ICMJE’s authorship criteria – has faced criticisms, e.g. for being too narrow (e.g. Bennett and Taylor, 2003, Helgesson, 2015, Matheson, 2011, Moffatt, 2013).
- This means other contributors to research and articles – e.g. medical writers & statisticians – were absent from the journal guidelines and discussion in interviews.
- Limited attention given to the potential COIs & their management of other key actor groups, including editors, reviewers and journal owners.

Results: What types of interest are relevant?

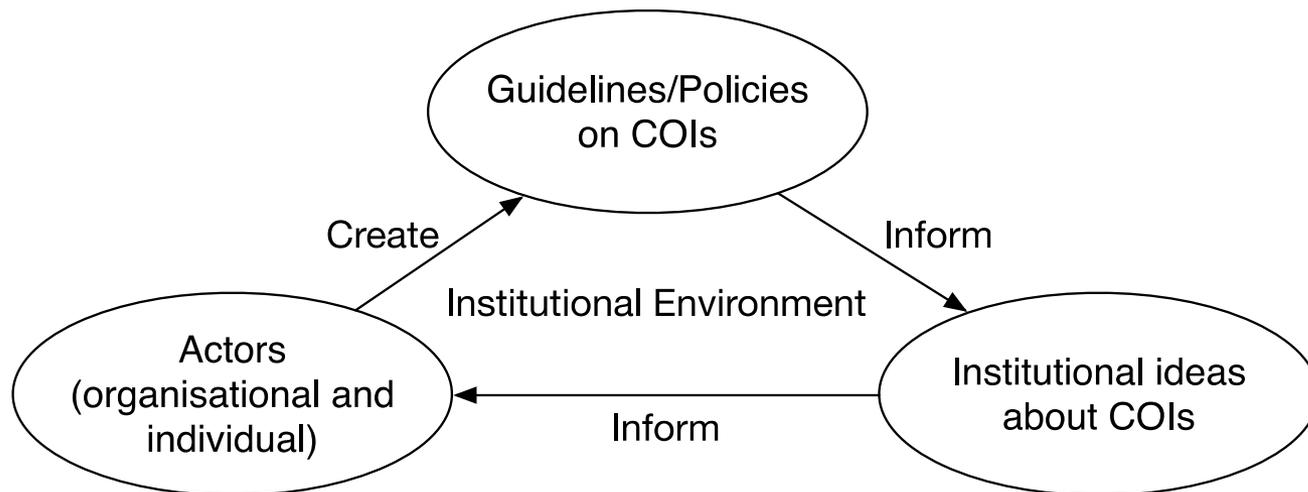
- COIs in medical journal publishing primarily depicted as being financial: non-financial/other conflicts (such as academic commitments, personal relationships, political or religious beliefs, institutional affiliations and career advancement) are marginalised/excluded from the debate:
- Focusing only on financial interests reduces our understanding of what can lead researchers to be biased.
- This means that potentially problematic conflicts, which could affect both research and resulting articles, may remain undisclosed.

Results: Management of conflicts – disclosure

- Data showed that voluntary disclosure is considered the primary tool through which to manage COIs: it is an easy, low-cost solution (Church and Kuang, 2009).
- Limited discussion of alternatives, despite studies demonstrating weaknesses of process, e.g.
 - ‘blind spot’ (Pronin et al., 2004)
 - ‘moral licensing’ and ‘strategic exaggeration’ (Cain et al. 2005)
- Authors are generally required by journals to disclose, while disclosure requirements for other actor groups – e.g. editors, reviewers and contributors – are less prevalent. Few journals publicly disclose their policies on these actors, nor do many publish editors’ COIs.

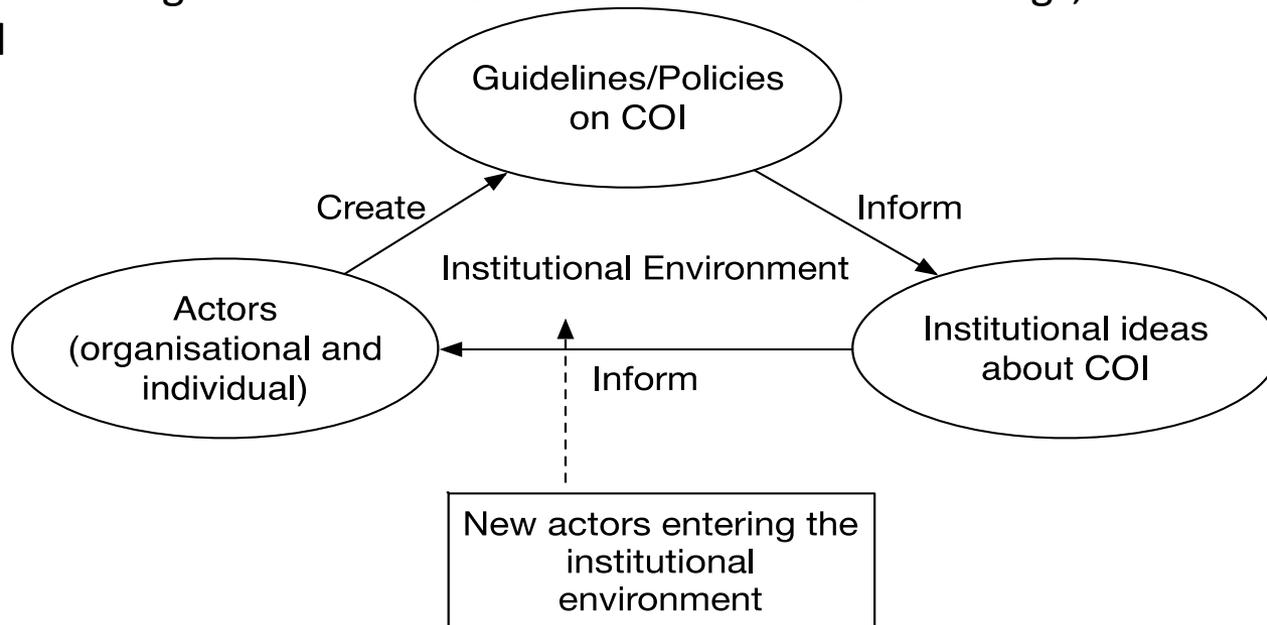
Institutionalisation

- Current, narrow understandings of COIs have become institutionalised: certain types of interest, and actor groups may thus escape management.
- These ideas have become formalised in the shape of guidelines and policies, which further reinforce understandings – they are embedded within the discourse.
- The understanding of COIs, developed over time, has therefore become institutionalised as objectified beliefs – understood as ‘external reality’ – and presents a barrier to change.
- This means that it is difficult for new ideas to enter the institutional environment and for change to occur.



Possibility of change (case for optimism!)

- For COIs to be managed more effectively, conceptualisations of both what they are and who it is that might be conflicted need to be broadened.
- Institutional change is not impossible: it can occur, for example, through:
 - individual actors' 'foreground discursive abilities' (Schmidt, 2008) – their ability to think critically outside their institutions.
 - new actors entering the institution, with fresh ideas (Scott, 2014) and acquiring legitimacy.
- This can be termed 'deinstitutionalisation' (Oliver (1992), Tolbert and Zucker (1996), Dacin et al. (2002) and Scott (2014))
- If such actors recognise deficiencies with current understandings, new ideas may be generated



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