

# When Interests Conflict

Relationships between academic medical institutions and medical industry span many years and a range of forms. Whose interests are served? Susan Dorr Goold (M.D. 1987), associate professor of internal medicine and director of the Medical School's Bioethics Program, explains the nature and some of the complexities of joining science and the profit motive in ethically sound ways.

**Q: What is the benefit of relationships between academic medical institutions and medical industry?**

**What are the potential harms?**

**A:** The idea is that relationships between medical industry and academic medical institutions, which are focused on advancing knowledge and innovation, will help innovations reach patients more quickly and effectively. A definite benefit is that industry support for the advancement of knowledge does unquestionably advance knowledge — some may be in the industry's self-interest, but some isn't, either by design or serendipitously. A definite harm is that to the extent industry funds research, it influences the research agenda, so that the agenda is driven not only by what scientists say would benefit patients, but also by the profit motive. There's evidence that industry relationships at times have influenced research results or reports of results. Another risk is diminished trust in science and researchers because of the perception that scientists or science as a whole are not free of bias and influence. The relationships aren't inherently bad, but the potential conflict of interest needs careful management.

**Q: Are relationships formed between institutions and industry, or between individual scientists and industry?**

**A:** Both — sometimes together, sometimes separately. For example, research funded by a pharmaceutical company is really a relationship with the institution, because the institution receives the funds to support the research. Of course researchers benefit as well, indirectly, because they're able to do their own research which furthers their career through publication, promotion or that important next grant.

**Q: How common are such relationships, and what forms do they take?**

**A:** A 2007 study we conducted with the Massachusetts General Hospital Institute for Health Policy revealed that almost two-thirds of surveyed department chairs had individual relationships with industry, and slightly more than two-thirds of departments had industry relationships. Individual relationships can range from giving a talk for a \$500 honorarium to having equity or stock in a firm or serving as a consultant. Depending on frequency or size of the financial reward, these may not be problematic — the devil's

in the details. Officer, founder, board of directors — those are tighter relationships: potentially more influential, more to gain or lose.

**Q: How does the Health System help ensure ethically sound relationships with medical industries?**

**A:** The U-M is well above average in policy and practices. We were one of the first medical institutions in the country to limit interactions between staff and pharmaceutical representatives, and to eliminate use of drug samples in clinics and hospitals. Any investigator with compensation from industry or doing research that could result in personal financial return has to disclose that to our Conflict of Interest Review Board, which decides how to manage or avoid conflict. Dean Woollicroft has been a leader nationally in generating conversations to chart a move toward some way of handling institutional conflicts, which are not under the purview of the review board.

*Interview conducted and condensed by Rick Krupinski.*

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# Relationships

medical innovations

profit benefits

unrestricted funds

motive

influence

institutional conflict

equity

research  
collaboration

industry support

funding conflict of interest

credibility disclosure

diminished trust

results consult

scientific agenda

