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Six problems with pharma-funded bioethics

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For a long time we've known about drug industry gifts to doctors. We've known about the expense-paid trips to exotic locations, the entertainment extravaganzas at medical conferences, the consulting fees that doctors can collect merely for listening to a marketer.¹ We've known about the "seeding trials" to market new drugs, the finder's fees the industry pays to researchers for enrolling patients in research studies, and the scientific publications ghost-written by industry-employed PR firms.² We're also beginning to learn about the class action lawsuits, the fraud charges, the suppressed research data and the recalled prescription drugs.³ What we did not know, until recently, was that the drug industry is also giving lots of money to bioethics. Should we be worried?

Many bioethicists think not. Last year, a task force commissioned by the two major bioethics associations in the United States published a report that strongly endorsed for-profit bioethics consultation.⁴ Some bioethicists suggest that the field will flounder if it is disengaged from the private sector. 'A bioethics that is disconnected from industry is a bioethics that flies blind', Arthur Caplan of the University of Pennsylvania told the *New York Times*.⁵ Even bioethicists who are skeptical about corporate-funded bioethics believe that the solution is for bioethicists merely to disclose their corporate links.

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¹ Fuller Torrey (2002); Moynihan (2003); Kowalczyk (2002).

² La Puma & Kraut (1994); Eichenwald & Kolata (1999); Bosely (2002).

³ Petersen (2002a,b); Petersen (2003); Laurance (2003a,b); Horton (2000).

⁴ Brody, et al. (2002).

⁵ Stolberg (2001).

The view from outside the field has been very different. Many observers have been shocked at the notion that bioethicists would be on the pharmaceutical industry payroll.⁶ Journalists have professed dismay at discovering that many of the bioethicists from whom they have been seeking commentary and guidance have been secretly cashing checks from Janssen and Glaxo SmithKline.⁷ But maybe they should not have been surprised. With no consensus within the field of bioethics on either the institutional role of bioethicists or what they should be doing, it is no surprise to find disagreement about what sorts of funding are appropriate.

I believe there are a number of good reasons why bioethicists should be very wary of corporate funding. The first problem is simply that of drug costs. Whatever money bioethicists take from the drug industry will be ultimately passed on to patients. The drug industry spends an annual \$8,000–\$13,000 per physician on promotions.⁸ Of the \$1.4 billion dollars spent annually on continuing medical education in the United States, over half now comes from commercial sources, such as the drug and medical device industries.⁹ This is neither charity nor research; it comes directly from the industry's marketing budget. Marketing expenses constitute a prime reason for the high cost of prescription drugs. According to one recent study, drug companies spend two to three times as much on marketing and administration than they do on research and development.¹⁰ Do we really want to ratchet these costs up still further by adding consulting fees, conferences and research funding for bioethicists—most of whom already draw a university or hospital salary?

The second problem is that of financial conflict of interest. People should not have a financial interest in violating the duties carried by their institutional role. Film reviewers should not be getting paid by the people whose films they are reviewing. Journalists should not be getting paid by the subjects of their journalism. Doctors should not be getting paid by the companies whose medications they are prescribing. Some institutional roles require a certain degree of impartiality that can be compromised by the possibility of financial gain. This is especially true of people occupying a position of public trust. Judges can draw a public salary, but we all have an interest in making sure that judges do not get pay-offs from the people whose actions they are judging in court.

The problem, of course, is that the institutional role of the bioethicist is not all that clear. Some bioethicists consider themselves clinicians. Others consider themselves teachers and scholars. Still others work as policymakers or regulators. Each role carries a different set of duties, which may (or in some cases, may not) be compromised by drug industry funding. In general, however, the growing public legitimacy of bioethics has provided many bioethicists with influence to sell. Their influence has the potential to affect the fortunes of the drug industry. Bioethicists

⁶ Neuhaus (2002).

⁷ Boyce (2002), p. 22.

⁸ Wazana (2000).

⁹ Moynihan (2003a,b).

¹⁰ Families USA (2002).

write about the ethics of new drugs and procedures, teach them in class, make comments about them to the press, and help formulate public policy. Once bioethicists begin to take money from the corporations whose actions and policies they are supposed to be judging, it is no longer clear that their moral judgment on those actions and policies can be trusted in the same way.

Can an individual bioethicist accept corporate money and still remain capable of an impartial judgment? Of course—just as a police officer can accept a bribe and then arrest the person who offered it. But this is not a good reason to relax our rules against bribery. It has been demonstrated again and again that clinicians who accept gifts from a drug company are more likely to prescribe that company's drugs, and that corporate-funded research studies are more likely to favor the corporate sponsor.¹¹ There is no good reason to think that bioethicists are any more resistant to corporate influence.

A third (and related) issue is one of regulatory capture. Bioethicists are not exactly regulators, but they often do have a regulatory role—serving on ethics committees and Institutional Review Boards, or helping devise health policy for governments and professional bodies. Regulatory capture refers to the way that regulators become psychologically “captured” by the people and industries they are supposed to be regulating, because they depend on those people for money, status and professional respect. In the United States, for example, the drug industry actually funds the FDA through so-called “user fees” of \$300,000 per new drug, making the FDA financially dependent on the very industry it is regulating.¹² To the extent that bioethicists are supposed to be public watchdogs, it is unwise to situate them professionally in institutional structures where they are financially dependent on the people they are supposed to be watching.

Of course, this is not simply a financial problem, nor is it a problem unique to bioethicists working with the pharmaceutical industry. Many bioethicists now work in medical schools where they must pass judgment on the actions of the very people they depend upon for promotion, tenure, salary support, and status within the institution. It is awkward, for example, when a bioethicist on an IRB is asked to make an ethical judgment about a research protocol conducted by his or her department chair. But academic bioethicists are protected by rules about tenure and academic freedom. No such rules apply to corporate relationships.

A fourth issue is the “dirty money” problem. It is, at the very least, unseemly for ethicists to draw a paycheck from industries that are being prosecuted, punished and publicly vilified for their unethical business practices. Not that all drug companies fall into this category, of course—but many have records that are far from clean. It is hard not to wonder what the Pfizer Lecturer in Medical Humanities at University College and St. George Medical School has to say about the lawsuit

¹¹ Lexchin, Bero, Djulbegovic, & Clark (2003); Avorn, Chen, & Hartley (1982); Melander, Ahlqvist-Rastad, Meijer, & Beermann (2003); Caudill, Johnson, Rich, & McKinney (1996); Chew et al. (2000); Chren & Landefeld (1994); Orlowski & Wateska (1992); Peay & Peay (1998).

¹² Moynihan (2002).

launched against Pfizer by the parents of Nigerian children who died after being given sub-standard treatment in a Pfizer-sponsored research study.¹³ Or what Wyeth-funded bioethicists at the University of Pennsylvania would make of the \$12 billion fund that Wyeth-Ayerst has been forced to put aside to pay for deaths and injuries resulting from its Fen-Phen diet drug.¹⁴ At most, sharing in ill-gotten gains suggests complicity; at the least, it suggests a serious public image problem.

A fifth issue is the “guide dog or show dog” problem—the difficulty of knowing whether a bioethicist employed as a consultant has been hired because the corporation genuinely wants ethical guidance, or whether the corporation merely wants to whitewash its public image by displaying an ethicist to potential critics. Using a bioethicist as a marketing instrument has ample precedent. Most pharmaceutical firms market new drugs by hiring so-called KOLs, or “key opinion leaders”.¹⁵ KOLs are generally physicians, scientists, or other authoritative third parties who are respected by their peers. KOLs are usually called “consultants” or “advisors,” but they are used (often unwittingly) as marketers. KOLs speak at grand rounds and public lectures; they give interviews to the press; they write scientific papers, review articles and editorials. Most KOLs, like most corporate-funded bioethicists, believe they remain impartial despite taking corporate money. This image of impartiality is precisely what makes them such a good marketing tool.

Finally, there is a more subtle problem with the incorporation of bioethics into the market. We might call this, after Michael Walzer, the “spheres of justice” problem.¹⁶ Many of us simply feel uncomfortable at the thought of moral counsel being bought and sold in the commercial sphere. The reasons for this discomfort are vague and complex. Perhaps the exchange of money reminds us of bioethicists’ self-interest, when we would prefer to think of bioethics as something else—a public service, a calling, an altruistic profession. Perhaps we feel that paid ethics consultation puts a price on an action that should be private and intimate, like paying a priest to hear your confession. Or perhaps we are simply worried about the kind of profession we are creating, and whether it would be a more honorable profession if it were insulated from the market.

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¹³ Raufu (2003); Kovac, (2001).

¹⁴ Mundy (2001).

¹⁵ Burton & Rowell (2003).

¹⁶ Walzer (1983).

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