

Conflict of interest - The view of academic evidence based medicine

David Klemperer
EAACI-WAO Congress 2013
Milano

HOCHSCHULE
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OF APPLIED
SCIENCES



Potential conflicts of interest

1. Profession University of Applied Sciences, professor

2. Professional societies

German Network Evidence Based Medicine past president

German Society für Social Medicine and Prevention board member

3. Advisor

– Wiss. Beirat UPD (§ 65b SGB V) Sitzungsgeld € 250

– Wiss. Beirat AQUA (§137a SGB V) Sitzungsgeld € 400

– Nationaler Krebsplan, Sprecher Ziel 11a

– Bertelsmann-Stiftung, Faktencheck Gesundheit

– Stiftung Warentest, Expertenrunde Arzneimittelbewertung

– Arzneimittelkommission der dt. Ärzteschaft, außerordentliches Mitglied

4. Honoraria 2011/2013

– Bertelsmann-Stiftung 2011 € 3.200 (4 Beratungstage), € 280 (4 Stunden)

– NAKOS € 3.000 Beitrag Beeinflussung und Interessenkonflikte

donated to BUKO-Pharmakampagne

– 3 Vorträge zu Gesundheitspolitik, Interessenkonflikte € 400, 600, 1.000

– 3 Vorträge Klinikum Nürnberg zu Interessenkonflikte € 2.500

donated to BUKO-Pharmakampagne

– Vortrag Kongress Preventing Overdiagnosis, Hanover NH,
travelling costs/ honoraria 4.000 € von Bertelsmann Stiftung

5. Reviewer

– Evaluation HTA@DIMDI ehrenamtlich

– externer Gutachter für HTA-Bericht € 1.600

Professional societies

- German Network Evidence Based Medicine past president
- German Society für Social Medicine and Prevention board member

Advisor

- Unabhängige Patientenberatung Deutschland § 65 b SGB V
Wissenschaftlicher Beirat
- AQUA-Institut - Sektorübergreifende Qualitätssicherung
§ 137a SGB V Wissenschaftlicher Beirat
- Nationaler Krebsplan Ziel 11a Verbesserung der Information Sprecher
Expertengremium Informierte Entscheidung
- Arzneimittelkommission der deutschen Ärzteschaft
- Bertelsmann Stiftung, Faktencheck Gesundheit

Wissensverbreitung

Forum Gesundheitspolitik www.forum-gesundheitspolitik.de

1. Conflict of interest – what it is and what it isn't
2. How a conflict of interest influences our cognition
3. Why conflicts of interest matter
4. Solutions

Conflict of interest – what it is and what it isn't





602

15,95 €

Pulsoxymeter

Does David Klemperer have a conflict of interest when he treats patients?

Does a physician / scientist have coi who receives direct compensation in the form of

- grants (including research)
- speakers' fees
- honorariums
- consultant/adviser/employee relationships
- stock ownership

Our mission

We want to discover, develop and successfully market **innovative products** to prevent and cure diseases, to ease suffering and to enhance the quality of life.

We also want to provide a shareholder return that reflects **outstanding performance** and to adequately reward those who invest **ideas and work** in our company.

Does Novartis have a conflict of interest ?

products to prevent and cure disease
and
shareholder return

It depends ...

on the definition!

The definition one prefers should focus on what is important about coi

A coi has the potential to **distort judgment**.

This can lead to **bias** –

the main enemy of evidence based patient care.

Circumstances that create a risk that professional judgments or actions regarding a primary interest will be unduly influenced by a secondary interest.

Institute of Medicine.

Conflict of Interest in Medical Research, Education, and Practice 2009

Thompson DF. Understanding Financial Conflicts of Interest. NEJM 1993

primary interest

purpose of the profession
mission of the company

physicians

provide beneficial care to
patients

scientist

valid research to improve
health of patients and
populations

Novartis

products to prevent and cure
disease

and

shareholder return

secondary interest

→ non-material

psychologic / social

ambition

social recognition

group affiliation

...

→ material

individuals

gifts, honoraria, research
grants, share ownership etc.

companies

(depends on their
primary interest)

conflict of interest:

Condition:

A risk that the secondary interest gains supremacy over the primary interest

Not the result:

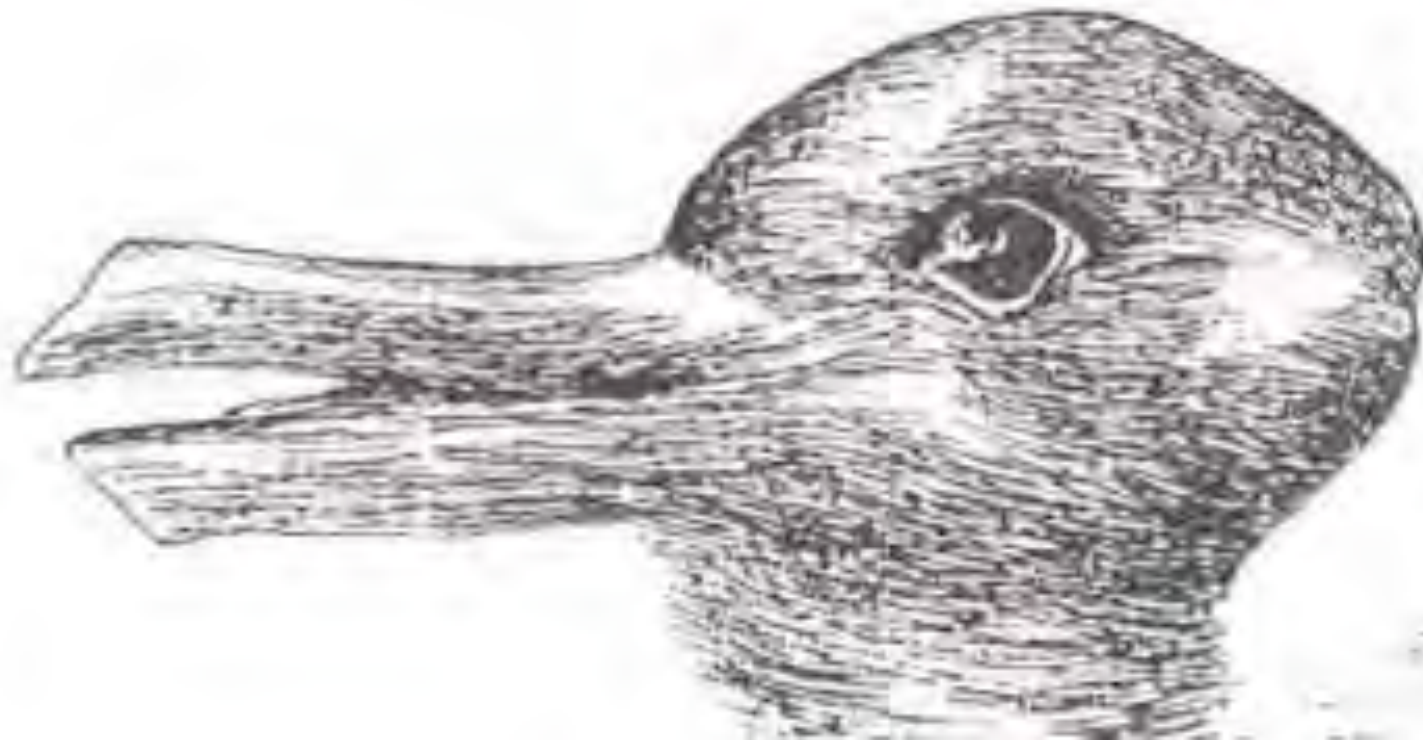
distorted judgement

Causation of a (distorted) judgement by a coi:
motivation of a cognition not provable

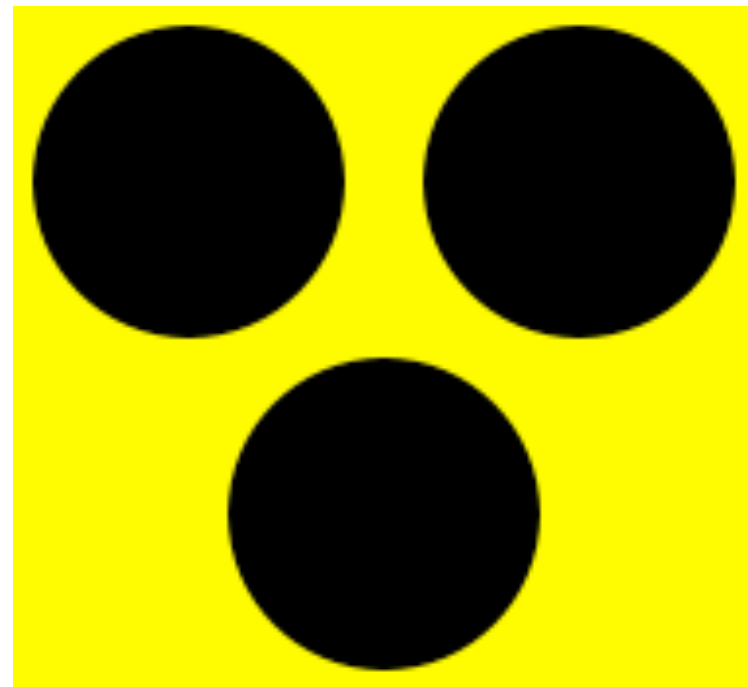
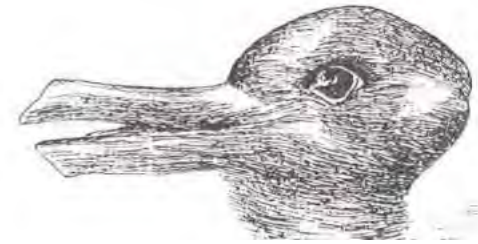
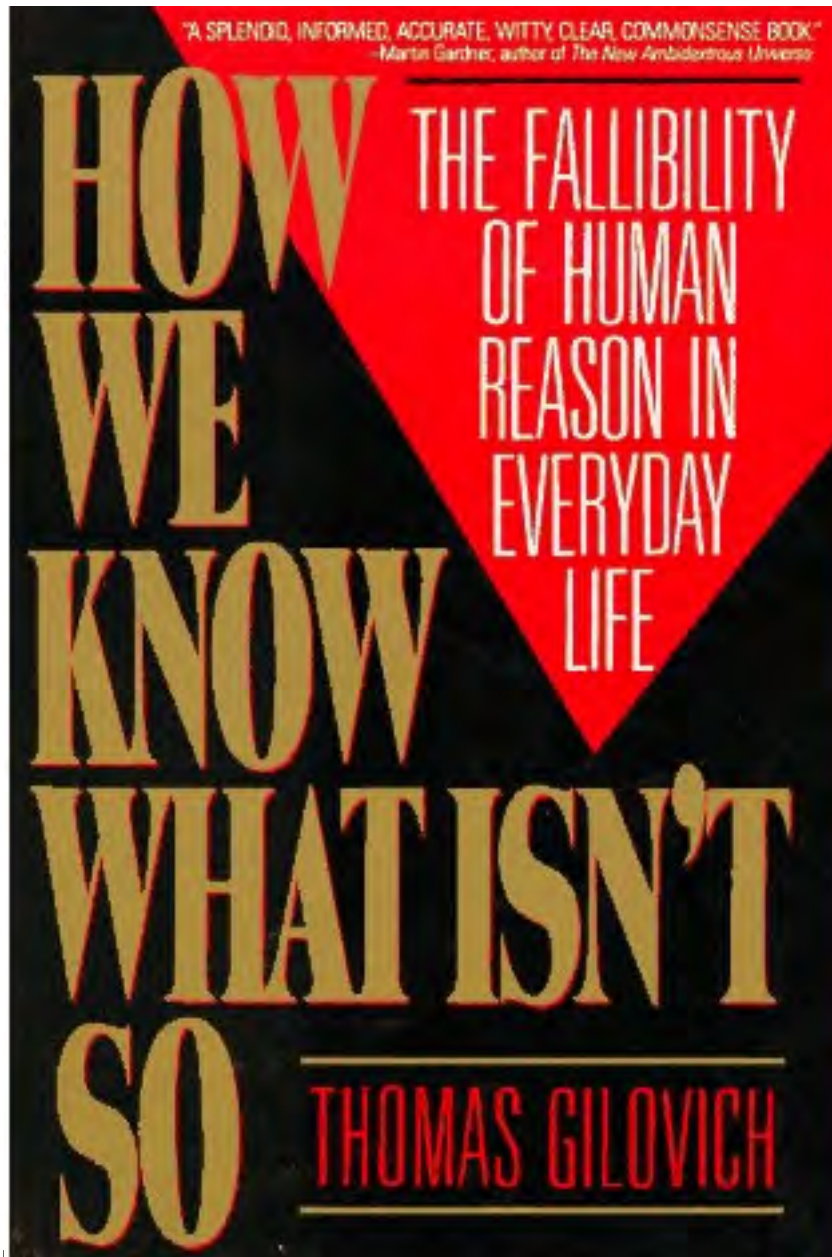
„ex ante“: condition / not result
→ risk situation

How a conflict of interest influences our cognition





Klemperer



Avandia® / Rosiglitazon

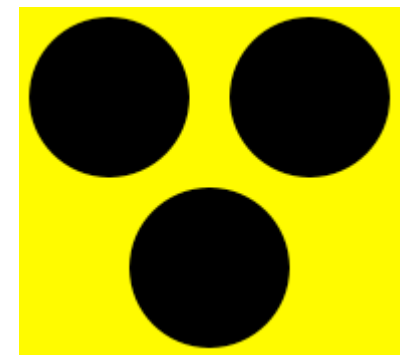
analysis of publications after serious risks were reported

position on Rosiglitazon

authors

with coi:	positive
without coi:	negative

Wang et al. Association between industry affiliation and position on cardiovascular risk with rosiglitazone: cross sectional systematic review



motivated evaluation

result / conclusion

meets our expectation / appears favourable

→ perception and evaluation

↑ confirming aspects of the evidence

↓ contradicting aspects of the evidence

→ perception of objectivity / unconscious cognitive bias

reciprocity	obligation to repay favours / cultural norm
friendship	obligation / pressure to be nice

During training, I was told, when you're out to dinner with a doctor, *"The physician is eating with a friend.*

You are eating with a client." Fugh-Bergman, Ahari *PLoS Medicine* 2007

Following the Script: How Drug Reps Make Friends and Influence Doctors

People prefer to say yes to those they know and like

Cialdini. Six universal principles of influence. www.influenceatwork.com

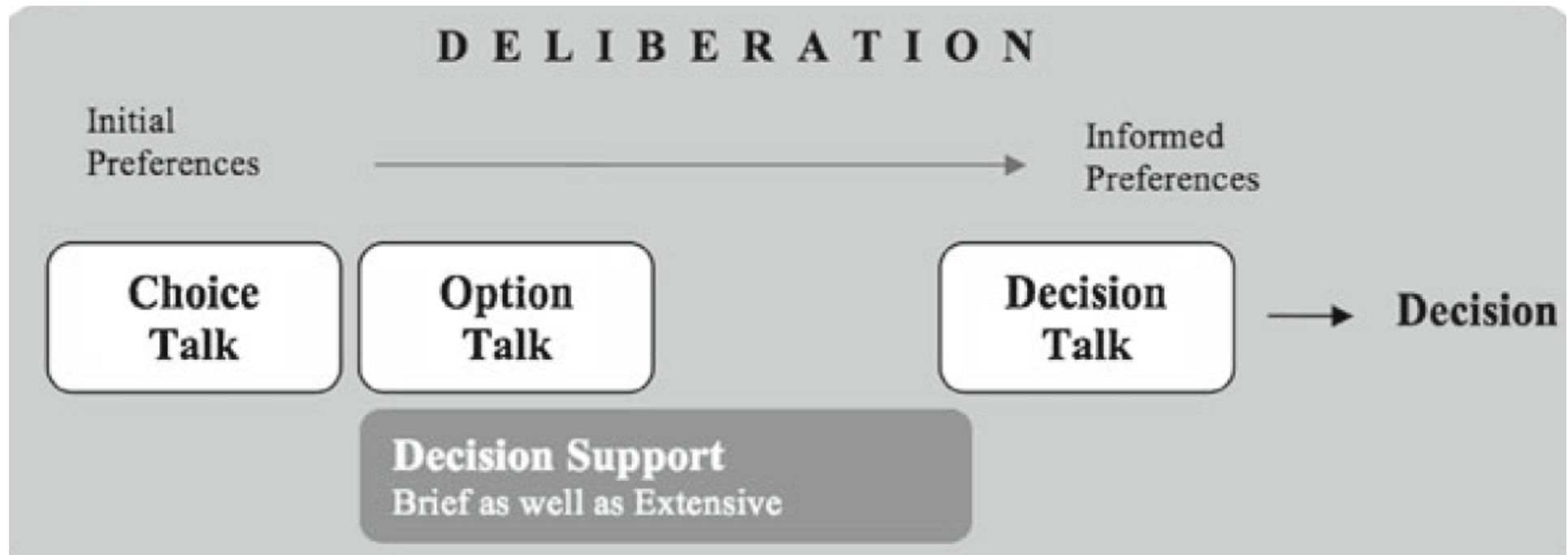
Why conflicts of interest matter



conflict of interest

individual level

biased information in clinical decision making
potentially harms patients



biased and distorted knowledge

influence of industry on production
and diffusion of evidence

- design, analysis, interpretation, reporting, synthesis
- publication management

1. Spielmans G, Parry P. From Evidence-based Medicine to Marketing-based Medicine: Evidence from Internal Industry Documents. *Journal of Bioethical Inquiry* 2010
2. Schott et al. Financing of Drug Trials by Pharmaceutical Companies and Its Consequences: *Dt. Aerztebl.* 2010
3. Turner et al. Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy *N Engl J Med* 2008

Marketing Before Evidence, Sales Before Safety?

Klemperer *Dt. Aerztebl.* 2010

Solutions

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- individual level
primary prevention wherever possible
declaration – necessary but not sufficient
- production of evidence
firewall between industry and researchers
- reporting
clinical trial registries
reporting of all study results
reporting of all study data for independent scrutiny
including what traditionally is „below the waterline“
clinical study reports, individual participant data, case report forms, trial protocol,
investigator’s brochure [Doshi et al. BMJ 13.6.2013 Restoring invisible and abandoned trials](#)

In case there is a conflict between the
quality of a product
and
shareholder return / sales targets

How does a pharmaceutical company decide?

**If a study results casts a negative light on a
drug ...**

Past / present / future

**.... could / can we be sure that
patient safety and welfare
were / are / will be put first always?**

Thank you ver much for your attention!



www.davidklempere.de