Conflicts of interest and corruption from a health systems perspective

David Klemperer
Summer School in Public Health Policy, Economics and Management
Lugano, August 29, 2014
slides
http://tinyurl.com/o23q9aw
Die Senatorin für Arbeit, Frauen, Gesundheit, Jugend und Soziales

Ministry of Health

Gesundheitsamt Bremen

local health authority
“In Stowe, for example, the rate of tonsillectomy was such that by age 15, about 60% of children were without tonsils, while in the bordering town of Waterbury, only 20% had undergone the surgery by that age.”

John Wennberg. Tracking Medicine, 2010, p. 3

- effective care
- preference-sensitive care
- supplyer-sensitive care
Declaration of conflicts of interest

• professional activities, main sources of income
  professor, clinician

• research topics evidence based shared decision making, conflicts of interest

• specialist societies: German Network for Evidence Based Medicine (past president), German Society for Social Medicine and Prevention (member of the board)

• advisory bodies (honorary): Unabhängige Patientenberatung Deutschland (Independent Patient Counseling), AQUA-Institute for Applied Quality Improvement and Research in Health Care, National Cancer Plan

• Cooperation (payed): Bertelsmann Foundation (800 € per day, 2 to 5 days per year), Techniker Krankenkasse and Association of Statutory Health Insurance Physicians in Bavaria (7.000 Euro per month, 3 months for the development of CME-course)

• Relations to pharmaceutical companies: none since 1990, I do not accept any gifts; I accept invitations but I pay myself

register of interests http://davidklempener.de/interessenregister.pdf
1. Why conflicts of interest matter – a health professional’s perspective
2. Conflict of interest – the concept of Thompson / Institute of Medicine
3. Corporate interests and bias in clinical studies
4. Weapons of automatic influence: How conflicts of interest influence our cognition and why we are not aware of it
5. Restoring the integrity of medical research and the medical profession
1 Why conflicts of interest matter – a health professional’s perspective
Why conflicts of interest matter

1) coi raise the risk of biased judgement

bias =
underestimation of harm
overestimation of benefit

sometimes bias kills
Pradaxa® Dabigatran
Vioxx® Rofecoxib
Avandia® Rosiglitazon

2) biased judgement may lead to
overuse and underuse of medical technologies
The following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. (…)

The purpose of medicine
A better and longer life

Quality of care
The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

good medicine

• the contribution of medicine to health in the sense of well-being
• interventions that the patient desires to improve his or her quality of life and to prolong life
• scientific medicine / evidence based medicine: what works and what does not work
• science: generating knowledge which is useful for the purpose of medicine
Evidence based Shared Decision Making

Elwyn et al. 2013

**DELIBERATION**

- team talk
- option talk
- initial preferences
- informed preferences
- decision talk

preference clarification
How Cardiologists Present the Benefits of Percutaneous Coronary Interventions to Patients With Stable Angina
A Qualitative Analysis.
accurate discussion of benefit 5%
explicitly overstated benefit 13%
implicitly overstated benefit 35%

The effect of information presentation on beliefs about the benefits of elective percutaneous coronary intervention RCT 1257 patients with CHD and mild angina.
The cardiologist provided
1. no information about the effects of PCI on MI risk,
2. a specific statement that PCI does not reduce MI risk, or
3. an explanation of why PCI does not reduce MI risk.
   ➔ belief that PCI prevents MI: 71% / 30.7% / 30.6%
   ➔ choose PCI 69.4% / 48.7% / 45.7%

JAMA Intern Med Published online August 25, 2014.
2 Conflict of interest – the concept of Thompson / Institute of Medicine
medical fee schedule
item 602:
pulse oximetry
Conflicts of interest are defined as 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 2009, p. 6
Thompson 1993
Elements
1. primary interest
2. secondary interest
3. conflict
Primary interests
• medicine welfare of patients
• research new knowledge, beneficial for patients and citizens
• pharmaceutical companies welfare of patients through new medicines
Fundamental Principles

Principle of primacy of patient welfare
The principle is based on a dedication to serving the interest of the patient. Altruism contributes to the trust that is central to the physician-patient relationship. Market forces, societal pressures, and administrative exigencies must not compromise this principle.

Principle of patient autonomy
Physicians must have respect for patient autonomy. Physicians must be honest with their patients and empower them to make informed decisions about their treatment. Patients’ decisions about their care must be paramount, as long as those decisions are in keeping with ethical practice and do not lead to demands for inappropriate care.

(...)
Mission Statement 2014

Pfizer’s mission is to apply science and our global resources to improve health and well-being at every stage of life.

Our seven commitments show the world what we can contribute.

We will:
1. Advance wellness, prevention, treatments and cures
2. Bring the best scientific minds together to challenge the most feared diseases of our time
3. Set the standard for quality, safety and value of medicines
4. Use our global presence and scale to make a difference in local communities and the world around us
5. Promote curiosity, inclusion and a passion for our work
6. Be a leading voice for improving everyone’s ability to have reliable and affordable health care
7. Maximize our financial performance so we can meet our commitments to all who rely on us. We will become the world's most valued company to patients, customers, colleagues, investors, business partners, and the communities where we work and live.

http://www.pfizer.ie/mission_statement_and_values.cfm
Secondary interests material/psychological/social money, ambition, social status, group membership, benefit for closely friends or relatives

Conflict set of circumstances or relationships that create or increase the risk that the primary interests will be neglected as a result of the pursuit of secondary interests. A conflict of interest exists whether or not a particular individual or institution is actually influenced by the secondary interest.
Criteria for Assessing the Severity of Conflicts of Interest

Likelihood of undue influence
- What is the value of the secondary interest?
- What is the scope of the relationship?
- What is the extent of discretion?

Seriousness of possible harm
- What is the value of the primary interest?
- What is the scope of the consequences?
- What is the extent of accountability?
Association of the Scientific Medical Societies AWMF

Definition on conflicts of interest before April 2010

1. Declare relations to industry

2. Introspection

“If the necessary neutrality for your activity as an expert is questioned, shall not be resolved by detailed rules, but through a self-declaration of the experts.”

DGPPN und DGN 2009
Methodenreport zur S3-Leitlinie Demenzen S. 112

⇒ “Nemo esse judex in sua causa potest,”
1. Astra/Zeneca Sweden  
   UK and Germany
2. Parke-Davis Germany
3. Glaxo/SmithKline  
   UK, USA and Germany
4. MSD USA and Germany
5. Pfizer USA, Germany
6. Lilly USA
7. Böhringer Ingelheim
8. Asta Medica Germany
9. BASF, Knoll Germany
10. Bayer Vital Germany
11. Bristol-Myers Squibb Germany
12. Fresenius Germany
13. Grünenthal Germany
14. Janssen Cilag Belgium and Germany
15. 3M Medica Germany
16. Novartis Germany
17. Sanofi-Synthelabo
18. Schering Germany
19. UCB Germany
20. Allergan UK
21. Allmiral Spain
22. Schaper & Brümmer Germany
23. Johnson & Johnson USA
24. La Roche, Switzerland
25. Servier, Germany
26. Abbott USA
27. Eisai Germany
28. Weber & Weber Germany
29. Pharmacia & Upjohn Sweden

Quelle: German Society for Neurology 2006
Conflict – what it is and what it isn’t

lat. confligere – to come into collision, to clash

**Conflict**
a situation in which you have to choose between two or more opposite needs, influences etc. Longman DOCE online
two or more goals/purposes which may or may not be mutually exclusive

**Fraud**
the crime of deceiving people in order to gain something such as money or goods. Longman DOCE online

**Crime**
an illegal action, which can be punished by law. Longman DOCE online

**Corruption**
dishonest, illegal, or immoral behaviour, especially from someone with power. Longman DOCE online
3 Weapons of automatic influence:
How conflicts of interest influence our cognition and why we are not aware of it
half full / half empty

Es ist halb leer  Es ist halb voll

warm

lukewarm

cold
The human understanding is no dry light, but receives an infusion from the will and affections; whence proceed sciences which may be called "sciences as one would." For what a man had rather were true he more readily believes. Therefore he rejects difficult things from impatience of research; sober things, because they narrow hope; the deeper things of nature, from superstition; the light of experience, from arrogance and pride, lest his mind should seem to be occupied with things mean and transitory; things not commonly believed, out of deference to the opinion of the vulgar. Numberless, in short, are the ways, and sometimes imperceptible, in which the affections color and infect the understanding.
Motivated evaluation Dana 2009
Motivated reasoning Kunda 1990
Wish bias Wynder 1990
Confirmation bias Mahoney 1977

conclusions favorable / concordant with expectations
aspects of evidence

confirming ➔ much weight
contradictory ➔ little weight

Confirmatory bias is the tendency to emphasize and believe experiences which support one's views and to ignore or discredit those which do not. Mahoney 1977

⇒ „How we know what isn‘t so“ Gilovich 1990

Our cognition means well with us 😊
My opinion is certain! Please, don‘t confuse me with facts.

Motivational evaluation:
Same data – contradicting conclusions
Weapons of automatic influence

- **reciprocity** what others do for us
- **liking** how nice others are to us
- **self–interest** what is good for us
- **social proof** how others act in a given situation
- **consistency** how we acted in the past
- (...) 

- psychological principles
- social norms
- automatic behavior/compliance
- mechanical response
- mostly functional
- can be misused

The reciprocity rule

- someone does us a favor
  ➔ sense of indebtedness, obligation to repay
- very strong social norm, rooted in all human cultures
- facilitates trust, sharing, cooperation, societal progress
- no material threshold
- unknowingly, unconsciously
- failing to conform ➔ social sanctions

Cialdini 2007, Felser and Klemperer 2011, p 35
The liking rule

We most prefer to say yes to the requests of someone we know and like. Caldini 2007 p 126

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 und Ahari 2007

liking
• physical attractiveness
• similarity
• compliments
• contact/familiarity and cooperation
• conditioning loving (killing) the messenger and association sex sells Caldini 2007 p 126
Pharmaceutical industry
systematic “maintenance of the political landscape”
(„Pflege der politischen Landschaft“) by giving.

→ positive climate

→ "reap the loyalty dividend"

Recipients
• gratitude, reciprocity, loyalty, compliant behavior
• desensitisation towards critical information
• codes of conduct/transparency presumably do not disrupt the psychological/cognitive mechanisms
Nissen, Wolski. NEJM June 14, 2007
Metaanalysis.
Rosiglitazone increases:
• the risk of myocardial infarction
• the risk of death from cardiovascular causes

202 authors of articles about Rosiglitazone after publication of the Nissen/Wolski-study
view of Rosiglitazone:
favorable: experts with coi
unfavorable view: experts without coi

Wang et al. BMJ 2010
Avastin for advanced breast cancer
Diametrale Entscheidungen

European Medicines Agency November 2011
benefit outweighs harm → approval confirmed
procedure not open to scrutiny

expert panel: „... composed of independent European experts according to their specific expertise“

U.S. Food and Drug Administration 18.11.2011
harm outweighs benefit → approval revoked
meetings in public, video recording, written protocol
„... composed of independent European experts selected according to their specific expertise“

One independent (?) German expert:
Consultancy GlaxoSmithkline, Bayer Healthcare, Wyeth, Biogen, Roche.
Principal Investigator: Roche, Novartis, Pfizer, Bayer Healthcare, Biogen, Cytavis, Wyeth/Pfizer
Investigator: 16 studies 11 pharmaceutical companies

Prof. Lothar Bergmann, Krebsmediziner: „Die möglichen Interessenskonflikte wirken sich bei meiner Beurteilung von Studien und Ergebnissen nicht aus, da ich mein Urteil fälle aufgrund der wissenschaftlichen Evidenz der Daten.“

“The potential conflicts of interest do not have an effect on my assessment of studies and results, because I base my judgement on the scientific evidence of the data.”
„bias blind spot“

- **belief:** own judgements less prone to bias than those of others
- **assessment of bias via introspection**
  - own self ➔ negative
  - others ➔ positive
- **perception of objectivity, views** sincerely held
- **automatic processes** beyond control
  ➔ self-evaluation of bias ➔ systematic bias

Pronin et al. 2002, Ehrlinger al. 2005

- **higher cognitive ability** ➔ larger bias blind spot West. 2012
- **illusion of invulnerability** undermines the response that would have supplied protection from bias Sagarin 2002
„Money does not influence my judgement“
Chairman of the Permanent Vaccine Commission of the Robert Koch Institute

„Geld beeinflusst mein Urteil nicht“
Der neue Vorsitzende der Ständigen Impfkommission, Friedrich Hofmann, zur Unabhängigkeit seines Gremiums

SZ: Ihr Vorgänger ist jetzt bei Novartis. Finden Sie, dass das ein gutes Lächchen auf die Unabhängigkeit der Stiko wirft?

SZ: Das Angebot von Novartis kam aber sicher nicht aus heiterem Himmel.

SZ: Aber bleibt denn völlig unbeeinflusst, wer Geld von der Industrie erhält?

SZ: Braucht nicht gerade die Stiko besonders harte Regeln, um sich vom Verdacht der Korruptheit reinzuwaschen?

SZ: Was sollte die Stiko Ihrer Ansicht nach tun, um ihren Ruf zu verbessern?


SZ: Was sollte das Ministerium dann für den Ruf der Stiko tun?

Interview: Christina Berndt

SZ Jan 26, 2008
The Invisible Gorilla Strikes Again: Sustained Inattentional Blindness in Expert Observers

24 radiologists, CT lung–cancer screening, axial slices
Gorilla inserted with a white outline, fading into and out of visibility 48 times the size of the average nodule
⇒ 20 radiologists failed to report seeing a gorilla
4 Corporate interests and bias in clinical studies
Institutional Conflicts of Interests

arise when an institution’s own financial interests or those of its senior officials pose risks of undue influence on decisions involving the institution’s primary interests.

Institute of Medicine 2009, p.14, 218

<table>
<thead>
<tr>
<th>Rank</th>
<th>Company</th>
<th>Sales (US$ Mn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NOVARTIS</td>
<td>50,576</td>
</tr>
<tr>
<td>2</td>
<td>PFIZER</td>
<td>44,330</td>
</tr>
<tr>
<td>3</td>
<td>SANOFI</td>
<td>38,181</td>
</tr>
<tr>
<td>4</td>
<td>MERCK &amp; CO</td>
<td>36,350</td>
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<tr>
<td>5</td>
<td>ROCHE</td>
<td>36,146</td>
</tr>
<tr>
<td>6</td>
<td>GLAXOSMITHKLINE</td>
<td>32,544</td>
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<tr>
<td>7</td>
<td>JOHNSON &amp; JOHNSON</td>
<td>30,784</td>
</tr>
<tr>
<td>8</td>
<td>ASTRAZENECA</td>
<td>30,257</td>
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<tr>
<td>9</td>
<td>TEVA</td>
<td>24,258</td>
</tr>
<tr>
<td>10</td>
<td>LILLY</td>
<td>23,045</td>
</tr>
</tbody>
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TOP 10 GLOBAL CORPORATIONS 2013

Source:
IMS Health MIDAS, December 2013
Simvastatin with or without Ezetimibe in Familial Hypercholesterolemia. New England Journal of Medicine online 30.3.2008 ENHANCE-study

- Ezetimib: no additional benefit

**share value**

- Schering-Plough ↓26%
- Merck ↓14.7%
- ↓ $22,000,000,000
industry sponsoring and bias

Schott et al. 2010  

Bekelman et al. 2003  OR 3.60  

Lexchin et al. 2003  OR 4.05  

→ „sponsorship bias“
Why Olanzapine Beats Risperidone, Risperidone Beats Quetiapine, and Quetiapine Beats Olanzapine

<table>
<thead>
<tr>
<th>Second-Generation Antipsychotic Pair and Sponsor of Study</th>
<th>Number of Reports Favoring Sponsor’s Drug or Comparison Drug</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Sponsor’s Drug</td>
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<tr>
<td>Olanzapine versus risperidone</td>
<td></td>
</tr>
<tr>
<td>Lilly</td>
<td>5</td>
</tr>
<tr>
<td>Janssen</td>
<td>3</td>
</tr>
<tr>
<td>Olanzapine versus clozapaine</td>
<td></td>
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<tr>
<td>Lilly</td>
<td>2</td>
</tr>
<tr>
<td>Novartis</td>
<td>1</td>
</tr>
<tr>
<td>Clozapine versus risperidone</td>
<td></td>
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<tr>
<td>Novartis</td>
<td>1</td>
</tr>
<tr>
<td>Janssen</td>
<td>1</td>
</tr>
<tr>
<td>Ziprasidone versus olanzapine</td>
<td></td>
</tr>
<tr>
<td>Pfizer</td>
<td>1</td>
</tr>
<tr>
<td>Lilly</td>
<td>2</td>
</tr>
<tr>
<td>Amisulpride versus olanzapine</td>
<td></td>
</tr>
<tr>
<td>Lilly</td>
<td>1</td>
</tr>
<tr>
<td>Sanofi-Synthelabo</td>
<td>1</td>
</tr>
</tbody>
</table>

Heres et al. 2006
30 studies sponsored by a pharmaceutical company.
In 27 of 30 studies (90%) the reported overall outcome was in favor of the sponsor’s drug.

- Same drug
- Different sponsor
- Different results

Potential sources of bias:
- Doses and dose escalation,
- Study entry criteria and study populations,
- Statistics and methods,
- Reporting of results and wording of findings.
Negative results
- presented as positive
- Study results/conclusions influenced/interpreted
  - in favor of sponsor
  - multiple publication

Relevant information
- Absent or incomplete
  - Concealment of adverse drug reactions, e.g., Cerivastatin, Rofecoxib, Paroxetine, inhaled corticosteroids plus Seroquel, Rosiglitazon, Dabigatran
  - Sponsor withholds study data/whole study, e.g., Reboxetine
  - Ghostwriting: role and influence of sponsorship concealed

Study results/conclusions
- Present as positive
  - Not published
- Cited more frequently
  - Multiple publication

Study results/conclusions influenced/interpreted in favor of sponsor
Industry Collaboration and Randomized Clinical Trial Design and Outcomes

219 articles from 10 high-impact journals

- 86 trials (39%) had industry funding with collaboration,
- 66 (30%) had industry funding without collaboration, and
- 67 (31%) had neither industry funding nor industry collaboration

Results: industry funding with collaboration significantly more likely to report a

- positive primary outcome,
- use a surrogate primary
- less likely to discuss limitations

Roper N, Zhang N, Korenstein D. Industry collaboration and randomized clinical trial design and outcomes. JAMA Internal Medicine 2014. Published online August 25, 2014
Big pharma often commits corporate crime, and this must be stopped

Peter C Gøtzsche professor, Nordic Cochrane Centre, Rigshospitalet, Blegdamsvej 9, DK-2100 Copenhagen, Denmark

I googled the names of the 10 largest drug companies in combination with the term “fraud” and looked for offences on the first page for each company.

Results

• illegal marketing by recommending drugs for non-approved (off label) uses,
• misrepresentation of research results,
• hiding data on harms,
• Medicaid and Medicare fraud
• settlements or fines, exceeding $1bn each for four companies.
• (...) Gøtzsche 2012, 2013
5
Restoring the integrity of medical research and the medical profession
Initiatives for good medicine

• Choosing Wisely
• Preventing Overdiagnosis
• RightCare Alliance (Lown Foundation)
REGULATION (EU) No 536/2014 of 16 April 2014 on clinical trials on medicinal products for human use,

• registration of all clinical trials prior to being started
• data included in a clinical study report not commercially confidential
• results of the clinical trial should be reported within one year from the end of the clinical trial.
• information in the EU database should be public
Policies on conflicts of interest

• **disclosure**
  of financial relationships to/beyond institution
  “Sunshine is said to be the best of disinfectants.” Brandeis 1914
  ➔ necessary but not sufficient
  IOM 2009 p. 67 ff.

• **prohibition** of potentially dangerous relationships
  IOM 2009 p. 79 ff.

• **management** of potentially dangerous relationships
  IOM-Report 2009, chapter 3, p. 62-96,
  DNEBM-discussion paper 2011, p.15

most effective:
primary prevention = avoidance of coi
The Unintended Consequences of Conflict of Interest Disclosure

• **strategic exaggeration**
  tendency to provide more biased advice to counteract anticipated discounting

• **moral licensing**
  often unconscious feeling that biased advice is justifiable because the advisee has been warned

Enhancing effectiveness of disclosure

• **unconflicted second opinions**

• **provision of disclosure information by third parties**

Loewenstein et al. The Unintended Consequences of Conflict of Interest Disclosure
JAMA 2012;307:669-70
Examples of good practice
Gefahr für das ärztliche Urteilsvermögen

INTERESSENKONFLIKTE IN DER MEDIZIN

Mit Transparenz Vertrauen stärken

The Financing of Drug Trials by Pharmaceutical Companies and Its Consequences

Drug Research: Marketing Before Evidence, Sales Before Safety

A Survey of German Physicians in Private Practice About Contacts With Pharmaceutical Sales Representatives

Medical Students’ Attitudes to and Contact With the Pharmaceutical Industry

Interessenkonflikte in der Medizin

Hintergründe und Lösungsmöglichkeiten

Lieb · Klemperer

Ludwig

Springer
Rules on how to handle conflicts of interest concerning members of the Drug Commission of the German Chamber of Physicians

(Stand 03.03.2014)

- explicit aim:
  - reducing coi of its members
  - raising the awareness of coi among doctors
- members have to declare their coi
- declarations are published on the website
- 2016: declaration of the amount of money received
- no appraisals by members with coi concerning the drug under scrutiny
Social Code Book 5 Statutory Health Insurance
§ 95d Obligation for CME
Physicians who work für sthe SHI are obliged to take part in CME.
The course contents have to be free of economic interests.
Guidance for disclosing and managing conflicts of interest in guideline development. Vs.1.0 2014

- explicitly aims at protecting guidelines from bias
- based on the IOM Report
- disclosure of material and immaterial
- disclosure of the funding concept
- publication of coi in the guideline report
- external institutes literature research, selection and
- transparent consensus procedure
- interdisciplinary development

work in progress

developing protective factors

transparent checks and balances
TRANSPARENZREGELN FÜR DGPPN-FUNKTIONSTRÄGER

Transparency rules for DGPPN office-holders
Declaration of conflicts of interest

Annual statements of relations to

- Pharmazeutischer Industrie
- Medizintechnischer Industrie
- Medien
- Consultingunternehmen
- Kostenträgern und Trägern von Medizinischen Einrichtungen
- Weiterbildungsinstituten

pharmaceutical industry
device industry
media
consulting agency
payer or medical institution
CME-institutes
Art. 32 Impermissible Donations

(1) Physicians are not permitted to demand gifts or other benefits from patients or other persons (...), if this creates the impression that the independence of the medical decision is influenced as a result.

(2) The acceptance of benefits of reasonable value is not against professional ethics as long as these are utilised exclusively for continuing medical education related to the profession. (…)

(3) The acceptance of third-party contributions for carrying out events (sponsorship) is only permissible to a reasonable extent and exclusively for financing the scientific programme of continuing medical education events. (..)
Paediatricians call on baby feeding industry to stop sponsorship of medical education

Conflict of interest is damaging to support of breastfeeding
<table>
<thead>
<tr>
<th>Within an institution</th>
<th>Reason for avoiding</th>
</tr>
</thead>
<tbody>
<tr>
<td>The use of leaflets or posters displaying company logo</td>
<td>It promotes the company to public in trusted environment</td>
</tr>
<tr>
<td>Support from IFM* for teaching sessions or meetings</td>
<td>Publicity will associate your establishment with the company</td>
</tr>
<tr>
<td>Support for staff salaries, equipment or research</td>
<td>Institution will be indebted to the company, tending to stifle expressions of doubt about their products or practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As an individual</th>
<th>Reasons for avoiding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepting gifts of stationery, pens, clinical equipment</td>
<td>You promote the company to your patients by using them</td>
</tr>
<tr>
<td>Speaking at meeting which is visibly badged by IFM</td>
<td>Publicity will be used to promote the company and link your name to it</td>
</tr>
<tr>
<td>Support for attending a conference or course</td>
<td>You will feel indebted to the company and inclined to expect such support in future</td>
</tr>
</tbody>
</table>

*IFM = Infant Formula Manufacturers*
The steps appear simple

- restoring the pride of the profession
- discard of the illusion of invulnerability
- refuse to be part of pharmaceutical marketing
- no gifts from industry
- avoid all coi which are avoidable
- CME and conferences: zero dollars from industry

necessary: change of mindsets and of systems
it takes time but we are on our way
Politics is a strong and slow boring of hard boards. It takes both passion and perspective.
Max Weber. Politics as vocation. 1919

The critical mass within and beyond the medical profession is growing.

Do you want to be part of it?
1. Definition: Name examples from medicine and other spheres including the primary and secondary interest. Consider the usefulness of the Thompson/IOM-definition.

2. “Weapons of automatic influence”. Name instances – professional/private life – in which someone directed wai against you? What about the results?

3. What can you do to decrease biased knowledge in day-to-day practice of medicine/nursing be reduced?

4. What can you and others do to make professionals and the public aware of sources and mechanisms of bias?