



Medical Journals Complicit in Corruption of Medicine

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For years, the Alliance for Human Research Protection has been disseminating news reports documenting the corrosive impact the intermingling of academic medicine and the pharmaceutical industry has had on the integrity of medical research and clinical practice. In 2002, I made a presentation about [conflicts of interest](#) at a symposium sponsored by the U.S. Army Medical Department, in which I included my "dirty dozen" corrupt research review practices that undermine both the safety of human subjects and the integrity of the research findings.

When we observed that not only the pharmaceutical industry, but physician-scientists, academic institutions, and medical journals are all invested in "keeping up appearances" rather than preserving the integrity of science, and honest medicine, we were ridiculed or dismissed as being "anti-science."

We are no longer "blowin' in the wind." A growing number of prominent physician-scientists, including several former journal editors, and *New York Times* columnists, have written sobering critiques about the corrupting impact pharmaceutical industry influence has had on medicine. That influence has debased the integrity of medical research, clinical practice and medicine's institutions.

"The Truth About Drug Companies" (2004) an influential book by Marcia Angell, MD, who had been the editor of *The New England Journal* for two decades, laid bare the ubiquitous influence industry has on medicine.

Doctors "on the take" [to borrow the title of a book (2005) by another former editor of the *NEJM*, Jerome Kassirer, MD] are encouraged to promote and widely prescribe clinically worthless drugs for untested uses, without regard for the serious harm caused patients.

Although industry's cash inducements have corrupted both individual doctors, universities, professional associations, and industry front groups that masquerade as "patient advocates," those most responsible for the corruption of medicine are medicine's academic leaders, prestigious medical institutions, journal editors, experts charged with formulating practice guidelines, and federal oversight agencies—in particular, the FDA, the National Institutes of Health, and the Center for Disease Control.

When academia and government agencies became stakeholders in the business of medicine, promoting the commercial interests of manufacturers, rather than the public interest, they betrayed the public trust and their professional integrity.

Richard Smith, MD, the former editor of the *BMJ* (for 25 years) has been an outspoken critic focusing in particular on the role journal editors have played in the corruption of medicine. His book, **The Trouble With Medical Journals**, 2004, describes journal editors' unacknowledged significant conflicts of interest.

Readers of the *New York Times* got a dose of reality in 2006, when Lawrence Altman, MD, the paper's senior medical reporter, wrote a scathing appraisal of science journal editors' poor performance in maintaining scientific integrity. Altman lifted the veil of illusion to reveal that the scientific fraternity has vested financial and political interests in maintaining an illusion that "passing peer review is the scientific equivalent of the Good Housekeeping seal of approval." Journal editors recoil at suggestions that the reviewing process for scientific reports itself be tested in accordance with scientific methods. They reject conducting random audits "like those used to monitor quality control in medicine," citing costs and "the potential for creating distrust."

Yet, Altman wrote: "even the system's most ardent supporters acknowledge that peer review does not eliminate mediocre and inferior papers and has never passed the very test for which it is used... If peer review were a drug, it

would never be marketed, say critics, including journal editors." See, ["For Science's Gatekeepers, a Credibility Gap."](#)

In 2005, Paul Krugman, a professor at Princeton and a New York Times columnist, wrote, [Drugs, Devices and Doctor](#) s the Vioxx crisis at Merck, and the Cleveland Clinic's firing of Dr. Eric Topol, who, in sworn testimony, accused Merck of scientific misconduct. Krugman pointed out that the real story behind the Merck-Cleveland Clinic scandal "is bigger than either the company or the clinic. It's the story of how growing conflicts of interest may be distorting both medical research and health care in general."

"The economic logic of the medical-industrial complex is straightforward. Prescription drugs and high-technology medical devices account for a growing share of medical spending. Both are products that are expensive to develop but relatively cheap to make. So the profit from each additional unit sold is large, giving their makers a strong incentive to do whatever it takes to persuade doctors and hospitals to choose their products."

Surely, healthcare reform in the absence of any measures aimed at stemming the corruption will not improve anyone's health.

A recent article in PLoS Medicine ["Conflicts of Interest at Medical Journals: The Influence of Industry-Supported Randomised Trials on Journal Impact Factors and Revenue – Cohort Study"](#) (abstract below) confirms that industry's influence injects bias into medical journals.

The PLoS study examined industry influence in 6 major medical journals—Annals of Internal Medicine, Archives of Internal Medicine, BMJ, JAMA, The Lancet, and New England Journal of Medicine [NEJM]). For each journal, they identified randomized trials published in 1996–1997 and 2005–2006, categorized by the type of financial support.

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000354>

They found that the proportion of trials with sole industry support varied between journals: from 7% in BMJ to 32% in NEJM in 2005–2006. Industry-supported clinical trials are far more frequently cited than trials with other types of support. Furthermore, a journal's impact factor—not to mention, its profit-margin—is greatly enhanced from publication of industry-sponsored clinical trial reports.

The authors' conclusion and recommendation: "Publication of industry-supported trials was associated with an increase in journal impact factors. Sales of reprints may provide a substantial income. We suggest that journals disclose financial information in the same way that they require them from their authors, so that readers can assess the potential effect of different types of papers on journals' revenue and impact."

In his BMJ blog, [Richard Smith, MD](#) sheds light on the magnitude of undisclosed financial stakes for journal editors with one convincing example. Conflicts of interest arise when considering an article about a large clinical trial funded by a drug company. He informs us that a third of the trials in the NEJM are funded by industry with almost another half having mixed funding that includes a drug company.

"Editors know well that they may be able to sell a million dollars worth of reprints of such an article, with a profit margin of perhaps 70%. In other words publishing that one paper will lead to \$700 000 on the bottom line. Very few actions in business provide such a substantial profit from so little."

Industry's financial influence stacks the deck overwhelmingly in its favor: cash payments buy high impact value. Wide dissemination of commercially-driven reports published in prestigious journals ensure that they will be highly influential—i.e., have high impact—drowning out any independent analyses contradicting industry's sponsored reports that were designed to promote marketing goals. This symbiotic relationship between industry and journals has polluted the medical literature and debased the practice of therapeutic medicine.

"It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine."

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