Managing or Maintaining Bias?
Examining the Institutionalisation of Conflicts of Interest in Medical Journal Publishing

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PRIMARY RESEARCH QUESTION:

To what extent does the institutional environment of medical journal publishing inform actors’ conceptualisation and management of conflicts of interest, and their consideration of alternative approaches?
Background: the rise of conflicts of interest in medical journals

• Partnerships between pharmaceutical industry, academic researchers & governments can lead to COIs.

• These conflicts can affect medical journals – ‘publication bias’.

• Publication bias can take various forms, e.g.
  – Suppression of negative results
  – Multiple publication of trials
Implications

• Scientific research, and journals that present its results, inform health policy & practice.
• COIs can lead to incorrect public health decisions being made, e.g. Roche and Tamiflu.
• Loss of trust in ‘experts’.
• Trust is crucial in medicine; COIs jeopardise this, e.g. Wakefield and MMR/autism; statins debate between BMJ and Lancet

“People ...have had enough of experts” (Michael Gove, Tory MP & campaigner for Brexit)
Data: 48 semi-structured interviews

<table>
<thead>
<tr>
<th>Role</th>
<th>Number contacted</th>
<th>Number interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editors in chief</td>
<td>17</td>
<td>6</td>
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<tr>
<td>Executive editors</td>
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<td>Authors</td>
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<td>Pharmaceutical company</td>
<td>3</td>
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<tr>
<td>representatives</td>
<td></td>
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<tr>
<td>Tobacco company representatives</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
Data: Policies and guidelines

- The top 10 medical (general and internal) journals, measured by Impact Factor (2012).

- Journals cited in my literature review for having been charged with engaging in practices deemed ethically problematic.

- Professional associations, identified through references and citations to them in the guidelines and policies of the sample journals, the interviews and references to them in my Literature Review.

- Those commercial publishers that produced the journals in my sample.

- 3 manufacturing sector companies.
Results: Who might be conflicted?

• Authors are ubiquitously referred to within the debate on conflicts of interest

• However, the primary interpretation of authorship accepted by the medical journal publishing industry – the ICMJE’s authorship criteria – has faced criticisms, e.g. for being too narrow (e.g. Bennett and Taylor, 2003, Helgesson, 2015, Matheson, 2011, Moffatt, 2013).

• This means other contributors to research and articles – e.g. medical writers & statisticians – were absent from the journal guidelines and discussion in interviews.

• Limited attention given to the potential COIs & their management of other key actor groups, including editors, reviewers and journal owners.
Results: What types of interest are relevant?

- COIs in medical journal publishing primarily depicted as being financial: non-financial/other conflicts (such as academic commitments, personal relationships, political or religious beliefs, institutional affiliations and career advancement) are marginalised/excluded from the debate:

- Focusing only on financial interests reduces our understanding of what can lead researchers to be biased.

- This means that potentially problematic conflicts, which could affect both research and resulting articles, may remain undisclosed.
Results: Management of conflicts – disclosure

• Data showed that voluntary disclosure is considered the primary tool through which to manage COIs: it is an easy, low-cost solution (Church and Kuang, 2009).

• Limited discussion of alternatives, despite studies demonstrating weaknesses of process, e.g.
  – ‘blind spot’ (Pronin et al., 2004)
  – ‘moral licensing’ and ‘strategic exaggeration’ (Cain et al. 2005)

• Authors are generally required by journals to disclose, while disclosure requirements for other actor groups – e.g. editors, reviewers and contributors – are less prevalent. Few journals publicly disclose their policies on these actors, nor do many publish editors’ COIs.
Institutionalisation

• Current, narrow understandings of COIs have become institutionalised: certain types of interest, and actor groups may thus escape management.

• These ideas have become formalised in the shape of guidelines and policies, which further reinforce understandings – they are embedded within the discourse.

• The understanding of COIs, developed over time, has therefore become institutionalised as objectified beliefs – understood as ‘external reality’ – and presents a barrier to change.

• This means that it is difficult for new ideas to enter the institutional environment and for change to occur.
Possibility of change (case for optimism!)

- For COIs to be managed more effectively, conceptualisations of both what they are and who it is that might be conflicted need to be broadened.
- Institutional change is not impossible: it can occur, for example, through:
  - individual actors’ ‘foreground discursive abilities’ (Schmidt, 2008) – their ability to think critically outside their institutions.
  - new actors entering the institution, with fresh ideas (Scott, 2014) and acquiring legitimacy.
- This can be termed ‘deinstitutionalisation’ (Oliver (1992), Tolbert and Zucker (1996), Dacin et al. (2002) and Scott (2014))
- If such actors recognise deficiencies with current understandings, new ideas may be generated
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