Disclosure of Potential Conflict of Interest

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The current interest of the public and politicians in the United States over ethics in science and medicine is not new. Deliberate misrepresentation in science and medicine has always been a problem, as discussed in detail in two excellent books, Betrayals of the Truth\textsuperscript{1} and False Prophets.\textsuperscript{2} The dishonest and sociopathic will always constitute a small percentage of any profession, and detection of their misrepresentations is probably best carried out by rigorous peer review.\textsuperscript{3} Subtler problems of scientific bias in honest researchers and clinicians can be decreased by using the scientific method as it has been developed over the past century, with its requirement for replication for verification. The use of the modern randomized controlled clinical trial also helps minimize personal and systematic biases.

Currently, the spotlight of public and political inquiry has illuminated the problems of economic conflict of interest, not only in medicine but across a wide spectrum of activities that affect the public. The basic question is simple enough: Do scientific researchers, physicians, and others who hold public trust act on behalf of their own (often hidden) economic interests instead of on behalf of the truth? This problem has erupted in ophthalmology in the field of cataract surgery and intraocular lens implantation, where some practitioners performed inappropriately early cataract surgery, performed large numbers of inappropriate preoperative tests, and received kickbacks from intraocular lens implant companies. In medicine in general, there is now intense interest and proposed regulations to govern physician referral of patients to facilities in which the physicians have an economic interest, particularly laboratories and diagnostic facilities. In ophthalmology, this problem was dealt with in the past by the general precept that ophthalmologists did not dispense spectacles and optical devices in their practice, a safeguard that is no longer generally in force.

The most recent hubbub over conflict of interest in the health field was the attempt by the National Institutes of Health (NIH) to set up standards of behavior for researchers. Hearings in 1989 by Representative Ted Weiss (D-NY) may have spurred the highly restrictive NIH disclosure requirements that many felt were vague and imposed unnecessary restrictions in collaborations between science and industry. The proposed regulations elicited nearly 700 letters to the NIH, the vast majority running against the guidelines. This outcry prompted Secretary of Health and Human Services, Louis W. Sullivan, to withdraw the proposals and request that they be rewritten, observing that any such proposals must "properly treat potential abuse while keeping the research process free of unnecessary burdens and disincentives."\textsuperscript{4}

One solution to these problems is to require disclosure of potential conflicts of interest; but in a recent opinion piece in the New England Journal of Medicine,\textsuperscript{5} Attorney Mark Rodwin has emphasized that the laws and mechanisms for requiring a simple disclosure of conflict-of-interest often inadequately protect consumers and the public.\textsuperscript{6-13} He contends that independent supervision and sanctions to insure compliance may be necessary. For example, the Ethics in Government Act requires that politicians and government employees disclose their financial interest publicly, that they disclose and limit decisions that may affect their private economic interest, that they disclose and limit the gifts they receive, and that former employees represent clients before the agencies where they worked. These disclosures are monitored by the press, public watchdog groups, and the political adversarial process, creating a natural pattern of enforcement. Similarly, the codes of legal ethics require lawyers to disclose conflicts of interest to their clients. These rules are regulated to some degree by the supervisory power of the courts and by the adversarial relationship of the US judicial system. Indeed, an entire law firm can be disqualified from representing a client because one lawyer in that firm has a conflict of interest. Consumer protection laws fall into the same category, seeking to prohibit businesses from using deceptive practices to sell goods and services. This is enforced not only by the laws and courts, but also by consumer protection agencies and watchdog groups, who help to force full disclosure.

Rodwin observed that similar mechanisms of full disclosure and reduction of financial conflict of interest are not in place for physicians and scientific researchers.

In this context, many scientific and professional journals now require authors to disclose their potential conflicts of interest as a condition for publication. Refractive and Corneal Surgery follows this lead and now requires its authors to identify the nature of any conflicts of interest by completing the following simple...
checklist prior to publication. It is not the intent of *Refractive and Corneal Surgery* to delve into the private financial aspects of authors’ lives, and the editors consider each disclosure individually. The overall goal is simple—to make the reader aware of potential conflicts of interest that might knowingly or unknowingly bias the authors’ results and conclusions. Therefore, *Refractive and Corneal Surgery* asks authors to specify the following:

Concerning the research or instruments described in this article, the authors (specify individuals):
1. Have no proprietary interest.
2. Hold patent rights.
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4. Are consultants, evaluators, or reviewers for (name/location of company).
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6. Receive direct funding, indirect donation, or provision of equipment by (name/location of company or agency).
7. Know of a financial interest by a spouse, minor child, blood relative, employer, partner, or business associate.

We hope this improves the veracity of the articles published in *Refractive and Corneal Surgery*.

### REFERENCES


### Original Articles—With Comment and Response

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*Refractive and Corneal Surgery* serves not only as an archival repository of surgical and clinical information, but also as a facilitator for the exchange of ideas and opinions. In this issue, we inaugurate a new format, in which an article that has already undergone peer review and has been accepted for publication is sent to two experts knowledgeable in the field, who are asked to give their comments and opinions about the article. The authors of the article then respond to these comments and opinions, and the entire exchange is published with the original article itself.

The comments are not intended as “peer review,” as done during the screening of the article for publication, but rather as an opportunity to put the original article into perspective and to agree or disagree with the authors’ conclusions. The format does not allow for a debate in the sense that the original author and the commentators have only a single exchange of opinions, and not a running dialogue. The authors of the original article give their permission to have the article presented in this format, but the commentators are selected by the Editorial Board. The format serves a function similar to that of Letters to the Editor but puts all of the information in one place at the time of the publication of the original article. Letters to the Editor from other readers are certainly welcome in subsequent issues.

This format has been successfully used in other journals and we are adopting it here because we think it will make *Refractive and Corneal Surgery* more vibrant, relevant, and practical. We thank those individuals who take the time to serve as commentators and the authors who are willing to expose their precious work to more public scrutiny.