Collaboration between medical professionals and industry

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Collaboration between medical professionals and industry

3 domains are concerned:

- (clinical) research
- teaching – pre, postgraduate, continuous education
- medical practice
Collaboration between medical professionals and industry

Guidelines, Swiss Academy of Medical Sciences

Contents

Preamble
I. Clinical research
II. Graduate medical training, postgraduate medical training and continuing medical education
III. Acceptance of payments in cash or in kind
Glossary
Relevant provisions and authorities
Collaboration between medical professionals and industry

List of chapters:

- Introduction
- Research in Switzerland
- Guidelines of the Swiss Academy of Medical Sciences
- The question: part of integrity in science?
- Examples of incorrect behavior
Collaboration between medical professionals and industry

Relations between physicians and the industry have always existed
The results include innovation, better possibilities for patient care and development of the interest of both partners
Major problems include conflicts of interest and absence of transparency
Collaboration between medical professionals and industry

Specific elements in Switzerland

• Research is clearly accepted by population
• Clinical research is well developed
• Continuing education in medicine is essential for good patient care, and traditionally strongly supported by big and small pharma
• Pharma industry is particularly strong and influential
Collaboration between medical professionals and industry

NZZ am Sonntag, 14.8.2011

«In Switzerland, medical writing agencies help busy clinicians to write scientific papers, all financed by pharmaceutical industry …»
Collaboration between medical professionals and industry

Specific elements in Switzerland

• Research is clearly accepted by population
# Research is well accepted by the Swiss population

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
<th>Yes in %</th>
<th>No %</th>
<th>Score for Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>Initiative to reduce research involving animals</td>
<td>43.6</td>
<td>56.4</td>
<td>1:0</td>
</tr>
<tr>
<td>1993</td>
<td>Initiative for abolition of animal research</td>
<td>27.8</td>
<td>72.2</td>
<td>2:0</td>
</tr>
<tr>
<td>1998</td>
<td>Initiative for the protection of life and environment against genetic manipulation</td>
<td>33.3</td>
<td>66.7</td>
<td>3:0</td>
</tr>
<tr>
<td>2000</td>
<td>Initiative for the protection of the human being against the techniques of artificial reproduction</td>
<td>28.2</td>
<td>71.8</td>
<td>4:0</td>
</tr>
<tr>
<td>2004</td>
<td>Law concerning stem cell research</td>
<td>66.4</td>
<td>43.6</td>
<td>5:0</td>
</tr>
<tr>
<td>2005</td>
<td>Initiative for the production of food products without genetic manipulations</td>
<td>55.7</td>
<td>44.3</td>
<td>5:1</td>
</tr>
<tr>
<td>2010</td>
<td>Article in the Constitution concerning research in humans</td>
<td>77</td>
<td>23</td>
<td>6:1</td>
</tr>
</tbody>
</table>
Science is well accepted by the Swiss population

Votation of the law concerning stem cell research - 2004 results for each district

Source: C. Wirth, SBF / OFS
Medical practice
An unhealthy practice. Prescription guidelines should not be written by people with financial conflicts of interest.

Nature 2005; 437: 1065-6

- 35% of authors said they had a conflict of interest of some kind.
- 16 authors helped to write guidelines on illnesses relevant to companies in which they owned stock.
- 49% of guidelines did not include any details of authors’ conflicts of interest.

For full survey results, see www.nature.com/news/2005/051017/full/4371070a.html

* Some of the authors had more than one conflict of interest.
Scientific integrity
Scientists behaving badly

*Martinson BC, Nature 2005, 435:737-8*

% of scientists saying they did during last 3 years:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falsifying or « cooking » data</td>
<td>0.3</td>
</tr>
<tr>
<td>Ignor. major requirements for research in humans</td>
<td>0.3</td>
</tr>
<tr>
<td>Not indicating conflicts of interest</td>
<td>0.3</td>
</tr>
<tr>
<td>Using another’s idea without giving credit</td>
<td>1.4</td>
</tr>
<tr>
<td>Changes following pressure of funding source</td>
<td>15.5</td>
</tr>
<tr>
<td>Duplicate publications</td>
<td>4.7</td>
</tr>
<tr>
<td>Inappropriate authorship assignement</td>
<td>10.0</td>
</tr>
<tr>
<td>Inadequate record keeping of research</td>
<td>27.5</td>
</tr>
<tr>
<td><strong>Any inadequate behavior</strong></td>
<td><strong>33.0</strong></td>
</tr>
</tbody>
</table>
Collaboration between medical professionals and industry

Guidelines of the Swiss Academy of Medical Sciences

www.samw.ch
Created more than 60 years ago by the Faculties of Medicine and the Swiss Medical Association (FMH) for the support of research and teaching in Medicine

Today, essential task include

– Support of research and quality control
– Promotion of scientific careers (i.e. MD-PhD)
– Directives: ethics, human research, frontiers in medicine
– Dialogue Science - Society
– Reflexion „Future of Medicine in Switzerland“
Textes, directives and guidelines

- Ethics in clinical research
- Integrity in science
- Collaboration between industry and research, industry and clinicians
- Research using biological samples (Biobanques)
- Federal laws on human research
Directives médico-éthiques de l’ASSM depuis 1969

- Diagnostic et définition de la mort (1969)
- Ethique médicale pour la stérilisation (1981)
- Examens génétiques sur l’homme (1993)
- Transplantations d’organes (1995)
- Expérimentation animale à des fins scientifiques (1995)
- Recherche expérimentale sur l’homme (1997)
- Transplantation de tissus fœtaux humains (1998)
- Thérapie génique somatique chez l’homme (1998)
- Problèmes éthiques aux soins intensifs (1999)
- Xénotransplantations (2000)
Directives médico-éthiques de l’ASSM-SAMW

- Stérilisation de personnes mentalement déficientes (2001)
- Intégrité dans la science (2002)
- Exercice de la médecine auprès des détenues (2002)
- Prise en charge des patients souffrant d’atteintes cérébrales extrêmes de longue durée (2003)
- Prise en charge de patients en fin de vie (2004)
- Mesures de contraintes en médecine (2005)
- Collaboration corps médical – industrie (2005)
Collaboration between medical professionals and industry

Guidelines, Swiss Academy of Medical Sciences

Contents

Preamble
I. Clinical research
II. Graduate medical training, postgraduate medical training and continuing medical education
III. Acceptance of payments in cash or in kind
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Relevant provisions and authorities
I. Clinical research

Guidelines

1. Clinical trials are done according to the principles of “Good Clinical Practice”.
Must meet scientific and ethical requirements, as well as legal regulations.

2. Institutions regularly evaluate the quality of the research.
The scientific quality of clinical trials has to be assessed.

3. All clinical trials are recorded in a central register.
The purpose of this recording is:
• to ensure the correct and complete publication of the results, and
• to exclude subsequent changes to the protocol not conforming to GCP.
Today there exists in Switzerland one register, by Swissmedic (Swiss Agency for Therapeutic Products). The SAMS and the FMH (Swiss Medical Association) support a register accessible to the public, according to the Anglo-Saxon model, which records all the clinical trials taking place in Switzerland.
I. Clinical research

Guidelines

4. The responsible investigator and his/her co-workers have no financial interest in the trial or in the results.

The investigators who are involved in a trial inform the institution for which they are working of the financial interests associated with their participation.

In addition, in accordance with Art. 9. Para. 2Bst. I of the Regulations on Clinical Research and Drugs (VKlin), the investigator must have the necessary training or experience in the Good Clinical Practice of clinical trials.

5. Performance and financing of clinical trials is regulated contractually.

Each trial that is carried out on behalf of a sponsor by whom it is financed is covered by a written contract. The contract is to be signed by the responsible investigator (a hospital physician or general practitioner), when appropriate by the responsible representative of the institution for which the investigator is working, and by the sponsor.
I. Clinical research

Guidelines

6. Payment for the trials is made to special institutional accounts for such funds.
All financial contributions for clinical trials are paid into accounts that are specifically intended for this. The institution (university, department, hospital, foundation etc.), for which the responsible investigator is working controls access to these accounts.

7. Performance of trials and purchase of sponsor’s products are independent.
The carrying out of clinical trials may not be dependent, either directly or indirectly, on the purchase of products, nor on agreed conditions of purchase. Likewise, the institution where the clinical trials are carried out may not make its decision on purchase of products dependent, either directly or indirectly, on the carrying out of the clinical trials.

8. In publications and presentation of results, financing of a trial must be declared.
In the publications of trial results, an annotation or a footnote must make it clear to the reader who, as sponsor, has financed the trial. When trial results are presented at conferences, congresses and similar events, this fact must be made clear, as must any financial interests of the authors.

9. Interpretation of results of a trial must be independent of the sponsor’s interests.
In the interpretation of trial results in publications and in presentations at conferences, care must be taken to avoid conflicts of interests.

10. Investigators who take part in clinical trials are not to be involved in the marketing of the products investigated.
I. Clinical research

*National and international regulations for clinical trials:*

- Forschungsuntersuchungen am Menschen. Medizinisch-ethische Richtlinien der SAMW (Research investigations in humans. Medical-ethical guidelines of the SAMS, 1997)
  http://www.samw.ch/content/Richtlinien/d_Forschungsunters.pdf

- Integrität in der Wissenschaft. Richtlinien der SAMW für wissenschaftliche Integrität in der medizinischen und biomedizinischen Forschung und für das Verfahren bei Fällen von Unlauterkeit (Integrity in science. Guidelines of the SAMS for scientific integrity in medical and biomedical research; procedure in cases of dishonesty) (2002)
  http://www.samw.ch/content/Dokumente/d_CIS_RL.pdf

- Declaration of the World Medical Association, Helsinki: “Ethical principles for medical research in humans” (revised, October 2000), original text: http://www.wma.net/e/policy/17-c_e.html

II. Graduate medical training, postgraduate medical training and continuing medical education

Guidelines

1. Recognition of an event for continuing medical education is given by the relevant professional association the medical committee responsible for the event.

2. Events for continuing medical education will only be accredited if their contents and schedules are defined, in full, by physicians or a medical committee.

3. The possibilities for prevention, diagnosis and therapy are presented, as far as possible, in accordance with the criteria of evidence-based medicine (EBM), taking into account their effectiveness and efficiency, also from an economic viewpoint.

4. If several effective drugs, medicinal products or procedures are available for the proposed prevention, diagnosis or therapy, objective comparison is provided.

5. Funds obtained through sponsoring are deposited in a special account designated by the organizer (university, institution, foundation, professional association, regional medical association etc.), and used for the expenses of the event.

Events held in hospitals (lasting one or several days), supported by industry must be approved by the management of the hospital or the department concerned.

6. Physicians taking part in continuing education as listeners (i.e. without active participation or presentations) make an appropriate contribution to the costs.

Considered adequate are CHF 500.- for European, CHF 1000.- outside Europe.

7. Speakers and organizers make known any personal or institutional commercial interests, financial connections with the sponsor, consultancy for the sponsor or support of their research provided by the sponsor. Speakers’ fees must be appropriate.
II. Graduate medical training, postgraduate medical training and continuing medical education

Relevant texts:

Foreign recommendations and guidelines:

Codices of industry:
- Behaviour Codex of the pharmaceuticals industry in Switzerland (Pharmakodex) of 4 December 2003, http://www.sgci.ch/plugin/template/sgci/*11386
III. Acceptance of payments in cash or in kind

Guidelines

Physicians in hospitals, in private practice and in research do not accept personal payments, in cash or in kind, which exceed customary minor recognition of services rendered, without a corresponding contract or without adequate service rendered their part.

In public hospitals, internal rules usually regulate the acceptance of payments in cash or in kind. They determine, within the institution, which gifts are to be approved by, and which only have to be reported to, the superior authority (e.g. by the setting of upper limits or by the preparation of a “positive list”).
III. Acceptance of payments in cash or in kind

Relevant legal texts:

- Article 33 of the Federal Law on Drugs and Medicinal Products (HMG) of 12.12.2000
- Article 322ter ff. of the Swiss Legal Code (StGB) of 21.12.1937
- Article 56, Para. 3 of the Federal Law on Health Insurance (KVG) of 18.3.1994
Conflits of interest – Relations with industry

«A useful criterion in determining acceptable activities and relationships is: would you be willing to have these arrangements generally known?»

Guidelines of the American College of Physicians, 1990
Guidelines in Switzerland:
Integrity in science
SAMW 2002 – www.samw.ch

Integrity in scientific research
Swiss Academies of Arts and Sciences 2008 – www.swiss-academies.ch

University-specific texts and rules
Scientific Integrity

Is a very important topic – did you get a formal education?

Why is it so important?
- expectations of the society
  the taxpayer
  the institutions
Scientific integrity – personal responsibilities of researchers

- ethical reflexion, self discipline and a self-critical assessment
- precondition for sustainable dialogue between
- integrity promotes the reputation of research, the understanding for new developments and the acceptance of innovations
- respect for the limitations of freedom of research fixed by laws, rules and the society
- sense for veracity
- openness within the research group
- will for transparency and dialogue with the scientific community and the general public
Responsibility of researchers – during the planning phase

- Feasibility of the research plan
- Definition of the roles of the persons involved
- Transparency concerning financial plan and resources
- Definition of handling of data and materials
- Revealing of conflicts of interests
- Documented agreements between groups and within the team
Fraud works against the interest of society and medicine

The storm about the Measles-Mumps-Rubella vaccine’s claimed relation to a novel syndrome combining gut inflammation and forms of autism


Results not confirmed, conflict of interest of main author not declared (evaluation of children on behalf of the Legal Aid Board, funding received 100’000 US dollars), improper handling of data.


Retraction of article in Lancet 10 years after publication (!)
Fraud: the long road to retraction – an example of 3 years lost in hopes of patients, research money, trust of society

Kugler et al. Regression of human metastatic renal cell carcinoma after vaccination with tumor cell- dendritic cell hybrids.

*Nature Medicine, March 2000.*

Committee found several deficiencies in the manuscript, protocol not approved by ethics committee, large number of errors published.

Retraction September 2003

*Nature Medicine 2003, 9:1993*
Integrity in Science and Research – an example of an un-holy alliance with the tobacco industry.

RR, Professor in Public Health in Göteborg and Geneva – working in issues of environmental and nutritional factors influencing respiratory diseases including lung cancer. He received support for his research projects from the tobacco industry – as another member of the Faculty of Medicine for other, unrelated programmes.

Is this a problem?
Integrity in Science and Research – an example of an unholy alliance with the tobacco industry.

• A few years after retirement, in 2001, with the forced publication of industry documents on internet, RR is accused of « scientific fraud of unprecedented magnitude, to cover health effects of passive smoking »

• RR was secretly paid by Philip Morris (about 100’000 sFr/year)

• Industry documents clearly show that this and other tobacco companies have attempted to manipulate public opinion for decades, and some scientists have been a privileged instrument to disinform the public and the scientific community
Integrity in Science and Research – an example of an unholy alliance with the tobacco industry.

2005: Proposition by a commission of the University of Geneva to forbid its members to sollicit money from the tobacco industry, for research or consultancy, endorsed by the rector
Integrity in Science and Research – an example of an unholy alliance with the tobacco industry.

Deutsches Krebsforschungszentrum verabschiedet ethischen Kodex zur Ablehnung von Tabakindustriegeldern

Pressemitteilung vom 8. November 2005
Why is money from the tobacco industry a problem?

Tobacco industry has strategies to manipulate data on risks of their products:

• Funds research that supports their interests
• Publishes research that serves these interests
• Criticizes or suppresses research not serving these interests
• Disseminates favorable results, interpretation of risks, etc. in the lay press + for policymakers

Bero LA, Public Health Reports, 2005, 120:200-8
Integrity in Science and Research – an example of an un-holy alliance with the tobacco industry

At one university, Tobacco money is a secret

*New York Times, May 22, 2008*

Virginia Commonwealth University, US, signed a contract with Philip Morris – based in Richmond, Virginia - in 2006

Amount of grant not known, but certainly more than 10 million USD per year
Integrity in Science and Research – an example of an un-holy alliance with the tobacco industry

Another University says:

« Tobacco money at the University of California should be accepted, because

- Academic freedom is important
- Past record of industry is not so relevant
- Similarities exist with pharmaceutical industry, but also differences »

Integrity in Science and Research – an example of an unholy alliance with the tobacco industry.

Others say:

« Tobacco money at the University of California should not be accepted, because

• What is being done by the University … will only reduce the authority of the University and the public’s willingness to support and protect it as a neutral arbiter of truth …

• To act responsibly, including declining tobacco industry money, is necessary to protect academic freedom ».

Institutions need a strategy to investigate suspicion of incorrect scientific behavior or fraud
Integrity in Science

Suspicion of fraud

- Responsibility: Institution
- Procedure:
  - Ombudsman
  - Inquiry panel
  - Decision authority
- Rights of the respondent
- Protection of the whistleblower
- Verdict – notification
- Appeal possibilities
Conclusions

- The results of today's clinical trials determine tomorrow's best management and new developments in clinical practice,
- Scientific approach is the best basis for better care for the patients tomorrow
- Integrity in science is absolutely necessary
- We have to continue to convince society and authorities that clinical studies are essential and will improve outcome
- The absolute independence from industry is vital

But to maintain public trust in research, scientists must respect highest ethical standards
What next?

A good European system, with national flavour and monitoring

Thankyou!