Comment
Conflict of Interest and its Significance in Science and Medicine: A View from Eastern Europe

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In recent years, parallel to the evolving opinions and changes in scientific policies the world over, activities in bioethics have also gained importance in Central and Eastern Europe. I have touched upon these matters in previous articles.1,2,3,4 This article focuses on the need to create an atmosphere in this part of Europe that is conducive to changing the conditions under which clinical research is conducted and health care is delivered, thereby, facilitating the approaching integration of those countries into the European Union. International conferences held in 1995 and 1998 and the visit by the Editor in Chief and Past Editor of the New England Journal of Medicine in Warsaw (1995) provided impetus for this effort.a The ethics committee of the Polish Academy of Sciences, the Polish Academy of Arts and Letters, and the State Committee for Research have given significant support to this essential task. The Minister of Health also contributed significantly in May 1999 by establishing the legal foundation for a bioethical commission to monitor clinical research and other pertinent matters.

Improving clinical research and health care delivery requires an examination of three current conditions: (1) the increasing privatization and commercialization of clinical research and care; (2) the growing conflict of interest problem; and (3) the level of public support for clinical research and health care.

PRIVATIZATION AND COMMERCIALIZATION

Privatization and commercialization of clinical research and health care are the results of the successful application of basic biomedical and clinical research to health care.


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that has raised the possibility of better health and longer lives for everyone. Unfortunately, nowhere are these expectations realizable to a degree satisfactory to everyone. Many see privatization and commercialization as the avenues through which these expectations can be met but the total privatization and broad introduction of uncontrolled market mechanisms into science, education and medicine often produce the opposite effects to those which were intended, implying that such uncontrolled mechanisms have a significant negative influence on the quality of health care, on the level of scientific research and on education.5

In recent years, the border separating the academic world, with its ideals of autonomy, disinterestedness and truth, from the commercial world (with the emphasis on production, marketing and profit), has increasingly blurred. During the past quarter century, several academic and scientific institutions have concluded agreements with the pharmaceutical industry. Although such agreements are seen as mutually advantageous, these institutions have introduced various rules and regulations aimed towards maintaining their independence. For example, Harvard demands full revelation of conflicts of interest.6,7

The danger resulting from such conflicts is dramatically evident in the death of a patient undergoing gene therapy in a clinical study conducted by a person having a considerable share in the company which acquired and provided the genetic material. This extreme case, discussed recently in journals around the world, had not only a tragic conclusion for the patient, but serious consequences for the researcher and for the prestigious academic institution as well. Less drastic consequences of the blurring border between science and commerce are the delayed progress of research and the publication of its results because of patent and market dependencies.

Noted representatives of leading universities and other scientific institutions have expressed concern in recent years about the undesirable influences of privatization and commercialization of academic centers on the level of science, teaching and clinical standards. Unequivocal reservations on privatization and commercialization were published recently in the *Science* (1 Dec. 2000), which also considered their undesirable influence on university teaching. The article emphasized that in this perverted academic reality, even students may be considered as clientele by pharmaceutical companies, and academic teachers as *de facto* suppliers of services for fees.8 In the market economy, where the principle of “the customer is always right” prevails, there exists a threat to the autonomy of the institutions of higher learning and their didactic-scientific goals and, in the case of medical institutions, also their therapeutic goals. The above mentioned death during insufficiently controlled gene therapy, as well as the attempts to conceal results disadvantageous for a company (together with the recent dismissal of a Canadian researcher for revealing the harmful effects of a drug and his subsequent reinstatement to the university in an atmosphere of scandal and after numerous protests), reveal the gravity of the situation. As emphasized in *Science*, with the current menacing erosion of fundamental academic values, particular responsibility lies with those persons in supervisory positions at universities and scientific establishments. Protection of these values depends most of all on these persons’ characters, will power and determination; no less essential are also