TASK FORCE ON CONFLICT OF INTEREST  
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**Arguments Opposed to Changing Current UCSF Policy on Conflict of Interest**

It is vital to recognize that a *yes* vote on these ballot questions represents a *weakening of existing UCSF standards* regarding financial ties between researchers working with human subjects and the private companies which sponsor their research. *We recommend a *no* vote to protect the reputation and integrity of the University’s research and to sustain existing protections for human subjects of clinical research.*

Conducting scientific research at a publicly funded institution is a privilege -- a public trust that creates certain obligations for researchers. Conflict of interest policies at institutions like ours have at least three intertwined purposes: ensuring protection of research subjects; preserving the public’s trust in its institutions, and protecting the integrity, objectivity, rigor and openness of the scientific community.

These are the arguments against the proposals:

- **Loosening standards that govern researcher compensation is at cross purposes with the evolving political, regulatory, and ethical climate.**

Fifteen or 20 years ago, few people thought there were major issues of conflict of interest in medicine or science. Medicine and science used to be perceived as separate from the world of business. That has radically changed. Academia, research and medicine are now substantially and inextricably entwined with business. And public trust in science, medicine and academics has substantially declined. Both trends mean that there really are (and are perceived to be) major issues related to financial ties in medicine, science and academia.

Most of us believe ourselves to be incorruptible, even while we readily believe that others are influenced improperly by money. But influence includes subtle and unconscious processes as well as direct and obvious ones. Further, whether or not any individual is so influenced, arguing about any specific individual’s integrity is beside the point since the skepticism of the public means that the *appearance* of conflict is also an important problem.

Major universities (UCLA, Duke, Penn, Johns Hopkins)) have been "exposed" and sanctioned for flawed protection of human research subjects, and often, too, the charges against them have involved conflicts of interest. Journalists are alert and covering the problem; and some politicians are also beginning to pay attention. In sum, the general public and policy-makers are hugely more concerned about the influence of money in all kinds of medicine and research than they were 20 or even 10 years ago. UCSF has led the nation in barring conflicts of interest that might taint research objectivity. We should not abandon that policy just when others are moving toward the view we have long espoused.
• Financial ties—even small amounts—have been shown to have effects on research.

Evidence shows that physicians are influenced by gifts, tickets, meals and other inducements from drug companies. Similarly, the reporting of clinical research seems to be biased by financial ties (grants, contracts, royalties from patents, consultancies, company directorships, etc.) between the commercial sponsors of research and the researchers. When even small gifts can have a significant and demonstrated influence on physicians’ decisions, major grants and personal financial stakes of researchers seem likely to compromise quality and objectivity. Because some researchers have financial ties with multiple, sometimes related companies, the proposed changes in policy would allow a researcher to receive a substantial amount of money from multiple interested business sources while running a clinical study, without any disclosure of such ties.

• Financial ties with private sponsors make researchers’ work less credible.

Once the issue of conflict of interest is raised, researchers may face an uphill fight even when defending acceptable conduct. As events at the University of Pennsylvania and the Fred Hutchinson Cancer Research Center in Seattle have dramatically demonstrated, researchers should be aware that when, for example, a death occurs that may in any way be associated with research, the existence of financial conflicts will make the situation sensational to the public and, fairly or not, highly damaging to the researcher and the institution. For example, in the latter case, even though the jury, years later, found the scientists not guilty of the accusations raised, the significant negative publicity had already harmed the Center. In all likelihood charges would never have been made had there not been alleged financial conflicts that could appear to taint the research.

Prompted by numerous instances of problematic behavior arising out of financial conflicts, the International Committee of Medical Journal Editors now insists that authors attest that they had full control of, and access to, the research data they are writing up, and urges that the analysis of reported research should be done by someone independent from the sponsors. These policies underscore the growing concern over conflict of interest in clinical research.

• Assuring researcher independence, as existing policy is intended to do, is essential to sustaining public trust and support for public universities.

Sustaining independence in the conduct of research, regardless of its funding source, is essential to retaining public trust in science at publicly supported institutions. In fact, a major reason companies seek affiliations with university researchers is to attain legitimacy for their products and research. Institutional policies should ensure researcher independence by safeguarding against undue influence or the appearance of such influence. Public trust is not merely an issue of “perception.” Trust influences both the public’s willingness to support institutions and the scientific reputation of the research community.

• Research involving human subjects is different from basic research and should be held to a higher standard.

Like the AAMC, we make a distinction between basic and clinical research. We believe the issues arising in human subjects research require separate consideration and policies. Venture capital is unlikely to flow to basic scientists to develop their inventions unless they are seen to have a stake in the result. The opposite
situation obtains in clinical trials. When innovations are being tested on patients, it is essential that clinical testing be done by people free of financial ties so that the testing is fair, safe and credible. The public understands the special significance of human subjects research as is shown by the massive press coverage provoked by financial conflicts in the Jesse Gelsinger case at the University of Pennsylvania and the five lengthy articles in the Seattle Times concerning financial ties at the Fred Hutchinson Cancer Clinic. For these reasons, we believe that clinical researchers testing drugs or devices on patients should be held to much stricter financial standards than basic scientists.

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