



Doctors' Conflicting Interests Can Cost Money and Lives, and Hinder Medical Discoveries

Are Doctors' Industry Ties Influencing Your Care?

In recent months, the print media have once again outed another group of physicians who benefit from [undisclosed financial renumeration](#) from pharmaceutical companies, accompanied by serious conflicts of interest. One [headline](#) from The New York Times News Service read "California Docs Paid to Promote Drugs," while other news outlets carried similar stories.

The fact that doctors take money from pharmaceutical companies happens to be old news. But this time around, the docs in question come from Stanford University. Previous news stories reported that doctors receiving pharmaceutical funding hailed from [Harvard](#), the [University of Miami](#), the [Medical College of Georgia](#) and the [University of Cincinnati College of Medicine](#). More than a few of these doctors are psychiatrists who have received tax-supported, public National Institutes of Health and National Institute of Mental Health funding for clinical research, have participated in U.S. Food and Drug Administration advisory panels or have appeared on, or on behalf of, various not-for-profit psychiatric advocacy boards -- some of which are heavily supported by the manufacturers of psychiatric medications.

In 2006, my colleagues and I wrote a brief letter to the editor to the Journal of the American Medical Association, one of America's premier peer-reviewed medical journals. Our letter expressed concern about the lack of honest disclosure of conflicts by certain psychiatric authors in a previously published article. Multiple authors had recommended specific antidepressant therapy but failed to reveal that they were being paid by multiple antidepressant manufacturers to speak, advocate and do research for the companies that sold the drugs. During the review process, an associate editor at the journal asked the question (and inadvertently copied me on an email that had been sent to another associate editor), "What's the big deal? What's all this [expletive deleted] about conflicts of interest?" Academic journals, heavily supported by advertising money, are biased and complicit in the conflict of interest fiasco.

Sometimes I wonder why I -- or anyone else for that matter -- should care about psychiatrists who pimp for drug companies. After all, physician spokespeople

and drug manufacturers are capitalists, and capitalism is our economic cornerstone. Every day, any financial news consumer hears the refrain invoking the social advantages of free market capitalism. It is the mantra of a major financial television network. And even though I'm a psychiatrist, I'm also a capitalist, so why should I worry?

But I do worry, because drug promotion and clinical decision-making that are brokered on the backs of dollar bills have a greater chance of causing serious adverse outcomes, including illnesses and death. If a physician embellishes the effectiveness of a drug or minimizes its risk, that directly hurts you and me. Physicians who are heavily supported by pharmaceutical companies and medical device makers are not forming independent, unbiased decisions. Instead, their brains have been lined with gifts, perks and money, which influences their rose-colored opinions. My psychiatric colleagues are especially vulnerable here. The result is that your mother, your husband or my child can't make a reliable decision about the risks and benefits of particular drugs. How could they? The prescribing doctors often don't know the risks and benefits, so how could we be expected to learn what they don't know?

Conflicts of interest promoted by pharmaceutical

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manufacturers negatively affect decisions about current and future medical care. That is tragic, because those half-baked recommendations come with a price that no amount of capitalism can justify. It's simple and ugly: If you or your mom suddenly succumbs to an arrhythmia whose side effects were not appreciated by your doctor because your doctor was misinformed by another doctor serving as the manufacturer's spokesperson, that is tragic. I see it virtually every day in my clinical practice: in young men who have breast lesions and abnormal breast development from atypical antipsychotics; in sudden unexpected deaths, or "suds," from psychiatric drugs in individuals who had no risk factors for sudden death; in tic and dyskinetic movement disorders in kids arbitrarily prescribed stimulants, and the huge weight gain and symptoms of type 2 diabetes in children and young adults who receive a sedative, such as quetiapine, for sleep.

The bad news doesn't stop with current care. Conflicted clinical research -- often done especially by and for a particular psychiatric pharmaceutical manufacturer -- whose design and analysis are biased and whose summary and conclusions are misleadingly positive, fracture the backbone of scientific research. The legacy of fraudulent research lingers for years before it is recognized and repudiated. That effort impedes real progress, wastes time, money and human resources that could be focused on finding real cures to help all of us. And that's not good for anybody.

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