

## Professional Objectivity: Are You in Denial?

**T**he prostaglandin wars finally pushed me over the edge. The claims and counterclaims, the accusations and the counteraccusations have become positively unseemly of late. Even though two recent Opinions have sounded off on the matter, in November/December suggesting an

alternate industry posture, and in January suggesting that we all pay attention to conflict of interest disclosures (they really do matter), there is a facet that has not sparkled of late with the reflected light of day. How does each of us handle our personal conflicts of interest?

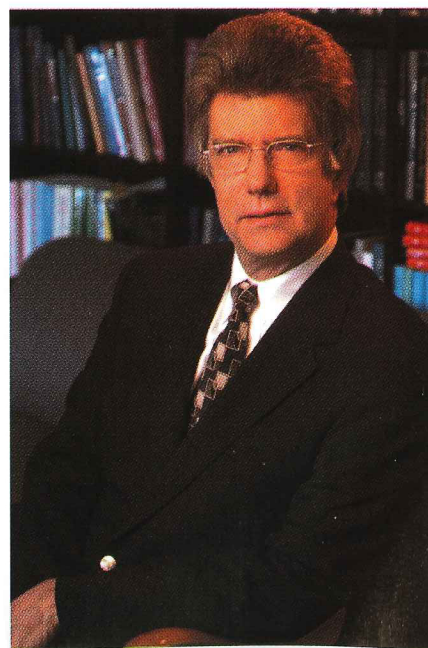
Let me begin by observing that I have never met any ophthalmologist who admitted that their relationship with a pharmaceutical or medical device company had compromised their scientific objectivity. Not even those holding stock options or earning royalty payments whose value depended on the commercial success of the product being tested. Now it may be that I have been privileged to interact with a sainted group of colleagues whose driven-snow purity transcended their investments. It could be that they didn't care how the clinical trial came out, didn't design the protocol unintentionally with a subtle bias or didn't choose statistical analyses with the most favorable result. Maybe they felt they could ensure the results would be free from bias if they enrolled multiple clinical sites for the trial, used investigators who had no entanglements save their own time and effort in the trial, and used approved clinical practices

and an army of clinical monitors. Such a trial design is the best defense against bias, but seldom eliminates it.

From time to time, I have mentioned to a colleague about a possible perception of conflict of interest, and I have received a range of responses. Righteous indignation is the most common. Some will acknowledge that they could see how someone might perceive a conflict of interest, but in fact there wasn't one. Still others will point to the disclosure, saying that the extent of the involvement is there for all to see, adding that in their case, the disclosure was merely a formality. These are natural reactions, given that such individuals had successfully rationalized their involvement. I'm not for a minute claiming that I am an innocent observer to this. I've done a great job convincing myself that my conflicts of interest are free from censure, though I grudgingly admit that others could view them differently.

So far, we've been intellectualizing about the interfaces of professionals with drug or device research. To bring this closer to the practicing ophthalmologist, perhaps we should examine our relationships with drug reps. Even with the new PhRMA guidelines that

mandate that significant continuing education accompany perquisites given to physicians, what about that dinner you attended to learn about a company's new antibiotic, glaucoma drug or laser? Did you hear a balanced presentation of the alternatives? Did what you heard influence your prescribing behavior? I bet you deny that it influenced your clinical judgment, but plenty of market research indicates that you are influenced. The obvious conclusion is either that everybody *else's* behavior skews the research results toward showing significant influence or that we humans have very little personal insight and must depend upon others to evaluate our conflicts dispassionately.



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