

LETTER

Declarations of conflict of interest are still inadequate

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Declaration of conflicts of interest (COI, understood mainly as financial) in medical publications is long established. Most journals refer only to the guidelines of the International Committee of Medical Journal Editors (ICMJE) (1) but not to those of the WAME (World Association of Medical Editors) (2). We surveyed 17 journals and found only one (*BJOG*) (3), which explicitly mentioned "religious interest" as an example of a possible COI and one other journal included "personal belief" (*Journal of Obstetrics and Gynaecology of India* (4)) as a COI. Of the other 15 journals, 10 used the ICMJE as their COI model. They were the general journals, *NEJM*, *JAMA*, *Lancet*, *BMJ* and *JIM* (*Journal of Internal Medicine*); the pediatric/neonatology journals *Pediatrics* and *Journal of Pediatrics* (this also mentions WAME) but not *Acta Paediatrica*, which mentions COPE; the obstetrics/gynaecology journals *AJOG* and *IJOG*; and the *British Journal of Haematology* but not *Blood*, which uses the American Society of Hematology's own COI model. Neither *EJOG*, *JOG*, *Indian Obs Gyn*, nor *J Obstet Gynaecol India* clearly specified a COI model.

The ICMJE COI guidelines fail to include involvement in religious and/or secular groups which take sides on the subject being discussed, while the WAME guidelines specifically do so. Instead the ICMJE uses the vaguer phrase "intellectual beliefs". The actual ICMJE COI-form does not itemise religion. To maintain their scientific credibility, medical journals must start requiring disclosure of such ties. A typical example where current ICMJE rules fall short is the ongoing heated debates over the ethics of prenatalology and of physician assisted suicide.

As physicians and scientists, we are concerned about this failure. Political and religious groups not infrequently try to exert influence by encouraging eminent scientists, preferably with an impressive title like Professor, to act as mouthpieces and decoys for their agenda. It is unacceptable that experts in ethics sometimes fail to acknowledge their personal beliefs. It has long been considered self-evident that those commenting on public issues must declare their political allegiance. Similarly, in debating sensitive and contentious medical issues where advances in research are making hitherto unimagined interventions possible, full disclosure is not just desirable but a *sine qua non*.

That sailing under false flags (or none at all) seems standard on various internet websites is regrettable, but beyond the control of the medical profession. However, we contend that medical journals must become vigilant in ensuring that all relevant conflicts of interest are clearly, thoroughly, and unequivocally declared. As an example, a tentatively amended version of a COI applied to our present communication could be formulated thus: "None of the authors has any financial COI with respect to the content of this article. None of the authors is a member of a political party or religious or secular organisations and action groups with opinions on the issues dealt with in the article." Reviewers should follow the same COI requirements. Practically speaking, having a mandatory "button" to be clicked as part of the submission mechanism may be the simplest.

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