Editor's pick

Whose responsibility is it to assure the scientific integrity of health research? If industry funds the research, can we trust the results? In the past, the duty to assure scientific integrity fell on both researchers and peer reviewers. The unspoken assumption was that the lion's share of responsibility rested with researchers, given that the journal's peer reviewers have access to limited information. But trouble is brewing between corporate America and the academic community. One telling example is the recent boondoggle in which *JAMA* published a study touting the safety of the arthritis drug celecoxib (Celebrex). The article claimed that the drug was less likely to cause gastrointestinal ulcers than diclofenac or ibuprofen. But the authors, who were paid by the drug's manufacturer, Pharmacia, did not disclose a vital piece of information. The article included only a subset of patients—those who had not experienced gastrointestinal side effects—to paint a more positive picture of the drug. Where did the system fall apart? Perhaps there is enough blame for everyone to share, but certainly Pharmacia benefited enormously from *JAMA*'s circulating widely the erroneous suggestion of the drug's safety. Although other evidence suggests that cyclooxygenase 2 inhibitors, such as celecoxib, might prove to be safe (p 267), we should be aware of industry's influence on the trial results. Andreopoulos, in a passionately argued Op-Ed, points out that the alliance between academia and corporate America has become way too close (p 225).

But conflicts of interest are a part of any complicated society and can be particularly troublesome for physicians, who have multiple duties to their patients, employer, society, and their families. Chen and colleagues present a qualitative study of the role strains thrust on physicians when a family member becomes seriously ill (p 236). There are many good reasons why physicians should not treat their own family members. Nevertheless, there are still subtle ways in which physicians can influence the health care of their relatives. For example, when physicians find out that a patient has a physician in the family, the patient undergoes more tests, incurs greater health care costs, and is less likely to be attended to by medical students or house staff. The study alerts us that these are issues that need discussion and clarification.

Information can also pose a conflict of interest. We can now detect disease—or the potential for disease—years or decades before its onset. An otherwise healthy woman applies for a clerical job, and during her pre-employment physical, is found to possess a genetic mutation that puts her at high risk for breast cancer. She is not hired. Takala and colleagues help us to understand who should know our genetic makeup and why they should know (p 260). The key here is the issue of how we interpret "should" because this has legal, moral, and behavioral implications. Clearly, even at the level of genetic information, conflicts of interest can occur that are not in the best interest of all members of society.