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<http://dx.doi.org/10.1136/bmj.n1360>

Published: 27 May 2021

Declaring competing interests is a duty for doctors, scientists, and politicians

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Too many doctors, scientists, and politicians have something to hide. When the truth is revealed, it can come hard at you, although rarely as spectacularly as the claims about government incompetence made by Dominic Cummings.¹ You might be hiding a payment from a drug or device manufacturer, an offer of shares or future employment, or something less tangible, such as a desire for political power or revenge, religious superiority, or professional success. The first step in tackling competing interests is transparency about what is tangible—in other words, the money.

When people line their pockets in matters of patients' and population health, the consequence is often that others pay by lining hospital beds and coffins. This is no lazy exaggeration or scare story: clinical and public health decisions distorted by financial conflicts do harm and do kill. Exhibit A: the pandemic response, from the UK to Japan.

Equally, conflicts of interest are a reality of working in public and private sectors. The requirement is not for purity but for transparency, as transparency is the bedrock for eliminating the influence of competing interests on decision making. Transparency is not a panacea but is essential for health systems that are serious about putting patients first and minimising harm.

This is why *The BMJ* is a prime mover in attempts by an all party parliamentary committee to create a central register of interests for UK doctors, to mirror systems already in place in other countries.^{2,3} The General Medical Council is an obvious custodian of such a register, although both the GMC and the government seem reluctant to commit themselves. In this they are at odds with patients, the public, and, increasingly, the profession.⁴

When individuals and organisations fail to commit to transparency, the worry is that they do indeed have something to hide. Lack of transparency is a scandal that rots from the head, such as when a country's leaders refuse to hold an immediate inquiry into covid-19,⁵ try to suppress urgent public health data,⁶ persistently send mixed messages,⁷ and avoid collaboration with local bodies to tackle outbreaks.⁸

Similar scandals play out around the world, where the G20 countries pay lip service to vaccine equity while playing to the industry's agenda^{9,10}; the transparency of national vaccine policy committees in the US and UK is inadequate and their advice misleading¹¹; corporate decision making leads to around 400 000 women being fitted with faulty implants¹²; data collected for health purposes are unavailable to patients but available for government

or commercial use^{13,14}; and contracts awarded in primary care lack scrutiny.¹⁵

Transparency of data, for instance, allows better understanding of the balance between a vaccine's safety and efficacy^{16,17}; why fewer non-covid hospital admissions were accompanied by more non-covid deaths¹⁸; when to implement and ease lockdowns¹⁹; which pandemic innovations to retain²⁰; and how the pandemic affects women's wellbeing and the provision of mental health services in primary care.^{21,22}

None of us should feel aggrieved at declaring competing interests as part of a clinical, scientific, or political role. It is our duty to patients and the public. The GMC must accept its responsibility to implement a central mandatory register of interests for the UK's doctors, the key decision makers for a patient's health. The government must extend that logic to population health by ensuring full transparency in the competing interests of policy makers, scientists, and politicians. Transparency is not a panacea, but fighting or delaying it—as Boris Johnson is doing with a covid-19 public inquiry—suggests something to hide and is as good as saying “*mea culpa*.”

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