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## Taking money from the devil

General Booth, the founder of the Salvation Army, said that he would take money from the devil if he could use it to help the poor. He was perhaps so saintly as to be beyond corruption even by the devil, but would he have been right to take money from arms manufacturers, bootleggers, brothel madames, or those who sent children down the mines or up chimneys? Were these people not creating the very conditions against which General Booth was struggling? Was he not in a similar predicament to modern health educators, who have been accused of wasting their time pulling people out of the river without paying enough attention to who is throwing them in?

The difficult choice of General Booth has not gone away. Today health researchers must decide whether they are willing to take money from the tobacco industry, its creature the Health Promotion Research Trust, the drink trade, various food manufacturing concerns, or, indeed, from other organisations that make their money from manufacturing products that may seriously harm health. There are also worries about taking money from commercial concerns that are not primarily concerned with advancing knowledge or with increasing the health of the people but rather with making money from particular products, and this might include the drug industry. Furthermore, it is not only those who want research funds who must think through the implications of the source of their funding but also those who want to write reports on, say, "diet" or "alcohol," and those who want to organise postgraduate meetings for doctors. Nor are journalists, a group who should set independence above all else, immune from these pressures. The Medical Journalists Association earlier this year debated reducing its dependence on drug company sponsorship, and narrowly rejected the proposal.

The case against taking money from the tobacco industry is the easiest to make because only those with vested interests can deny the harm done to health by tobacco. The latest estimate suggests that more than 77 000 people in England and Wales die prematurely from smoking and that the cost to the National Health Service alone is more than £111m. The pressure on the tobacco industry is rising rapidly in Britain, while a Swedish court has ruled that lung cancer contracted through passive smoking is a disease that qualifies for industrial compensation. Meanwhile, in the United States a tobacco company is being sued by the relatives of a man

alleged to have been killed by smoking. If they win then other cases will follow and the cost to the industry will be incalculable.

As the industry comes to be seen as an international pariah so its need for respectability becomes more desperate. Putting £11.5m over three years into the Health Promotion Research Trust is one cheap way of trying to buy it—cheap because £5m may be spent on advertising in one campaign for one brand of cigarettes. Even so the trustees insisted that the trust should not sponsor research into illness associated with smoking, which the *Lancet* memorably compared to the mafia sponsoring research into organised crime on the condition that it was not investigated. Soon after the trust was set up three years ago Dr Jonathan Miller, one of the original trustees, had the courage to resign once he understood where its money came from, and Professor Eva Alberman later followed suit. The only two medically qualified members of the board left are the chairman, Sir John Butterfield, and Professor Arthur Buller.

The first and most important argument against taking money from this trust is that undeserved respectability is given to the industry. Professor Hilary Rose of Bradford University recognised this and recently sent back to the trust the £30 000 that she had been granted for researching into the alcohol problems of women, an under-researched subject for which she has had great difficulty finding alternative funding. Yet some of the most eminent of British medical researchers (including those who have done important research into alcohol addiction and tobacco smoking) continue to take money from the trust and must have thought through the implications.

The second argument is that money from the trust may buy off an influential and articulate opponent. The trust does not put any constraints on publication, but a more invidious worry is that researchers may be constrained in what they say generally and publicly about health and smoking—if nothing else, it is impolite to "bite the hand that feeds." All those who take money from the trust will be confident that they are not so constrained, but the world is full of people who are confident that they are not in the least influenced by advertising. But they are.

The third argument is that this dirty money will influence the research. Few sponsoring organisations are so unobtrusive as

to make public that they will not sponsor research that might threaten the sales of their products, but they do control the kind of research done. The drink trade will happily sponsor pharmacological research on rats' livers that might just come up with a drug that will prevent the physical complications of alcohol abuse no matter how much a person drinks, but it will be much less keen to back research that provides conclusive evidence that alcohol advertising increases overall consumption. Indeed, it will almost certainly refuse. Then there is the worry that in some unseen subtle way the knowledge of who is paying the piper will influence the results. The randomised double blind trial has been called the greatest medical discovery of the century because it so effectively reduces the bias that tends to creep in everywhere, and yet here researchers are being forced to increase the sources of bias in their research by taking money from groups that would much prefer the results to point one way rather than another.

The case against taking money from the drink trade is said to be more complicated because of the dubious evidence that "a little of what you fancy does you good." Most people in Britain drink, and only a minority, the argument goes, are harmed in any way by their drinking: the drink trade is thus selling a product that may bring benefits, making it quite different from the tobacco industry, which is selling a product that is wholly harmful. The argument is fallacious, however, not only because the evidence is unconvincing that a little alcohol is beneficial and because most of the people in Britain who drink may in some way harm themselves through their drinking (even if with nothing more than hangovers), but also because the drink trade is committed to selling as much alcohol as it can—and the evidence is incontrovertible that the more alcohol a society consumes the more damage it will suffer.

The drink trade does not like its customers dying of cirrhosis or ruining their marriages and would like to see a world where everybody drank in moderation and nobody to excess. But such a world is not possible, and if Britain wants drastically to reduce its alcohol problems then it must halve its consumption. And doctors or health educators who argue such will find themselves just as much in conflict with the drink trade as those who argue for a tobacco free society are with the tobacco industry. The same arguments thus apply for not taking money from the drink trade.

It would be extreme to suggest that the same arguments apply to taking money from the food or drug industries, but researchers should surely endeavour to ensure that not all of their money comes from these sources. The cosy relationship between doctors and the drug industry has come in for increasing public criticism, and the Royal College of Physicians has become worried enough to set up a working party to investigate the relationship. It will surely suggest that doctors try to disentangle themselves more from drug companies—as has happened in Sweden. The worry is not so much that doctors are corrupted by the relationship—although such a worry is always present—but rather that doctors may be too strongly influenced by drug companies in their prescribing. Furthermore, the closeness of the relationship between the industry and doctors may have led doctors into being too quick to look for pharmacological solutions to medical and even social problems. Perhaps the excessive tranquillising of the British population with its attendant addiction and damage might have been avoided. Most doctors are not conducting any research, and their financial dealings with the drug industry are restricted to sponsored

meetings and small gifts, but an increasing number of doctors are wary even of these minor inducements.

The *BMJ* is, of course, partly dependent itself on the revenue that it receives from drug advertising, but we try not to be editorially influenced by this money (while recognising that it may have some subliminal effects). Advertisements are taken from many different sources; all are reviewed before publication; space is given when necessary to criticisms of their content and style; and there are systems for complaining about them. Furthermore, we have published many "first" reports of adverse reactions to drugs and will continue to do so, despite offended companies removing their advertising from the journal as they have done before. Interestingly, too, when international medical editors were asked at a meeting whether, if it was financially feasible, they would like to publish journals without advertisements all but one said that they would.

Finally, the arguments against taking money from these various industries operate even more strongly when it comes to writing reports. The public is rightly suspicious when a report sponsored by the Frog Marketing Board suggests that increased frog consumption is associated with lower mortality from cancer, and when a series of judgments must be made about conflicting evidence full independence is indispensable. The council for the BMA was thus right to reject taking money from the Meat Livestock Commission to write a report on diet and health, although the association did take money from a group of companies in the drinks industry to produce what proved to be an unacceptable report on alcohol and the young.

The BMA will find the money itself to write the report on diet. We believe that the government should find the money to back the research that needs to be done into helping those damaged by tobacco, alcohol, and other products. Researchers would not then have to take the tainted money of the Health Promotion Research Trust and the drink trade. One way that the government could raise the money would be by increasing tax on cigarettes and alcohol. Although this might seem like yet another way of "supping with the devil," it is not because the evidence is so strong that consumption of both products would fall as a result. If 1p were added to each packet of cigarettes sold then about £50m could be raised for research—40% of the current Medical Research Council budget.

## A false phoenix

Twenty years ago René Dubos drew attention to the revival of what was then called fringe medicine and argued that this was evidence of "the failure of the present biomedical science to satisfy large human needs." The revival has been sustained to the point that alternative medicine is now widely perceived as a serious competitor with orthodox medicine. The medical establishment has reacted defensively, recognising the growing interest among both patients and doctors in homoeopathy, acupuncture, herbalism, hypnosis, and the scores of other approaches to the relief of physical and mental disorders; the BMA's board of science is concluding an inquiry into alternative medicine, the College of Health is beginning one, and the man (or patient) in the street is apparently convinced that "there is something in it."