VIEWS AND REVIEWS

NO HOLDS BARRED

Margaret McCartney: Hiding and seeking doctors' conflicts of interest

Margaret McCartney *general practitioner*

Glasgow

Here's a game: try to find a doctor's conflicts of interest. Set a timer, and give yourself the freedom of the internet.

Yesterday I spent four hours trying to locate declarations made by members of a committee who wrote some guidelines three years ago. The declarations weren't on the guideline; they were in the minutes of the committee's meetings. But some members had attended only some meetings, and the minutes hadn't been archived, so they were no longer publicly available—they had to be requested by email from the organisation and retrieved from its archives. I didn't know that this was possible until I'd had a long series of emails with the organisation responsible.

Alternatively, try searching clinical commissioning groups' gift registers. Many are hard to locate, are not alphabetical, and cover limited periods. And suppose the doctor concerned isn't in a clinical commissioning group or relevant committee? Where to look then? Academics are supposed to declare interests on research papers, but these may be out of date, behind a paywall, or incomplete, if a conflict isn't perceived to affect that piece of academic work. GPs are supposed to record gifts, but this doesn't cover all potential conflicts of interest.

Academics are supposed to declare interests on research papers, but these may be out of date, behind a paywall, or incomplete

The Association of the British Pharmaceutical Industry voluntarily publishes payments made by the drug industry to doctors.¹ But at least half of those payments—£53m (€60.1m; \$73.7m) in total—aren't declared.² And drug company payments aren't the only conflict a doctor can have. If a doctor runs a clinic promoting specific products and also receives money from the company supplying those products and works as a consultant to that company, patients have a right to know.

I've written about this before.³ And I'll keep writing about it until we have a system robust enough to rely on. We need a central registry where all who work as clinicians privately, and those in the NHS, deposit their information on potential conflicts. Health service managers must declare information on potential conflicts of interest, too: rugby tickets, football boxes,

bottles of wine to finance directors, £800 declared for a conference somewhere nice.

So, where could such information be declared? Potential options include regulatory bodies, such as the General Medical Council (but it covers doctors only); the Care Quality Commission (but that covers England only); and the NHS (but we have no single UK-wide NHS organisation that could hold all such information).

Health service managers aren't currently regulated (unless they're also health professionals and thus fall under the auspices of the GMC or another healthcare regulator). There are compelling arguments for and against regulating health service managers⁴—but the need for them to declare and register their competing interests is surely unarguable.

For many years calls have been made for such interests to be declared and registered. Back in 2005 a parliamentary inquiry into the UK drug industry recommended that the GMC and other regulators host a register of doctors' interests.⁵ Despite having the opportunity to propose and consult on making this statutory the GMC hasn't done so: in 2017 it proposed only making this voluntary.⁶ The newest proposal from the Department of Health, for a kind of merged superstructure regulator for all health professions, doesn't consider declaring conflicts of interest to be crucial.⁷ It looks instead like a mega-bureaucracy.

In the past decade, on the simple matter of declaring conflicts of interest, we've seen no progress. And the silence on what to do about it is deafening.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors/margaret-mccartney.

Provenance and peer review: Commissioned; not externally peer reviewed.

Follow Margaret on Twitter, @mgtmccartney

- 1 Association of the British Pharmaceutical Industry. Disclosure UK. www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk/.
- 2 Disclosure UK (infographics). *BMJ* 2016. www.bmj.com/content/disclosure-uk.

- 3 McCartneyM. Margaret McCartney: Optional disclosure of payments is pointless. BMJ2016;354:i3692. doi:10.1136/bmj.i369227371483
- 4 RimmerA. NHS managers should face the same regulation as doctors, says Francis. BMJ2017;357:j2055. doi:10.1136/bmj.j205528442490
- 5 House of Commons Health Committee. The influence of the pharmaceutical industry: fourth report of session 2004-05. 22 March 2005. <https://publications.parliament.uk/pa/cm200405/cmselect/cmhealth/42/42.pdf>.
- 6 General Medical Council. Developing our online register. www.gmc-uk.org/doctors/LRMPconsultation.asp.
- 7 Department of Health. Promoting professionalism, reforming regulation: a paper for consultation. Oct 2017. https://consultations.dh.gov.uk/professional-regulation/regulatory-reform/supporting_documents/Promoting%20professionalism%20reforming%20regulation.pdf.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>