Stacking the Deck

Jerome P. Kassirer
Tufts University School of Medicine, Boston, Massachusetts

When the leaders of the National Kidney Foundation (NKF) appointed the heavily conflicted 2006 Kidney Disease Outcomes Quality Initiative (KDOQI) anemia work group, were they oblivious to the possibility that ANY recommendation of the panel would be considered suspect? Surely they knew not only that Amgen was the founding and principal sponsor of the guideline development (1), but that the chair and vice-chair of the KDOQI steering committee and both co-chairs of the work group were consultants for Amgen, Ortho Biotech, or both (2). To compound the financial conflicts, 11 of the 15 members of the work group had similar arrangements (1,3). And of the 40 or more KDOQI advisory board members who reviewed an early draft of the guidelines (2), how many of them (or the NKF officers) had similar financial conflicts? What an ideal setup for group-think (4)!

Van Wyck and colleagues dismiss the worries over using financially conflicted panelists (5). Their argument that lots of constraints can skew guideline development is true, but irrelevant, because all the factors they cite are intrinsic to the scientific process. Financial conflicts and their attendant biases are not, because panel members can be selected who have eschewed such arrangements. They also assert that it is unrealistic to expect unconflicted experts to develop guidelines (I call this notion the “fallacy of unique expertise”) (4), and even if such were possible, then journal editorial board members should also be free of financial ties (sounds good to me). Then they claim that research quality and patient care will suffer from reliance on experts not associated with industry (5). No evidence is adduced for this argument.

Other proponents of allowing conflicted physicians to participate in guideline development make two arguments. One, anyone who is an expert is already on the payroll of a company. Two, medical education and advice should not be sought from those who are not the best and the brightest, namely those whom medical education and advice should not be sought from. But the entire nephrology community has been co-opted by industry—a truly depressing allegation. The second argument is elitist and condescending; industry selects consultants and speakers not just based on meritorious or intellectual attributes, but for traits that favor the company’s marketing objectives.

I come down squarely on the side of Coyne and others on this issue (1,7,8–11). The NKF policies are woefully deficient to just based on meritorious or intellectual attributes, but for traits that favor the company’s marketing objectives. I believe that guideline committees should be composed of members without financial ties to companies whose products are considered in their deliberations. Recusing members from participating or voting is no reassurance that bias will be minimized. I would allow financially conflicted members, even industry employees, to offer advice to the committee, but not to formulate policy (4).

When will professional organizations learn that if they stack the deck with financially conflicted panelists, their recommendations will be suspect and their reputations as fair arbiters of science will be sullied? Can’t find a few good men or women who have resisted the powerful magnet of industry’s deep pockets? Try harder; they’re out there.

Disclosures
None.

References