

# Conflicts

Stephen B Hanauer

At a time when the pendulum is swinging to its highest amplitude against relations between academia and the pharmaceutical industry, I have conflicting opinions about where the appropriate balance may lie.

I have worked with the pharmaceutical industry since joining my faculty in 1982. Together we have developed novel therapies for IBD, including aminosalicylates, immunosuppressive drugs, nonsystemic steroids and biologic agents, which have been approved by regulatory agencies around the world. I have been involved in protocol development for clinical trials from their inception to publication. As extensive unmet needs remain, I continue to work with numerous companies on the development of future therapies for IBD. I have been compensated for my advice and experience. I have also been consulted and compensated for my recommendations on the marketing of these therapies. In addition, I have 'promoted' the use of many therapies by presenting the findings of clinical research studies in local, regional, national and international arenas. Indeed, the largest audiences at our scientific meetings attend presentations that report the latest findings from controlled trials of evolving therapeutic approaches to complex diseases. I have also traveled around the world to 'translate' these research findings into clinical practice on the basis of my extensive clinical experience.

So who should translate clinical trial findings into treatment for individual patients? Should this task fall to someone inexperienced at interpreting experimental findings out of the context of caring for patients who have complex heterogeneous diseases? If the answer is yes then we need no 'continuing' medical education (CME) ... only medical cookbooks.

**I do believe an appropriate, limited partnership between academic medicine and industry is possible and desirable**

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#### Competing interests

The author has declared associations with the following companies: Abbott, Alevan, Amgen, Asahi, Asphelia, Astra Zeneca, Biogen, Bristol-Myers Squibb, Caremark, Centocor, Chemocentryx, Elan, Ferring, Genentech, GlaxoSmithKline, McNeil PPC, Millennium Pharmaceuticals, Novartis, Otsuka, Proctor & Gamble, Salix, Shire, Therakos and UCB. See the article online for full details of the relationships.

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I am also certain that bias exists. I must be biased. I have been paid by companies to educate and disseminate new information, some of which has been in competition with alternative therapeutics. I agree that there should be a divide between education and promotion, but this issue is not black and white—a gray area exists. Industry has clearly taken advantage of profit-driven medical education companies to obfuscate this boundary ... and let's not be fooled that such support has not leaked into academic CME, our medical societies and journals. While I support the scrutiny and transparency advocated by many authors and editors, I abhor the hypocrisy of those editors who disdain research supported by industry while highlighting these companies' products within pages of advertising.

I do believe an appropriate, limited partnership between academic medicine and industry is possible and desirable. As far as I am aware, neither the NIH nor any not-for-profit funding source has developed a gastrointestinal therapeutic agent that has obtained regulatory marketing approval. With current regulatory (government-imposed) standards, the cost of developing therapies is prohibitive without industry resources.

The next swing of the pendulum will also need to consider how clinical educators who operate within the realms of academic medicine will be compensated. Our Deans will need to be vocal in their support of the best clinician-educators, who have depended on 'outside' sources to approach parity of income with their counterparts in private practice. Without such support, we will continue to see the flight of our best clinicians into the private medical sector.

As with any pendulum, I believe that the ultimate position of the bob will be somewhere in the middle—not at the extremes.