

# Does Prescrire's editorial staff have conflicts of interest?

**A**s a *Prescrire* reader and subscriber, almost since the beginning, I also take part in several Internet forums, including the *Prescrire* readers' forum, "Lecteurs *Prescrire*".

Last year, at the *Prescrire* Encounters in Brussels, you told us that one member of the team, whose identity was not disclosed, also worked at the French National Authority for Health (HAS). I must admit that at the time I did not quite grasp the problem posed by this situation.

This member decided to take part in our Forum and very honestly (for which I warmly thank him) divulged the dual affiliation to our group.

Like other members of the Forum, who may also air their views if they wish, I find this situation problematic and feel it could undermine our long-standing confidence in *Prescrire*.

I would therefore like to ask a straightforward question: are any other editors in a similar situation? If so, who are they, and with which organisations are they affiliated? What measures have you put in place for managing potential conflicts of interest? How do you intend to inform subscribers and readers?

**Francis Blanc  
GP, Tarn, France**



Francis Blanc's questions provide the *Prescrire* team with an opportunity to share some of the points it has considered in its collective discussions on multiple affiliations and on managing potential conflicts of interest.

## A subject that *Prescrire* has been discussing since its inception in 1981

*Prescrire* has been discussing the concepts of multiple affiliations and conflicts of interest, and how to manage them, for a long time now. Its debates on the conflicts of interest of individuals and groups of people are ongoing: sometimes they are pre-planned, such as when it developed its "Non merci..." Charter in 2004, and in other cases, they are prompted by specific incidents (a).

Organisations other than *Prescrire* have examined these issues internally. It is a

rewarding exercise, requiring each individual to think about the scope and the boundaries of the concept of conflict of interest, in both their professional dealings (payment for procedures performed, payment on the basis of profit margin, cosy or *quid pro quo* arrangements with pharmaceutical companies, etc.) and their personal dealings (professional association activities, financial investments, etc.).

## A team of healthcare professionals with diverse backgrounds

Like many groups, the *Prescrire* team consists of individuals with diverse backgrounds and career paths, most of whom are healthcare professionals from a variety of fields and practice settings. What unites them is working for clear values, with clear objectives, using a rigorous, well-defined methodology, accepting the significant constraints which this imposes.

On the other hand, *Prescrire* is neither isolated nor narrow-minded; it knows that all of its contributors have their own personal lives, convictions and activities. Members of its editorial staff can practice their professions in a variety of establishments, and defend the values that *Prescrire* upholds, and other equally commendable values, within various organisations or associations.

Actual or potential conflicts of interest are always balanced against this personal freedom. *Prescrire* has no desire to control its editors' every move or thought!

## The *Prescrire* team is both ambitious and humble: we want to change the world, but not alone

The *Prescrire* team is ambitious. But we are also humble. Ambition means being effective in achieving goals (see Article 1 of the bylaws of *Association Mieux Prescrire*) (b).

Humility is admitting that no one can do everything and that someone else can also do a good or better job to achieve the same goal.

*Prescrire* therefore not only gives credit to other individuals or other teams for their work, but has never hesitated to encourage, help or cooperate with them. In some cases, the editorial team has viewed active participation in certain groups as an opportunity to defend *Prescrire*'s values and to inform and broaden the viewpoint of its staff.

## Defined projects and goals

For example, going back to the 1980s, some members of *Prescrire*'s editorial staff have worked with the following organisations (and in some cases still do): certain departments of the World Health Organization (WHO) (1-4); the French National Agency for the Development of Medical Evaluation (*Andem: Agence nationale pour le développement de l'évaluation médicale*), which later became France's National Agency for Accreditation and Evaluation in Healthcare (*Anaes: Agence nationale d'évaluation et d'accréditation en santé*), now incorporated into the French National Authority for Health (*HAS: Haute autorité de santé*) (5,6); committees of the French drug regulatory agency (*Afssaps*) (7,8); the Technical Committee on Vaccination of the French High Council for Public Health (*Conseil supérieur d'hygiène publique*, which later became the *Haut conseil de la santé publique*) (9,10); and the medical publisher *Éditions du Vidal* (11)(c). ▶▶

a- *Prescrire*'s "Non merci..." Charter can be accessed online at [www.prescrire.org](http://www.prescrire.org)

b- Article 1 of the bylaws (freely accessible on english. [prescrire.org](http://prescrire.org)) defines the aims of Association Mieux *Prescrire*: "To work, in all independence, in favour of quality healthcare, first and foremost in the interest of patients. To this end, the Association can take any initiative and undertake any action for the purposes of training health professionals, raising awareness, providing information, and improving professional practices".

c- For example: *Andem*, *Prescrire* has helped develop several clinical practice guidelines; *Éditions du Vidal*, *Prescrire* contributed to the national prescribing guide (*Guide National de Prescription*); *Agence du médicament*, *Prescrire* participated in a prescription monitoring system; WHO, *Prescrire* contributes to the public consultation on the choice of international nonproprietary names for drugs; etc.

► These are (or were) specific missions or projects, carried out with teams having clear objectives and methods, consistent with those of *Prescrire* (d).

It was often possible to carry out these missions within an organisation as part of an effective, supportive working group. In other cases, *Prescrire* staff members chose to participate by supporting those who uphold the same values, in the hope of improving the decisions that are made. In all cases, they maintained a critical, independent attitude toward the organisation itself and any other teams working in the same institution.

*Prescrire* is a living, breathing organisation, with links to many other organisations, and with no interest in shutting itself away in an ivory tower.

## Affiliations that conflict with *Prescrire's* aims: some candidates turned down, procedures in place to prevent undue influence

The potential or actual conflicts of interest of candidates wanting to join the *Prescrire* editorial staff, as well as those of current staff members, are examined on a case-by-case basis when they join the staff or when their personal situation changes. Each member of the editorial staff signs an annual declaration of absence of conflicts of interest (template accessible at [english.prescrire.org](http://english.prescrire.org)), which serves as a regular reminder.

Avoidable ties with companies doing business in the healthcare arena are incompatible with joining or remaining on the editorial staff (e).

Other situations need to be managed on an individual basis. Take the example mentioned here: working at the HAS or in a particular department of the HAS, could be incompatible with belonging to *Prescrire's* working group for the "Au crible" section, which critically appraises HAS clinical practice guidelines.

In the past, conflicts of interest have prevented candidates from joining us, and have required others to leave the team or to change their activities in order to remain on *Prescrire's* editorial staff, and they will continue to do so.

## A powerful barrier against conflicts of interest: *Prescrire's* collective editorial process

*Prescrire's* collective approach to producing articles is the best barrier against individual or outside influence. It is a powerful tool against conflicts of interest that might have otherwise gone unnoticed or been underestimated.

First, *Prescrire's* methodology requires the team to work collectively. The editorial staff collectively chooses the subject and the approach to take, collects the relevant literature, writes and rewrites the article, etc. The team also considers the feedback from review groups, and finally *Prescrire's* subscribers keep a constant critical eye on its output (f).

Second, the collective method and the team's cohesion and reliability are strengthened by other aspects of *Prescrire's modus operandi*: minority opinions are heard; there are no "experts" whose views carry more weight, meaning that every member's opinion receives the same attention; there are multiple, beneficial exchanges, mainly with other independent teams around the world; staff members engage in continuing professional education, focusing on critical analysis, reliance on written, verifiable data, and acceptance and analysis of others' criticisms of one's work, particularly by means of several quality control procedures, etc.

## Pluralism and high standards

In practice, yes, it is possible for someone working with us to also have an active role in the HAS and, at the same time, for *Prescrire* to publish the "Au crible" section examining and if necessary, criticising the work of the HAS, while maintaining total intellectual independence.

We are grateful to Francis Blanc for having helped to clarify *Prescrire's* position in the eyes of its readers, by prompting us to explain these important points. We will probably have other opportunities to return to this subject in the future.

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**d-** It is not *Prescrire's* style to focus on the individual. On the contrary, texts published are generally signed "Prescrire", to show that they were produced through a collective editorial process and to protect the writers from any undue pressure. That is why none of the writers are credited by name.  
**e-** People whose profession requires them to purchase drugs, sometimes directly from pharmaceutical companies, such as pharmacists working in hospital or retail pharmacies, are allowed to join *Prescrire's* editorial staff.  
**f-** In addition to reading and responding to the many readers' letters it receives, the editorial team often has the opportunity to meet subscribers, show them around its offices and explain its methods. It welcomes all requests from subscribers.

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**1-** Balocco Mattavelli R "Courrier à *Prescrire*" World Health Organization 8 March 2011: 7 pages.  
**2-** Balocco Mattavelli R "Courrier à *Prescrire*" World Health Organization 17 June 2010: 7 pages.  
**3-** Balocco Mattavelli R "Courrier à *Prescrire*" World Health Organization 7 January 2010: 5 pages.  
**4-** World Health Organization "Antibiotic resistance: synthesis of recommendations by expert policy groups. Alliance for the Prudent Use of Antibiotics". [www.who.int](http://www.who.int) accessed 28 March 2011: 163 pages.

**5-** Agence nationale pour le développement et l'évaluation médicale "Recommandations et références médicales" *Le Concours Médical* 1996; (5): 14 pages.

**6-** Weil B et al. "La lithiase vésiculaire: stratégie thérapeutique. Conférence Européenne de Consensus, Strasbourg, décembre 1991" *Acta Endoscopica* 1992; **22** (4): 17-22.

**7-** Observatoire national des prescriptions et consommations des médicaments "Étude de la prescription et de la consommation des antidépresseurs en ambulatoire" juillet 1998. [afssaps.fr](http://afssaps.fr) accessed 28 March 2011: 29 pages.

**8-** Observatoire national des prescriptions et consommations des médicaments "Étude de la prescription et de la consommation des antibiotiques en ambulatoire" mai 1998. [afssaps.fr](http://afssaps.fr) accessed 28 March 2011: 39 pages.

**9-** "Audition de M. Jérôme Sclafer, membre du Comité technique des vaccinations rattaché à la commission maladies transmissibles du Haut Conseil de la santé publique (HCSP)". [senat.fr](http://senat.fr) accessed 28 March 2011: 26 pages.

**10-** Direction générale de la santé, Comité technique des vaccinations "Guide des vaccinations. Édition 2008" Éditions INPES, Saint-Denis 2008. [inpes.sante.fr](http://inpes.sante.fr) accessed 28 March 2011: 448 pages.

**11-** "GNP: encyclopédie pratique du médicament. 12<sup>e</sup> édition" Éditions du Vidal, Paris 2001: 1 722 pages.