See also Editorial p. 227

Tackling conflicts of interest

Are conflicts of interest inevitable for healthcare professionals? The board of the Greater Paris University Hospitals (AP-HP: *Assistance Publique - Hôpitaux de Paris*) asked a working group to make proposals on how to minimise the risks that links between healthcare professionals and healthcare-sector companies pose to the three activities carried out at university hospitals: healthcare, teaching and research (1).

A realistic diagnosis. The working group, consisting mainly of hospital staff and academics, prepared a realistic assessment of the current situation, supported by references and an analysis of the situation in other countries (1). The authors feel that conflicts of interest in hospitals need to be better managed in order to consolidate "*on the one hand, the confidence AP-HP needs to inspire in every field in its patients and its external environment*" and on the other hand because "*conflicts of interest can engender costs for AP-HP*" (1).

The report deplores the shortage of public funding for research and continuing education. The funding provided by healthcare-sector companies in these areas comes with inadequately controlled consequences and extra costs to society (1).

Rules to uphold and apply. The report proposes measures to prevent and combat conflicts of interest. One measure involves greater regulation of practitioners' professional activities outside of their salaried employment, to ensure that they do not account for too large a proportion of their income. Another proposal involves substituting the AP-HP Research Foundation for the hundreds of departmental charitable funds that are financed directly by companies (1). The authors also propose stricter regulation of sales representatives' access to doctors, and the provision of alternatives, because these sales visits *"(…) are an opportunity to identify practitioners who may be of use to the company and who can be personally invited to a conference (…)"* (1). They also suggest finding alternative funding for staff social gatherings, rather than relying on sponsorship by healthcare-sector companies, because *"the advantages thus accumulated in medical units over the years, and the loyalty created in those circumstances, induce gratitude to the companies among health professionals from the very start of their training, which often persists until the end of their career"* (1). Another proposal is to encourage participation in professional conferences *"under fair, independent, and transparent conditions"* (**a**)(1).

In summary, the value of this report is that it faces up to the situation and challenges ingrained habits and traditions, rather than viewing them as inevitable. Other healthcare organisations, such as National Health Service (NHS) England, have also taken steps to limit conflicts of interest in order to restore trust, patients' trust in particular (2).

More and more people are becoming aware of the harmful effects of conflicts of interest in the field of health care. Let's hope that AP-HP's proposals will be adopted.

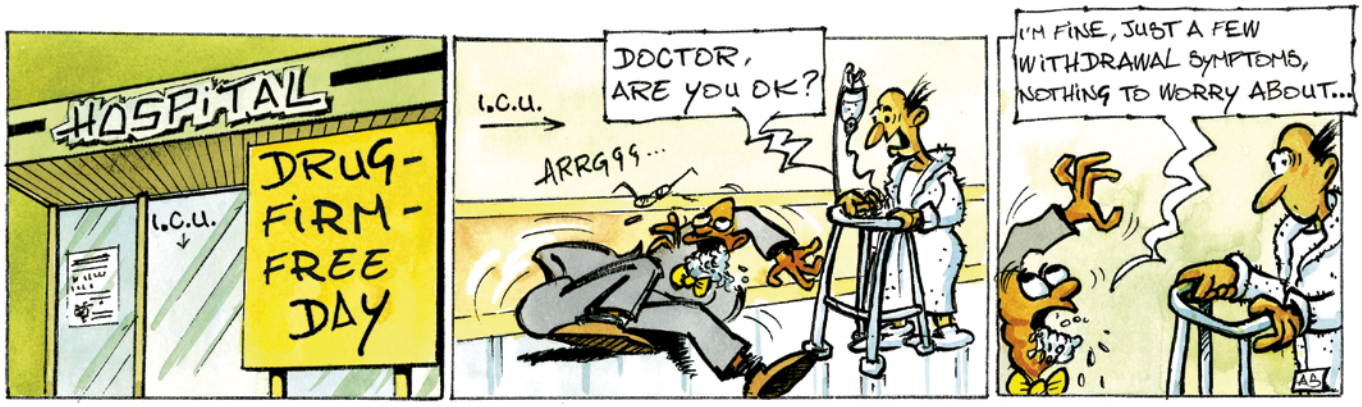
©Prescrire

▶ Translated from *Rev Prescrire* **April 2017**
Volume 37 N° 402 • Page 298

a- *"(…) There is no need to cite the worst excesses (…) to recognise that public servants should not rely on the private sector for their education or to present their research" (ref 1).*

Selected references from Prescrire's literature search

1- AP-HP "Les conflits d'intérêts au sein de l'AP-HP. Mieux les connaître, mieux les prévenir. Rapport du groupe de travail" March 2016: 82 pages.
2- NHS England "Managing conflicts of interest in the NHS: a consultation" www.england.nhs.uk accessed 23 January 2017: 45 pages.



Downloaded from english.prescrire.org on 29/01/2026
Copyright(c)Prescrire. For personal use only.