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"*Integrity in Scientific Publications: Implications for Research."*

THE CHANGING PROFESSION OF MEDICINE

There were two guys on a train in Italy. The first guy turned to the second and asked, "Whatsa you name"

2nd Guy My name isa Giuseppi Pasquelini. Whatsa you name

1st Guy My name isa Giuseppi Pasquelini too. Where you from?

2nd Guy I'ma from Palermo. Where you from?

1st Guy Ima from Palermo, too. How you spell you name?

2nd Guy takes out a pen and paper and makes an "X" on it and asks, how you spella you name?

1st Guy takes out a gold pen and paper and makes 2 X's on it.

2nd Guy Hey, you Giuseppi Pasquelini, Ima Giuseppi Pasquelini, you froma Palermo and Ima from Palermo. How coma you get 2 X and I get only one X
1st Guy (pointing to the first X) Ahhh Ima Giuseppi Pasquelini (and pointed to the second X) Emma D.

Now I certainly am not making fun of my ancestors but the story makes an important point (in addition to 2 X's being better than one X). That point is that an "emma D" or M.D. signifies extra importance and privilege. In other words, people generally admire, respect, and trust the doctor (or physician) simply by virtue of someone being one. Now that extra respect, admiration and trust must be reciprocated with integrity and respect for the patient.

I used to wonder why "Primum non nocere"---first do no harm...rather than first do good is the basic tenet of Medicine. After way too many years of experience as a clinician, clinical scientist, educator, administrator, and editor, I realize the wisdom of this tenet. If physicians involved in patient care, either directly or indirectly, can honestly know at the end of their

professional careers that indeed they were not involved in the deliberate harm of patients, they have been successful. Doing good is wonderful and can be accomplished if we follow the basic rule of curing when we can but caring always. Caring is essential but potential or actual curing can be fraught with danger for harm. This is what must be guarded against.

Medical investigators, authors, reviewers and editors have a special requirement to do no harm because their work can involve many patients beyond those for whom they accept direct responsibility. Published articles are read by many clinicians and they, in turn, care for many patients; hence the greater responsibility.

For example, many physicians, clinical investigators, and others put great emphasis on journals IF, that is the Impact Factor. I believe the far more important IF is the journal's Integrity Factor. One major necessity to insuring the integrity factor is to control conflicts of interests (COI). I say control, rather than eliminate, because some COIs are essentially inevitable and ubiquitous and are certainly nothing new. As far back as 1850 the Webster Dictionary defined COI's as, "Conflicts between the private interests and the official responsibilities of a person in a position of trust." The key point is that the individual involved is in a position of trust- --that is, people trust that what the involved person says, writes or publishes, is the truth, at least so far as can be determined or written with cautions stated if any doubt or questions remain.

COIs may be perceived or real, potential or actual, inconsequential or harmful. Obviously, those that actually cause harm are the major problem. Investigators or authors can be involved in COIs for career advancement, peer recognition, competing research interests, competition for research grants, garnering high profile publications, intellectual biases or passions or (the most egregious) financial reasons Editors can be involved in COIs to improve the impact factor of their journal, increase subscriptions, eliminate or decrease hostility or harassment or increase financial profitability.

A financial COI is a paid affiliation or financial involvement (other than a grant earned through competition) with any entity that that has an interest in the subject or materials in a study. As is evident from many published medical articles, such COIs are increasing. According to pub med, the number of published articles on COI increased from a few through the late 1980's to over 500 over the past few years and continues to increase. There are many reasons for this increase. First of all, for-profit pharmaceutical and medical devise companies have placed more

emphasis and resources on the business and marketing departments rather than the scientific and new product departments. This is evident by the decreasing number of new drugs in the pipeline. Second, the medical profession has had more emphasis placed on the business aspects of patient care. The intrusion of insurance companies and health maintenance organizations into the physician-patient relationship has had profound deleterious effects.

More physicians are now working for institutions or companies and are rewarded for seeing more patients in less time and generating more laboratories, radiological and other fees. The increase in malpractice suits, whether actual or perceived, has lead physicians to practice defensive medicine, that is ordering more tests and treating more possible or potential problems to decrease the likelihood of being sued. All these factors have created a somewhat cynical atmosphere among many physicians, some of whom are retiring early.

Another factor that has affected the practice of medicine is the desire for having a decent home and social life. The day of the private practitioner who was on call 24/7 or even taking call every second or third day and weekend is coming to an end. House calls are out of the question for many reasons as is caring for private patients in the hospital. Almost every hospital now employs hospitalists or residents to care for hospitalized patients and ER specialists to cover the emergency rooms, each for a specific number of hours.

Finally, the relative reimbursement to primary care physicians as compared to specialists has made it difficult if not impossible for graduating medical students to choose primary care as a career path. This is especially true when the increased burden of $100,000 or more in loans is considered. Nurse practitioners have taken on a great deal of primary care, but they are not trained to care for many of the problems seen by primary care physicians, especially those who care for the elderly and those with chronic illnesses. I say that as someone who is a strong proponent of nurse practitioners. However, they simply cannot provide the same level of care as physicians. Further, the aging population with so many patients living well into their 80's has made for a real problem to get proper care to all.

So where does this distressing scenario leave us? Well, in general, medicine is still a great and most noble of all professions. The medical profession is a vocation, a calling physicians have answered to care for those who are ill. There is simply no other way to view medicine without

denigrating the profession. So we must remember this and consider that we have an MD and not an MDeity, and therefore cannot be expected to be treated like gods and that we cannot always cure. However the MD does provide us with all we need to care and many opportunities to care. That extra "X" I spoke about in the beginning of this talk provides us with a privilege that we must reciprocate by doing the best we can while not becoming conflicted or cynical and thereby professionally put our own interests above those of our patients. We cannot accept gifts from for profit organizations who provide them only as a means to get us to prescribe their more expensive drugs when other less expensive drugs work just as well or to order unnecessary tests to satisfy the business end of practice or to do all the other things that denigrate the trust patients put in us. In other words, we must first do no harm.