Conflict of Interest

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Even as there have been tremendous advances in the technologies and science of medicine in general and our field in particular, the scientific community and the public have become increasingly aware of instances in which scientific integrity has been compromised. Although fraud, plagiarism, ghostwriting, and unethically obtained data are matters of serious concern, it is conflict of interest that has been at the center of recent debates about the content and quality of medical research. Although a conflict of interest is not itself an ethical violation, ethical violations involving conflict of interest occur when the conflicted individual/s bias the scientific process by distorting research methods, the presentation of the data, and/or the interpretation of results or do not adequately disclose the potential conflict. For the editorial team, ethical violations of conflict of interest occur when personal interests bias publication decisions. Failure to disclose a potential conflict of interest means that readers, reviewers, and editors are unable to consider how the potential conflict of interest affected the process and conduct of the study or decisions regarding its publication.

Such violations can have a significant negative impact on the assessment and treatment of children with psychiatric disorders. Biased publications undermine clinical judgment, mislead physicians about treatment options, negatively affect public opinion about science and medicine, and cause distrust in physician–patient relationships.

At the outset, we must concede that there is no simple solution to addressing conflict of interest in the broadest sense. Funders of research, investigators, journal reviewers, and readers have a role in critically assessing research endeavors to identify all levels of conflict of interest that may have influenced the development, conduct, reporting, or publishing of scientific research. However, most of the concern about conflict of interest has focused on how the biomedical and pharmaceutical industries’ profit motive may influence research, as well as on how industry funding may result in financial benefits to investigators. The financial benefits in industry–academic partnerships include consulting to the pharmaceutical industry to influence research priorities and methods, direct payments to investigators for conducting research, being paid spokespersons for industry-sponsored research, and, coming full circle, industry support helping investigators become established experts who can then influence the direction of future research and the publication of articles supporting industry–academic partnerships.

We are also aware that other sources of research funding are not necessarily free of financial influence. Although federal funding of research is potentially “cleaner,” there is great pressure on investigators to “publish or perish,” to have significant findings to keep a line of research alive, and to garner enough research support to pay their own and their workgroup’s salaries. Products developed from research, such as biomarkers, novel research methods, manuals, rating scales, books, and funded speaking opportunities can also offer investigators financial gain.

Addressing conflict of interest has largely focused on transparency. The belief is that if conflicts of interest are disclosed, then at least editors and readers can be aware that such conflicts are potential sources of bias in any results or recommendations. This is the tack taken by all of the major medical journals, is the key insistence of the International Committee of Medical Journal Editors (http://www.icmje.org),2 and is the cornerstone of this journal’s policy. It is a matter of ongoing discussion how extensive and inclusive a disclosure statement should be, but for now we have established guidelines for what we consider necessary. We anticipate that thresholds and standards underlying such guidelines will change subtly over time to reflect these

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ongoing discussions. We also acknowledge that relying on disclosure to address conflict of interest places a burden on readers, who must decide what impact the potential conflict may have had on the article or commentary that they are reading. In turn, we accept the responsibility to educate and inform our readers so that they can be more sophisticated consumers of the research literature.

We expect all potential authors and reviewers to be familiar with the Journal's policy regarding conflict of interest, which is available on its Web site (www.jaacap.com). To summarize the policy, the Editor-in-Chief is, and will remain, free from any financial conflicts of interest. Annually, all of the editors will disclose any potential conflicts of interest, which will be published in the December issue of the Journal. All of the reviewers and authors, including commentators and editors, will be asked to disclose any conflicts of interest and any relationships that may give the appearance of conflict of interest.

Potential conflicts of interest to be declared at the time of submission or review include ownership of stock or other financial investments in products or services related to the field of child and adolescent psychiatry, paid consultancy to or employment with a company whose products or services are related to the field of child and adolescent psychiatry, and honoraria or compensation, speaker fees, educational grants, expert testimony, or travel assistance involving such companies. This broad, inclusive definition, similar to the one used by the Journal of the American Medical Association, pertains to all authors of submitted manuscripts, letters, book reviews, and invited columns, as well as peer reviewers and editors. Admittedly these guidelines cannot address all of the eventualities, and we agree with other journal editors that all parties should err on the side of disclosure. We have established the previous 24 months as the default window of time to be covered in disclosure statements for the Journal.

Editorials and commentaries pose a specific challenge for the editorial team because they are not peer reviewed, often make treatment recommendations, and may be more widely read than original research articles. Therefore, in these circumstances, we will be particularly attentive and stringent about disclosure statements and the assessment of potential bias. In addition, manuscripts submitted by the undersigned pose a different type of conflict of interest challenge. To ensure that our editorial positions have no bearing on decisions about our own submissions, we have instituted specific procedures (including the appointment of ad hoc editors culled from within the larger editorial board) to ensure as fair and unbiased a review process as any author can come to expect from the Journal.

In the end, what exactly constitutes a conflict of interest? Although financial conflicts of interest may be the most worrying type, they are by no means the only ones. Researchers, reviewers, and editors are human and subject to competing interests and influences, including their training background, their role as a stakeholder for a particular kind of research or treatment, religious and political beliefs, cultural background, and the potential for personal financial gain. How one balances personal and professional ethics and one's role as a citizen, clinician, and/or investigator may present some of the more subtle and challenging conflicts of interest for individuals, for our organization, and for our Journal.

The Journal will continue to be a part of the evolving discussion about the ethics of scientific publication and, in the meantime, will ensure that its policies are consistent with the most rigorous established guidelines.

Disclosure: Dr. Farraone receives research support from, is on the speakers’ bureaus of, and has had an advisory or consulting relationship with McNeil Pediatrics and Shire Laboratories; he has also had an advisory or consulting relationship with Novartis and Eli Lilly. Dr. Stein receives grant/research support from Pfizer. Dr. Waller also receives grants/research support from Eli Lilly, Pfizer, and Abbott; is a consultant to Eli Lilly, Pfizer, Jazz, and Cephalon; and has received honoraria from and been on the speakers’ bureaus of Eli Lilly and Pfizer. Drs. Martin, Henderson, Hudziak, Leibenluft, Piacentini, and Todd report no conflicts of interest.

REFERENCES