



Conflict of Interest in Medicine and Health

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The term of “**conflict of interest (COI)**” refers to a situation in which a person or organization could compromise their judgment, decisions, and actions in the workplace in a biased way because of personal interests, financial or social factors, giving favor to family members, relatives, friends and acquaintances (1). This situation is contrary to the common interest formed between parties through the execution of the joint agreement. A person who has a COI with an individual, organization or a group, has common interests with others. Exposure to COI is inevitable, but how to deal with it should be considered. Typically, COI occurs when working for a group or organization could involve working against another or might adversely affect a duty.

It may often be divided into «financial» and «nonfinancial» categories. Financial COI interest involves anything of monetary value, services rendered, commercial dealings or share ownership. On the other hand, nonfinancial COI (NFCOI) includes personal considerations, friendships and familial relationships and other potential sources of bias (2). These two categories may also affect each other and be interrelated like when someone’s concern about their reputation may be nonfinancial COI, but it can result from a concern about struggling with financial distress in profession, too high of a debt load or

insolvency (3). Nepotism, self-dealing, and excess compensation are common concepts that can create a conflict of interest.

The first one, “**Nepotism**”, is a form of discrimination and the practice of showing favoritism toward close friends or family members and it occurs when they receive special treatment, promotions, or less punishment. The second concept is “**Self-Dealing**”, which means a violation of the duty and occurs when a person in a leadership position or a fiduciary uses corporate opportunity and funds or engages in a transaction that may be contrary to the best interest of other people or clients. The last one “**Excess Compensation**” means giving an individual like an employee a favor, remuneration, excess salary or any financial benefits in exchange for the services.

COIs are recognized in various fields and professions, including government, academia, and business, and health care providers are not an exception. In legislation, a COI can be assumed to exist when a legislator engages in any professional activity or incurs any obligation that is completely in conflict with his or her duties and the general expedient, and this issue is revealed when an employee or one of their close family members is involved in a business relationship. COI also manifests itself in the form of prejudices and



benefits in family and social relations, neighborhood, and ethnicity. On the other hand, COI may particularly affect physicians and other healthcare professionals and arise in many contexts in health care; however, it is often overlooked and poorly understood (4, 5). In healthcare, conflicts may exist between physician colleagues, physicians or other healthcare professionals and patients, and administrators. This can negatively affect organizational structures and roles, beliefs, relationships, patients' treatment decisions, public opinion, clinical evidence, research integrity, and independence of the laboratory's work (6).

There are some examples to understand how conflict of interest arises on the base of common interest with other parties in medicine and research. Medical staff may hold shares in other sectors, such as pharmaceutical companies or research centers, receive a gift or payments from them, and accept travel expenses to attend meetings or congresses in return for their cooperation. Some doctors may also collaborate with other businesses or groups outside their main workplace. They may involve developing new treatment methods and medical devices, participating in educational activities and various research studies to help speed up the invention of drugs and discovery of novel treatments. These collaborations and activities can lead to conflicts of interest. Sometimes, it is against patient autonomy of thought, making decisions and action regarding health care (7-9). Maximizing patient appointments may also be an example of a conflict of interest if it is aimed at earning more money and not spending enough time for each patient. It is better to schedule patient's appointments effectively and efficiently. Therefore physicians and medical community should be responsible for identifying and managing the conflict of interest occurrence, because it is necessary to prevent it. On the other hand, in the physician-patient relationship, the patient is in a vulnerable position and is highly dependent on his/her physician's care, and in fact relies on the physician's commitment to his/her treatment. If the patient realizes that he/she is in a conflict of interest situa-

tion, he or she may lose confidence in the physician and the medical profession.

Even when physicians and specialists think they work without bias, these relations may indirectly influence their diagnosis, judgment, decisions, and what they teach their students and trainees. For example, a physician who is a shareholder in a pharmaceutical company or research center may advertise or recommend a product that she/he knows has no difference compared to other available products or has even more side effects, and may teach the medical trainees about particular medications. Furthermore, doctors who own testing facilities or treatment centers may refer their patients to these centers and probably profit when people go there for treatment procedures or diagnostic stages, including laboratory tests, MRI, and CT scan. Therefore, all medical institutions, such as hospitals, training and research centers, and laboratories, which employ medical specialists and staff, must clearly disclose their revenues.

There are some solutions to mitigate COI in the medical environment:

- It is vital to educate trustees, board members, and personnel to avoid self-dealing.
- It is better to identify disqualified staff and offspring of medical professionals to reduce unfair advantages for payments and career opportunities.
- Adopting a conflict-of-interest policy with procedures for identifying and avoiding self-dealing transactions, including annual conflict disclosures, can be effective.
- Creating a collaborative working environment and offering teamwork days can certainly promote trust and intimacy between employees in the workplace and give a better sense of belonging and prejudice.
- It is better not to accept responsibilities incompatible with individual's interests and abilities.

- Providing job promotion, professional development opportunities, suitable salaries, income and benefits for employees reduce the risk of conflict of interest in the health care system.
- It is mandatory not to disclose different personal interests and discuss personal, religious, social or political views at work.
- If health workers have a known policy to prevent them from accepting gifts and benefits, they are less likely to be offered compromising presents.
- Aside from the transparency that physicians should provide in dealing with conflicts of interest, it is better to consider policies to establish formal systems for dealing with this issue. For example, there is a formal monitoring system in universities through which researchers must report their financial resources to the university administration. Therefore, it is better to have more comprehensive and accurate criteria in medicine and healthcare as well.

Conflict of interest

The authors declare that there is no conflict of interest.

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