

## All conflicts of interest in one site



Experts from the medical sciences research community are proposing a centralized conflict-of-interest (COI) repository to replace the diffuse current system and reduce its inconsistencies. A “centralized approach will increase both transparency and public trust in our country’s scientific and medical research enterprise,” says Ross McKinney, Jr., director of the Trent

Center for Bioethics, Humanities & History of Medicine and professor of Pediatric Infectious Diseases, Duke University School of Medicine, who co-authored the Institute of Medicine discussion paper published in November outlining the group’s proposals. Here are McKinney’s responses to questions regarding how such a new system might be implemented:

### Where will the database reside?

The location for the database is still to be determined. Given the scale (we need to plan for more than one million users), the database is likely to be held by one of the ‘big data’ companies (e.g., Amazon, Google, etcetera), or some other entity with adequately scalable resources.

### What will it contain?

The current plan is for it to contain identifiers, including a unique

ID, and information about external relationships, including payments and equity. It will probably also contain information about the individual’s role at their primary employer.

### Who will be allowed access?

Access will be limited to the reporting individuals (who will only be able to see their own data) and “subscribers” like universities, hospitals, government agencies, professional societies and journals. We anticipate that the reporting individuals will release their information, although the logistics of that are far from being worked out.

### Will anyone enforce reporting by individuals?

I anticipate two levels. One, employers will be able to require their employees to complete the form in a timely fashion, including a requirement that it be updated within some specific time period (probably annually). Two, we also plan to cross-check with the Physician [Payment] Sunshine Act database and any other public databases that are available.

### Who will support the repository?

Hopefully, the subscribers, who will find this useful because it’s less expensive than doing a COI reporting process *de novo* each year, there’s a more consistent national standard, and it saves their faculty from repetitive and redundant reporting of COI.

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## Around the world in a month

