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## Tobacco money and medical research

The Cancer Research Campaign (CRC) has taken a bold stand against the tobacco industry's attempts to buy respectability by funding research (see page 129). Despite some public support for their stance, the CRC is one of just a few groups willing to take decisive action against the tobacco industry's selective involvement in funding medical research. They deserve more support from the rest of the biomedical research community.

James Buchanan Duke (born 1856) joined his family's North Carolina tobacco business and transformed it from a small farm into a multinational company concern of such stature and monopoly that in 1911 the US Supreme Court ordered its dissolution. Duke prospered nonetheless and, in 1925, established The Duke Endowment. Although the endowment funded many charitable and educational establishments, its main beneficiary was a new university—Duke University. Although this is a dramatic and now historic demonstration of tobacco funding for major institutions, it is by no means unique. Wake Forest University's prestigious School of Medicine was until recently known as Bowman Gray School of Medicine—Bowman Gray was the first CEO of the tobacco giant R.J. Reynolds. And today, tobacco funding of medical research is pervasive.

Interestingly, when asked, most tobacco company representatives are quite cagey about their research donations and, as a result, it is almost impossible to calculate the total amount of money changing hands. Although the total funding is unlikely to be substantial enough to have a long-term effect on research, it is spread thinly across a great many recipients. In the UK, for example, a recent Wellcome Trust investigation of medical schools revealed that all but one (Glasgow) had received tobacco money recently, and Gordon McVie, the head of

### Globally

- 1.1 billion smokers now; rising to 1.5 billion by 2020 (World Health Organization).
- 3 million smoking-related deaths per year in 1990; rising to 8 million by 2020 (representing 12% of all deaths) (Harvard School of Public Health).
- 5 trillion cigarettes sold annually (Salomon Smith Barney).

the CRC, estimates that 20 British universities receive tobacco money.

With such widespread tobacco funding of research, it is sad but not surprising to note little concrete resistance to the practice. Surprising because there are at least two reasons why it is wrong to allow tobacco companies to support medical research. The first is the most straightforward. Presumably, tobacco companies seek funding opportunities with prestigious and high-profile projects because of the renown it brings them. Association with respectable research groups or popular philanthropy-dependent institutions can only have a positive and uplifting effect, and given the dangerous nature of the products they sell, tobacco companies should be denied that benefit.

The second reason to deny tobacco companies the opportunity to support medical research is that it offends moral law. Given the upward trends in smoking and smoking-related deaths (see box), it is disturbing that cigarette profits find their way into hospitals and cancer research laboratories at the discretion of an ill-motivated donor. It simply is not ethical for this industry to have any direct role in a nation's efforts to combat disease.

Thus, the CRC's decision not to fund any group directly receiving or in close proximity to others that are receiving tobacco funding is a welcome step towards removing tobacco funding from the academic environment. The Imperial Cancer Research Fund has announced its support of the move, as has the Wellcome Trust, which offers grant applicants a softly worded warning: "...the Governors

would expect that individuals applying for or holding research funds from the tobacco industry will not seek support from the Trust."

It is worrying, however, to learn that the CRC's publicized policy on tobacco funding is in fact a watered-down version of their original proposal, and that it was Cambridge University and subsequently the UK's Committee of Vice Chancellors and Principals (CVCP) that pressured the charity to adopt these weaker regulations.

Although the CVCP offers guidelines that urge universities not to accept funding that gives favorable publicity to tobacco companies, such week-kneed advice is unlikely to have a substantial effect on the practice, particularly when high profile institutions, such as Cambridge University, make no secret of their large tobacco grants.

Declining such donations does not mean that the tobacco industry should not be paying for research. The current US arrangement between the Attorneys General and the tobacco companies (*Nature Med.* 5, 10; 1999) has much to recommend it. Two hundred billion dollars (which only represents \$4,000–5,000 for each adult American smoker), to be paid out over the next 25 years and used at the discretion of state governments, will go a long way towards addressing the problems that tobacco has created. The CRC's action against the more insidious and piecemeal tobacco donations complements the more honorable arrangement by which tobacco money helps put to right some of the wrongs it is associated with.