EDITORIAL

Quid pro quo and the pharmascolds

n James Brooks' 1987 movie *Broadcast News* William Hurt plays a reporter who puts artificial tears in his eyes to feign sympathy towards a date-rape victim he is interviewing. His producer, played by Holly Hunter, castigates him for having "...totally crossed the line..." of reputable reporting, to which Hurt's character replies "It's hard not to cross it. They keep moving the little sucker, don't they?"

As the design of, and debate over, the future Obama health plan proceeds, I continue to be confused and incensed by the state of our ethics and the hypocritical attacks being made on physicians and their 'conflicts' with industry.

A few recent examples of such changeable ethics and hypocrisy, in particular, confound me. A Chicago alderman was indicted when he was discovered to have received US\$40,000 worth of home repairs after he assisted a constituent to obtain zoning changes for some property. The same week, however, a businessman who had donated millions of US dollars to the Democratic National Committee received an important ambassadorship. Meanwhile—as physicians, medical organizations and hospitals are intensely scrutinized over any and all potential conflicts of interest-Congressmen and Senators continue to receive millions of US dollars from parties lobbying for their own vested interests pertaining to health-care economics. Upon retiring from their government positions, these individuals frequently obtain lucrative positions in the private sector that they previously regulated.

One of my sons, an attorney, explained the differences between these examples by invoking the concept of quid pro quo-getting something of value in return for giving something of value. In legal terms, a contract is not usually binding unless it involves the exchange of something of worth. According to Wikipedia, the question of whether such an exchange is legal turns upon whether "...favors are directly conditional on receiving gifts and vice-versa." In the absence of such a quid pro quo, the gift, contribution or favor is legal. "Similarly, political donors are legally entitled to support candidates [who] hold positions with which the donors agree, or which will benefit the donors. Such conduct becomes bribery only when there is an identifiable exchange between the contribution and official acts, previous or subsequent, and the term quid pro quo denotes such an exchange."

The ethical distinctions between such exchanges are quite subtle to me. With regard to industry conflicts of interest, why should physicians (academic or not) be scrutinized for consulting work that contributes to the development of drugs, devices or other technologies? We are best qualified to contribute to such research and to educate others with regard to the application of these discoveries.

In their article (Attack of the pharmascolds: the selfrighteous foes of industry-funded medical research. The Weekly Standard (Washington, DC) [5 December 2008]) David Shaywitz and Thomas Stossel explain "This premise-that research supported by industry is inevitably corrupt, while academic research funded by the government is intrinsically pure-has been repeated so often by an impassioned cadre of medical journal editors and self-righteous academics (let's call them the pharmascolds) that it has assumed the patina of fact." They go on to state "Reporters have learned that they can generate a buzz by identifying corporate sponsorship of academic research and eliciting outraged soundbites from the pharmascolds, who are always ready to castigate the sinner in their midst while extolling their own implied virtue." At the same time the benefits and medical innovations brought forth from industry-sponsored research are ignored.

In a subsequent article (It's time to fight the 'pharmascolds'. *Wall Street Journal (New York)* [8 April 2009]), Shaywitz and Stossel go on to say "[The pharmascolds'] condemnation of anyone's legitimate profit it's all 'corruption' in their book—has in fact materially enhanced their own careers. They extrapolate from occasional behavioral lapses in industry—which [are] equally, if not more prevalent, in universities—to demonize the market and portray scientific medicine as an ascetic religion, which it is not."

It is impossible to conceive of a health-care system developed without the involvement and engagement of physicians, hospitals and allied professionals (just ask Hilary Clinton). No more, or less, than for politicians, government officials and lawyers, do potential biases and conflicts of interest with industry pertain to the engagement of physicians and their societies. Certainly, and in all cases, transparency is the key issue; however, the ethical lines do keep shifting. Consulting work and other payments from industry to physicians usually result in ethically acceptable exchanges that should be declared. Similarly, potential gains for politicians, other government officials, lobbyists and attorneys should equally be disclosed to the public.

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