



Features

Chroniques

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Tip of ethical iceberg “just becoming apparent” in genetic research

Richard Cairney

Researchers are beginning to do more than uncover exciting new possibilities for medical treatment, physicians attending a recent conference were told: they are also beginning to scratch the surface of some jarring ethical dilemmas. This means researchers, physicians and corporations must move quickly to establish ironclad protocols to prevent conflicts of interest from interfering with the dual goals of treating patients well while earning a profit.

That was the message delivered by ethicists and legal experts attending the Second International Conference on DNA Sampling in Edmonton in September. The conference, hosted by the University of Alberta's Health Law Institute, focused on legal and policy issues surrounding the commercialization of genetic research. “You can clearly see a trend, which [involves] moving toward greater conflict of interest by investigators,” said Dr. Douglas Kinsella, a member of the University of Calgary's Office of Medical Bioethics. “It becomes increasingly difficult to be able to qualify the degree [of financial interest of a research sponsor] as being right or wrong, or being sufficiently large or small, to negate or prove individual research projects. The challenges are increasing and the tip of the iceberg is just beginning to become apparent.”

Kinsella said research used to be conducted for science, the patient, self and institution, but things have changed because of the “intrusion of commerce, patents and royalties, new loyalties.” Loyalties are now directed toward “science, self, sponsor, institution, royalties and, perhaps, patients.”

Montreal lawyer Joseph Colangelo, who joined Kinsella as a panelist during a discussion of commercialization, confidentiality and conflicts of interest, said new technologies present physicians with new challenges. This is particularly true when the disclosure of financial interest in biomedical firms is involved, and when patient information is being handled. Colangelo warned that the new loyalties mentioned by Kinsella “may bring doctors into a position where they have duties to persons other than the patient. It may cause physicians to have a series of duties [involving] not the patient but funding agencies, and this may conflict with duties to patients.”

Ties to research companies or sponsors can be dangerous. Dr. L.S. Rothenberg of the Division of Medical Genetics at the University of California in Los Angeles said that even the appearance of financial interest in a company or sponsor creates problems for doctors and researchers. Unfortunately, no one knows where to draw the line. He cited a pilot study in which he and a colleague examined 1105 university-based authors from institutions in Massachusetts. Their 789 articles, published in 1992, appeared in 14 scientific and medical journals. “We found that 34% of the articles had at least one author who met our criteria for having a financial interest.” The criteria included being inventor of a patented product, being a member of a sponsor's scientific advisory board and being a corporate officer or having an equity interest in a company that might benefit from work being done by the research team. “Our own efforts to do research in this area have been met by no small negative feelings on the part of some people in the field, who are shocked that anyone would think that their motives would be anything but as pure as the driven snow.”

Commerce, added Kinsella, has created a paradox for scientific education and progress. In the short term both are delayed because the patent process invokes secrecy; in the long term both can be enhanced because of the quality and quantity of the scientific outcomes that commerce demands. He urged legislators to “address those deficiencies in the patent process that impede its speed and therefore impede scientific education and the educational progress.” ?