



# Promoting Education Regarding Conflict of Interest Management

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Received: 25 November 2015

Accepted: 25 November 2015

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Even among highly educated health professionals, there is inconsistency in the knowledge and perception concerning both conflict of interest (COI) itself and COI disclosure. The key issue is the credibility of the manuscript, which relies heavily on transparency of COI for the reader. The tendency to disregard the importance of COI disclosure among journal editors has been recently highlighted. For all types of COI, the primary question is how it is managed. To ensure the enforcement of the declared journal COI policies, it is crucial that not only authors, but also those who are involved in the assessment of manuscripts, be educated and informed of the updated guidelines concerning COI disclosure.

**Keywords:** Conflict of Interest; Educating Journal Editors; Editorial Policy; Management; Transparency; Research Integrity; Guidelines

The issue of publication ethics is attracting ever increasing scrutiny. Of particular attention are duplicate publication, plagiarism, fabrication of data, inappropriate authorship, and conflict of interest (COI). The issue of COI is an increasingly serious issue for medical journals globally. Important documents concerning COI definition and disclosure include the COI Disclosure Form by the International Committee of Medical Journal Editors (ICMJE) (1) and flowcharts by the Committee on Publication Ethics (COPE) dealing with the omission of essential COI notes in research publications (2), which provide advice for publishers and editors. An additional source on COI is available from the International Society for Medical Publication Professionals (ISMPP) (3) which developed the Good Publication Practice guidelines, promoting collaboration between academics, medical writers, and pharmaceutical agents to promote the integrity and transparency in medical publications.

Despite all the efforts to raise the awareness of different types of COI and the significance of the disclosure, recent studies reveal that more concerted efforts are required to educate reviewers, journal editors, and publishers on issues of COI (4,6).

COI arises when author, reviewer or editor have connections to a particular source/organization, causing a bias in their judgment of the journal manuscript, even if the ultimate decision is not affected by such a bias. Conflicting relationships can be commercial (financial), intellectual, academic (academic competition), ideological, personal, or regional (4). There is the lack of understanding and erratic nature of COI disclosure not only among authors, but even among reviewers, and journal editorial board members (4).

The credibility of scholarly papers depends on unbiased writing, review, and editorial decisions, largely affected by apparent and concealed COIs. Therefore, it is essential that those involved

in the peer review and publishing provide information on their conflicting interests openly to allow readers to judge the credibility of the papers.

Guided by the ICMJE recommendations on COI, most scientific journals have developed their own COI disclosure policies and incorporated relevant statements in the instructions for authors (5). However, the problem still lies in the lack of enforcement of the instructions and in the fact that some authors view transparent disclosure of COI as a factor, which may negatively affect the judgement of their work by evaluators (6). Particularly, we observe this situation in Japan.

The need for more studies on how reviewers perceive authors' industry-linked financial COI disclosures and how this affects manuscript assessment is justified (7). However, despite the lack of concrete data, some journal decisions, especially concerning manuscripts with excessive COIs, may be influenced by the authors' COI statements (4). Some journals choose not to accept review papers, which are widely quoted, or editorials, which have a great effect, from authors with many COIs in order not to confuse their readers (8). Much debate has arisen on whether a strict boundary between academic researchers and industry is in our best interest (8), questioning the fundamental purpose for COI disclosure (9).

As with all policies, it is possible for COI policies to lose their significance and authenticity. In the case of Japan, while emphasis on education on COI disclosure has been utilized as a means to enforce such policy, it is undeniable that this has yet to be uniformly implemented. In the study of how COI is managed by Japanese medical journals (10), it became apparent that approximately 70% of medical journals introduced COI policy to its authors, but only 49.6% of the journals required members of its editorial committees to disclose COI on their

appointment. Furthermore, only 28.9% of the journals provided education on COI disclosure to its reviewers and editorial board members (10). This tendency to disregard the importance of COI disclosure among journal editors seems to be characteristic not only for Japanese medical journals, but also international ones (4). Despite the fact that the ICMJE Recommendations state that reviewers should recuse themselves from peer review if COI exists (11), it is the opinion of many of the author's medical editing colleagues that there are very few cases of self-recusal among potential reviewers because of COI.

In some cases, disclosing COIs may be disadvantageous for authors. For instance, among nonnative English speakers, it is common to receive help from professional medical writers (12). Although there may be negativity toward authors whose works are edited by medical writers, if the writing support and any related financial issues are disclosed, such author-medical writer relationships should be treated as ethical. Properly trained medical writers provide researchers not only with writing assistance, but also with guidance on publication ethics (13).

There is a tendency for medical journal editors to disfavor editorials or reviews written by those who disclose receiving industry payments (8). As with financial COIs, the question we need to consider is not whether or not COI exists, but how COI is managed in order to protect the joint efforts of researchers and industry, as the ultimate goal is medical advancement (14).

Currently, the updated Good Publication Practice 3 (13) known as GPP3, provides authors with detailed information on the principles for company-sponsored medical researchers, providing broader guidance on COI disclosure in such situations compared with the ICMJE Recommendations (1). It also demonstrates the role and benefits of professional medical writers.

If COI policies are to be effective, a simple yet effective code that can be understood by any health care professional internationally is essential, as there are possible variations in the understanding and perception of COI and COI disclosure, even among prominent researchers. Furthermore, the key to endorsing such COI policies, is to educate not only authors, but reviewers, and editorial board members with developments in the latest guidelines.

## ACKNOWLEDGMENT

The author wishes to express her gratitude to J. Patrick Barron for his constructive comments and review of the manuscript.

## DISCLOSURE

The author has no conflicts of interest to declare.

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## REFERENCES

1. International Committee of Medical Journal Editors. Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals. Available at <http://www.icmje.org/recommendations/> [accessed on 1 November 2015].
2. Committee on Publication Ethics. What to do if a reviewer suspects undisclosed conflict of interest (CoI) in a submitted manuscript. Available at <http://publicationethics.org/files/What%20to%20do%20if%20a%20reviewer%20suspects%20undisclosed%20conflict%20of%20interest%20%28CoI%29%20in%20a%20submitted%20manuscript%20%282%29.pdf>.
3. International Society for Medical Publication Professionals. Available at <http://www.ismpp.org/> [accessed on 1 November 2015].
4. Gasparian AY, Ayvazyan L, Akazhanov NA, Kitas GD. Conflicts of interest in biomedical publications: considerations for authors, peer reviewers, and editors. *Croat Med J* 2013; 54: 600-8.
5. Gasparian AY, Ayvazyan L, Gorin SV, Kitas GD. Upgrading instructions for authors of scholarly journals. *Croat Med J* 2014; 55: 271-80.
6. Kojima T, Green J, Barron JP. Conflict-of-interest disclosure at medical journals in Japan: a nationwide survey of the practices of journal secretariats. *BMJ Open* 2015; 5: e007957.
7. Lippert S, Callahan ML, Lo B. Perceptions of conflict of interest disclosures among peer reviewers. *PLoS One* 2011; 6: e26900.
8. Drazen JM. Revisiting the commercial-academic interface. *N Engl J Med* 2015; 372: 1853-4.
9. Rosenbaum L. Conflicts of interest: part 1: reconnecting the dots--reinterpreting industry-physician relations. *N Engl J Med* 2015; 372: 1860-4.
10. Kojima T, Green J, Barron JP. How Japanese medical journals manage conflicts of interest. *Chest* 2015; 147: e60.
11. International Committee of Medical Journal Editors. Recommendations for the conduct, reporting, editing and publication of scholarly work in medical journals. Responsibilities in the submission and peer-review process. Available at <http://www.icmje.org/> [accessed on 8 November 2015].
12. Woolley KL. Goodbye Ghostwriters!: how to work ethically and efficiently with professional medical writers. *Chest* 2006; 130: 921-3.
13. Battisti WP, Wager E, Baltzer L, Bridges D, Cairns A, Carswell CI, Citrome L, Gurr JA, Mooney LA, Moore BJ, et al. Good publication practice for communicating company-sponsored medical research: GPP3. *Ann Intern Med* 2015; 163: 461-4.
14. Rosenbaum L. Beyond moral outrage--weighing the trade-offs of COI regulation. *N Engl J Med* 2015; 372: 2064-8.