Is it "the conflict of interest" that is influencing our efforts on Climate change, tobacco control and primary care?

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ABSTRACT

What seems to work against making climate change relevant, tobacco control necessary or primary care a felt need despite the efforts being claimed to the contrary? Emerging evidence points to a conflict of interest with academic institutions and academics fighting on both sides with clear support from the industry and others.

Keywords: Climate change, Tobacco control, Primary care, conflict of interest

Background

Building on what we have been observing as being written in public domain on the aspects of larger domains of public health and the primary care, it appears that it is the conflict of interest that plays a large role in influencing the outcomes in good number of public health situations. [1-2] If one is sick and vomiting, one will ask the doctor for the resolution of the symptoms. If our car stops working, we ask a mechanic to correct the fault. However, for long-term resolution of symptoms or for better functioning of the car, one needs to find the root cause of the problem. Tobacco control, climate change or primary care is being addressed symptomatically or that is what the evidence points to. The reason could lie in the way conflicts are panned out across the world on these issues.

Climate Change Mitigation – An Eye Opener or Was It?

The beginning was the year 2000 when the emergence of a number of research centers from the most prestigious universities

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of the world to confront global warming with a promise of developing and forwarding a sustainable solution to the carbon and climate change problem was starting to be observed. From launching the Carbon Mitigation Initiative in 2000 or a Program on Energy and Sustainable Development in 2001 or, for that matter, the Global Climate and Energy Project in the year 2002, all of it was made available in the public domain by the universities.^[1] Then again, we saw the Energy Initiative in 2006 and the Energy Biosciences Institute coming up in 2007 coming up.[2] The focus of attention in all these centers has been to tackle the climate change crisis caused by the burning of fossil fuels through the conduct of scientific research and the creation of academic positions. Little did anyone realize that groundwork for these centers was laid down by the very fossil fuel companies that these centers were supposed to fight against. Researchers across the world may have cried "foul", but unfortunately, this was not the first time that such a situation has been a witness. Tobacco control and primary care has been a casualty of this conflict as well.

So Was It Tobacco that Set the Tone?

The fossil fuel industries, getting involved in the creation and financing of academic departments or centers, build on a strategy

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perfected by the tobacco companies as early as the 1950s. A thorough search into this aspect of the work of tobacco companies found that tobacco companies resolved to "demand more science, not less". This was a carefully crafted public relations strategy. The strategy has been used to counter research showing smoking is harmful.^[3] In effect, what the companies did through this was to get involved and thereby capture academic discussion on tobacco which had begun to focus on "Smoking is Harmful".

The companies funded biomedical research, and thereby, they got the support of universities, academics, and scientists. The idea took root and the dependence of the academics on this funding became absolute over a period of time.

The year was 1954 when tobacco companies announced "The Tobacco Industry Research Committee", supposedly an independent research group. The committee was created to fund university scientists to study the health effects of smoking. However, the fact was that this very committee was run by a company and the board of academic advisers were said to have been carefully selected to veto any research grants.^[2]

The conflict of interest has probably been nowhere more visible than the tobacco industry with more than just the academics and universities playing a tune to the industries. There are more than these (academics and universities) willing to be a part of the song.

However, it has been the extension of the conflict of interest to the health that for reason best known to the proponents of public health and primary care has been allowed to remain less noticeable than tobacco control or climate change.

Unnoticed Transition of Conflict to Health and Primary Care

The seeds of allowing "Conflict of interest" in public health were probably sown most definitely after the Alma-Ata Declaration on Primary Health Care, which was claimed as the watershed in public health practice. ^[4] To be fair, if that vision of primary health care (Alma-Ata) had been implemented, it would have considerably strengthened the general health services across most low and middle-income countries (LMIC) and that would have automatically strengthened the implementation of health-friendly policies and interventions. Although the rich countries of the world (much like the big companies of the current world) signed the Alma-Ata Declaration, it was also clear to these countries that such a declaration of self-reliance by the poor peoples of the world was against their class interests. The situation was seen as "too ideological", and the retribution for such declaration was through the enunciation of "Selective Primary Health Care".

Much like the invention of the concept of selective primary health care, big companies have invented ways and means to promote their agenda.

While selective primary care was perpetuated through the development of a system of funding (by rich countries) for developing ill conceived (without scientific brainstorming) national health programs in LMIC to ultimately benefit themselves only, the tobacco control and climate change is being undermined by creating a pool of academic reports benefiting big companies. The addition of certification and ranking has increased this pool of willing academics (seeking funding) to grade health programs in LMIC without emphasizing on the need for holistic development of health in these nations.

An important case in point is the development of District Tuberculosis Program by the National Tuberculosis Institute (NTI) much before the Vertical Health Programs took over in the form of global initiatives pushed by the rich country. The hallmark of this approach developed at the NTI was that tuberculosis control was considered an integral part of the country's general health services. In effect, it meant to "sink or sail" together with the general health services^[5]

Summary

Unfortunately, the major actors then and now have stayed on: a group of funders and a group of fund seekers, a few companies and a few universities or centers, academics peers, and academic positions; the conflict of interest existed then and is in existence now.

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