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## CASE DISCUSSION

### CASE 1

This scenario has actually occurred at a major New York cancer center, Memorial Sloan-Kettering, though the question of conflict of interest either may never have occurred to the cancer center or was ignored because of financial or political influence.

A medical student is at all times a representative of his or her institution, but is at no time a spokesperson. In tipping off a reporter to the institution's abrogation of responsibility to the medical community (should the student feel that the institution may be in violation of the canon of medical ethics), then it is appropriate, if not incumbent upon, for the student to raise the issue with the dean of the institution and to discuss the matter dispassionately with fellow students and faculty. A request to the dean for an appointment to discuss the subject, as opposed to a letter to the Chairman of the Board of Trustees, would be the less inflammatory approach.

Informing a reporter or editor at a newspaper or TV station about one's concerns, however valid, is seldom if ever an appropriate course of action on the part of a medical student. Moreover, the agenda of the news media is not the same as that of a medical institution. Utilizing a third party to tell one's story assumes that that is indeed how the story will be reported. It seldom is.

### CASE 2

As far back as the 1970's the issue of a worker's right to a smoke-free workplace was raised in dramatic fashion in a New Jersey courtroom when it was revealed that a telephone company prohibited employees from smoking in the vicinity of sensitive electronic equipment, but placed no restrictions on smoking around fellow personnel. The employee prevailed.

A respectful, non-threatening letter on the part of a physician to a patient's employer suggesting remedial action to assure a cleaner indoor air environment provides an opportunity not only to advocate measures that may improve a patient's well-being but also to educate the employer of potential financial and health benefits to all from the reduction of pollutants. Details of the patient's health problems need not be disclosed. Rather, it may be noted that allergic reactions and other short-term and long-term problems related to exposure to tobacco smoke are increasingly well-documented.

In the 1990s, numerous state and local laws and referenda were passed to protect the general public and employees alike from exposure to tobacco smoke. The most far-reaching policy

is in California, where bowling alleys, bars, and restaurants have become smoke-free workplaces.

### CASE 3

Through crafty dispersal of funds to civic organizations, food banks, shelters for battered women, and arts organizations, Philip Morris has expanded dependence on the tobacco economy to all 50 states. In 2000 alone, the company contributed over \$100 million in such charitable donations. At the same time, it was spending \$250 million in TV commercials on such programs as Nightline and coverage of the political conventions, as well as in newspapers such as the New York Times and The Wall Street Journal, to publicize these donations. Every physician should remind the board of local arts organizations considering whether to accept funds or apply for support from a tobacco company of the devastating economic and health toll taken by tobacco. Before accepting a position with an opera company that receives tobacco funding, the physician should make clear his or her overall concerns about tobacco problems, should request the company to reconsider the acceptance of such funding, and should seek a written statement as to the reason for accepting such funds. In the actual case of the Houston Grand Opera, the director, in a letter to an otolaryngologist, defended without qualms or excuses the acceptance of tobacco industry money.

### CASE 4

The Council for Tobacco Research (CTR) was created in the 1950's by the major US cigarette manufacturers, ostensibly to support efforts to discover and eliminate any harmful components of tobacco smoke. Documents turned over during litigation in the 1990s indicate that the CTR was ultimately directed by attorneys for the tobacco industry as a means of perpetuating research and fostering doubt about smoking's causative role in lung cancer and other diseases. The CTR was disbanded in 1998 as part of the Master Settlement Agreement between the tobacco industry and the state attorneys general. In addition to CTR-funded research, individual tobacco companies have supported research on smoking and health. A survey conducted by the American Medical Association in 1992 found that more than half of US medical schools accepted research funding from the tobacco industry and its subsidiaries. There is no reliable estimate of the extent of the practice by researchers of commingling tobacco industry funding with grants from federal health agencies, the American Cancer Society, or foundations.

Thus it is ethical and essential for editors to inquire about any financial link to the tobacco industry. It is also the prerogative of the editor both to ask that all past ties to tobacco money be listed by researchers, as well as to make the final decision as to whether the manuscript should be rejected based on the source of funding provided for the study.

The first nicotine replacement product for smoking cessation was approved by the Food and Drug Administration in 1984. Current clinical guidelines for smoking cessation include the recommendation that nicotine replacement products be offered to all patients who smoke.

Nonetheless, considering that these products are costly and only modestly effective, questions should be raised about the pharmacotherapeutic imperative in smoking cessation. Several of the Guidelines panel had accepted funding from manufacturers of nicotine replacement medications. Pharmaceutical companies have underwritten numerous publications and conferences on smoking cessation and have reinforced a prescribing bias. An editor may wish to seek alternative sources of funding, but few if any examples exist of medical journals that have maintained their independence from such targeted underwriting.

Ironically, the American Legacy Foundation is funded entirely by tobacco industry money. To avoid compounding the irony, the Foundation should scrupulously avoid rewarding researchers, medical organizations, or other grantees who have ever accepted funding from the tobacco industry.