The swine flu scam?

There is a conspiracy theory about nearly everything. So claims that swine flu was a scam come as no surprise. ‘This was a pandemic that never really was’ according to Paul Flynn, MP who prepared a recent report on the flu pandemic for the Council of Europe. The report expresses alarm about the way the pandemic was handled. It criticizes the proportionality of the response and argues that over reaction led to waste of public money, distortion of public health priorities and unjustified fears about health risks. It identifies ‘grave shortcomings’ in the transparency of decision-making processes and concerns about the influence of the pharmaceutical industry. The World Health Organization (WHO) comes in for particular criticism for failing to publish the declarations of interest of members of its Emergency Committee, the group advising director general Dr Margaret Chan on the pandemic response.

These themes are taken up by Cohen and Carter in the British Medical Journal. They found that key scientists had done paid work for pharmaceutical firms that stood to gain from advice they gave to WHO. However, declarations made by members of the Emergency Committee, and of other WHO committees that helped produce influenza preparedness plans, have never been disclosed by WHO. Even the identities of the 16 member Emergency Committee remain a closely guarded secret.

Conflicts of interest have been defined by the US National Academies as: ‘any financial or other interest which conflicts with the service of the individual because it could significantly impair the individual’s objectivity, or could create an unfair competitive advantage for any person or organization’. There are many ways in which conflicts of interest can influence professional behaviour. The General Medical Council in its guidance for doctors focuses almost exclusively on the doctor–patient relationship. But conflicts of interest can equally arise in postgraduate education, guideline development, research conduct, programme evaluation and public policy formulation.

When it comes to policies on pandemic flu, there is an inherent conflict between the pharmaceutical industry, WHO and the global health system. Almost inevitably, they all draw on the same pool of experts. The issue is therefore not so much about avoiding conflicts of interest but about properly dealing with them. As Friedman points out, ‘there is no moral or ethical failing in having a conflict of interest; the problem occurs when conflicts are not disclosed appropriately and when conflicts are allowed to bias research, teaching or practice’. There are several possible strategies. At the very least, public disclosure of conflicts of interest is essential to maintain transparency. The US National Academies have gone further and ruled that no individual can be appointed to serve on one of its committees if that individual has a conflict of interest that is relevant to the functions of the committee. However, such an approach may bar experts who have important information to contribute. Another option is to consult the relevant experts, but exclude them from decision-making. For example, the American College of Chest Physicians has developed a three-point plan to address this tension when developing practice guidelines. First, equal emphasis is placed on intellectual and financial conflicts with explicit criteria for both. Second, a person without conflicts of interest is given primary responsibility for each guideline chapter. Thirdly, experts with conflicts of interest can collect and interpret evidence, but only panel members without conflicts of interest can be involved in developing guideline recommendations. Drug regulation agencies often have very formalized procedures for dealing with conflicts of interest. For example, the European Medicines Agency (EMEA) maintains a database of members’ conflicts of interest. These are evaluated to determine ‘level of risk’, and information on individuals deemed ‘high risk’ is referred to an assessment group who may restrict the individual from taking part in specific activities. However, even such apparently stringent procedures have been criticized in favour of following a precautionary principle that completely prohibits any involvement of individuals with conflicts of interest.

So was swine flu a scam? Did the pharmaceutical industry manipulate a fake pandemic? Were the scientific experts, consciously or unconsciously, part of a conspiracy to promote anti-viral stockpiles and boost vaccine sales? Corporate influences on epidemiology have a long history. The tobacco industry has undertaken elaborate campaigns to undermine WHO activities on tobacco control in the past. More recently, the alcohol beverage industry and the food industry have come under scrutiny for possible attempts to influence public
opinion, regulation and the conduct of science. But the swine flu affair smells more of cock-up than conspiracy.

Ultimately, the issue boils down to a problem of confidence in public policy-makers. There is a great deal at stake financially. Decisions made within WHO led to national governments committing millions of pounds to buy anti-virals and vaccines. The public, politicians and national governments need to be convinced not only that the right decisions are made, but that they are also made for the right reasons. It is vital that such influential decisions are made in the clear light of day and that the decision-making bodies involved can demonstrate that they have effective mechanisms to deal with conflicts of interest. In this regard, the WHO arrangements can be seen to be woefully inadequate. Indeed, Chan, responding to the BMJ article, concedes that ‘WHO needs to establish, and enforce, stricter rules of engagement with industry’.12

Next time we need to be more transparent in our decision-making, more adept at communicating risk to the public and more flexibly in responding to the pandemic, whatever form it takes. In the meantime, WHO needs to put its house in order.

Conflict of interest: M.R.E. is a member of the UK Scientific Pandemic Influenza Advisory Committee and the UK Scientific Advisory Group on Emergencies.

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References