## When does a point of view become an intellectual conflict of interest?

To the Editor:

In the November issue of *Critical Care Medicine*, Dr. Dellinger and Dr. Durbin replied to a letter from Dr. Eichacker, Dr. Natanson, and Dr. Danner, of the National Institutes of Health, who denounced the influence of funding companies on the Surviving Sepsis Campaign guidelines (1, 2). The reply bases the confutation of these criticisms mainly on the attribution to the three researchers of an "intellectual conflict of interest." I believe this question deserves a closer examination.

A conflict of interest arises only when an individual has an interest that might interfere with his/her role or duty. This is also true for intellectual conflicts of interest. This is why the Federal Advisory Committee Act requires "that federal advisory committees be fairly balanced in terms of the points of view . . ." (3). The role of Food and Drug Administration in both the approval process and the postmarketing evaluation of new drugs is another example of intellectual conflict of interest; actually, it is unlikely that Food and Drug Administration members involved in a long and demanding approval process will be able to perform an impartial evaluation of postmarketing data which question the drug safety and efficacy (4). In these two cases what defines individuals with strong opinions on the matters they are dealing with, as having an intellectual conflict of interest, is the context, not their opinions alone. Thus, expressing a point of view in a letter to a scientific journal does not represent an intellectual conflict of interest. If it did, no expert (who, by definition, has strong opinions in his field of expertise), should ever be invited to write an editorial or a commentary.

Probably most scientists who invest their intellectual, physical, and time resources in a study would be reluctant to accept that their theory is wrong. Nevertheless, "good" scientists would drop their theories in the face of opposing evidence. Thus, my suggestion is to confute criticisms on the ground of debate, rather than by questioning the credibility of the opponents.

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### REFERENCES

1. Eichacker PQ, Natanson C, Danner RL: Separating practice guidelines from pharmaceutical marketing. *Crit Care Med* 2007; 35:2877–2878; author reply 2878–2880
2. Dellinger RP, Durbin CG Jr: Separating practice guidelines from pharmaceutical marketing. *Crit Care Med* 2007; 35:2878–2880
3. United States General Accounting Office Report to Congressional Requesters. April 2004. Federal Advisory Committees: "Additional Guidance Could Help Agencies Better Ensure Independence and Balance." Accessed December 2007 at: http://www.gao.gov/new.items/d04328.pdf
4. Wood AJ, Stein CM, Woosley R: Making medicines safer—the need for an independent drug safety board. *N Engl J Med* 1998; 339: 1851–1854

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To the authors reply:

We appreciate the opportunity to respond to the letter of Dr. Daniele Poole critical of our use of the term "intellectual conflict of interest," which we used in regard to a response to a position piece we published on the Surviving Sepsis Campaign (SSC).

We agree with her assertion that no investigator or scientist is totally free from personal intellectual bias and that this does not in itself constitute a conflict of interest. As she so eloquently stated, bias or strongly held personally views in science practice is often balanced by including individuals with opposing views who can critically view common data with different degrees of understanding and skepticism. This is entirely appropriate to develop the best solution to the current problem, understand its limitations, and devise the next experiment. Scientific experimentation and debate is the appropriate forum for dealing with these different view points. Development of guidelines and practice standards in areas of uncertainty depends on this interaction and negotiation.

The potential influence of financial relationships on medical practice and research has troubled medical ethicists for centuries and continues to do so today. These potential sources of conflict of interest seem more nefarious than intellectual bias leading to a conflict of interest. Certainly, it is easier to list the dollar value provided by an interested third party and allow the reader to interpret the information presented in light of this declaration than to try to quantitate the factors that underlie a personal, intellectual conflict of interest. In the current environment in the United States, a declaration of financial relationships with interested companies is required for experimentation and publication. These relationships may or may not adversely affect patient care by creating a conflict in the writer or researcher; the challenge for today's ethicists is to determine a better way to manage real and potential conflicts of interest rather than banning these important relationships altogether. In this light, management of nonfinancial conflicts must also be included as a part of the solution. We believe that these "intellectual conflicts of interest" are more difficult to understand and potentially more destructive to patient outcome than the financial relationships.

The transparency of the process of guideline development and the open revelation of the sources of funding of the SSC have led to unrelenting criticism from Eichacker et al., focusing primarily on one of the more than 50 recommendations for improving patient care. If this were a simple scientific debate, as Dr. Poole suggests it should be, this group would be supporting or carrying out experimental work in attempt to support (or refute) their bias. Instead they continue to publish letters and editorials, which are not subjected to peer review, advancing their personal political agenda. This represents a clear and dangerous intellectual conflict of interest. By directing continued, unsubstantiated criticism at the SSC, some individuals and institutions may be reluctant to support the campaign. In advancing this political agenda in this way, patients who might survive if the sepsis bundles were adopted could be denied access to these lifesaving measures. This is the true meaning of conflict of interest. If the science of the guidelines were the issue, Eichacker et al. would endorse the campaign and debate only the questioned recommendation. So far they have chosen only to be critical of the campaign and its leaders.

Dr. Durbin served as the 2006 President of the Society of Critical Care Medicine. The Society of Critical Care Medicine re-