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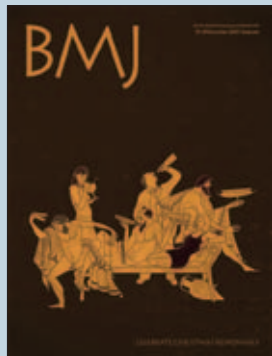
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PICTURE OF THE WEEK

Ambulance staff attend to an injured man after he was arrested for looting in London. Tuesday was the third day of violence and looting in poor parts of the capital and other cities. The Southbury Surgery in Enfield was attacked, and at least 15 practices in Enfield and Barnet closed early on the advice of police; all were open as usual on Tuesday, said NHS North Central London. There were also reports of attacks on ambulance staff, according to *Nursing Times* (<http://bit.ly/oAor21>) and of out of hours doctors cancelling appointments and using unmarked cars for fear of being targeted by rioters, said *Pulse* (<http://bit.ly/reY0o0>). The Londonwide Local Medical Committees has issued guidance for general practices (<http://bit.ly/nFXdK0>).

THE WEEK IN NUMBERS

77 Estimated ratio of benefit to harm for travelling by bike using an urban cycling scheme rather than by car (Research, p 356)

37.5°C Minimum axillary temperature to define febrile illness (Clinical Review, p 358)

75% Reduction in risk of pyelonephritis later in pregnancy by testing for and treating asymptomatic bacteriuria in pregnant women (Practice, p 364)

QUOTE OF THE WEEK

“Our NHS is wonderful. The only thing wrong with it is that it’s been relatively underfunded”

Colin Pritchard, research professor in psychiatric social work at Bournemouth University and coauthor of a study that shows that the NHS is the second most efficient health system and the United States’s system ranks 17 out of 19 (News, p 338)

QUESTION OF THE WEEK

Last week we asked, “Should postgraduate membership exams no longer be held overseas?”

47% voted yes (total 243 votes cast)

This week’s poll asks, “Should the FDA loosen its conflict of interest rules for advisers?”

See **NEWS**, p 338

bmj.com Cast your vote

EDITOR'S CHOICE

Turning the tide on conflicts of interest

Should the *BMJ* repeat the *NEJM*'s experiment and ban editorials and clinical reviews from authors with ties to industry?

The US Food and Drug Administration says it may loosen its conflict of interest policies (p 338). A shortage of independent experts means that its current rule—no more than 13% of advisers with industry ties—is delaying the introduction of new drugs, says its commissioner.

This attack of nerves is reminiscent of the *New England Journal of Medicine*'s U-turn in 2002, which reversed an earlier ban on commissioning editorials and reviews from authors with ties to industry. The journal said it had found that some fields could not be covered (*N Engl J Med* 2002;346:1901-2). Since then, like the *BMJ* and other major journals, it has asked authors to declare their financial and other competing interests and decides each case on its merits.

But the *NEJM*'s failed experiment ended 10 years ago and things have changed. Financial ties between academics and industry are now on the wane. As Jeanne Lenzer reports (p 338), a survey of over 3000 academics in 2009 found that half had no industry ties, and of these a third were full professors (*Health Affairs* 2009;28:1814-25). Critics of the FDA's suggestion cite the fact that the proportion of panel members with industry ties is well below 13%. Although the vacancy rate on panels was high in 2009, they say it's now falling.

So now is not the time for cold feet. If anything it's time to push even harder. Industry's influence on regulatory decisions is well documented. Quoted in Lenzer's report, Curt Furberg cites the FDA's vote on whether or not to withdraw valdecoxib. *BMJ* investigations found similar evidence of influence on decisions at the European Medicines Agency over oseltamivir (*BMJ* 2010;340:c2912) and rosiglitazone (*BMJ* 2010;341:c4848). And if seeking independent expertise does slow things down a bit, might that not

be a good thing? Only last month, an FDA panel voted to withdraw the breast cancer drug bevacizumab, which had been given "accelerated approval" in 2008 (*BMJ* 2011;343:d4244).

Back tracking now on conflicts of interest would send the wrong message, especially to the EMA, which has some catching up to do. It still has a reputation for being more on the industry's side than the public's, not helped by its outgoing executive director Thomas Lönngren's revolving door appointment as an adviser to industry (www.pharmatimes.com/Article/11-01-18/Ex-EMA_chief_joins_new_market_access_business.aspx).

WHO too is vulnerable to criticism on this score. A recent report on its handling of the A/H1N1 influenza pandemic concluded that it had not followed its own rules on conflict of interest and that these needed strengthening (*BMJ* 2011;342:d3378). Now it is under fire for proposals that would increase industry's influence on how it sets its priorities (p 346). A word of warning to its director general: back in the 1990s, among those telling WHO to stick to its knitting and focus on infectious diseases in the third world were experts covertly funded by the tobacco industry (*BMJ* 2000;321:314).

The FDA should stand firm. Not only is the tide turning in its favour, but strong policies are helping to turn the tide. So here's a question: should the *BMJ* repeat the *NEJM*'s experiment and ban editorials and clinical reviews from authors with ties to industry? I'd welcome your views in rapid responses.

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Career Focus, jobs, and courses appear after p 374

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