

CONFLICT OF INTERESTS AND HEALTH CARE IN BRAZIL

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INTRODUCTION

Conflict of interests (COI) happens when the professional judgment, regarding to a primary interest (the well-being of a patient or the validity of a research) tends to be unduly influenced by a secondary interest (e.g. financial earnings) (Bekelman, 2003; Wazana, 2002).

Doctors and drug companies have different aims and priorities. The primary aim of the doctors is to provide the best care to their patients whilst drug companies have to produce profits to their shareholders (Fisher, 2003).

Drug companies represent one of the largest and most profitable industries in the world. Taking advantage of their economic power, they have influenced research and clinical practice, compromising physicians' judgments, public policies as well as academic standards (Fisher, 2003; Bero & Grundy, 2016).

Under the influence of unethical lobbying, legislators and government officials are prone to favor special private interests instead of serving public interests. In many cases, it is hard to distinguish unethical lobbying from bribes and corruption (Paumgarten, 2016).

According to the Organization for Economic Cooperation and Development (OECD): 'conflict of interest' involves a conflict between the public duty and private interests of a public official, in which the public official has private-capacity interests which could improperly influence the performance of their official duties and responsibilities (OECD, 2003).

WHAT IS HAPPENING IN BRAZIL?

General Rules

On 16 May 2013, it was enacted the Law N. 12.813 – the Conflict of Interest Law, which establishes (Brasil, 2013):

- it is prohibited former public servants from disclosing or making use of inside information obtained by virtue of the activities they performed when in public office.

- it was expanded previous cooling-off provisions. During a six month cooling-off period after leaving public office, officials are prohibited from providing, directly or indirectly, any kind of service to persons or entities performing activities related to their former public position or job, or from approaching, directly or indirectly, their former public agency or entity on behalf of private interests.

- lobbying contacts were turned more transparent. Accordingly, it compelled all public officials who came within its scope to publish their daily schedules on the Internet. This disclosure rule applied not only to ministers of state, deputy ministers, and ministerial secretaries, but also – and for the first time – to public employees in less senior positions, such as senior advisers, state-owned enterprises and government agency managers, and department directors in all agencies and ministries.

National Committee for Health Technology Incorporation (CONITEC)

Every member from the CONITEC's plenary and executive secretary have to sign a term of confidentiality and a conflict of interests declaration regarding the issues deliberated into the committee (Brasil 2011).

Health professionals rules

Brazilian Code of Medical Ethics establishes, in order to preventing conflicts of interests (Conselho Federal de Medicina, 2009):

... doctors are prohibited to allow that pecuniary, politics, religious or other kind of interests, from their employers or superiors, or from health care funders, public or private, interfere with the choice of the best available and scientifically recognized measures of prevention, diagnostic or treatment, considering patients and society health interests.

... doctors must maintaining professional and scientific independence in relation to funders of medical research, to avoid satisfying commercial interest or gaining personal advantages.

... when lecturer or author of publications, doctors must to watch for the veracity, clarity and impartiality of presented information, as well as avoid relations with the drug companies and others that may constitute conflicts of interest, still potential.

Brazilian Code of Pharmacist Ethics establishes, in order to preventing conflicts of interests (Conselho Federal de Farmácia, 2014):

... pharmacists must to guarantee for the users of their services the access to independent information related to therapeutic practices officially recognized in Brazil, in order to allow their free choice.

... pharmacists mustn't accept to be an expert, auditor or rapporteur of any process or procedure, when there is interest, or personal or institutional involvement.

Other initiatives

Several public organizations (e.g. public agencies, Drug and Therapeutic Committees, Drug Information Centres, and professional and scientific societies have adopted and widespread advices and rules regarded to COI in Brazil.

CONCLUSIONS

Brazil's democracy is being improved, with a progressive strengthening of the public organisms of surveillance and controlling; it is possible to realize a real transparency improvement in all sectors. The issue Conflict of Interests (COI) is becoming more present in several debates, among political and technical-scientific groups, as well as among the society in general. There are laws and rules that obligate the implementation of strict control at all level of government and organizations, that limitate the occurrence and the effects of COI. It is increasing the number of people aware about the bad consequences of COI and the importance of avoid it. However, we have a long way to go.

REFERENCES

1. Bekelman JE, Mphil YL, Gross CP. Scope and Impact of Financial Conflicts of Interest in Biomedical Research: A Systematic Review. *JAMA* 2003; 289(4): 454-65.
2. Brasil. Lei nº 12.401, de 28 de abril de 2011. Dispõe sobre a assistência terapêutica e a incorporação de tecnologia em saúde no âmbito do Sistema Único de Saúde (SUS).
3. Conselho Federal de Farmácia. Resolução Nº 596, de 21 de fevereiro de 2014. Código de Ética Farmacêutica.
4. Conselho Federal de Medicina. Resolução CFM nº 1.931, de 17 de setembro de 2009. Código de Ética Médica.
5. Fisher MA. Physicians and the Pharmaceutical Industry: a dysfunctional relationship. *Perspectives in Biology and Medicine* 2003; 46(2): 254-72.
6. Loewenstein G, Sah S, Cain DM. The unintended consequences of conflict of interest disclosure. *JAMA*. 2012; 307:669±670. doi: 10.1001/jama.2012.154 PMID: 22337676
7. Wazana A, Primeau F. Ethical considerations in the relationship between physicians and the pharmaceutical industry. *Psychiatr Clin N Am* 2002; 25: 647-63.