



Ethics Considerations for Global Health: Do Multiple Interests Necessarily Create Conflicts of Interest?

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Objectives

- Identify the multiple interests that motivate family physicians and other health care professionals to engage in global health activities.
- Consider candidly whether or not these motivations may create conflicts of interest.
- Share ideas for and experiences with addressing these ethical challenges.

Abstract

- Health care professionals participate in global health efforts for multiple reasons. Many do so from a humanitarian commitment to serve and others as an expression of deeply held religious faith. Some participate to advance their academic/research interests (including the opportunity to publish). Most also enjoy encountering new places and new cultures. Such multiple interests can lead to conflicts of interest. If so, how should they be navigated? Do they need to be publically declared (in a manner similar to the “Conflict of Interest Form” the speakers were required to complete for this presentation)? How might the core obligations of medical ethics guide us in these considerations? When we work in the arena of global health, we are inviting our patients, our partnering organizations, our colleagues, our trainees, and our host countries and cultures to trust certain things about us. Are we transparent enough with our motivations to allow their trust to be well-placed and secure? What risks do we take – for ourselves and our US institutions – by asking these questions?

[My COI History](#)

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“Conflict of Interests”

- Institutionalized phrase – loses its “pause effect”
- Second slide – Does anyone actually read it and pay attention to it?

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Should we ask about other “relevant” interests – beyond financial relationships – that might create “conflicts”?

AAFP form is titled: CME Policy and Procedures for Full Disclosure and Identification and Resolution of Conflicts of Interest

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Should we not just assume and acknowledge that each of us has multiple, probably conflicting interests at this conference? What are they?

Brief Journal Club

- McCoy MS, Emanuel EJ. Why There Are No “Potential” Conflicts of Interest. *JAMA*. 2017;317(17):1721-22.

Why There Are No “Potential” Conflicts of Interest

- McCoy MS, Emanuel EJ. Why There Are No “Potential” Conflicts of Interest. *JAMA*. 2017;317(17):1721-22.
- “All professions have a primary interest. In medicine, the physician's primary interest is to promote the well-being of patients through direct care, and the biomedical researcher’s primary interest is to produce generalizable knowledge.”
- “Similar to all people, physicians and researchers also have multiple secondary interests – to earn money, to become well-known, to engage in activities of professional societies, to pursue hobbies – which exist alongside their primary interests.”

Why There Are No “Potential” Conflicts of Interest

- McCoy MS, Emanuel EJ. Why There Are No “Potential” Conflicts of Interest. *JAMA*. 2017;317(17):1721-22.
- “Conflicts of interest arise in those situations when a physician’s or a researcher’s professional judgment concerning a primary interest is at risk of being biased by a secondary interest, resulting in possible harm to patients or the integrity of research.”
- “Conflicts of interest in medicine can thus lead to harm via 3 steps in a causal chain: (1) a physician or a researcher has a secondary – often financial – interest that **threatens** to **bias** his or her professional judgment; (2) the secondary interest does in fact bias the judgment of the physician or researcher; and (3) this biased judgment results in harm to patients or to the integrity of research.”
- “Importantly, only the first of these 3 steps is necessary for a COI. A COI describes a situation in which there is a risk of bias and resulting harm, not a situation in which bias or harm necessarily occurs.”

Why There Are No “Potential” Conflicts of Interest

- McCoy MS, Emanuel EJ. Why There Are No “Potential” Conflicts of Interest. *JAMA*. 2017;317(17):1721-22.
- “The rationale for limiting COI is grounded in the ethical imperative to minimize risk to patients, the integrity of research, and other activities. Thus, failing to limit COIs to the extent possible is unethical even if those conflicts never result in patient harm or compromised research.”
- “ A relationship that presents a COI may be justified all things considered if its benefits are significant enough to outweigh its risks. But not losing sight of the underlying conflict focuses attention on the need to minimize risks through appropriate COI policies.”

Brief Journal Club

- McCoy MS, Emanuel EJ. Why There Are No “Potential” Conflicts of Interest. *JAMA*. 2017;317(17):1721-22.
- Reactions?

Conflict of Interests

- Institutionalized phrase – loses its “pause effect”
- Second slide – Does anyone actually read it and pay attention to it?
 - ***Now we can say we have!***
- How do we “free” the two words – *conflict* and *interests*?

- Interests

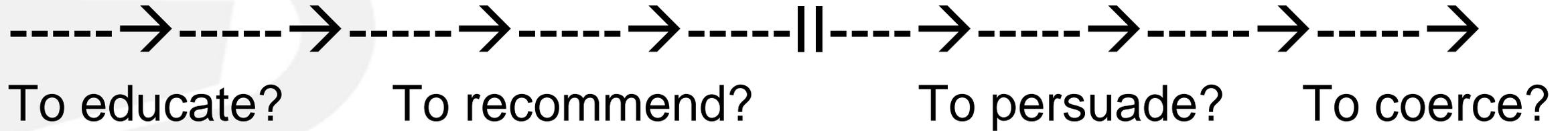
- Etymology – Medieval Latin – *interesse* – *it concerns* or (literally) *it is between*
- Other words?
 - Justification, motive, rationale, reason, cause
- How do we get depth and complexity back into *interests*?
- Alternative phrase?
 - Conflict of values
 - Conflict of objectives

- Conflict

- Etymology – Latin – *conflictus* – *to strike together* or *to contend*
- Definition – *discord of action, feeling, or effect; antagonism or opposition, as of interests or principles*

- What is the spectrum that merits the word *conflict*?
- Are there other words that work or help?
- *Variance, difference, disunity, interference, competition, contention, contest, dispute, dissent, friction, opposition, antagonism, divided loyalties, run-in*

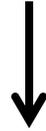
A Caregiver's Aim Re Informed Consent: A Spectrum



The aim to educate is often complicated by competing interests and objectives and by disagreements among the various healthcare professionals involved in a patient's care. The reasoning must be fully understood, clearly articulated, and ethically compelling if the aim to educate and make recommendations to a patient or a patient's family and friends crosses the threshold into persuasion or shifts further toward coercion.

Multiple motivations

Mutually compatible and reinforcing



Agreeable and prioritizing



Conflicting

- Conflict of interest

- *The circumstance in which a person finds that one of his or her activities, interests, etc., can be advanced only at the expense of another of them.*
- *The circumstances of a public officeholder, business executive, or the like, whose personal interests might benefit from his or her official actions or influence.*
- *A conflict of interest is a set of circumstances that creates a risk that professional judgement or actions regarding a primary interest will be unduly influenced by a secondary interest.*

- **Conflict of interest**

- *A conflict of interest is a set of circumstances that creates a risk that professional judgement or actions regarding a primary interest will be unduly influenced by a secondary interest.*^[1] *Primary interest refers to the principal goals of the profession or activity, such as the protection of clients, the health of patients, the integrity of research, and the duties of public officer. Secondary interest includes personal benefit and is not limited to only financial gain but also such motives as the desire for professional advancement, or the wish to do favors for family and friends. These secondary interests are not treated as wrong in and of themselves, but become objectionable when they are believed to have greater weight than the primary interests. Conflict of interest rules in the public sphere mainly focus on financial relationships since they are relatively more objective, fungible, and quantifiable, and usually involve the political, legal, and medical fields.*

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- Conflict of interest

- *A conflict of interest is a set of circumstances that creates a risk that professional judgement or actions regarding a primary interest will be materially affected by a secondary interest.*^[1] *Primary interest refers to the principal goal of the professional, such as the protection of clients, the health of patients, the integrity of the profession, or the public interest. **Secondary interest includes personal financial gain but also such motives as the desire to do favors for family and friends.** These interests are not treated as wrong in and of themselves, but become objectionable when they are believed to have greater weight than the primary interests. Conflict of interest rules in the public sphere mainly focus on financial relationships since they are relatively more objective, fungible, and quantifiable, and usually involve the political, legal, and medical fields.*

The AAFP CME Policy and Procedure on Full Disclosure

Conflicts of interests

- What is the goal?
 - Have only one interest and, therefore, no conflicts?
 - Transparency? Disclosure?
 - Management?
 - Resolution?

What are our multiple interests for global health?

Primary Interests

Secondary Interests

Factors Influencing a Decision

Which are 'primary'
and which are
'secondary'?

- Rovers J, Japs K, Truong E, Shah Y. Motivations, barriers and ethical understandings of medical student volunteers on a medical service trip: a mixed methods study. BMC Medical Education. 2016;16:94.

Cost of the trip

Receiving class credit

Interacting with other cultures

Time commitment

Improved personal confidence

Threat of crime

Interacting with other health professionals

Substandard working conditions

Substandard living conditions

Educational opportunity

Philanthropy (helping others)

Language barriers

Help build my resume/CV

Paperwork/administrative barriers

Develop my clinical skills

Pure enjoyment

Improved interpersonal skills

Opportunity for travel

Improved foreign language skills

Exposure to infectious diseases

Prefer to use free time for leisure, not volunteering

Someone asked me to volunteer

Motivations for Global Health Involvement

- Primary or Secondary or Not Applicable
- Use as a point of reference your most recent GH experience. Which of these motivations were primary and which were secondary?
- Would your answers/descriptions be recognizable to other participants? How would they align with the stated goals and objectives of the experience?

Professional Personal global health motivations

- Clinical care
- Public health
- Collaboration with colleagues
- Research
- Education
- “Gain experience”

- Travel interests
- Political interests
- Ethnic interests
- Family
- Religious or “faith” interests

Professional  Personal

- These professional and personal considerations are ways of answering the questions:
 - “What led you to do this?”
 - “What keeps you doing this?”
- Defining *ethics* as “having to do with the determination of what should be done in a situation, all things considered” encourages a thorough and frank discussion of the answers to these questions.

“Why are you doing this?”

- When are you asked this question? By whom?
- Do your answers change based on the audience?
- Variations on the “theme” are permissible, but the “theme” must be detectable!

“Why are you doing this?”

- Story
- The question – “Why are you doing this?”
- My answer
- What if the answer is personal/religious/secondary?
- What if the motivation is secondary but the answer is not?

In what situations, do we experience multiple or competing interests?

- Defining goals
- Recruiting partners/donors
- Selection of participants
 - Gender
 - Diversity
 - Other
- Selection of sites
- Others

In what situations, do we experience multiple or competing interests?

- Selection of sites
 - One early memory
 - Safari trip to Africa – requested opportunity to lecture at a mission hospital – Why?
 - My first trip to Israel/Palestine with Doug Brown in 2004
 - Requested meeting at Ben Gurion University
 - Received invitation to speak at Grand Rounds
 - Received invitation to visit Ramallah and meet Dr. Barghouti

Are there benefits to having multiple motivations?

- Disillusioning experiences
 - Other motivations can keep us engaged
- Like being a fan of a losing team
 - Other motivations get you to the game

Remember – Ethics is deciding what ought to be done, all things considered.

What do we invite patients and their families to trust about us?

... that we will be very careful
(non-maleficence)

... that we aim to make a valued
difference in the patient's well-being
(beneficence)

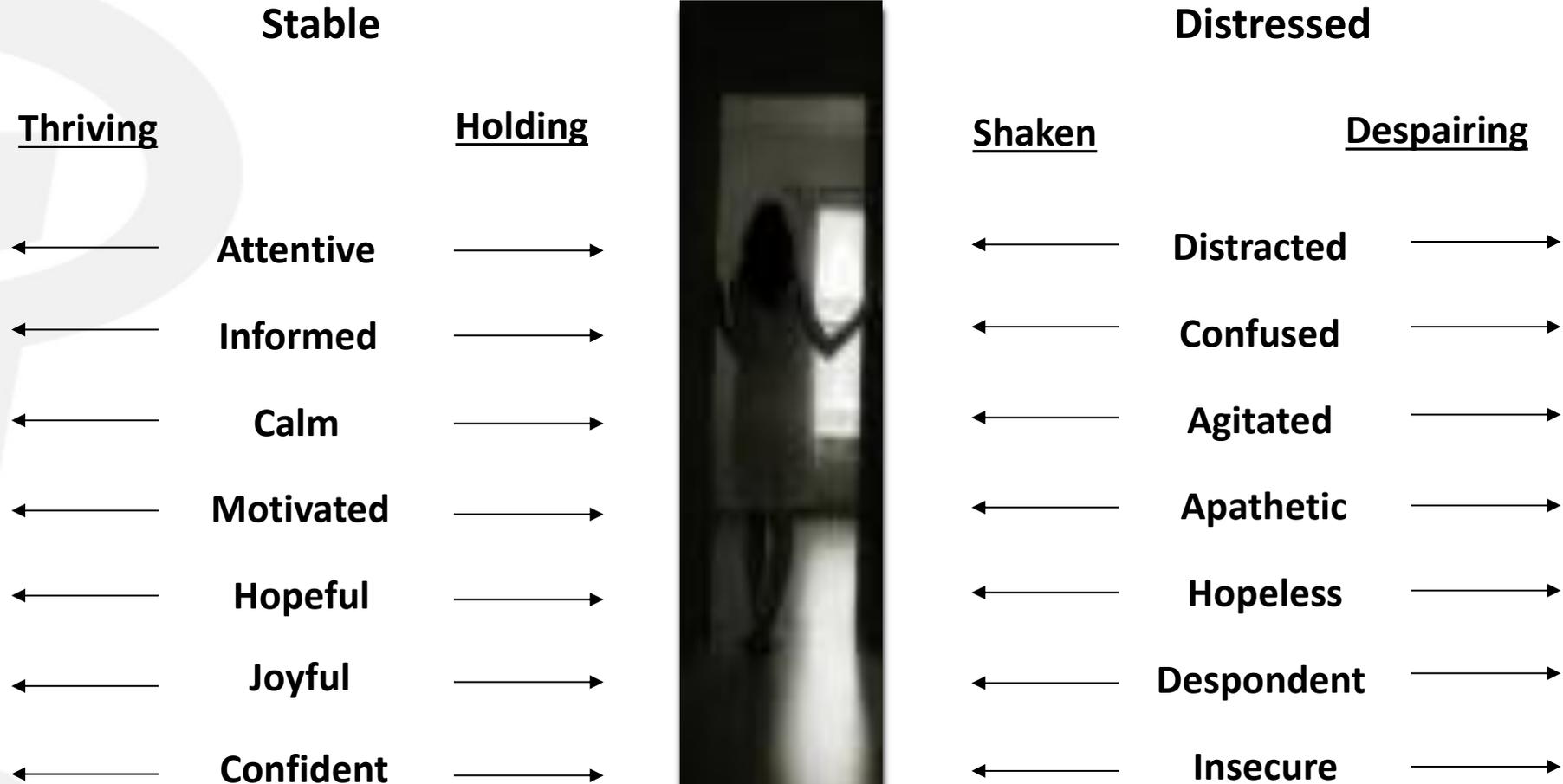


... that we will honor the patient's
perspective/expectations
(self-determination)

... that we will not be biased and will
be good stewards of limited resources
(fairness/justice)

Assessing 'integrity'

(patients and family members as well as medical team members)



'Integrity' here has to do with the basis upon which a person's life has meaning and balance. A person reveals the basis for her integrity when she shares her core beliefs and life values, when she explains how she sustains these beliefs and values. Fear, loneliness, and guilt as well as happiness, contentment, and wonder are windows into a patient's integrity.

'Distressed' here has to do with the loss of peace, joy, hope, resolve individuals – patients, family members, medical team members – experience (to varying degrees) when faced with unsettling life experiences – such as illness or injury – that threaten to overwhelm their core beliefs and values.

Full disclosure – one of my “secondary” interests

It remains an experience of unparalleled (incomparable) value that we have learned to see for once the great events of world history **from below** – i.e., through the perspective of the barred, the suspects, the badly treated, the powerless, the oppressed, the scoffed, in short the perspective of those who suffer. (It is) only in this time when neither bitterness nor envy has cauterized the heart (1) that we see with new eyes great and small, fortunate and unfortunate, strong and weak; (2) that our view of greatness, humaneness, justice, and compassion has become clearer, more free, more incorruptible; (3) indeed, (that we see) personal suffering is a more suitable key, a more fruitful principle, than is personal good fortune for exploring the world by observation and action.

Dietrich Bonhoeffer
December 1942

Thank you

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