Medicine and the Pharmaceutical Industry

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Throughout Europe, institutions providing independent research on efficacy, safety and costs of drugs and therapies are on the retreat: research at universities is increasingly impaired by administrative burdens, lack of funding and staff demoralisation. Research and development funds of hospitals are virtually non-existent in most countries. Pharmacological and economical expertise is not emphasised in medical school teaching. Insurance companies merely pay the health care bills – recovering from their clients whatever their expenses have been. Drug registration authorities play a reactive rather than a pro-active role in monitoring the market. Governments are increasingly vacillating between pretentious acclamations of consumer rights and ethics, and a meek surrender to iron-fisted pressure groups...

Do we need to worry? On the surface, things seem to be going well: drug efficacy has increased considerably over the last decades. No major safety scandals have surfaced lately costs of drugs provide revenues for the manufacturers and income for shareholders and employees. Not to forget the governments participating nicely through corporate, income and consumer taxes.

Of course we need to worry. The balance of power within the system is at stake. Drug manufacturing is a world-wide multibillion dollar business, making it a key player in the health care arena. When independent drug research vanishes, the industry will fill the gap.

There is research the pharmaceutical industry is obliged to perform: regulatory studies are required by the registration authorities. Their results will be reviewed by those authorities. And there is research the pharmaceuti-

cal industry is eager to perform: exploratory drug development research keeps their product pipelines filled. Most of these results will remain confidential. And there are studies promoting pharmaceutical products: they need to be published to impress the market. Consequently they are performed, evaluated and written by authorities within the field and sent to impressive medical journals. Disclosure of affiliations between authors and the pharmaceutical industry are usually required. If the results are sound and solid, all is fine. But what if they are not? Do the authors know the complete original data set, especially in the case of large studies involving data from many centres, various countries and collected over extended periods of time? Do they know the statistical methods applied and why they were applied? Do they have the freedom to speak up if they are in any doubt? There is a gap in the system. And this is where the medical journals have to step in: statements by the authors are necessary to confirm full responsibility for the complete original data set, the statistical analyses, their interpretation and the right to publish any and all data from the study.

There has recently been a move by several medical journals to enforce such a policy. *European Neurology* will take appropriate steps to adopt this policy as well. The reader will be informed about the decisions of the editorial board.

We believe that this policy will protect the author, the reader and eventually the patient. It should improve the relationship between medicine and the pharmaceutical industry – which will, after all, remain a delicate one.

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