

## PAPER

# Accessibility and transparency of editor conflicts of interest policy instruments in medical journals

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## ABSTRACT

**Background** There has been significant discussion about the need to manage conflict of interest (COI) in medical journals. This has led many journals to implement policies to manage COI for authors and reviewers; however, surprisingly little attention has been focused on the COI of journal editors.

**Objective** The goal of this exploratory study was to determine whether the policies were accessible to the public and to researchers, and to discuss the potential impact on public transparency.

**Design** The authors conducted an internet search of editor COI policy instruments that have been developed, implemented and communicated by the top 10 peer-reviewed medical journals (2010 ISI Web of Knowledge Impact Factor), and assessed their general accessibility by gauging the level of difficulty in navigating the journal's website (number of clicks to find the policy instruments).

**Results** Only four of the 10 medical journals (40%) in this study have accessible COI policy directives that include editors (*JIM*, *PLoS Medicine*, *AIM*, *CMAJ*). One journal (*NEJM*) had an editorial on the subject, and another (*The Lancet*) mentioned editor COI in their general guidelines. These documents are not readily accessible; starting from the journal's main website at least four clicks are needed to access these documents.

**Conclusion** These results suggest that there is a general lack of accessible editor COI policy instruments among leading medical journals, something that may consequently have a negative impact on the trust accorded to these journals.

## INTRODUCTION

As relationships and arrangements between universities and industry continue to flourish, conflict of interest (COI) has emerged as a topic of growing interest in the media and in academic circles. With respect to publication practices, discussions regarding COI typically focus on authors and peer-reviewers.<sup>1</sup> However, journal editors may also experience COI situations when their interests—be they financial, personal, ideological or institutional—influence their primary obligations and duties. Notably, editors have a duty to ensure the integrity of the review process, and in so doing, contribute to an appropriate level of objectivity and impartiality in scientific publishing. A journal's high standard of integrity provides its readership (academics, health professionals and the public) with an increased level of assurance as to the veracity and reliability of published findings.

Conversely, any compromise that undermines a journal's integrity would impact its standing and could raise doubts in the minds of diverse stakeholders about the very process of scientific research and publishing.

In the medical literature, COI can be defined:

[...] as existing when an individual or institution has a secondary interest (e.g., an ownership interest in a start-up biotechnology company) that creates a risk of undue influence on decisions or actions affecting a primary interest (e.g., the conduct of objective and trustworthy medical research).<sup>2</sup>

For example, an editor may decide to publish and promote a friend's or family member's manuscript while downplaying or ignoring criticisms raised by peer-reviewers. Conversely, an editor—who also conducts academic research—might refuse to publish a competitor's manuscript. Editors are often responsible for choosing peer-reviewers, and may choose individuals with particular scientific perspectives that reflect a narrowly focused or biased ideology. Editors may have significant financial interests (eg, with pharmaceutical or medical device companies) that may influence their decision to publish or reject a manuscript. Editors may have the financial viability of their journal in mind when choosing which manuscripts to publish; consequently, they may decide to accept and produce press releases for particularly 'newsworthy' or 'sensational' articles in order to increase popularity, and thus subscriptions and article sales.<sup>3</sup> However, the newsworthy article that sells well may lack a sufficiently robust methodology or might not present any real scientific advance or contribution to knowledge. Even if they are completely reliable, these newsworthy articles should not benefit from special treatment when compared with other equally respectable works from less high profile scholars or on less sensational or appealing topics. The tension between financial viability and academic objectivity is inevitable in a business such as medical publishing, especially with the move towards open access publishing and ongoing experimentation with the journal business model. Even in publishing houses where the owner has financial responsibility and the editor is provided considerable independence, tensions are likely still present and conflicts can thus arise between owner and editor. The outcomes of such editor COI are manifold and may include lack of integrity in the review process, diminished reputation of the journal and limited objectivity and impartiality in the presentation of research

findings. In the longer term, this could negatively impact the well-being of patients and the community.

The aforementioned definition of COI is relatively broad, and thus the examples of editor COI will be diverse in scope and severity. Since these COI may not all be serious at all times, it may be impossible to know their potential negative consequences outside of a specific context. Potential risks and consequences of diverse forms of COI—including but not limited to financial or professional COI—should be considered in order for journals to determine the most appropriate responses or preventive measures. But the challenge will be in recognising and accepting that neither professional integrity nor a declaration of COI is sufficient to overcome the diversity of COI that arises in academic publishing (or in research more generally). Other activities including, for example, awareness raising and ongoing discussions among the editorial team and the wider academic community will be essential. Although journal editors have been less scrutinised than authors with regard to COI, editors should not be any less concerned or diligent in their management. By promoting the establishment and effective communication of editor COI policies, editors can be proactive in reducing the risk of academic scandals. The scientific community has already suffered greatly from such scandals; editors can and should take the initiative to prevent academic misconduct for their own good standing as well as that of the general medical research community.

Many organisations, such as the International Committee of Medical Journal Editors (ICMJE), the Committee on Publication Ethics (COPE) and the World Association of Medical Editors (WAME) promote the adoption of COI policies for authors, peer-reviewers and editors.<sup>4–6</sup> A policy can be important in setting out general principles or values (eg, transparency, integrity, accountability) and in managing COI by setting out clear processes (eg, through avoidance, recusal or disclosure). However, as Elliot notes,<sup>7</sup> it may be impractical or unrealistic for a policy to address all potential COI situations, and management plans cannot be realistically expected to address every possible way that COI can influence scientific judgement. Further, the effectiveness of disclosure processes (one of the most common methods used in policies for managing the wide range of COI) has been challenged in recent psychological and economic research<sup>7</sup> raising serious concerns about the effectiveness of current processes. Nevertheless, once the limitations of a policy and associated processes are clearly understood, complementary tools and strategies (eg, conflict management, education) can be brought to bear to promote better awareness about COI in publishing, and thereby ensure the ethical management of situations that could undermine trust in a journal.

In considering the objectives of various policy statements on COI for authors and/or peer-reviewers, it would seem reasonable that editors should also be included since they play an important role in, and have a measure of accountability for, the integrity of medical publication.<sup>8</sup> An examination of 10 leading medical journals demonstrates that when editor COI policy instruments are available, they are not sufficiently accessible. This deficiency will be discussed with relation to the rationales of organisations such as ICMJE, COPE and WAME in promoting COI policies for editors. We conclude with a discussion of the importance of accessibility and transparency of editor COI policy instruments in supporting the integrity and credibility of medical journals.

## BACKGROUND: MANAGING EDITOR CONFLICT OF INTEREST

As previously mentioned, international and national organisations have been established to develop and promote policies that

address issues of research ethics and scientific integrity. These include, but are not limited to, diverse policies dealing with the management of COI. For example, the ICMJE has a COI policy—*Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Ethical Considerations in the Conduct and Reporting of Research: Conflicts of Interest*<sup>9</sup>—that promotes disclosure of the COI of authors (or the authors' institution), reviewers and editors. There is a specific section on disclosure (and recusal when warranted) intended for editors and editorial staff. Another prominent organisation is COPE, which, in its *Best Practice Guidelines for Journal Editors*,<sup>10</sup> makes two main recommendations regarding the management of editor COI: (1) 'publish lists of relevant interests (financial, academic and other kinds) of all editorial staff and members of editorial boards (which should be updated at least annually)' and (2) 'adopt suitable policies for handling submissions from themselves, employees or members of the editorial board to ensure unbiased review (and have these set out in writing)'. Similarly, WAME promotes the implementation of COI policies for authors, reviewers and editors in their policy framework, *Conflict of Interest in Peer-Reviewed Medical Journals*,<sup>11</sup> which stipulates that COI guidelines should be made publicly available through publication. WAME also has a specific policy for editors called *The Relationship Between Journal Editors-in-Chief and Owners*<sup>12</sup> that outlines the general responsibility and procedures to limit COI between editors and journal owners.

In response to these prominent recommendations, medical journals have adopted various types of COI policy instrument for editors, often derived from the ICMJE, WAME or COPE guidelines. Three empirical studies give some evidence of the prevalence of such policies. In 2004, Haivas and colleagues found that while 63% of respondent editors of medical journals considered the declaration of editors' financial COI to be important or very important, only 30% of journals had an explicit policy to deal with editors' financial COI.<sup>13</sup> In 2006, Cooper and colleagues found that only 39.6% of journals reported having editor policies on COI.<sup>14</sup> In 2007, Ancker and Flanagin published a comparison of the COI policies of 84 peer-reviewed journals from 12 different scientific disciplines, including biomedicine; they found that only 56% declared having policies on editor COI.<sup>15</sup> A quick comparison of the results of these three studies has obvious methodological limitations due to different sampling and survey methods. Nonetheless, it is still reasonable to presume that there has been an improvement in the implementation of editor-related COI policy instruments for medical journals in recent years.<sup>15</sup> While this may be a measure of progress, there is still significant work to be done to promote and implement policy instruments and raise awareness across the medical and broader academic communities.

Studies of authors' COI policies have shown that clarity and content<sup>16 17</sup> are important factors to consider in developing and implementing COI policy instruments. As well, the availability and coherence of policy instruments are critical. In the above mentioned empirical studies, it was noted that policy statements were not always readily available on journal websites. The editors surveyed in these studies were also asked about their individual journal COI policies, guidelines and practices, which in some cases were not formally developed or publicly accessible. In effect, these policy instruments reflect the often informal consensus of a narrow or limited constituency (staff and stakeholders of an individual journal) regarding COI declaration or internal procedures (how COI is managed, eg, recusal); there is no common format or content to these individual policy

statements across medical journals. Further, these policy instruments may be amended or abandoned at the discretion of new ownership, management or membership of editorial boards. Policies and practices regarding editors and their staff are far from being consistently applied.<sup>18</sup> Accountability for the development and implementation of editor COI policy instruments is, for the most part, narrowly restricted within the journal or organisation.

Our exploratory study used a different method to consider whether editor COI policies are generally accessible to the public and to researchers. That is, we examined whether policies were publicised or at least publicly accessible on journal websites; this is important to consider because as in the case of other organisations,<sup>19</sup> written, publicly disclosed and accessible COI policies can be an important means of fostering credibility and trust in the scientific publishing enterprise.

## METHODS

We conducted an online search (June–July 2011) of the top 10 peer-reviewed medical journal websites—according to ISI 2010 Impact Factors (<http://www.isiknowledge.com>)—to identify journals that had COI policy instruments that explicitly mentioned editors (table 1). We selected the top 10 medical journals because they are often cited as examples to illustrate trends in scientific medical publishing.<sup>15</sup> Further, journals with higher impact factors are more likely to have policies<sup>13</sup> because they are more often scrutinised by the academic community and the public. Nonetheless, smaller or more focused journals also likely encounter problematic COI (eg, everyone knows each other), and so could provide good samples to explore in future studies on editorial COI.

For the purposes of our study, policy instruments can be grouped into two categories, as follows.

### Policy directives

These typically state an objective, key principles and mandatory procedures. The higher level policy directives are often formal, generic statements applied and available to a large constituency; however, there may also be directives with a narrower scope designed specifically for a smaller constituency (one journal or institution).

### Tools and best practices

These are not policies per se, but rather ways or approaches developed by practitioners to address issues and meet policy requirements. Recommended tools or best practices are typically the result of trial-and-error, innovation and problem solving.

We decided to use these two categories because of the diversity of COI policy instruments that could be used to manage editor COI. These distinctions were not made in the previously mentioned studies, where all policy instruments were treated as similar.

To verify whether editor COI policies are made generally accessible and easy to find for the public and researchers, we navigated journal websites for policies, guidelines or disclosures that might apply to editors. Since accessibility (and thus public transparency) was our main issue of concern, we did not consider the private intranet pages (sites that are only accessible to journal editors and usually password protected); we considered only publicly accessible extranet pages. The search was conducted by an individual experienced in searching for policies in academic

**Table 1** Editor COI policies of top 10 peer-reviewed medical journals, 2010

#	Journal	Formal editor COI policy directives	Editor tools or best practices	Public declaration of editor COI	Links
1	<i>New England Journal of Medicine (NEJM)</i>	NA	Editorial: 'Sponsorship, authorship and accountability', NEJM, 345(11): 825–827 <sup>24</sup>	Declaration 'None of the NEJM editors has any financial relationship with any biomedical company' <a href="http://www.nejm.org/page/media-center/integrity-safeguards">http://www.nejm.org/page/media-center/integrity-safeguards</a> <sup>25</sup>	ICMJ
2	<i>The Lancet</i>	NA	In the document entitled 'Information to authors' there is a link to the ICMJE uniform requirements for manuscripts submitted to biomedical journals, writing and editing for biomedical publications, and the COPE code of conduct	NA	ICMJ, COPE
3	<i>Journal of the American Medical Association (JAMA)</i>	'Conflict of Interest Statement for JAMA and Archives Journals Editorial Staff' <a href="http://jama.ama-assn.org/site/misc/coistatement.xhtml">http://jama.ama-assn.org/site/misc/coistatement.xhtml</a> <sup>20</sup>		NA	ICMJ
4	<i>Annals of Internal Medicine</i>	'Conflict of Interest: Definition and policy' <a href="http://www.annals.org/site/misc/ifora.xhtml">http://www.annals.org/site/misc/ifora.xhtml</a> <sup>21</sup>		NA	ICMJ
5	<i>British Medical Journal</i>	NA	NA	Yes	ICMJ, COPE, WAME
6	<i>PLoS Medicine</i>	'PLoS policy on declaration and evaluation of competing interests' <a href="http://www.plosmedicine.org/static/competing.action">http://www.plosmedicine.org/static/competing.action</a> <sup>22</sup>	NA	Yes	ICMJ, COPE
7	<i>Annual Review of Medicine</i>	NA	NA	NA	NA
8	<i>Archives of Internal Medicine</i>	NA	NA	NA	ICMJ
9	<i>Canadian Medical Association Journal</i>	'Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication' <a href="http://www.cmaj.ca/authors/policies.dtl">http://www.cmaj.ca/authors/policies.dtl</a> <sup>23</sup>		NA	ICMJ
10	<i>Journal of Internal Medicine</i>	NA	NA	NA	ICMJ

Journal list compiled from the 2010 ISI Web of Knowledge journal ranking by impact factor.

COI, conflict of interest; COPE, Committee on Publication Ethics; ICMJE, International Committee of Medical Journal Editors; NA, not available; WAME, World Association of Medical Editors.

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journals, that is, not a novice or 'uniformed' viewer. All searches started on the journal's main website. The number of mouse 'clicks' to different menu items or web pages were then counted to see how readily accessible these policies were in practice (table 2); the number of clicks is a approximate metric for the amount of time and effort required to find relevant COI policies. We also took into consideration and noted any affiliation or association of the journal to organisations that promote the management of editor COI, such as the ICMJE, WAME and COPE.

### RESULTS: MANAGING EDITOR COI

Although previous studies suggested an increase in the prevalence of editor COI policy directives, guidelines and practices, our study found that these instruments are often not easily accessible on individual journal websites. Only four of the 10 journals in our study (40%) have a policy that includes editors, namely, the *Journal of Internal Medicine*, *PLoS Medicine*, *Annals of Internal Medicine* and the *Canadian Medical Association Journal*. The *New England Journal of Medicine* has an editorial on the subject (but it is very limited and not readily accessible), and *The Lancet* mentions editor COI in their general guidelines (table 1). It should also be noted that accessing these documents (table 2) requires an individual to make at least four clicks starting from the journal's main website; this rather involved or complicated navigating can take considerable time and effort and certainly does not make editor COI policies easily accessible.

For the journals where we could not find an editor COI policy, these were often affiliated to ICMJE or/and COPE, and by their association they may adopt the relevant policies of these organisations. For example, COPE's 'Code of Conduct for Editors' states that 'Editors should have systems for managing their own conflicts of interest as well as those of their staff, authors, reviewers and editorial board members', and best practices

should include publishing a list of 'relevant interests' of all editorial staff and members.<sup>6</sup> While association with such organisations may give the impression that COI is being addressed—and so potentially increasing a journal's prestige—not everyone is aware of the COPE or ICMJE policies. Making editorial policies accessible, alongside reference to COPE and ICMJE affiliation, would be a more transparent method of managing COI. Interestingly, none of the journals in our study had any links to their publishers' COI policies. For example, Elsevier—which publishes *The Lancet*—has an online ethics resource to support journal editors called the 'Publishing Ethics Resource Kit'.<sup>26</sup> Included there is a short policy that mentions editor-specific COI, for example, 'Unpublished materials disclosed in a submitted manuscript must not be used in an editor's own research without the express written consent of the author.'<sup>27</sup>

In addition to the previous data on the presence and accessibility of policy instruments in medical journals, there were certain noteworthy differences in the form, content and disclosure of editorial COI policy instruments. While they are classified in the table as either 'formal policy directives' or 'editor tools or best practices', the policy instruments inside each category are quite heterogeneous. Certain COI guidelines, such as those of the *Annals of Internal Medicine*, include editor considerations in their general COI policy applied to authors; that is, all COI should be disclosed, but it is not clear what procedures should follow after disclosure. *PLoS Medicine*, for its part, has a policy with information for all parties involved in the publishing process, including specific subsections that apply to editors. These sections specify, for example, the possibility of recusal for an editor who is in a COI. As already mentioned, if some journals such as the *Journal of the American Medical Association (JAMA)* and *The Lancet* do not have publicly accessible

**Table 2** Accessibility of editor COI policies of top 10 peer-reviewed medical journals, 2010

#	Journal	Website accessibility
1	<i>New England Journal of Medicine</i>	<a href="http://www.nejm.org">http://www.nejm.org</a> Click on 'for authors' Click on 'editorial policies' Click on 'sponsorship, authorship, and accountability'
2	<i>The Lancet</i>	<a href="http://www.thelancet.com">http://www.thelancet.com</a> Click on 'information for authors' Scroll down, at the bottom of page click on 'Download a PDF version of the full guidelines for authors of The Lancet.' On the first page of this document in the left margin click on the link to the ICMJE or COPE documents
3	<i>Journal of the American Medical Association (JAMA)</i>	<a href="http://jama.ama-assn.org">http://jama.ama-assn.org</a> Click on 'for authors' Click on 'JAMA editorial policies' Click on 'conflict of interest' Conflict of interest statement for JAMA and archives journals editorial staff
4	<i>Annals of Internal Medicine</i>	<a href="http://www.annals.org">http://www.annals.org</a> Click on 'information for authors' in the right margin Click on 'information for authors' in main list Substantial information on editors COI is available in the section 'Conflict of interest: definition and policy'
5	<i>British Medical Journal</i>	NA
6	<i>PLoS Medicine</i>	<a href="http://www.plosmedicine.org">http://www.plosmedicine.org</a> Click on 'for authors and reviewers' Click on 'editorial and publishing policies' Click 'competing interests policy'
7	<i>Annual Review of Medicine</i>	NA
8	<i>Archives of Internal Medicine</i>	NA
9	<i>Canadian Medical Association Journal (CMAJ)</i>	<a href="http://www.cmaj.ca">http://www.cmaj.ca</a> Click on 'information for authors' Click on CMAJ 'editorial policies' In the section 'conflict of interest' there is a large section on editor COI
10	<i>Journal of Internal Medicine</i>	NA

COI, conflict of interest; COPE, Committee on Publication Ethics; ICMJE, International Committee of Medical Journal Editors; NA, not available.

editor COI policy directives or guidelines, they do publicly (on their websites) subscribe to the ICMJE's guidelines 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication', which include subsections dealing with COI for editors, authors and peer-reviewers. The *CMAJ*, one of the founding member organisations of the ICMJE, has adopted this policy as well. *JAMA* has a specific policy that applies exclusively to journal editorial staff; its goal is to 'minimize the influence of conflict of interest on all aspects of manuscript submission, review, and publication' and discusses various ways to manage editor COI, including disclosure, recusal and the listing of potential COI to raise awareness.

Two journals—*PLoS Medicine* and the *British Medical Journal (BMJ)*—make a practice of disclosing specific editors' interests on their websites. These disclosures are typically of a financial nature, namely, reimbursements for attending symposiums, speakers' honoraria, fees for organising educational events, funds for research, funds for staff and consulting fees. However, there is also a section that outlines non-financial COI, such as editors' ties to particular research groups and universities, and links to charities or non-profit organisations. Editor association with specific individuals or groups reveal personal ties with individuals while links to charities and non-profit organisations could indicate potential ideological or religious interests, influences or biases. Moreover, the *New England Journal of Medicine* provides a declaration stating that their editors do not have any financial relationships with a biomedical company. While this declaration can give a certain level of transparency regarding specific financial COI, it does not mention all editors' interests, like in the case of *PLoS Medicine* and *BMJ*. While *BMJ* takes this strong approach of disclosing their editors' interests, they do not publish or advocate a specific policy promoting COI management practices. It would appear that the management of COI is an internal practice and not a procedure that results from any formal and transparent policy.

## DISCUSSION

The results of this online exploratory study contrast with other empirical studies that use survey methods. Studies using survey methods that asked editors directly about their journal's COI policies included internal practices that are not necessarily widely accessible or commonly available to researchers or the general public (eg, internal policies or practices). Our research focused on the public internet accessibility of policies or guidelines, an approach that we suggest provides more attention to the level of transparency that journals enact regarding their management of editor COI. Our results show that individuals looking for information on journal websites about editor COI—even at the highest ranking medical journals—may not find relevant or useful policy directives, guidelines or procedures. In many instances, navigating the website to locate a specific policy instrument is complicated, time-consuming and not user-friendly. If a policy is linked on a site but is buried many layers deep and hard to find, it is not 'accessible' in any meaningful sense. So, if one agrees with our premise that accessible COI policies foster transparency and trust in institutions or organisations—including medical journals<sup>28</sup>—one can conclude that there is inadequate transparency regarding policy instruments to manage editor COI.

Why is there so little transparency about editor COI, especially when authors are, more than ever, held to much higher standards?<sup>29</sup> Although there is clearly still room for improvement, there has been significant progress over the past decade in the implementation of policies to manage author COI<sup>30</sup> which, we argue, may guide the development of editor COI policies.

More accessible editor COI policy instruments will contribute to enhancing the reputation as well as the accountability and overall integrity of medical journals. The availability of transparent COI management guidelines and procedures in the literature on COI in medicine fosters public confidence and trust in the medical establishment.<sup>28</sup> This is important since public opinion of the medical community has been negatively affected by controversial COI situations.<sup>31</sup> Medical journal editors are part of the medical research community and can have a positive role in the way COI is managed and the subsequent impact on public opinion. Transparency and accessibility can promote greater accountability on the part of all stakeholders involved in the publishing business. Since editors are accountable, they have a professional duty to actively engage in managing COI to maintain the reputation of research and publication.

## CONCLUSION AND RECOMMENDATIONS

Through this modest study, we have shown that editor COI policies for 10 of the most respected international medical journals are difficult to access by even experienced researchers, and thus likely opaque to the general public and scientific community; in some cases, no policies were accessible which can raise doubts about their very existence. Considering that the journals in our study are high profile—that is, top 10 by ISI Impact Factor—they can be reasonably expected to have robust editorial policies, including those that address COI for authors and editors. But this assumption is insufficient. For example, even though the major biomedical publishers such as Elsevier or Wiley-Blackwell pledge adherence to COPE's Code of Conduct, only three of the 'Top 10' (ie, *BMJ*, *The Lancet*, *JIM*) are published by such companies (*PLoS* is an independent member of COPE); the medical association journals thus appear to be lagging behind the commercial sector in this respect.

The difficulty (or impossibility) in accessing editor COI policies may limit the transparency of these journals in demonstrating that their editorial review and publication meet the highest standards of quality and objectivity, and consequently have the potential to impact negatively the public's trust. In this context, we recommend development, by the medical editorial community, of robust COI policy instruments and tools. Organisations such as the ICMJE, COPE or WAME should provide direction and guidance regarding editorial COI relevant to specific journals. Policies similar to the one promoted by WAME, for example, offer a useful starting point for dealing with the relationship, and possible COI, between journal editors-in-chief and owners of the journal.<sup>12</sup> The availability of more detailed policy provisions intended to clarify and influence desired editorial behaviour (roles and responsibilities) will promote greater transparency; a good starting point is the Council of Scientific Editors' *White Paper on Promoting Integrity in Scientific Journal Publications*.<sup>32</sup> The homepage of the journal should have a standalone section regarding editorial policies to provide for greater public ease of access.

We also recommend continuous editor education regarding COI. Typically, editors are selected for their research competencies rather than for their editing experience; they may not have knowledge about editorial ethics. As such, we believe that editors may be exposed to potential COI situations that they are ill-equipped to recognise and manage; therefore, we advocate for compulsory training with regard to the identification and management of editor COI. ICMJE, WAME and COPE, for example, could also reflect collaboratively upon editor COI and make these reflections widely available and updated through easily accessible online tools. Moreover, it would be of interest to

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further promote tools that publishers already have available, such as Elsevier's 'Publishing Ethics Resource Kit', Wiley-Blackwell's list of extensive practice guidelines on publication ethics,<sup>33</sup> and COPE's very practical guidelines, e-learning modules, cases and flowcharts.<sup>34</sup> This would go a long way to helping medical journals implement transparent and accessible editor COI policies, and so reinforce the respect and trust in these organisations.

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**Contributors** ES and BW-J developed the initial study design. ES performed the data collection and wrote the first draft manuscript; BW-J and MJ-P then edited the manuscript and contributed to finalising the analysis, structure and content. All three authors read, edited and approved the final draft.

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## Accessibility and transparency of editor conflicts of interest policy instruments in medical journals

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