

What interests should be disclosed to journals?

Wiersma and colleagues argue convincingly that non-financial interests in medicine can and should be managed. Unfortunately, Rodwin's intended contrary argument gets diverted by a useful but not wholly relevant legalistic description of interests (mainly pecuniary) that can properly constitute "conflicts of interest" (1).

The emphasis on financial conflicts in biomedical journals has important unintended consequences, including the fact that authors now increasingly describe their relationships with industry with euphemisms such as "unpaid consultant" or "non-financial support". These often amount to faux disclosures, which are fundamentally misleading as they often signal, but do not explain, a variety of benefits derived from industry involvement (2).

So what disclosures should journals require from authors? I suggest the following hierarchy of reportable conflicts: 1) direct financial payments or interests, 2) indirect benefits with obvious financial value, such as meals, accommodation, travel, conference expenses, research funding, and 3) unpaid but financially relevant involvement, such as serving on a for-profit company's advisory board.

Expanding the range and required detail of disclosures is hardly likely to solve the problem completely (3), but would provide readers with the means to fairly appraise potential sources of bias that might not be evident from an author's discipline or previous publications. For some purposes, such as treatment guideline preparation, it may be necessary to eliminate rather than manage such conflicts (4).

1. Wiersma M, Kerridge I, Lipworth W, Rodwin M. Should we try to manage non-financial interests? *BMJ* 2018; 361:k1240.
2. Menkes DB, Masters JD, Broring A, Blum A. What Does 'Unpaid Consultant' Signify? A Survey of Euphemistic Language in Conflict of Interest Declarations. *J Gen Intern Med* 2018; 33: 139-41.
3. Loewenstein G, Sah S, Cain DM. The unintended consequences of conflict of interest disclosure. *JAMA* 2012; 307: 669-70.
4. Menkes DB, Bijl D. Credibility and trust are required to judge the benefits and harms of medicines. *BMJ* 2017; 358:j4204.