

## Who will guard the guards? Medical leadership and conflict of interest in South African healthcare

**To the Editor:** Conflicts of interest (COI) arising from the interaction of the pharmaceutical industry with doctors have been described in an *SAMJ* editorial.<sup>[1]</sup> The common interests in patient wellbeing, shared by doctors and the pharmaceutical industry, will conflict with the pharmaceutical industry's wish to sell their products and influence doctors' behaviour.

A number of important measures to deal with COI are described in the editorial, including disclosure of COI, creating awareness of the problem, academic discussions and fostering professionalism by practitioners.

A further measure that should be included to complement the above is the use of clinical protocols (standardised care guidelines).

This approach avoids negative influences on treatment recommendations by excluding outside sources with different agendas and avoiding financial inducements. Other potential negative influences that may arise from discrimination because of age, sex, race, sexual orientation, disease and disability may also be avoided.

This approach also reinforces positive influences through transparency and peer review and having both academic and pragmatic input.

Clinical guidelines have become widely available, for good medical<sup>[2]</sup> and economic reasons. A standardised approach allows for a body of experience to be reviewed individually, regionally or nationally to evaluate its effectiveness. For example, in oncology, cancer of the lung and oesophagus presents and responds differently to treatment in South Africa, Asia and Europe. Available resources will also be considered, as well as the marginal gain for new but costly treatments.

Clinical guidelines reduce COI and facilitate the documentation of a body of experience on which to base patient care in the future.

### Raymond P Abratt

*Head of Clinical Governance, Independent Clinical Oncology Network, and  
Professor Emeritus, University of Cape Town, South Africa  
raymond.abratt@cancernet.co.za*

1. Parish A, Blockman M. Who will guard the guards? Medical leadership and conflict of interest in South African healthcare. *S Afr Med J* 2014;104(11):757-758. [<http://dx.doi.org/10.7196/SAMJ.8546>]
2. Grimshaw JM, Russell IT. Effect of clinical guidelines on medical practice: a systematic review of rigorous evaluations. *Lancet* 1993;342(8883):1317-1322. [[http://dx.doi.org/10.1016/0140-6736\(93\)92244-N](http://dx.doi.org/10.1016/0140-6736(93)92244-N)]

*S Afr Med J* 2016;106(2):129. DOI:10.7196/SAMJ.2016.v106i2.9679