

The CIHR Governing Council and the Pharmaceutical Industry: Research Policy and Funding Considerations

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In 2009 Dr. Bernard Prigent, the Vice-President and Medical Director of Pfizer, was appointed a member of the Canadian Institutes of Health Research (CIHR) Governing Council. Historically, an infiltration of this kind is nearly unprecedented in Canada.

The pharmaceutical industry has long been a source of funding for research, sponsoring public endeavours in basic-science. While the radiological community has previously been unaffected, the evolving disciplines of molecular imaging, interventional oncology and others bring the specialty in closer contact with the pharmaceutical industry. The investment is advantageous for corporations like Pfizer, which can appropriate data from discoveries for future market use. However, the appointment of Prigent at the level of explicit policy allows him to recommend actions which favour the pharmaceutical industry. Public Citizen, an umbrella organization housing a number of interacting groups such as the Health Research Group and Global Trade Watch, has commented that the arrangement represents a clear conflict of interest [1]. The council to which Prigent belongs wields significant power over the CIHR. Among its responsibilities are the formation and discontinuation of institutes which evaluate the CIHR, the appointment of subordinate directors, and budget approval. Moreover, members of the Governing Council are permitted to advise the Minister of Health as to whom directorial candidates should be.

CIHR President Alain Beaudet regards the appointment as another milestone in a series of inevitable events intertwining the public and private sectors, as Canada seeks to meet its Science and Technology Strategy put forth in 2007 [2]. He reasons that facilitating the success of industry is the only way to ensure continued investment, and that the increasing reality of industry sponsored co-funding on ambitious projects is here to stay. At one time, Dr. Beaudet sat on the peer-review committee for the National Institutes of Health (NIH) when members of industry sat comfortably among academic representatives on the Advisory to the Director, which is analogous to the Governing Council. Since then, there has been a divergence in philosophy between the NIH and CIHR. The criteria for conflict-of-interest appointments have become much stricter with the United States review body, and no pharmaceutical executives sit on the advisory board [3]. The CIHR apparently does not feel so compelled.

One of the overriding issues with industry-funded research initiatives is that resultant work often becomes exclusively licensed to industry. If it is true that industrial-academic partnerships are necessary, it is accepted that researchers may redefine their priorities in order to court grants [4]. Notably, Prigent himself does not have control over grant recipient selection. This instead falls to the Scientific Council, as Russell Williams, President of R&D (of which Pfizer is a member) points out [5]. But when the CIHR Governing Council controls the policy surrounding selection, this may amount to a trivial difference.

While the CIHR President and Leona Aglukkak approved of Dr. Prigent's appointment, there was considerable dissent in the greater research community [6]. What opponents of the decision find especially egregious is its timing. In July 2009, Pfizer was ordered to pay US\$75 million to Kano State in Nigeria for the alleged deaths of

11 children during trials [7]. The company is also infamous in the United States. The most salient episode occurred a mere month before Prigent's appointment, when Pfizer settled for US \$2.3 billion dollars due to off-label marketing of four different drugs [8]. US \$1.2 billion of this was an expressly criminal fine; the largest in the country's history.

There is precious little reason to believe any Governing Council member with employment obligations to one a pharmaceutical would defer to any contradicting ethical suggestions. Thus, a systematic upheaval may be required to remove ethical conflicts entirely. No arrangement at the NIH or CIHR is permanent, and it is up to the next generation of medical professionals to decide just what we feel is appropriate for our country's grant-making body.

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Received August 27, 2013; Accepted September 17, 2013; Published September 23, 2013

Citation: Dmytriw AA (2013) The CIHR Governing Council and the Pharmaceutical Industry: Research Policy and Funding Considerations. *OMICS J Radiology* 2: 143 doi:10.4172/2167-7964.1000143

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