

## Letter

## Conflict of interest declarations in published healthcare reports and the need for supportive legislative frameworks: focus on hospital pharmacists' research activity worldwide

Conflict of interest (COI) encompasses all those circumstances in which a secondary interest can potentially compromise professional actions concerning a primary interest.<sup>1</sup> Healthcare is one of the sectors most at risk of generating COI. In clinical practice, the regulation of the declaration of conflict of interest (DCOI) for healthcare professionals (HCP) is not currently harmonised worldwide, although it is expected that DCOI will be included as a self-declaration in published papers.<sup>2</sup> In fact, to improve transparency by conducting unbiased research and raising awareness among HCP, a number of guidelines have been disseminated in recent years by scientific associations such as the International Committee of Medical Journal Editors (ICMJE).<sup>2</sup> The aim of this work is to provide a snapshot of COI reporting patterns within the scientific literature recently published by hospital pharmacists (HP) in the European Journal of Hospital Pharmacy (EJHP), quantifying the number of DCOI performed in relation to authors' nationality. The PubMed search engine was queried on 12 August 2022, examining all studies published on EJHP in 2021 and 2022 and considering all DCOI in the extracted studies. Overall, out of 343 studies, 703 authors were HP and 1024 authors were not hospital pharmacists (NHP) (in two studies the COI

statement was not present). Respectively, 15 HP (2.13%) and 35 NHP (3.42%) declared a COI. HP who declared a COI were from the UK, the Netherlands, Spain, Canada and Switzerland (table 1). Similarly, NHP authors from the UK, the Netherlands, Spain and Switzerland reported the presence of a potential COI. Our research shows that COI is only present in a small minority of studies, guaranteeing researcher impartiality. On the other hand, these encouraging data could suggest a potential underestimation of the authors' true COI. Indeed, although the number of declarations between HP and NHP cannot be compared for statistical significance, it is noteworthy that authors from the UK, the Netherlands, Spain and Switzerland, regardless of their professional category, seem to show a greater awareness of the issue compared with authors of other nationalities, such as Japanese and Indian HCP or Italian HP, who did not declare COI. These differences could be traced back to the different legislative realities and HCP awareness measures implemented in different countries. In the UK, for instance, there are binding transparency rules for NHS HCP,<sup>3</sup> and in Canada, HCP who publish a scientific article must fill out the ICMJE form, even in the absence of COI.<sup>2,4</sup> Inevitably, DCOI governance in clinical practice requires more homogeneous regulation: the enactment of new laws such as the Italian Sunshine Act could make HCP more aware of the existence of a potential COI and how to declare it.<sup>5</sup> It is desirable that there will also be a growing awareness of the issue for HP, in order to protect the category and continue to ensure the best transparency in scientific research.

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**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not applicable.

**Ethics approval** Not applicable.

**Provenance and peer review** Not commissioned; internally peer reviewed.

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**To cite** Zovi A, Santoleri F, Lasala R. *Eur J Hosp Pharm* 2023;**30**:370.

Published Online First 25 October 2022

*Eur J Hosp Pharm* 2023;**30**:370.

doi:10.1136/ejhp-2022-003559

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Table 1

Country	HP, n	NHP, n	COI HP, n	COI NHP, n	COI HP, %	COI NHP, %
UK	57	130	7	10	12.28	7.69
Spain	251	145	3	9	1.19	6.21
The Netherlands	38	61	3	2	7.89	3.28
Switzerland	17	24	1	1	5.88	4.17
Canada	3	1	1	0	33.33	0
Germany	8	46	0	7	0	15.22
Italy	71	47	0	2	0	4.26
Kenya/USA/Denmark/UK/Brazil/Canada/India/Australia	0	19	0	2	0	10.53
Australia	3	22	0	1	0	4.55
Belgium	13	42	0	1	0	2.38
All other countries	242	487	0	0	0	0
Total	703	1024	15	35	2.13	3.42

COI, conflict of interest; HP, hospital pharmacists; NHP, not hospital pharmacists.