

Excluding the experts?

Although it is a laudatory objective to publish only articles by authors who have no financial relationship with corporations or the products and issues discussed in the articles, as outlined in a recent *CMAJ* editorial,¹ it may not be beneficial for readers to be deprived of the information thus excluded. Furthermore, the new *CMAJ* policy on conflict of interest guarantees that, no matter how carefully and without bias a drug company studies its product, the report of such a study will never appear in the journal. However, journals like *CMAJ* are only too willing to criticize drug companies for not publishing drug studies, accusing them of trying to hide information.

Because of my unusual academic background and interests, I serve (or have served) as a paid consultant for almost every company that manufactures or sells ophthalmic viscosurgical devices, as well as the Canadian government and the US Food and Drug Administration. I sat on the International Organization for Standardization (ISO) committee that set the world standard for ophthalmic viscosurgical devices.² I have published over 200 peer-reviewed articles, most dealing with these devices, and I am on the editorial boards of 3 ophthalmic journals. In this capacity, I review a significant proportion of the major articles about ophthalmic viscosurgical devices before they appear in the medical literature.

Like other medical editors and reviewers, I am extremely careful to avoid any possible bias in my own articles and in my reviews of articles by other researchers. I consult for all sides on most issues; I do not care who wins an argument from the financial point of view, but I do care passionately that the academic issues are resolved honestly and correctly. Undoubtedly there are many other "experts" like me, who will henceforth be excluded from contributing to your journal.

Your opinion of the ability of your readers to distinguish good articles

from bad (as suggested by this policy) seems rather insulting. I am unaware of any example where censorship benefited the reader, and the new *CMAJ* policy appears to be nothing less than misguided blanket censorship.

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[One of *CMAJ*'s deputy editors responds:]

Steve Arshinoff is concerned that *CMAJ*'s new conflict of interest policy¹ will censor legitimate science from the journal. This is certainly not the intention of the policy, which does not apply to original research papers but is restricted to narrative review articles and commentaries. The editors are well aware that companies producing drugs and medical devices frequently conduct research and fund clinical trials; the resultant papers will continue to be considered and published in the journal on the basis of their scientific merit.

Commentaries and narrative reviews, on the other hand, do not follow protocols and are inherently prone to bias. Arshinoff suggests that authors who receive a substantial income from drug companies can maintain their objectivity. His own case in this regard notwithstanding, there is ample evidence that many physicians who receive income or gifts from drug companies are indeed influenced and are more likely to hold favourable views of the products of those companies than might otherwise be the case.^{2,3}

Readers also understand that financial conflicts of interest can challenge authors' objectivity. Given that the information published in the journal is

used by our readers to practise medicine, that patient care is at stake and that public trust in physicians understandably erodes when drug companies influence the care that physicians provide, the editors feel a responsibility to safeguard the highest possible level of objectivity in those pages of the journal most directly devoted to the practice of medicine.

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1. Conflicts of interests and investments [editorial]. *CMAJ* 2004;171(11):1313.
2. Wazana A. Physicians and the pharmaceutical industry: Is a gift ever just a gift? *JAMA* 2000; 283:373-80.
3. Stelfox HT, Chua G, O'Rourke K, Detsky AS. Conflict of interest in the debate over calcium-channel antagonists. *N Engl J Med* 1998;338(2): 101-6.

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The marginalization of some medical students

We very much appreciate Verna Yiu's recent article on the well-being of medical students and the enormous level of stress we face.¹ It is very important for medical schools not to overlook the psychosocial health of the future physician workforce.

Students from marginalized populations, such as gay, lesbian, bisexual and transgendered (GLBT) medical trainees, face additional sources of stress that go beyond the "normal stressors of everyday life." They have to contend with prejudice from others in the medical community;²⁻⁴ the medical profession has traditionally been more conservative than many other fields.

GLBT medical trainees are still being marginalized in the profession.⁵⁻⁹ Hateful jokes and disrespectful attitudes from peers and superiors make it difficult for GLBT students to relate to others in the social and professional settings of medical schools, thereby putting additional strains on their working rela-