

## Witch Hunt

By Thomas P. Stossel

"The belief that there are such things as witches is so essential a part of the faith that obstinately to maintain the opposite opinion manifestly savors of heresy." So begins "Malleus Maleficarum" ("The Hammer of Witches"), a book commissioned by Pope Innocent VIII and published in 1484. For three centuries "The Hammer" was the principal reference for witch hunters determined to punish sorcerers and rid them of the world.

A no less sweeping manifesto recently appeared in the Journal of the American Medical Association (JAMA). It called for total extermination of contemporary witchery—"financial conflicts of interest"—caused by the malign influence of pharmaceutical and device manufacturers in academic health centers. It argues that these companies pervert altruism, misinform physician education and cause breaches of scientific integrity in medical research. While these debatable allegations are not new, the JAMA piece received widespread and enormously favorable attention in the press. Academic health centers are reportedly rushing to enact the recommendations.

Although separated by over 500 years, these two recipes for societal improvement have striking similarities. Both address an imperfect world beset with pain, want and disease. And both highly value appearances in defining good and bad behavior. The church saw witches as moral deviants. The sponsor of the JAMA article, the American Board of Internal Medicine (ABIM) Foundation, espouses "professionalism" and "just distribution of finite resources" and also judges its witches, financial conflicts of interest, as immoral. The ABIM Foundation, like the medieval church, liberally taxes without consent to fund its crusade against "profit-seeking in medicine." The churches tithed; the ABIM Foundation is a derivative of the ABIM, which charges physicians large fees for examinations it administers for compulsory certification to practice. The foundation now has an endowment approaching \$60 million.

In their zeal, both "The Hammer" and the JAMA cited scripture selectively. "The Hammer" trolled the Bible and ecclesiastical works for references to support the existence of witches and witchcraft, which remained uncontested until the retraction of anti-witch doctrines centuries later. The JAMA article baldly states that "a systematic review of the medical literature on [industry] gifting . . . found that an overwhelming majority of [commercial] interactions had negative results on patient care," although the source it cites explicitly says: "No study used patient outcome measures." The JAMA piece reminds us that industry marketing influences the prescribing habits of physicians. But it repeatedly neglects documented evidence that physicians frequently fail to prescribe appropriate drugs according to evidence-based guidelines for nearly all diseases.

The witch hunters of "The Hammer" and of the JAMA paper propose extreme remedies that promise great but practically unattainable rewards. "The Hammer" recommended torture to elicit confessions from witches and severe punishments following conviction. The JAMA authors

want all commercial contributions removed from academic health centers—education grants, gifts of any size to physicians, meals during conferences and free drug samples. The authors concede that we need academic-industry interactions to obtain new medical technologies. But they want industry sponsorship of academic education and research divorced from any specific purposes and placed under the control of the administration of the academic institution, not the individual researcher.

"The Hammer" predicted that eliminating witches would cleanse the world of ills inflicted by them. But witches burned, and the problems persisted. The JAMA article says that abolishing the commercial interface in academic health centers will lower the cost of drugs by encouraging prescriptions of cheaper ones. Since physicians not in academic health centers write by far most prescriptions, the basis of this hypothetical cost savings is unclear. Even stranger is the idea that companies would sponsor research of no direct benefit to them. Since they won't, we will have

less corporate sponsorship and therefore translation of academic work into benefits for patients.

Nobody in the 15th century could have imagined the amazing benefits technology would confer on public health. Without such technology, no amount of "professionalism" could have brought about this achievement. Of greater importance, however, have been the ideas put into operation concerning private property, personal freedom and entrepreneurial risk-taking that have enabled modern free societies to invest in science and technology. Rather than focus on this investment, which is difficult, some medical academic leaders indulge precious time and effort on a strange visceral aversion to entrepreneurial profit. They want to inflict on academic health centers top-down management policies that have a dismal track record for product development. They wield the hammer of a new witch hunt.

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