



# Briefing note: Conflicts of interest in healthcare

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**Issue date:** October 2025

Conflicts of interest are circumstances where financial, social, professional or personal interests could compromise the ability for people to take the highest quality decisions possible. They are a “wicked problem” because the knowledge and skills of conflicted decision makers are often valuable as well as being potentially problematic (1).

## **Financial conflicts of interest are associated with risks related to patient safety, healthcare quality and higher costs**

For example:

- They are associated with more expensive and poorer quality care (2,3,4).
- Industry sponsored research tends to result in conclusions which favour the manufacturer (5)
- Similarly, guidelines and advisory committees make more decisions in favour of interventions when they hold financial conflicts of interest (6)
- Even small gifts from industry to professionals are associated with measurable changes in behaviour - favouring industry (7, 8, 9).

## **These create risks to high quality care and the sustainability of healthcare systems.**

In 2023, £42 million was paid to healthcare professionals in the UK by the pharmaceutical industry alone (10). The problem of conflicts of interest is widely recognised: the Academy of Medical Sciences has recognised conflicts of interest as a risk to the integrity of evidence based medical practice (11).

For example, the 2020 Independent Medicines and Medical Devices safety review (IMMDS) said, of conflicts of interest “*We are also concerned about those that arose as part of the personal and professional interests of clinicians (in the past, present and future)*” as contributing to the harm done through the use of poor quality medical devices (12). Thousands of women who had surgical mesh implanted in pelvic operations have ongoing, life altering chronic pain. Gabapentin, a medication licensed for pain, was widely promoted by doctors who were paid to be ‘thought leaders’ despite questions about its effectiveness (13,14). It was later found to be responsible for a spike in deaths in the UK and was then made a controlled drug to try and improve safety (15,16). In the US, doctors were given free education by Purdue pharma, and told that oxycontin was suitable for chronic pain and was not an addictive drug. This contributed to the opioid crisis in the US - which resulted in over half a million deaths, including that associated with prescribing (17,18).

## **There is a need to have robust, evidence based methods to manage conflicts**

Many healthcare organisations need or want to work with industry, either directly or indirectly, and vice versa. This can be, for example, through gaining expert advice about a new drug or device. Specialists may be offered advisory or consultant positions with industry in relation to their own expertise or knowledge. On an organisational basis, companies may work with healthcare organisations, including in the NHS, to organise or support the funding of services (19,20). Every year, many healthcare professionals are invited by industry-funded organisations to free educational events.

Additionally, avoiding the harms of commercial determinants of health can be challenging for many health, social care, and governmental organisations, who may be operating under extreme financial pressures. For example, gambling companies continue to fund services to treat addiction to their products, even though patients have called for independently funded services (21). Local councils have accepted funding for park activities from soft drink manufacturers, despite the known negative impacts of these products on health (22, 23).

Some conflicts are also structural, i.e. inevitable under the ways that healthcare is organised. This means that robust methods to protect patients, professionals and healthcare systems from conflicts are warranted (24).

## **The use of transparency**

Transparency is often used as the principal means to deal with conflicts of interest (25). NHS England has created guidance on the declaration and management of interests. Most NHS organisations, guideline committees such as the Scottish Intercollegiate Guidelines Network (SIGN) and the National Institute for Health and Care Excellence (NICE) have detailed policies on declaration and management of conflicts (26,27).

In the UK, since 2012, Disclosure UK, hosted by the Association of the British Pharmaceutical Industry, has published declarations made voluntarily by healthcare professionals, and information about transfers of value to patient groups and healthcare organisations (28). In many countries, however, declarations are compulsory, often called ‘Sunshine Acts’ (“Letting the sunshine in better informs the public and helps policymakers to make informed decisions”) (29).

The IMMDS review (2020) recommended a Sunshine Act for the UK (10). The Government responded by agreeing that doctors’ interests should be publicly available but said: “Our approach is to ensure it is a regulatory requirement that all registered healthcare professionals declare their relevant interests, and that this information is published locally at employer level. Regarding industry reporting, we agree with the need for greater transparency and we are exploring options to expand and reinforce current schemes” (30). As of 2025, the UK does not have a “Sunshine Act” and instead healthcare professionals follow guidance issued by regulators and employers.

The intention of the US Sunshine Act was that transparency would “shed light on the nature and extent of relationships, and will hopefully discourage the development of inappropriate relationships and help prevent the increased and potentially unnecessary health care costs that can arise from such conflicts” (31).

## **The impact of transparency has been limited**

In the US, after the Sunshine Act was invoked, there is:

- Evidence that most patients do not know much about, or access transparency information (32,33)
- Evidence that patients do not change their consulting behaviour or lose trust in doctors who have financial conflicts of interest (34)
- Evidence that unnecessarily expensive prescribing changes little in response to transparency (35,36)
- Evidence that industry uses transparency information to search for doctors who can “offer immediate and actionable insight that can significantly impact brand awareness and inform strategic campaign planning” (37).
- Limited action has been noted for breaches of disclosure policies (38).

## **Unintended consequences of declarations**

Psychologists, economists, and decision scientists have examined how humans make choices and interpret information in the context of knowingly conflicted advice, and have described unintended consequences and phenomena:

- ‘Moral license’: when individuals make a declaration and feel ‘honest’, and thereafter take this as permission to act with impunity, believing that they are now ‘licensed’ to act as they would like (39)
- People reading disclosure information may interpret this honesty as a signal to trust potentially biased advice (40)
- “Strategic exaggeration” may occur when conflicted individuals think that others will downgrade their advice because of a conflict - and, expecting this, inflate their advice (41)
- People may follow advice from a doctor who makes a declaration because they are concerned that not to do so will signal mistrust (42)
- There is longstanding evidence that doctors think that other people become conflicted through accepting small gifts, but also think they are less susceptible to bias (43,44).

**There is therefore a risk that a focus on transparency, in its various meanings, may not benefit patients or make healthcare systems safer (45). Instead it may be better to view transparency as a necessary step in a system which organises itself to maximise safe care and evidence based decision making.**

Our research so far has established :

- That despite a great deal of guidance and bureaucratic work from professionals, managers and administrative staff, declarations of interest in the UK are not usually complete, easily searchable, or available (46)

- Industry has worked within the NHS to perform specific tests health tests, outside of a research setting, which the independent UK National Screening Committee advised the NHS against doing. However, this fact was not usually apparent in media coverage about this test, risking biased perceptions of how useful it was (47)
- Primary care clinicians use a variety of information sources, much of which contains advertising or risks commercial biases, potentially impacting on patient safety and healthcare costs (48)
- The most visible information online about HRT is liable to make claims beyond the licensing for the products, and most top ranked information is either directly or indirectly conflicted (49)
- Even when professionals make public declarations, these can't be easily found, and are difficult to interpret (50)
- Professionals want clarity about what they should declare, and the means to do so, and generally agree that a centralised deposit system with guidance on what to declare would be advantageous (51)

We are now exploring ways of developing declaration facilities which are part of a whole system capable of reducing the harms caused by conflicts of interest. This will need to be tested for effectiveness and to ensure it does generate unintended hazards.

We are also developing an educational package for undergraduates which aims to give evidence based information on conflicts; we will test this for effectiveness.

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