

Financial conflicts of interest among infectious disease journal editors in the United States

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Abstract

Objective

There are widespread financial relationships between journal editors and healthcare industry in the United States (US) across specialties. These relationships could be conflicts of interest among editors: however, no studies have been assessed the extent of the relationships in infectious diseases.

Methods

Using the Open Payments Database between 2014 and 2022, financial relationships between the healthcare industry and all US-based physician editors of the six clinical infectious disease journals with the highest impact factors were evaluated. Proportion of the editors with payments and payment amounts to the editors were calculated.

Results

Of the 82 eligible US physician editors, 61 (74.4%) and 45 (54.9%) received non-research payments from the healthcare industry for the periods 2014-2022 and 2020-2022, respectively. Meanwhile, 22.4% and 40.3% received direct research payments and associated research funding over the nine years. The total payment amounts to the editors were \$3,996,131 in non-research payments, \$933,813 in direct research payments, and \$39,394,410 in associated research funding. The majority of US physician editors received non-research payments between 2020 and 2022 in the *Clinical Microbiology and Infection*, *Clinical Infectious Diseases*, *Journal of Travel Medicine*, and *Journal of Infectious Diseases*. Only two journals had conflicts of interest policies for their journal editors available on the journal webpage. Additionally, none of the journals disclosed the editors' conflicts of interest.

Conclusions

This study found that the majority of the US-based physician editors of high-impact infectious disease journals received payments from the healthcare industry. Additionally, these financial conflicts of interest among the editors were not publicly disclosed.

Main body of the manuscript

Introduction

There are widespread financial relationships between physicians and healthcare industry, not merely for research-oriented endeavors but also for non-research activities such as consultative services and promotional initiatives. These financial relationships could cause to conflicts of interest among physicians. Previous studies have shown that more than 80% of infectious disease physicians received non-research payments from the industry for items such as food and beverages, stationery, textbooks, and lecture fees,[1] while 16.0% received research funding between 2013 and 2021 in the United States (US).[2] These payments are disproportionately concentrated among a small number of influential physicians, including clinical guideline authors, society leaders, and journal editors.[3-6] These financial relationships not only have ethical implications but also might directly or indirectly affect patient care by potentially biasing research outcomes, prescribing patterns, and clinical guidelines.[7] For journal editors, these financial relationships might jeopardize editorial decisions.[5,8]

Methods

This cross-sectional study evaluates the size and prevalence of industry payments to infectious disease editors in the US. This study considered the top five clinical infectious disease journals based on their 5-year impact factors according to the 2022 Journal Citation Reports, as well as two US-based journals in the field of infectious diseases. However, the Lancet Infectious Diseases (5-year impact factor: 38.5) was excluded, as the Open Payments Database only covers physicians with U.S. medical licensure, and it did not have editors with U.S. medical licensure. Therefore, this study included all US-based physician editors of the six infectious disease journals: Journal of Infection (5-year impact factor: 15.8), Journal of Travel Medicine (5-year impact factor: 13.0), Clinical Microbiology and Infection (5-year impact factor: 10.7), Clinical Infectious Diseases (5-year impact factor: 10.1), Emerging Infectious Disease (5-year impact factor: 8.7), and Journal of Infectious Disease (5-year impact factor: 5.4). Information for all editors was collected in July 2023 from various sources, including the U.S. government, professional medical societies, hospitals, and universities. Payments to these editors were extracted from the Open Payments Database for the period between 2014 and 2022, as described in previous studies.[2,9] The data were then descriptively analyzed. Additionally, this study assessed whether the journals publicly disclosed information regarding the editors' conflicts of interest. To adjust for inflation in US dollars, all payment values were converted to 2022-US dollar value using the annual average consumer price index between 2014 and 2022.

Results

Among the 252 editors from the six journals, three were duplicates, resulting in 249 unique editors. Of these, 82 (32.9%) were U.S.-based physicians eligible for the Open Payments Database search. The Journal of Travel Medicine had the largest number of editors (85), followed by Emerging Infectious Diseases (70) and Clinical Infectious Diseases (33). However, the proportion of US-based physician editors varied among the journals from 13.6% in Clinical Microbiology and Infection to 60.6% in Clinical Infectious Diseases and 71.4% in Journal of Infectious Diseases.

Of 82 US physician editors, 61 (74.4%) and 45 (54.9%) received non-research payments from the healthcare industry for the periods 2014-2022 and 2020-2022, respectively (Table 1). Meanwhile, 22.4% and 40.3% received direct research payments and associated research funding over the nine years. The total payment amounts to the editors were \$3,996,131 in non-research payments, \$933,813 in direct research payments, and \$39,394,410 in associated research funding. Of non-research payment categories, consulting fees occupied 47.2% (\$1,887,151), followed by travel fees (22.9%, \$913,790), speaking compensations not related to continuous medical education (16.6%, \$663,793), and speaking compensations for continuing medical education (5.4%, \$216,920). Median payment values per editor were \$3,121 (interquartile range [IQR]: \$453 – \$9,097) in non-research payments, \$5,454 (IQR: \$3,456 – \$16,820) in research payments, and \$187,501 (IQR: \$66,533 – \$874,783) in associated research funding among the editors who received the payments.

Figure 1 shows the proportion of physician editors receiving non-research payments for the past three and nine years. The majority of US physician editors received non-research payments between 2020 and 2022 in the Clinical Microbiology and Infection (100%, 3 out of 3), Clinical Infections Diseases (71.4%, 15 out of 21), Journal of Travel Medicine (66.7%, 10 out of 15), and Journal of Infectious Diseases (60.0%, 9 out of 15), while 28.6% of the Journal of Infection editors did. Only two journals (Clinical Infectious Diseases and Journal of Infectious Diseases) had conflicts of interest policies for their journal editors available on the journal webpage. Additionally, none of the six journals publicly disclosed the editors' conflicts of interest information on the journal webpages as of August 2023.

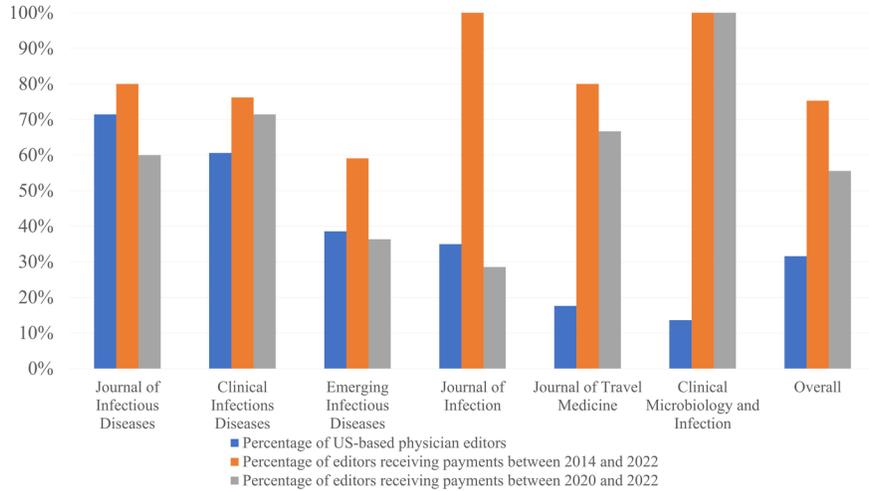


Figure 1: Figure 1. Proportion of the journal editors receiving non-research payments

Discussion

This study found that the majority of US-based physician editors of high-impact infectious disease journals received non-research payments for consulting, travel fees, and speaking compensations from the healthcare industry for the past three years. Nearly one-third of the editors received research funding for their research from the industry for the past three years. The median non-research payment amounts to the editors were higher than those reported among regular infectious disease physicians (\$130 to \$220 per year) in the US.[1]

However, our findings were consistent with previous studies and the financial relationships between journal editors and the healthcare industry are also prevalent in many specialties other than infectious diseases.[5,8,10-12] Using the US Open Payments Database, Nguyen et al. reported that all physician urology journal editors received industry payments between 2015 and 2021.[8] Liu et al. found that 50.6% of physician editors of 52 US influential medical journals received non-research payments from the healthcare industry in 2014, and only 32.7% of the journals had conflicts of interest policies for their journal editors.[5] Haque et al. found that nearly 80% of oncology journal editors accepted the non-research payments from 2013 to 2018.[11]

Given that journal editors are often well-experienced clinicians and researchers who may hold high positions, such as university professors and institutional directors, the large and widespread payments to these editors are not surprising. However, journal editors bear significant responsibilities, not only in selecting publications and ensuring the utmost integrity of medical research but also in disseminating research findings to clinicians and patients to improve patient care. Therefore, managing conflicts of interest among journal editors is of particular importance. Several international groups, such as the Committee on Publication Ethics and the International Committee of Medical Journal Editors, developed guidelines for managing conflicts of interest for journal editors.

Nevertheless, only two journals have published their policies on their webpages, and none have publicly disclosed their editors' conflicts of interest. This lack of transparency is particularly troubling given the influential role that journal editors play in shaping medical knowledge and practice. While it's understandable that some editors may maintain financial ties with the healthcare industry for conducting research or contributing their expertise through consulting services toward the development of innovative treatments, the absence of transparent disclosure mechanisms leaves a void that could potentially be filled by skepticism and mistrust.[13] Therefore, as a minimum standard, editors should be forthright about their financial relationships with the healthcare industry. This transparency not only aligns with ethical best practices but also serves to bolster the credibility of both the editors and the journals they represent, ultimately contributing

to improved patient care through more trustworthy medical research.

This study has a few limitations. First, this study did not include non-physician editors and editors who were in countries other than the US, as the Open Payments Database only covers physicians with medical licensure in the United States. Therefore, the financial conflicts of interest among the whole journal editors could be underestimated. Additionally, there are possibilities of inaccuracies in the Open Payments Database, though physicians can dispute any payment data if they find errors in the data.

Conclusions

In summary, this study found that the majority of the US-based physician editors of high-impact infectious disease journals received non-research payments from the healthcare industry in the United States. Additionally, these financial conflicts of interest among the editors were not disclosed to the public and journal readers.

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Declaration of generative AI in scientific writing

During the preparation of this work, the author used ChatGPT version 4.0 in order to check and correct grammatical errors. After using this tool, the author carefully reviewed and edited the content as needed and takes full responsibility for the content of the publication.

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Anju Murayama: conceptualization; methodology; resource; software; formal analysis; investigation; writing - original draft; writing - review & editing; visualization; study administration

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Table 1. Payment to infectious disease journal editors

Variables	2014-2022 period	2020-2022 period
Number of US physician editors receiving payments, No. (%)		
Non-research payments	61 (75.3)	45 (55.6)
Direct research payments	15 (18.5)	9 (11.1)
Associated research payments	27 (40.3)	23 (28.4)
Total payment amounts, \$		
Non-research payments	3,996,131	891,152
Direct research payments	933,813	835,391
Associated research payments	39,394,410	15,151,185
Median payment values among editors who received payments (interquartile range), \$		
Non-research payments	7,936 (520–34,801)	3,121 (453 – 9,097)
Direct research payments	6,296 (1,391 – 31,275)	5,454 (3,456 – 16,820)
Associated research payments	380,610 (245,719 – 1,315,723)	187,501 (66,533–874,783)