ETHICAL QUESTIONS SURROUNDING THE COMMERCIAL DETERMINANTS OF HEALTH: MOVING TOWARDS POLICIES THAT PROMOTE EQUITY, AUTONOMY AND WELLBEING

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Summary: This article reflects on the key lessons emerging from this special issue of Eurohealth. There are a variety of both ethical and methodological concerns that authors have drawn attention to. They raise questions about how economic incentives are misaligned with promoting overall quality of life, can lead to compromises in quality of research and lower regulatory standards, misleading advertising of benefits, and rising costs, as well as disproportionately negative impact on underserved populations. To address these challenges, policies should set stricter regulatory standards, improve transparency, redirect economic incentives, improve medical education, and anticipate downstream impact in low-income countries. Such policies will promote greater autonomy, equity, and wellbeing.

Keywords: Cancer, Commercial Determinants, Equity, Autonomy, Justice

Introduction

The previous articles in this special issue describe how the commercial and social determinants of health affect everything from public health recommendations regarding prevention and screening to tools and strategies for diagnosis, standards of care for treatment, and options available for palliative care. This article aims to put both the benefits and harms of these determinants into a larger perspective, providing a normative foundation for the variety of suggestions for policy change offered by the authors. Additional suggestions will be offered for how to make more transparent the role of commercial interests in everything from basic science to clinical research, via reformed regulations that promote better health. There are many others who have drawn attention to the importance of greater transparency in communication about cancer risk. For further insights into
Economic incentives affect all areas of science

This article will discuss the main ethical considerations of the commercial and social determinants of health in the context of cancer (as defined by the introductory article in this issue) when one or more of the following conditions are met:

- a clear causal link with cancer, whether affecting our understanding of cancer, via shaping of basic science, or influencing cancer risk, diagnosis, treatment, or mortality,
- a defined commercial interest in the production and sale of products related to cancer outcomes (whether cancer incidence, mortality, diagnosis or treatment)
- a transnational ecosystem of producers, retailers, marketers, politicians, banks, trade associations, think tanks, scientists, and other entities devoted to the sale of commodities affecting cancer incidence, diagnosis or treatment.

With regards to the matter of causal links with cancer, different regulatory agencies deploy different standards of evidence, so for the purposes of this article, I endorse Hill’s (1965) argument for when we are warranted in judging a link to be causal, according to which, epidemiological evidence is better or worse, provided that the link exhibits greater strength, consistency, specificity, temporality, biological gradient, plausibility, coherence, experiment, and analogy.

Ethical Concerns

The increasing cost of cancer care globally is expected to be in the region of $458 billion by 2030. This striking amount raises ethical concerns regarding the economics of cancer prevention and care. There are four overlapping ethical concerns that reappear across the articles in this special issue, which will be addressed in turn:

- Concerns regarding quality of research and regulatory standards
- Economic incentives misaligned with promoting overall quality of life
- Misleading representation of public health and clinical information
- Rising costs and downstream impact on underserved populations, leading to concerns about equity in access

First, several articles raise concerns regarding quality of research and inadequate standards for approval of new drugs and treatments. Economic incentives affect all areas of science, from the direction and priorities of the basic sciences to the development of novel drugs or treatments. In many cases, this may slant research in particular directions, and may lead to lesser quality research. Rather than aiming at inquiry into measures that might, for instance, reduce overall incidence, or promote quality of life, focus is primarily on research that generates products that recoup investment quickly. For instance, there has been substantial investment in both basic and applied research directed at precision medicine. This has led to substantial investments in cancer genomics, for instance, with the attendant hope that such research will enable the development of targeted diagnostic tools and drugs. Such investment may eventuate in better outcomes, in the long run, but in the short term, some critics worry that this has led to lower quality research. Kaasa et al., authors of the article on palliative care in this special issue note that their clinical survey respondents repeatedly raised concerns about inflated estimates of benefit of novel drugs, little attention to side effects, and constant efforts at expanding indications for novel drugs.

Second, several authors expressed concerns about how social factors and economic incentives shaped clinical care, advertising, and investments, in ways that do not promote overall health and wellbeing. In Kaasa, et al.’s discussion of palliative care, they note that there are strong incentives to focus on offering treatment as long as possible, rather than turning to palliative measures. Continuing to offer last ditch treatment options at the end stages of disease may well be profitable, but it comes at a very serious cost: reinforcing the false hope of patients at the very end stages of disease, leading to more suffering and less easeful death. Instead, they argue for more focus on palliative care, integrating “patient centred” care with what they characterise as “tumour centred care”. Such shift in focus will promote greater quality of life at the end of life. They also argue for policies that promote economic reimbursement for end-of-life supportive care, and better education in the medical curriculum around palliative care. By and large, there seem to be insufficient economic incentives for developing palliative care, supportive care, early diagnosis and prevention. Likewise, also, Hogarth raises concerns about “commercial capture” of screening research and development, as well as growing market in direct-to-consumer advertising for novel diagnostic tests. Physician detailing and lobbying on behalf of industry to promote cancer screening research and technology development has led to an overselling of benefit of such tools and technologies.
and underappreciation of harms, such as fear and anxiety around false positives, or overdiagnoses.

In the context of public health, for instance, Galea and Castro document how the “tobacco playbook” includes tactics to stymie efforts at health policies that aim at reducing consumption of cancer-causing commercial products. For instance, industries threaten lawsuits, warn of costs to the economy, or threaten to eliminate funds for actions that go against their interests. Such industries also promote misleading research to downplay or misrepresent the negative health effects of their products. Economically depressed countries have some of the highest rates of smoking, due to a deliberate campaign on the part of tobacco companies to refocus advertising away from countries that have subjected these industries to heavy regulation. Less regulation of tobacco stimulates heavier investment on the side of the industry into advertising, which has led to steeply rising rates of cancer incidence and mortality in the developing world, particularly India, the Middle East, and China.

Third, and relatedly, many authors brought attention to concerns about the misleading nature of advertising around cancer risk and cancer treatments. They raised concerns over overselling of benefit of cancer drugs, as well as novel technologies – whether in service of diagnostics, imaging, pathology, surgery, radiation, or digital technologies. Medicines that add only a week or months to life are promoted as providing benefit of cancer drugs, as well as upstream basic science. The commercial emphasis on technological and pharmaceutical novelty leads to myopia when it comes to expanding access to care, and public sector work on how to implement these new tools.

Fourth, economic drivers shape the rising costs of care, which disproportionately affect the least well off. For instance, the relentless press for novel drugs and “technomania” in part has contributed to the rising costs of new drugs and screening technologies, which makes access to care yet more remote for many patients, particularly those in developing world. Commercial determinants shape overselling of novel (newly patented) modes of delivery of various opioids, for instance, leading to excessive costs of such drugs, when countries with limited resources might equally as well benefit from simple, generic versions of these same drugs.

In sum, there are matters of ethics and justice across the board, as illustrated in the accompanying articles in this special issue. The issues of justice have to do with respect for autonomy, equity, and beneficence. They concern autonomy, insofar as fair and transparent communication of cancer-relevant information – whether upstream risk and preventive care, or downstream treatment – is essential for autonomous decision making; equity, insofar as equitable access to efficient and appropriate screening tools, therapies and palliative care, is essential to equitable health outcomes, and beneficence, insofar as governments have an interest in resisting commercial control of regulatory standards and health policies that may or not promote overall wellbeing.

Policies

How are these concerns to be addressed? A variety of suggestions were offered, which involve interventions at the national level, as well as local issues, which, if implemented, would significantly improve respect for patients’ autonomous decision-making, equitable access to care, and overall quantity and quality of life. Five main suggestions stand out:

• Stricter regulatory standards
• Transparency both in advertising, and among stakeholders (carers, clinicians, patients, industry, policy makers)
• Regulatory tools to redirect economic incentives to improve wellbeing
• Improvements in medical education
• Policies that anticipate downstream impact in low-income countries

Arguably, policies across the board need to engage all relevant stakeholders if we are to improve overall population health and wellbeing. Such concerns should drive stricter regulatory standards, such as pre-registration of clinical trials, stricter criteria for validation of surrogate measures of benefit, better tracking and documentation of side-effects and harms of various interventions, as well as prohibition of any revolving door effects to do with industry and regulatory partners moving between the public and private sector. Ideally, changed incentives might limit the excesses of false advertising discussed in this special issue. More transparency in communication of the actual versus hoped for benefit of cancer...
drugs is more respectful of patients and families, who often pin false hopes on oversold novelty.

“technomania,” so that medical students have a better appreciation of both costs and benefits of novel treatment and technologies, as well as the importance of palliative and end-of-life care. Last but certainly not least, attention to the most underserved populations will require better pipelines for access to both standard drugs and the most effective new drugs and screening modalities. Future research might consider differential effects on vulnerable populations: such as ethnic minority groups, gender and sexually diverse populations.

Regulatory tools could be used to incentivise investment in preventive measures, better palliative care, and more integrative care. Improved medical education of the roles of commercial interests in shaping cancer care might alleviate the tendencies toward “technomania,”

References
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