

The professional society as a forum for networking to advance agendas with like-minded colleagues

It was in 1981, towards the end of my PhD experience at the University of Pennsylvania in Philadelphia, USA, that I was thrust into the real world of corporate influence in research. My doctoral research in occupational cancer epidemiology had been generously supported, from its beginning in 1978, by the Exxon Corporation, under the presidency of Jimmy Carter (Democrat). By the time my dissertation had been fully drafted in 1981, Ronald Reagan (Republican) had taken over as President. I make these connections to show how upstream determinants at the highest policy levels may act to influence the very environments in which occupational epidemiologists function.

In brief, with a PhD thesis that was facilitated through superb industry collaboration, initiated at a time when Jimmy Carter was in power, my work demonstrated an association between disease and industrial acid mist processes.

By the time that my draft thesis was ready, Jimmy Carter had been replaced by Ronald Reagan. Major changes then took place within the corporation, in that my industry collaborator (PhD, female) was then replaced by a newly minted industrial epidemiologist (MD, MPH), a person that I would label as a classical industrial apologist. This man not only tried to prevent my industry-based co-investigator (PhD, and female), the person that he was employed to manage, from joining me in authorship, but he also proceeded to try to derail the publication of my findings, and even to keep me from earning my hard-earned doctoral degree.

He purchased the services of a consulting group of epidemiologists and used the modest criticisms of these consultants as a further tool to discredit my work and to try to suppress it. Although all of his efforts proved to be in vain, these activities of scientific colleagues made me realize that there was a need for ethics guidelines in epidemiology, and this became a major area of focus in my career.

As I see it, under Carter, it behooved industry to be seen to be “doing good” by way of its workers; but, under Reagan, that position shifted to the right of the political spectrum. After enjoying nothing but open doors and support through the gathering of my award-winning research that eventually led to IARC’s designation as a Group 1 carcinogen “long-term occupational exposure to strong-inorganic-acid mists containing sulfuric acid,” I was faced directly with what today is defined as “SUPPRESSION/OPPRESSION BIAS.” These biases operate when powerful interests work against our role as epidemiologists in denying access to, or even the possibility of, pursuing a line of research that might expose harms that could render their position unfavorable. Or, if the research is already done, attempts to suppress the findings can be exerted by these same powerful interests. Essentially, the public interest is one that vested interests will try to exert influence over, to the point of having its own interests prevail.

Vested interests can operate by, for example, paying consultants to find fault with a study such that they might use the consultant’s report to discredit or to “kill” the finding. Some consultants will accept contract work with the instruction to “kill this finding”. With virtually unlimited resources, powerful interests can fund others to do studies that will show no effect, if that will serve their business interests. Sadly, some of our colleagues will undertake to do such work without regard to the need for impartiality. The questionable ethical conduct that comes into play in these examples is, first, working to obstruct publication of a paper on the research; second is commissioning consultant reports with an expected outcome (i.e., to “kill this finding”);

and, third, is when consultants design studies to show no effect (i.e., misusing our applied science in ways that neither pursue truth nor protect the public interest).

Because of this experience and because of my past sensitization to ethical debates in the professions through my work in South Africa in the 1970s (relating to the privacy requirements of personal information stored in research data banks at a time that an authoritarian government could gain access), I realized that the profession that I was about to enter as a PhD graduate was not positioned to counter the kinds of pressures to which I had been subjected as noted above. I then set about to try to correct this situation by challenging the Society for Epidemiologic Research (SER) and the American College of Epidemiology (ACE) to study my proposal to establish ethics as a component of our training and our work — in research as well as in practice — through the development of ethics guidelines to help us navigate our way through the various challenges faced by professionals in our field.

SER and ACE, let alone the mainstream epidemiology literature, were not ready or able to handle the proposals that I had submitted to advance ethics through the mid-to-late 1980s. It was not until the *American Journal of Epidemiology (AJE)* in 1988 published my proposals to integrate ethics into our work that the conversation became mainstream. This advance was perhaps spurred on by a paper that I had published under the editorship of the late Milton Terris in 1985, in the *Journal of Public Health Policy*. That paper exposed my experience at Exxon and put forth my initial proposals to inject ethics into the profession. This took a great amount of effort, both on my part and on the part, no doubt, of allies in my initiative.

At the time, support for my proposal came from two groups: the young guard and the old guard of epidemiologists, each of which thanked me for and supported/encouraged me in moving my proposals forward for injecting ethics into our discipline in training programs, in research, and in practice. The middle guard, however, was against my proposals. This group, as I saw it, was more powerfully positioned at the time, and I further speculate, was more vested in maintaining the status quo to protect their role in lucrative consultancy roles. To quote the old truism: “He who pays the piper calls the tune.” It certainly seemed to me that they were well positioned in these roles and did not want discussions about ethics to bring attention to some of their behaviors as consultants.

Despite some marginal indications of interest in moving the ethics conversation forward by various of the epidemiology societies, it was not until I attended my first conference of the ISEE in Jerusalem, in 1991, that I enjoyed the support of the late John Goldsmith, and others, in establishing, under the banner of the ISEE, what evolved into the ISEE’s Ethics and Philosophy (E&P) Committee. The rest is history, really, much of it quite well-documented over the past 23 years.

It was ISEE that enabled me, with the support and guidance of the E&P Committee, to move the agenda forward in developing and injecting ethics into professional life. Essentially, ISEE took the lead among all of the professional epidemiology societies.

What is the lesson to be learned from this experience? The lessons that I can share for the purposes of this essay are as follows:

ISEE provided access to a network of professionals who were not only understanding of the issues that I was raising at the time, but they were also supportive, providing a network of colleagues over the years who embraced the need to move the ethics agenda forward. It would neither have been possible, nor would it have been appropriate, in my view, to move the ethics

agenda forward on my own, despite one offer to do so. The enthusiastic support of colleagues in ISEE was essential to the progress made, cultivating a movement for applied ethics and philosophy in environmental epidemiology.

The forums that ISEE provided to brainstorm and discuss matters of ethical concern, as well as the support of Roger Bernier of *The Epidemiology Monitor*, helped to make these conversations normative. ISEE essentially provided the platform for advancing ethics and philosophy in the profession, both within ISEE and, more broadly, among epidemiologists, both overall and in all of its major sub-specialties.

Finally, ISEE's E&P Committee has created not only the atmosphere, but also the mechanisms that encourage anyone in the profession who might wish to bring an issue forward to do so. It provides access to a broad range of members with diverse expertise and experiences across many cultures that, while often challenging, results in fruitful advances in thinking that lends support to those who are thoughtful about ethics and philosophy in our field, but who may otherwise feel isolated. Because isolation makes us relatively ineffective, the peer support and collegiality available through ISEE help us to move our field forward, always in support of the pursuit of truth in the public interest.

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