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On the Importance of the Institution and Social Self in a Sociology of Conflicts of Interest

Comment on "Toward a Sociology of Conflict of Interest in Medical Research" by Sarah Winch and Michael Sinnott, published in Journal of Bioethical Inquiry, 8(4): 389–391, DOI 10.1007/s11673-011-9332-0.

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In calling for a sociological analysis of conflicts of interest through a postmodern lens, Sarah Winch and Michael Sinnott open multiple avenues of inquiry. As suggested, a postmodern perspective may serve to disrupt modernist notions of objective science, pure knowledge, and human progress implied by COI policies and regulation. However, rather than following this path, I contend that modernist notions of the individual implied by COI governance require critical attention. In this brief response to the case presented, I examine the individual–institution relation in COI governance.

Reacting to modernist assumptions that individuals are unified, stable, and autonomous agents with a necessary capacity for free and responsible action, a number of influential philosophers, sociologists, and social theorists argue that the individual is socially embedded, contingent, and multiple (Bauman 2000; Foucault 2000; Lyotard 1993; Taylor 1989). Drawing on this perspective, I argue that the emphasis on socially situated individuals engaged in multiple and entangled relations, while occupying different subjectivities within institutional settings, provide an important addition to the COI debate and analysis of Dr B's case.

Leaving aside the introduction of risk, the Research Governance Officer (RGO) employs a standard definition of a COI to assess Dr B's situation—"a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest" (Lo and Field 2009, 2–2; see also Emanuel and Thompson 2008). In the case presented, the focus is on Dr B's secondary interests (CATz, CATz-Wise, and the research project) and the potential these interests have on Dr B's primary interests. However, the primary interests of Dr B are assumed to be obvious and do not receive explicit attention.

The notion that Dr B has a clear, stable, and unified role with accompanying primary interests is an erroneous assumption. As argued by Komesaroff and Kerridge (2011), an analysis of COI needs to take into account the diverse and multiple roles in which, with which, and by which an individual is engaged. The clarification of diverse roles of the medical scientist is particularly pressing when offering an explanatory account that seeks to address the influence of political economy (Shapin 2008, 209) and effect of industry (Marks and Thompson 2011). It is here that sociology, in

combination with bioethics, can assist in examining the situatedness of the individual and the diverse relations to others and the institutions in which they act (May 1996).

In the case, Dr B is described as an individual working in the City Hospital's surgical department. But there is ambiguity over what Dr B's primary interests are or how they relate to patients, staff, the surgical department, and the City Hospital. Furthermore, if Dr B's primary interests are unclear, then it follows that the possible harm to the primary interests or corruption of Dr B by the secondary interests is also unclear. The case states that "Dr B is unable to influence the research in any way to make his device look more favourable, nor is he involved in ordering the device for the hospital" (Winch and Sinnott 2011, 389). The implication here is that, if Dr B is not able to use his position in the hospital to secure personal financial gain, then a COI is not present, or if one is it doesn't require regulation.

As with the error of regarding Dr B as performing a unified and stable role with an obvious set of primary interests, it is also a mistake to limit the analysis of COI to the individual. At the level of the individual, the influence of the secondary interest may not have a corrupting effect; yet when addressed at the institutional level, the effect may be corrosive to the institution's interests (Thompson 1995, 55). Thus, while individuals are responsive to and influenced by the social world they inhabit, the individual is not merely passive but active in shaping that social world, including institutions. Rather than limiting COI to inappropriate financial gain of individuals, it is important to address the less obvious influence of nonfinancial benefits on individual conduct within an institutional context.

In narrowing the focus of COI governance to an appropriate balance between an individual's primary interests and secondary interests, the case minimizes the significance of the institutional and social context. I have argued that a sociological critique of modernist notions of unified and autonomous individuals serves to broaden the scope of COI beyond the individual to include the institutional and social context. Furthermore, a sociological analysis of the diverse and plural roles of individuals within institutional settings would serve to provide an empirical basis for bioethical discussion of COI.

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