A New Standard in the Conflict of Interest Policy of the American Heart Association

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As is abundantly clear from the activities that it sponsors, the American Heart Association (AHA) is highly sensitive to real or perceived conflicts of interest (COIs) and has therefore implemented a comprehensive set of policies and procedures to scrupulously avoid them. Indeed, the AHA has been a leader in developing and continually refining rigorous COI policies. The latest evidence for this commitment is the decision taken this year by the Scientific Publishing Committee to revise the scientific publishing policy on disclosure of COIs for editors of AHA journals. The new policy further tightens the already stringent procedures for avoiding COIs by stating, “Original manuscripts authored or coauthored by a collaborator who has published with the Editor-in-Chief within three years at time of submission will be handled by a Consulting or Guest Editor. Original manuscripts authored or coauthored by a collaborator who has published with an Associate Editor within three years at time of submission cannot be handled by that Associate Editor.” In this document, “consulting” or “guest” editors are defined as individuals who have independent decision-making authority for a manuscript, are not contracted as associate editors, and have no actual or perceived COIs with the manuscripts that they are handling. “Collaborators” are defined as any colleague, scientific mentor, or student with whom the editor is currently conducting research or other significant professional activities. The new standard applies to all editors of AHA journals.

This is a welcome addition to the COI policy of the AHA. It will bring the policy in line with that used by other organizations, notably, the policy used by the National Institutes of Health for avoiding COIs for reviewers of grant applications. The change is substantial because until now, most situations deemed to represent a COI for AHA journal editors involved financial interests. The new language introduced by the Scientific Publishing Committee this year expands the concept of COI significantly to nonfinancial issues: COIs are defined here as situations that involve not only monetary or financial gains but also real or perceived favoritism toward scientists with whom the editor-in-chief or the associate editors are collaborating or have collaborated in recent years. The application of this standard should dispel the concern that certain investigators are more likely to publish because of their collaboration with the editor-in-chief or the associate editors. Although in my opinion, such nonfinancial COIs have been avoided by AHA journal editors even before the promulgation of this change, the new policy now explicitly codifies this standard for everybody to see.

Another beneficial effect of the new policy is that it promotes consistency across the entire portfolio of AHA journals by specifying standard procedures to which all editors must adhere. Until now, each journal has followed its own procedures. For example, during our tenure at Circulation Research, COIs based on current or recent collaborations with the editor-in-chief have been scrupulously avoided by the use of independent external or internal consulting editors. That is, when we receive a manuscript authored by an investigator who is, or has recently been, a collaborator of the editor-in-chief, we assign that manuscript to an associate editor or consulting editor (depending on specific expertise) who has no current or recent collaboration with the authors; this associate editor handles the manuscript independently, including selection of reviewers and final editorial disposition, with no input from the editor-in-chief.

Of course, no policy can anticipate and cover every possible COI. For this reason, the policy also states, “By virtue of their positions, journal Editors must be especially sensitive to issues of actual or perceived conflicts of interest and must be especially rigorous in acting to avoid them.” This is a broad stipulation that encompasses diverse and at times unforeseeable scenarios, essentially leaving it to the judgment of the editor-in-chief or associate editors to determine whether a specific situation constitutes a COI.

As the competition for journal space continues to intensify, so will the perceptions of bias, unfair treatment, or outright COI. The new standard adopted by the AHA will provide an objective basis for refuting these perceptions and reassuring authors and readers alike.

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