



## EDITORIAL

## The unavoidable decision for medical societies: Commercial drift or integrity

### La decisión ineludible de las sociedades médicas: deriva comercial o integridad

Ildefonso Hernández-Aguado<sup>a,b,\*</sup>, Elisa Chilet-Rosell<sup>a,b</sup>

<sup>a</sup> Departamento de Salud Pública, Historia de la Ciencia y Ginecología, Universidad Miguel Hernández, Sant Joan d'Alacant, Spain

<sup>b</sup> CIBER de Epidemiología y Salud Pública, CIBERESP, Madrid, Spain



Medical societies exert a decisive influence on the professional practice of medicine. They play a valuable role in various areas: in medical education through their congresses, publications, and continuing education courses; in the creation of new knowledge through the promotion of health research; and in the development of clinical practice guidelines. In addition, they hold great public influence, as they are sources of expert authority both within and outside medicine. They are expected to provide sound, evidence-based recommendations to health authorities and the general population. Hence, their commitment to scientific integrity and to people's health must be paramount.

In 1999, Pellegrino and Relman<sup>1</sup> issued a series of ethical and practical recommendations to medical scientific societies after denouncing the drift observed in some of them, where economic, commercial, or political agendas had taken precedence over professional and ethical obligations. Other proposals followed, warning that the path to integrity and independence is not easy due to the financial dependence of many societies—a situation that requires sacrifice, but one that is unavoidable if medical societies wish to play the key role expected of them.<sup>2,3</sup>

Social trust in the medical profession – and by extension, in its societies – remains very high, particularly in Spain. This constitutes a form of social capital of great public value in turbulent times, one that must be preserved or strengthened.<sup>6</sup> We are witnessing a global erosion of accredited health institutions. In the United States, the infrastructure for generating evidence has been weakened, scientific autonomy is being restricted, and advisory bodies marginalized.<sup>7</sup> Moreover, false information on key scientific knowledge is being disseminated not only through social media but also by the government. In other regions, the erosion of health agencies and related scientific bodies may be less abrupt, but the process of their capture by interests unrelated to the public good is common.<sup>8,9</sup> To this, we must add the reduction of institutional capacities due to budgetary constraints stemming from the supposedly “healthy” downsizing of states—cuts that, however, affect essential capacities such as oversight and the guarantee of scientific and technical independence.

Despite some advances in transparency and good governance within certain societies, and the adoption of codes regulating interactions with pharmaceutical and medical device companies,<sup>4,5</sup> the current landscape forces medical societies to choose whether to follow a commercial path – becoming part of the so-called commercial determinants of health (eg, the conditions, actions, and omissions of

\* Corresponding author.

E-mail address: [ihernandez@umh.es](mailto:ihernandez@umh.es) (I. Hernández-Aguado).

commercial actors that affect health) in a negative sense – or whether they intend to commit decisively to improving population health and ensuring that their members remain loyal to that goal.

If we apply the principles of medical professionalism and its ethical foundations, the choice is clear. We can belong to those scientific societies that, among other actions: a) blatantly endorse products harmful to health, such as ultra-processed foods; b) produce clinical guidelines led by medical opinion leaders shaped by industry influence and who receive “transfers of value” amounting to tens of thousands of euros per year; c) design their educational and scientific agendas in alignment with industry interests; d) pay little attention to diagnostic and therapeutic options not supported by patents; or e) brazenly appoint committees filled with individuals who have serious, often undisclosed conflicts of interest.

Alternatively, we can choose for our societies to be part of the solution to the independence problems that threaten modern medicine and the health of the population as a whole. We refer to societies that contribute to science and training designed to meet the health needs of society, and that help build a network of civil society institutions capable of fulfilling a role that public institutions, regrettably, are unlikely to perform. In doing so, these societies would constitute a trusted and credible network of voices in health.

A change in direction will be possible if individuals who have at some point sensed that the values of medical professionalism and ethics are at risk within their society begin to steer the course – persistently and even slowly – in the right direction. Scientific societies develop strategic plans. The Spanish Society of Endocrinology and Nutrition (SEEN), for instance, has outlined nine strategic lines through 2027, which are undoubtedly commendable.<sup>10</sup> The first of these commits the fields of endocrinology and nutrition to contributing to the transformation of the Spanish health system so that it more effectively reaches the “quintuple aim” related to the quality and equity of health care—goals that are certainly needed, especially equity, the most recent addition to quality frameworks by health quality agencies.<sup>11</sup> It would be desirable to amend this list of strategic lines to include, as soon as possible, one focused on SEEN’s integrity and independence across all areas of action, by drafting a code of good governance and establishing standards for transparency and independence in its educational activities, research, and public advocacy.

In the meantime, it seems appropriate that training priorities include actions addressing this issue in all its dimensions. Knowledge and training on how corporations influence medical practice – whether directly or via scientific societies – should begin during residency and extend to all professionals. Medical societies can play a fundamental role, as it is unlikely that such efforts will originate, at least for now, from national specialty boards or health authorities. Few professionals are aware of the wide array of strategies – some subtle, some not – used by commercial actors to influence science, including inductions to scientific misconduct<sup>12</sup> or strategies that shape the health education agenda.<sup>13</sup> Nor is there widespread understanding of the role played by so-called key opinion leaders (KOLs) in medicine, and the risks this poses to public trust when they are promoted and operate under commercial influence.<sup>14,15</sup>

In the public sphere, we believe it is crucial for scientific societies in general – and medical societies in particular – to help shape a civic infrastructure that supports population trust in health-related institutions. It seems obvious that the SEEN and the Spanish Diabetes Society (SED) should engage publicly in matters related to their specialties that affect population health, and serve as credible sources that inspire confidence in the soundness of their recommendations. A recent series in *The Lancet* on ultra-processed foods noted in one of its articles that it is advisable for medical and health professional societies to adopt a leadership role by speaking out and ending sponsorships, affiliated training programs, co-branding, the development of clinical guidelines, and scientific activities involving the ultra-processed food industry.<sup>16</sup> It is not merely advisable—it is essential. From a public health perspective, we are aware of our limited visibility and capacity to influence the public sphere. We witnessed this firsthand during tobacco control legislation.

Change became possible through the alliance of public health with medical societies in forming the Spanish National Committee for Tobacco Prevention, which decisively influenced public policy decisions. There are many areas in which medical societies can act publicly to achieve health benefits for the population, but first we must establish the foundations that support trust—both within societies and in the public domain. The journey of change is long and stormy, but guided by the core tenets of our professionalism—excellence, integrity, ethics, and humanism—it is the only dignified option.

## Declaration of competing interest

None declared.

## References

1. Pellegrino ED, Relman AS. Professional medical associations: ethical and practical guidelines. *JAMA*. 1999;282:984–6, <http://dx.doi.org/10.1001/jama.282.10.984>.
2. Rothman DJ, McDonald WJ, Berkowitz CD, Chimonas SC, DeAngelis CD, Hale RW, et al. Professional medical associations and their relationships with industry: a proposal for controlling conflict of interest. *JAMA*. 2009;301:1367–72, <http://dx.doi.org/10.1001/jama.2009.407>.
3. Institute of Medicine (US) Committee on Conflict of Interest in Medical Research, Education, and Practice; Lo B, Field MJ, editors. In: *Conflict of Interest in Medical Research, Education, and Practice*. Washington (DC): National Academies Press (US); 2009, <http://dx.doi.org/10.17226/12598> [Accessed 17 November 2025]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK22942/>
4. Nissen SE. Conflicts of interest and professional medical associations: progress and remaining challenges. *JAMA*. 2017;317:1737–8, <http://dx.doi.org/10.1001/jama.2017.2516>.
5. Code for interactions with companies. The Council of Medical Specialty Societies, 2010. [Accessed 14 November 2025]. Available from: <https://cmss.org/wp-content/uploads/2024/11/CMSS-Code-for-Interactions-with-Companies-2015.pdf>.
6. The 2022 Ipsos Global Trustworthiness Index. [Accessed 18 November 2025]. Available from: <https://www.ipsos.com/en-uk/doctors-and-scientists-are-seen-worlds-most-trustworthy-professions>.

7. Halabi S, Gostin LO, Wontumi K, Kraemer J, Tega A. Science and public health in the trump era: the dismantling of evidence and institutions and proposals for reconstruction. *J Health Polit Policy Law*. 2025;12262640, <http://dx.doi.org/10.1215/03616878-12262640>.
8. Madureira Lima J, Galea S. Corporate practices and health: a framework and mechanisms. *Global Health*. 2018;14:21, <http://dx.doi.org/10.1186/s12992-018-0336-y>.
9. Hernández-Aguado I, Chilet-Rosell E. Pathways of undue influence in health policy-making: a main actor's perspective. *J Epidemiol Community Health*. 2018;72:154–9, <http://dx.doi.org/10.1136/jech-2017-209677>.
10. Elola Somoza FJ (director técnico). Reflexión Estratégica de la Sociedad Española de Endocrinología y Nutrición 2023-2027. [Accessed 19 November 2025]. Available from: <https://www.seen.es/documentos/documento-reflexion-estrategica-seen>.
11. Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: a new imperative to advance health equity. *JAMA*. 2022;327:521–2, <http://dx.doi.org/10.1001/jama.2021.25181>.
12. Legg T, Hatchard J, Gilmore AB. The Science for Profit Model-How and why corporations influence science and the use of science in policy and practice. *PLoS One*. 2021;16(6):e0253272, <http://dx.doi.org/10.1371/journal.pone.0253272>.
13. Stamatakis E, Weiler R, Ioannidis JP. Undue industry influences that distort healthcare research, strategy, expenditure and practice: a review. *Eur J Clin Invest*. 2013;43:469–75, <http://dx.doi.org/10.1111/eci.12074>.
14. Martín Fernández-Gallardo AM. La red oscura que las multinacionales farmacéuticas ocultan tras los pagos a profesionales sanitarios: sus líderes de opinión en el SNS y su red de intereses al descubierto. Asociación Acceso Justo al Medicamento. Revista nº 30 mayo 2024. [Accessed 14 November 2025]. Available from: <https://accesojustomedicamento.org/la-red-oscura-que-las-multinacionales-farmaceuticas-ocultan-tras-los-pagos-a-profesionales-sanitarios-sus-lideres-de-opinion-en-el-sns-y-su-red-de-intereses-al-descubierto/>.
15. Gervas J, Sánchez R. Lo que recibieron de las industrias farmacéuticas los líderes de opinión en vacunas, en España en 2022. No Gracias, julio de 2024. [Accessed 12 November 2025]. Available from: <https://www.nogracias.org/2024/07/04/lo-que-recibieron-de-las-industrias-farmaceuticas-los-lideres-de-opinion-en-vacunas-en-espana-en-2022-por-juan-gervas-y-roberto-sanchez/>.
16. Popkin BM, Barquera S, Corvalan C, Hofman KJ, Monteiro C, Ng SW, et al. Towards unified and impactful policies to reduce ultra-processed food consumption and promote healthier eating. *Lancet Diabetes Endocrinol*. 2021;9(7):462–70, [http://dx.doi.org/10.1016/S2213-8587\(21\)00078-4](http://dx.doi.org/10.1016/S2213-8587(21)00078-4).