

# Health Letter

SIDNEY M. WOLFE, M.D., EDITOR

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## Dr. Wolfe's Diet Revolution

*The following is an excerpt from an article written by Health Letter Editor-in-Chief, Dr. Sidney Wolfe. The full article has been published in previous editions of this newsletter. We feel that the article is just as valid today as when it was written over 20 years ago, and just as timely, too. This January, as many of us resolve to make 2007 the year we win the battle of the bulge, keep in mind Dr. Wolfe's advice on attainable and sustainable weight loss.*

### Principles of Weight Loss

For most people, losing weight is a problem of how to shed five to 20 pounds. Despite the unhappiness and impatience you may feel with this extra weight, the best approach to losing it safely and permanently is to take it off slowly and with painstaking attention to traditional diet principles. In dieting, as in other activities, there is a balance sheet that says, *if more calories are eaten than burned, weight is gained; if more calories are burned than eaten, weight is lost.* It's as simple as that — and as uncompromising.

Unfortunately, as most would-be dieters can testify, losing poundage is not easy. Dieting is a long-term project involving permanent changes in eating habits and physical activity. In fact, experts agree that the best *short-term* solutions to moderate weight loss, namely the 1,200-calorie diets that help you shed pounds in a hurry, are the hardest to maintain over the long

haul. Why? Possibly because choice is more difficult to handle in long-term dieting than in the strict dietary alternatives that are more life modified fasts. The critical factor in any diet attempt is that concurrent with cutting down calories, you work on permanently changing your eating habits.

Even if you are 20 pounds or so overweight, you may not need to go on an extreme diet. It's simple arithmetic again: at 3,500 calories per pound of flab, you need to account for 70,000 excess calories, and this can be done in a number of ways. If you cut your energy intake (or raise your energy output) by 250 calories a day, you will lose 20 pounds in about nine months without having to practice a lot of self-denial. Just being careful might be more successful for you than participating in any kind of prescribed diet or system. Once again, we're talking about choices — and those are strictly

yours to make: cutting down on portion sizes, selecting foods carefully, preparing them conscientiously, and eliminating desserts and junk foods — by making these sorts of conscious interventions, it's possible you will be very successful over the long run. *Remember, the name of the game is not just taking weight off, it's keeping it off.*

Many moderately overweight people won't find slow reduction as rewarding as the crash diet that supposedly will get you into the size 10 dress within two weeks. The temptation always exists to take shortcuts and try "get-thin-quick" reduction schemes. But slimming is like most other things in life: if a proposition sounds too good to be true, it probably is. Any program that promises short-term weight loss without any dietary or lifestyle changes will typically fail after early success. Most people on so-called low calorie

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**WEIGHT LOSS**, from page 1  
diets regain weight back almost as quickly as they lost it.

### **A Reasonable Plan: How to Lose a Pound a Week — Safely**

Setting a caloric adjustment that will result in permanent weight loss and allow you to integrate these changes into your life is a considerable challenge. The goal is to develop new, healthier diet and exercise habits, not just to lose weight fast (only to gain it back). Minor or gradual alterations in diet are a more realistic approach to long-term weight loss than switching to a radically different diet.

A reasonable, fairly ambitious program is to make an adjustment of 3,500 calories per week, resulting in an average weekly loss of about one pound, assuming that your weight is now fairly constant with your current diet and activity.

In a long-term program like this one, weight loss may be more pronounced early in the program than later on, as in any weight loss regimen. During the initial period significant water loss occurs, along with other bodily adjustments. After this initial drop, your weight may level off (sometimes for a few weeks) before falling again. *Don't be discouraged!* This pattern of plateaus followed by resumed weight loss continues throughout a reducing program.

A caloric adjustment of 3,500 calories per week requires a net change of 500 calories each day. We recommend that 80 percent of this (400 calories) be

accomplished through a decrease in dietary intake and the other 20 percent (100 calories) through stepped-up physical activity.

### **Diet: How to Eat 400 Fewer Calories Per Day**

Any effective weight control program involves changes in diet. We suggest that you design a reduction in calories that you can live with for good, not just for the short-term.

To cut your daily diet by 400 calories, review what you eat to see what you can eliminate. You may find a

*The goal is to develop new, healthier diet and exercise habits, not just to lose weight fast (only to gain it back).*

"calorie counter" book helpful; they are inexpensive and available in many supermarkets and bookstores. Then:

- **Make some sensible substitutions, using more low-calorie foods in your regular daily diet.** For example, if you eat a lot of meat, substitute chicken (skin removed), fish, or seafood for beef,

lamb, or pork. They have less fat and, generally, fewer calories. Eat more vegetables and less meat. Tofu (bean curd), one of a variety of vegetable protein sources that has become widely available, has even fewer calories than poultry and fish and is a good source of protein. Other simple substitutions can include: low-fat cottage cheese for regular cheese; skim milk for whole milk; raw veggies for sweet, salty or fried snacks; and fresh fruit for higher-calorie desserts.

- **Eliminate "invisible calories" (calories that do not add to the taste, quality or appearance of food) by trying new methods of food preparation.** Several excellent cookbooks now on the market will help you prepare flavorful meals with far less fat and sugar. Try trimming visible fat from meat, removing skin (a major source of fat) from poultry prior to cooking, preparing foods in bouillon or broth instead of butter or oil, and using lemon juice or bouillon to baste or season fish and vegetables. These culinary tricks will eliminate calories that you will scarcely miss.
- **Learn to be calorie-wise when dining out.** Ask the server to remove temptation in the form of rolls or bread from the table, and, if possible, substitute fresh celery or carrots. Enjoy a glass of club soda with a wedge of lime instead of a drink before dinner — alcohol is a major source of non-nutritional calo-

Editor.....Sidney M. Wolfe, MD  
Managing Editor.....Kate Resnevic  
Contributors.....Sidney M. Wolfe, MD  
Annette Ramirez de Arellano, DrPH  
Proofreader.....Shilob Stark  
Production Mgr.....Kristy I. Jackson  
President.....Joan Claybrook

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ries. On salads, substitute a squeeze of lemon for oily, fat-heavy salad dressing. Avoid fried foods.

- **Arrange for low-calorie meals.**

If your meals are prepared in a school dormitory, company cafeteria, or similar mass-feeding center where you do not control food preparation, talk with the director of food services. It may be possible to work out a low-calorie meal plan using available foods, and sometimes, depending on the size and resources of the institution, a dietician can help you get specially prepared meals. Most major airlines serve low-calorie meals if notified a day before the flight.

- **Keep a record of what and when you eat; check out portion sizes with a small scale.**

This will help you to learn what you should avoid in order to acquire and maintain your desirable weight. If you tend to be a fast eater, a constant snacker or someone who pays no attention to what you consume, a big part of your weight reduction program could be managed right here, through making yourself aware of all the little extras that add up in the course of a day.

- **Learn to recognize and handle stress without responding by overeating.**

Frequently people with weight problems use food as a way of coping with stress. Anxiety, anger, sadness, even boredom are feelings attributable at times to stressful situations. People sometimes handle uncomfortable emotions by seeking comfort in food, leading to overeating. This, in turn, leads to guilt feelings, which lead to more stress and so *ad infinitum*.

- **Seek help from others.**

Losing weight can be a long and frustrating process. Find people in your life who can support your effort. Sometimes talking with a family member, friend, clergy, counselor, or psychotherapist will help. Choose people who understand the importance of what you are doing.

## Proper Nutrition and Dieting

During a weight control program, it

is especially important to provide the body with proper nutrition. A program involving only minor changes in old habits, as described in this section, should not result in nutritional deficiencies as long as the old habits themselves were nutritionally adequate.

The average American diet provides about 50 percent of its caloric intake from fats, 30 percent from carbohydrates and 20 percent from proteins, which is far from an ideal mix. We ought to be getting 50 percent of our calories from carbohydrates, 15 percent to 20 percent from proteins and 20 to 30 percent from fats, mainly non-animal fats (de-emphasizing butter, cheese, and ice cream). Our nutritional goal of a well-balanced diet calls for an increase in calories obtained from complex carbohydrates and a decrease in fat, sugar, cholesterol and salt. Many high fiber foods, whole grains, vegetables and beans are also higher in complex carbohydrates and better sources of energy than simple sugars (such as cane sugar, honey, or molasses).

If you plan to diet on less than 1,200-1,500 calories a day, it's advisable to take a multivitamin/mineral capsule daily.

### Exercise: 100 Calories More Per Day

As anyone who has tried it knows, losing weight and keeping it off by dieting alone is very difficult. As an example, a woman of 120 lbs. in a sedentary job (burning about 1,800 calories per day) would have to cut caloric intake by 28 percent (500 calories per day) to lose one pound per week through dieting alone. She would have to cut her meals back to Spartan portions (maintaining only minimally adequate nutrition), with little or no leeway for fattening "treats". By contrast, if she walked briskly for 20 minutes (such as to and from her job) each morning and evening, she would only have to cut back calories by 17 percent (300 calories per day) to lose the same amount.

Starting a serious exercise program

after years of relative inactivity can be a strain on your body, especially your heart. If rigorous exercise has not been a part of your life for some time, we recommend starting with brisk walking rather than more strenuous exercise.

As noted earlier, you should seek medical advice before starting an exercise program if any of the following are true:

- 1) You are over 45 and have not had a check-up by a physician in the last two years, especially if you have been fairly inactive.
- 2) You have heart disease, high blood pressure, diabetes, or kidney disease or are under the care of a physician for any other chronic disease.
- 3) You have a family history of heart attacks.
- 4) You experience any chest pain, dizziness, or shortness of breath with or without physical exertion.

We recommend that you burn at least 100 additional calories every day. One hundred calories is roughly equivalent to one of the following: 20 minutes of brisk walking (about one mile); 12 minutes of bicycle riding; nine minutes of swimming; or five minutes of fast running. Exercise hard enough to make yourself breathe faster, but precede and follow any new kind of exertion by several minutes of stretching exercises, especially at the ankles and hips.

Depending on your physical condition, you may find that you are able to increase this amount of exercise, and hence burn more calories, thus helping move your weight control program along. But don't do this just off-and-on; any increased exercise should become a permanent daily activity.

Keep a log of your exercise. This can serve not only to keep you faithful to your program, but also to encourage progress. Perhaps surprisingly, exercise won't necessarily make you ravenous. It gives many people an increased sense of energy and a decreased desire for food. ■



# Product Recalls

November 21, 2006 — December 15, 2006

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

## DRUGS AND DIETARY SUPPLEMENTS

The recalls noted here reflect actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by FDA request or by FDA order under statutory authority. If you have any of the drugs noted here, label them "Do Not Use" and put them in a secure place until you can return them to the place of purchase for a full refund. You can also contact the manufacturer. If you want to report an adverse drug reaction to the FDA, call (800) FDA-1088. The FDA Web site is [www.fda.gov](http://www.fda.gov). Visit [www.recalls.gov](http://www.recalls.gov) for information about FDA recalls and recalls issued by other government agencies.

### Recalls and Field Corrections: Drugs — CLASS II

*Indicates a problem that may cause temporary or reversible health effects;  
unlikely to cause serious injury or death*

#### Name of Drug or Supplement; Problem; Recall Information

**Citalopram HBr Tablets**, 20 mg, 100 Tablet bottles, Rx only; Presence of foreign substance — potential metal contamination. Lot #: P12047, exp. date: 06/2011, Inwood Laboratories, Inc.

**Paxil CR (Paroxetine HCl) controlled-release tablets**, 37.5 mg, 30 tablet bottles, Rx only; Due to an intermittent manufacturing equipment malfunction some tablets may not contain active ingredient. Lot #s: 303-6P08, exp. date 03/2008; 304-6P08, exp. date 03/2008; 305-6P08, exp. date 03/2008; Sb Pharmco Puerto Rico Inc.

**Tetracaine Hydrochloride Ophthalmic Solution**, USP, 0.5%, 12 x 0.7 mL Single use containers, Sterile, Rx only; Subpotent. Lot #: 05368, exp. date 09/2007; Altaire Pharmaceuticals, Inc.

**Neaclear Liquid Oxygen Scar Advantage**, Hydrocortisone 0.5%, 1.0 oz (30 mL) bottles; Defective container. Lot #s: 6994 and 8050; Diversified Manufacturing Corp.

**Acetaminophen caplets**, 500 mg, packaged in bottles of 24, 50, 65, 100, 250 and 500 caplets under the following brand names: American Fare Extra Strength Pain Relief, Berkley & Jensen Extra Strength Pain Relief, Best Yet Extra Strength Non-Aspirin, Brite-Life

Extra Strength Pain Reliever, Brooks Acetaminophen Extra Strength, CareOne Pain Relief Extra Strength, Extra Strength CounterAct Pain, CVS Pharmacy Extra Strength Pain Relief, DG Guarantee Extra Strength Pain Relief, Eckerd Extra Strength Non-Aspirin Pain Relief, Equaline Extra Strength Pain Relief, Equate Extra Strength Pain Reliever, Family Pharmacy Extra Strength Pain Reliever, Food Lion Pain Relief, extra strength, FormuCare Pain Relief, Extra Strength, Good Neighbor Pharmacy Extra Strength Pain Reliever, GoodSense Extra Strength Pain Relief, H-E-B Pain Relief, Extra Strength, Hannaford Pain Reliever, extra strength, Healthy Generations extra strength non-aspirin Pain Relief, HyVee Extra Strength non-aspirin Pain Relief, Kroger Pain Relief, Extra Strength, Longs Wellness Extra Strength Pain Relief, Medic Extra Strength Acetaminophen, Meijer Pain Relief, Extra Strength, Pathmark Extra Strength Acetaminophen, Publix Extra Strength Pain Relief, Roundy's Quality Extra Strength Pain Reliever, Safeway Extra Strength non-aspirin Acetaminophen, ShopRite Extra Strength Non-Aspirin, Swan Extra Strength Pain Reliever/Fever Reducer, The Medicine Shoppe Extra Strength Medi-Tabs, Today's Health Extra Strength Pain Reliever, and TopCare Extra Strength Pain Relief; Presence of foreign substance; Caplets may have small pieces of metal imbedded within them. All lots; Perrigo Company.



## CONSUMER PRODUCTS

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the Consumer Product Safety Commission, call their hotline at (800) 638-2772. The CPSC web site is [www.cpsc.gov](http://www.cpsc.gov). Visit [www.recalls.gov](http://www.recalls.gov) for information about FDA recalls and recalls issued by other government agencies.

### *Name of Product; Problem; Manufacturer and Contact Information*

**Air Conditioners.** The heating element on the commercially installed PTEE and PTHE Series Packaged Terminal Air Conditioners (PTACs) can become displaced and, if it contacts metal, could short circuit. If the electric heater on one of those units short-circuits, wiring problems on 265 volt models could allow the unit to remain energized while the unit's fan is turned off, causing it to overheat and smoke. The Trane Co., (800)235-2152 or (931) 648-5047 or [buddy.sholar@trane.com](mailto:buddy.sholar@trane.com).

**Air Rifles.** The scope mount on GAMO Air Rifles can be installed incorrectly, causing the rifle to unexpectedly fire. This poses a serious injury hazard to consumers. GAMO USA Corp., (877) 246-3831 or [www.gamousa.com](http://www.gamousa.com).

**Bell Rattles.** The small bell positioned between the wood slats of BRIO Bell Rattles can break and allow access to small parts. This poses a choking hazard to young children. K'NEX Industries Inc., (800) 543-5639 or [email@KNEX.com](mailto:email@KNEX.com).

**Butterfly Necklaces.** The clasps on the necklaces contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. U.S. Toy Co. Inc., (800) 832-0224 or [www.ustoy.com](http://www.ustoy.com).

**Ceiling Fans.** The brackets holding the Emerson 60-inch Designer Ceiling Fan blades can break, causing the blade to detach. Falling pieces can hit and injure bystanders. Air Comfort Products Division of Emerson Electric Co., (866) 478-8564 or [www.emersonfans.com](http://www.emersonfans.com).

**Chain Saws.** Troy-Bilt and Craftsman Brand Gasoline Chain Saws' plastic front handles can break during operation. If this occurs, the saw would be difficult to control and poses a risk for lacerations. MTD Southwest Inc., (888) 848-6038 or [www.troybilt.com](http://www.troybilt.com).

**Children's Boots.** Metals snaps on the side closure of the children's boots can detach, posing a choking hazard to young children. See Kai Run, (888) 524-7463 or [www.seekairun.com](http://www.seekairun.com).

**Children's Necklaces.** Children's Mood Necklaces and Diva Necklaces contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. Really Useful Products, Inc., (888) 484-3444 or [www.ruproducts.com](http://www.ruproducts.com).

**Children's Parka Jackets.** Children's parka jackets with drawstrings have a drawstring through the hood, posing a strangulation hazard to children. Silla America Inc., (877) 837-9569 or [www.dollardays.com](http://www.dollardays.com).

**Climbing Harnesses.** The buckles on the Edelweiss Challenge Climbing Harnesses' leg loops could fail, posing a fall hazard for climbers. Liberty Mountain, (800) 366-2666 or [www.libertymountain.com](http://www.libertymountain.com).

**Door Handle Locks.** Keyed 5K Series Door Handle Locks can fail and the door cannot be unlocked from the inside, posing an entrapment hazard. This failure could lead to the inability to vacate a location in an emergency. Stanley Security Solutions, Inc., (800) 479-9087 or [www.stanleysecurity.com](http://www.stanleysecurity.com).

**Furniture.** Some of the Antique White Furniture from the Cottage Collection contains paint with high levels of lead. The lead level exceeds that allowed by the federal ban on lead-containing paint which is designed to protect children who might ingest paint chips or peelings. Lead paint is toxic if ingested by young children and can cause adverse health effects. The Land of Nod, (866) 990-5263 or [recall@landofnod.com](mailto:recall@landofnod.com).

**Gourd Candles.** The gourd candles can have excessive flame height and could fail to self-extinguish when burning down to the bottom of the candle, posing fire and burn hazards to consumers. Pottery Barn, (888) 922-9245 or [www.potterybarn.com](http://www.potterybarn.com).

**Infant Coveralls.** The snaps on the legs of Baby greendog® girl's knit coveralls can detach, posing a choking hazard to young children. Macy's Merchandising Group Inc., (877) 874-2812 or [www.fds.com/cpsc](http://www.fds.com/cpsc).

**Lemonade Jars.** The metal spigot of Gemco® Lemonade Jars contains lead and is in direct contact with the contents of the lemonade jar. Lemonade and other beverages can cause the lead to leach from the spigot. Long-term exposure to lead in children may be associated with behavioral problems, learning disabilities, hearing problems and growth retardation. Lifetime Brands Inc., (888) 561-2269 or [lemonadejar@lifetimebrands.com](mailto:lemonadejar@lifetimebrands.com).

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*Name of Product; Problem; Manufacturer and Contact Information*

**Polly Pocket Toys.** Tiny magnets inside Polly Pocket dolls and accessories with magnets can fall out undetected by parents and caregivers. The magnets can be swallowed, aspirated by young children or placed by a child in their nose or ears. When more than one magnet is swallowed, the magnets can attract each other and cause intestinal perforation, infection or blockage, which can be fatal. Aspiration to the lungs requires immediate surgery. Magnets placed in the nose or ears can cause swelling and be difficult to remove. Mattel, Inc., (888) 597-6597 or [www.service.mattel.com](http://www.service.mattel.com).

**Powerpuff Girls Necklaces.** Children's Powerpuff Girls necklaces contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. Rhode Island Novelty, 1-800-528-5599 or [www.rinovelty.com](http://www.rinovelty.com).

**Pressure Cookers.** The Ultrex-brand Pressure Cooker's lid can open while its contents are under pressure, allowing the hot contents to be expelled and causing burn injuries to bystanders. Innova Inc., (877) 710-1527 or [www.hsn.com](http://www.hsn.com).

**Stuffed Animals.** The red pompoms on the wreath attached to the Holiday Time™ Stuffed Christmas Beagle's mouth could detach, posing a choking hazard to young children. Wal-Mart Stores, Inc., (800) 925-6278 or [www.walmartstores.com](http://www.walmartstores.com)

**Vehicle Navigation System Batteries.** The lithium-ion Batteries in Clarion N.I.C.E. P200 Navigation and Entertainment Systems can melt or overheat posing burn and fire hazards to consumers. Clarion Corporation of America, (800) 347-8667 or [www.clarion.com](http://www.clarion.com).

*OUTRAGE, from page 16*

and benefits are made explicit to participants, and that no one is subjected to harm. IRBs should therefore be free of undue influence by financial interests or by the appearance of such interests. Yet this is not always the case.

A recent study published in the *New England Journal of Medicine* reported findings from a survey of 893 IRB members at 100 academic institutions, asking them about their financial relationships with industry. The latter included employment, membership on boards, consulting, receipt of royalties, and paid speaking. The researchers found that 36.2 percent of the responders had had at least one relationship with industry in the past year. Seventy-eight respondents (15.1 percent) reported that at least one research protocol had come before their IRB during the previous year either by the company with which they had a relationship or by a competitor of that company, both of which could be considered conflicts of interest. Even more worrisome, more than half of those answering the survey reported that their IRB did not have a formal process for disclosure of relationships with industry or that they did not know of one.

*Scientists and those  
who vet their research  
should never be placed  
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juggling their financial  
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public's trust.*

Another recent survey by researchers at UCLA queried editors of 135 peer-reviewed publications on specific conflict-of-interest (COI) policies, restrictions based on conflicts of interest, and the public availability of these disclosures. While 93 percent of the 91 respondents had a conflict-of-interest policy for authors, 77 percent

reported collecting COI data on all author submissions and only 57 percent published all author disclosures. Interestingly, the absence of disclosure was more common for narrative reviews, editorials, policy statements and guidelines — precisely the types of articles that reflect the opinions of the authors and may well have the greatest influence on readers.

These three examples show the extent to which medical institutions involved in the discovery and dissemination of knowledge have failed to protect the public. Because NIH, IRBs, and professional journals all concern “behind the scenes” aspects of medical research and practice, their conflicts of interest are less exposed to the public and therefore more difficult to combat. But cozy relationships between the arbiters of good science and industry are unacceptable, and researchers, academic reviewers and publishers should be held to the highest and most stringent standards concerning conflicts of interest. Scientists and those who vet their research should never be placed in the position of juggling their financial self-interest against their stewardship of the public's trust. ■



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# Health Letter Cumulative Alphabetical Index

## (through 12/06)

Topics are listed alphabetically. Following each topic, the volume and issue number of the *Health Letter* containing the article is listed. For example, an article on the topic of Accutane can be found in volume 4 number 5 (V4#5) of the *Health Letter*. Volumes are chronological (volume 1 was issued in 1985). Back issues cost \$3.00 each. Indicate the desired issues and send check made out to Public Citizen, 1600 20th Street, NW, Washington, DC 20009.

## A

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# Conflicts of Interest: The Hidden Side of Science

New evidence indicates that conflicts of interest permeate much of what passes as unbiased scientific judgment, and that three gatekeepers of medical knowledge — the National Institutes of Health (NIH), institutional review boards, and major medical journals — are part of the problem.

The situation at NIH surfaced more than three years ago and has not been adequately addressed. Conflicts of interest gained prevalence after 1995 when NIH relaxed its restrictions on the outside activities in which its staff members could engage. The new policy struck down a ban on the acceptance of honoraria, lifted the cap on the amount of money employees could earn from outside activities, and allowed payment in stocks and stock options, thereby cementing long-term

links between NIH scientists and the pharmaceutical and medical equipment industries.

In 2003, when the press revealed that some ranking NIH officials were getting tens of thousands of dollars in honoraria from industry, the issue became a political problem. Committed to eliminating all “real and apparent conflicts of interest” within the agency, the director of NIH appointed a Blue Ribbon Committee and adopted new rules and regulations banning NIH staff members from engaging in paid consulting with the pharmaceutical and biotechnology industries.

Despite assurances of accountability and transparency, however, NIH has been slow in putting its house in order. Last September, agency officials revealed that 34 scientists had been disciplined for violating the ethics rules

by failing to seek approval for, or report, consulting relationships with industry; failing to take annual leave while consulting; or by consulting in areas that overlapped with their official duties. But most of these (21/34) received only a letter of caution, and six others received an oral admonishment, punitive actions that can best be described as “slaps on the wrist.” As a result, NIH’s reputation has lost credibility as a promoter of scientific knowledge and bastion of unbiased research.

The case of institutional review boards (IRBs) is more subtle, but no less important. IRBs are charged with monitoring patient studies at hospitals and research facilities. Primarily concerned with the protection of research participants, IRBs ensure that there is informed consent, that all risks

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