

note n°12

Essential medicine: independent experts

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The doctors who participated in the elaboration of the list of essential medicines (EM) would they be really more competent and independent than those who participate in the committees (commissions) which issue the authorizations of launches on the market or which determine the returned medical service or the improvement of the medical returned service ?

We shall avoid carefully answering this question which was raised by commentators of the EM initiative towards them. All of them did not achieve identical tasks and the context of their actions is profoundly different. The public authority asks for the participation of healthcare professionals in committees (commissions). The works of these groups made the object of very numerous critical comments, often based on the brought to light of conflicts of interests, sometimes grave.

Those who worked at the list of EM are all prescribers whose professional quality is recognized. By whom is it recognized otherwise if not by other experts? There is no end to this questioning. It is thus on the fruit of their work that one can estimate their competence, as well we can measure their independence on the method used for this collective work. The promoters of the EM concept of are perfectly aware of these limits. The indisputable competence does not exist. The "real" and definitive knowledge is an illusion. The scientific method is not imaginary which has the more modest objective to define levels of proof and the means to reach the highest level which we can reach at some point.

No more than the absolute truth, the total independence exists for the experts. Those who voluntarily participated agreed to declare their links of interests which was asked to them. By mutual agreement they defined the steps of the operation and they decided that their contributions would be anonymous and coded. Among others reasons, this allowed them to break without fear eventual conflicts of interests. It is in accordance with the custom for the referees called to estimate the quality of scientific publications. Finally the participation of a rather high number of clinical referees, working independently from each other, reduced to almost nothing the mutual influences, letting each one decide on its choices according to his (her) knowledge, to his (her) conscience, readings and his (her) prescriber's personal experience, treating real patients. In the traditional committees (commissions) each acts and undergoes the influence of all the others and the sometimes same unwanted influences of the lobbyists lying in wait. By avoiding this kind of stumbling block, this protected joint representation allows probably to eliminate conflicts of interests and traffic of influences which since a number of years falsify judgments, with the consequences so often harmful to the patients.

From now on the coded raw results of the exchanges which led to establish the EM list would be open at the disposal of the researchers who want to handle them another way. We formulate the hypothesis that the participants, having or having not links of interests, would not have produced significantly different lists. It remains to prove it.