

## Transparency: Where Have All the Experts Gone?

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I have been involved in the care of people with diabetes for more than 25 years. My role began as a trial coordinator for the Diabetes Control and Complications Trial (DCCT) in 1982, as well as studies that brought human insulin to market. Over the years, I have also had the privilege of building a clinical practice of children and adults. The scope of my clinical research has included major National Institutes of Health clinical trials, pharmaceutical studies, and device research. From a clinical perspective, the richness of this mix allows me to be on the cutting edge of the best diabetes care at all times.

I have also been afforded the opportunity to be a consultant and advisor to many of the diabetes pharmaceutical and device companies. This provides me an additional edge in terms of the latest diabetes care, which I can also transfer to my clinical practice. It also means that, in this era of “transparency,” I must be ever diligent and proactive in disclosing my dualities of interest.

Over time, the American Diabetes Association (ADA) has stressed the importance of all volunteers, including health care professionals, serving as fundraisers for the cause of diabetes. With my many contacts in the pharmaceutical industry, I have been able to assist in securing major gifts from these companies for the ADA’s Research Foundation. These funds have then been used to support high-quality research and future researchers.

Over the years in the health care world, the question of dualities of interest being potential conflicts of interest has surfaced. The burning question of late is whether dualities

of interest are just that—interests in more than one sector of a given field—or whether they are, in fact, objectivity-compromising conflicts. And who decides which types of activity or involvement represent a conflict, as opposed to a duality?

In the field of diabetes, I am considered an expert. I am a nurse practitioner with the skills, knowledge, and experience that allow me to excel in the care, management, and treatment of diabetes. In the pharmaceutical industry, my expertise provides companies with an honest, informed, and patient-centered point of view. In the research world, I am considered a meticulous professional who gets the work done. And when I am asked to speak about diabetes and all of its facets because of my clinical care and research experience, I can confidently speak from genuine real-life experiences.

So in this age of transparency, am I an expert or a conflicted participant unable to provide unbiased opinions to different constituencies? As a professional, can I clearly delineate my many dualities of interest and remain unbiased? Do my dualities of interest interfere with my ability to present objective scientific information and clinical expertise to others? Do any of my relationships negatively affect my patients’ care?

For the 5 years I served as a consultant to the panels of the U.S. Food and Drug Administration (FDA) Medical Devices Advisory Committee and the Center for Devices and Radiological Health, the question of my potential conflicts of interest was certainly bantered about as more and more diabetes devices came to this FDA

committee for review. The FDA leadership’s point of view was that I never hid my relationships with any of the device companies. It was their opinion that, as an expert, I brought value to the committee’s discussions because of the in-depth knowledge I had about diabetes, diabetes care and management, and the various diabetes products. I was their diabetes expert.

The ADA has also considered the need for transparency. As editor of *Diabetes Spectrum*, I have faced several issues related to my dualities of interest. Many of the articles that have come to me as editor relate to medications and devices for which our center has provided research subjects. In many instances, I am also an advisor or consultant for the company that markets the medication or device discussed in an article sent to me for consideration. However, these are the same medications and devices that are the newest to the diabetes market and about which our readers are hungry for guidance. Providing cutting-edge, up-to-date information should be the goal of all diabetes journals, and especially of *Diabetes Spectrum*, a journal whose mission is to translate the latest research into best clinical practices.

Historically, we have sent articles submitted to *Diabetes Spectrum* to at least two reviewers; because of the concerns regarding dualities of interest, additional safeguards have been instituted to ensure that articles are considered by an even greater number of reviewers. In addition, before sending an article out for review, we ask potential reviewers to disclose their own relevant

dualities of interest. Finding enough volunteer expert reviewers is always challenging, and these additional requirements, while important, only add to the difficulty.

In this issue of *Diabetes Spectrum*, we provide readers with a wealth of information about continuous glucose monitoring (CGM) systems. Certainly, this is a timely topic. I have had the good fortune to have a team of experts donate their time and talent to help us bring this crucial cutting-edge information to the readership.

Each of our authors, like our guest editor and me, has some relationship with the companies that market these devices. All have been transparent in disclosing their

relevant dualities of interest with these companies. I will disclose here that I have a relationship to each of the companies that have CGM systems as part of their product portfolio. I am a past advisor and stock shareholder in DexCom; I have served as a consultant and advisor to Medtronic MiniMed and serve as an advisor for Animas (in partnership with DexCom); and I am a consultant, advisor, and clinical investigator for Abbott Pharmaceuticals. I will leave it to you, our readers, to decide whether this makes me a knowledgeable expert or a conflicted participant in the emerging arena of CGM.

As time goes by, more individuals like me are having difficulty sharing

their time and talent to be editors, associate editors, reviewers, or authors for journals such as *Diabetes Spectrum*. We typically possess the knowledge, expertise, and professionalism necessary to be able to fill these roles in a fair and balanced manner. As we move forward, it will be important to remember exactly what health care professionals who are experts in their field provide to their patients and colleagues. In this era of concern regarding dualities of interest, let us continue to embrace those who can enhance our professional education and patient care efforts and not push them away through our efforts to achieve transparency.