

An end to suppressing public health information

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How to safeguard academic integrity when working with Australian governments

A recent study revealed that Australian governments regularly suppress embarrassing information by hindering public health research or publication of its findings (Box 1).¹ The results resonate with concerns raised in the *Report of the independent audit into the state of free speech in Australia*.² Two issues of immediate relevance to Journal readers are the protection of academic independence, and the crucial role of objective evidence in improving outcomes of the Australian health system.

Editors of medical journals have rightly opposed contracts with sponsors (such as pharmaceutical companies) that deny researchers the rights to work independently and publish results without the sponsor's consent.³ While emphasis has been placed on funding support, the same objections apply to conditions imposed by government agencies for data access and representation on research teams.

Public health and health services researchers are too often presented with pro-forma contracts for data access or commissioned research funding, on a "take it or leave it" basis, with contractual terms that give the agency a right of veto over publications. Strong institutional guidance is needed to clarify that such contracts can lead to severe publication bias, as evidenced by the Australian suppression study¹ and overseas research.⁴ These contracts are therefore anathema to academic independence. The Australian Code for the Responsible Conduct of Research⁵ is inconsistent on this point and should be amended in line with the position of the International Committee of Medical Journal Editors (ICMJE).^{1,3} Incorporating this view is important, because results of public health and health services research are published in a wide

range of non-medical and technical media, in addition to medical journals.

This is not to say that academic researchers should never undertake research that is strictly for internal use within a government agency. From the outset, research should be either for internal or public consumption; it should not be for public consumption only when the results place the government in a favourable light. The latter creates a conspiracy that will eventually erode the public's trust in the integrity of researchers and their employing academic institutions.

An ethical approach, consistent with the standpoint of the ICMJE, would be to allow government agencies the right to comment on a draft report within a defined period of 30–60 days.³ This will often enhance the quality of the final report by unearthing additional facts that can affect interpretation. It also provides the government agency with a head start on an appropriate response. This would be a constructive process, given that the purpose of public health research is usually for the public to benefit from better informed government decisions.

Smith-Merry and colleagues have bemoaned the impediments to a flourishing research culture in Australian health policy circles.⁶ Moves now afoot through the National Collaborative Research Infrastructure Strategy⁷ to develop population health and clinical data linkage stand to strengthen the evidence base for a more informed national health policy debate. However, the development of better national health information platforms will fall short of expectations unless careful attention is paid to the rules of engagement between government departments (as the main sources of health data) and researchers (as the major users).¹ Key areas where interventions are needed to safeguard academic integrity are shown in Box 2.

1 Key results of A survey of suppression of public health information by Australian governments¹

- A national survey of 302 public health academics at 17 Australian universities was conducted in August 2006.
- They reported 142 witnessed suppression events, including 85 separate instances where 64 respondents (21%) had their own research affected.
- Suppression took place where a government agency that provided data or commissioned the research put conditions on the release of the results, or where government employees were part of the research team and were restricted in what they could do.
- Governments most commonly suppressed research by sanitising the results or by delaying or prohibiting the publication of results (66% of events), but no part of the research process was unaffected.
- In 48% of cases, the affected researchers believed their work was targeted for suppression because it drew attention to failings in health services. Another 26% of cases related to the health status of a vulnerable group (such as Indigenous Australians, refugees or people with mental illness), while in a further 11% the research had pointed to an environmental harm.
- In 87% of instances, the government agency succeeded, leaving the public uninformed or giving it a false impression. ♦

2 Interventions to safeguard academic integrity when working with governments

- Public awareness of the issue and its importance
- Guidelines for managing conflict of interest in the public service
- Guidelines for avoiding result-dependent publication in academia
- Mandatory statements by authors that works have not been subject to a right of veto by government
- Agreements between government and academic bodies that support researcher independence
- Independent mechanisms to resolve complaints about suppression of health research
- Best-practice models of synergistic partnerships between government and academic bodies
- Organisational values that avoid blame and welcome constructive criticism
- Inclusion of oversight of government–researcher relations in the role of institutional ethics committees
- Publicly reported surveillance systems to monitor suppression events ♦

The challenges ahead will be familiar to leaders of the medical profession who have struggled to introduce adverse incident reporting and other quality assurance programs, with admirable, even if incomplete, degrees of success. The champions of clinical quality and safety have faced up to the suppression of health information at a more local level and have overcome the barriers of cynicism, fear and the cycle of blame.^{8,9} Analogous tensions exist when researchers work with governments, although a fear of tortious liability is then paralleled by concerns that government agencies and their ministers will be pilloried in the media when a researcher exposes a new health problem. What can we learn from successful clinical quality assurance programs that will reduce the desire of governments to suppress health information and increase their commitment to evidence-based decision making?

The answer lies in a complex, gradual, yet not unattainable “culture change”. The existing culture of governmental health decision making needs to change, and there are three steps involved. The first step is to realise that the amount of independent academic research has no net effect on the quantity of bad press that the health system receives. There is an endless supply of anecdotal material for headline stories on the “health care crisis”, which will continue regardless of whether or not public health and health services researchers are suppressed. The second step is to appreciate that there is political mileage (the equivalent of a clinical profession’s credibility) to be gained by supporting ideals and principles that are morally strong — academic independence, a commitment to truth and honesty, and a desire to learn and improve. The third step — the threshold step — is to implement lasting changes to the culture through strong leadership. Unlike the avoidance of publication bias, culture change requires more than adherence to a code of practice. It is also the product of communicating and doggedly enacting a compelling vision. This is most easily achieved when led from the top.

Prime Minister Rudd has promised new freedom-of-information laws and a “pro-disclosure” attitude among government and public service staff.¹⁰ Senator Carr, Minister for Innovation, Industry, Science and Research, has taken steps to strengthen the independence of the Australian Research Council because “research is not a political plaything to be toyed with at the whim of the Government”.¹¹ These are encouraging signs. The proof of leadership is

now to turn the rhetoric into reality, so that an open culture becomes the established norm.

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