

# ICC policy statement concerning ICC sponsorship funds

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International COPD Coalition

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As the accompanying article concerning the medical-industrial complex explains (1), in many countries the government, health care businesses, and physician groups act to maximize their profits at the expense of patients' well-being. International COPD Coalition (ICC), whose mandate is to improve patient well-being, must expose and oppose such organizations that overcharge, over treat, and under deliver patient benefits. ICC works to convince the worldwide medical-industrial complex not to focus their efforts on profits, but to make improved patient outcomes their first priority.

ICC has historically accepted industry grants from companies that we believe to be sincere in their commitments to patients in order to help fund our global programs; however, in view of the global actions of some Pharma companies to harm and exploit patients (1), ICC decided last year to stop accepting industry funding where it represents a conflict of interest with our purpose of preventing COPD and benefiting respiratory patients.

While Pharma support has often benefited patient advocacy, companies such as Glaxo Smithkline and Boehringer Ingelheim now insert stipulations in their funding of patient organization activities that compromise their integrity and ability to advocate for patients. These contracts demand that the company's funding must be repaid in full at any time the company says that the patient organization has acted in a way that might adversely affect the company. This can occur even at the end of a fiscal year when all the operating funds have been spent on patient programs and no budgetary funds remain. This requirement

mandates that patient organizations put Pharma welfare above patient welfare. This makes it impossible for a patient organization to effectively advocate for patients. It requires them to praise a sponsoring company even if they act to harm patients! Patient organizations that accept this gag rule lose their ability to be honest and fulfill the trust that patients have in them.

ICC rejects such limitations on patient advocacy, and we have made our position concerning Pharma funding clear on our website ([www.internationalcopd.org](http://www.internationalcopd.org)). We urge all patient organizations to do the same. Many patient organizations receive Pharma funding but conceal this revenue and their contractual obligation not to criticize these companies. In effect, these organizations are money laundering for Pharma. If patient organizations do not publicly provide information about such conflicts of interest, one must assume that they have allowed financial bribes to take precedence over their commitment to patient welfare and their policies and pronouncements should not be believed.

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## References

1. Grouse L. Cost-effective medicine vs. the medical-industrial complex. *J Thorac Dis* 2014;6:E203-E206.

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