

## Some Notes on My Funding Policy for Pharmaceutical Research

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My policy, as it has been stated on my webpage for years, reads as follows: “Professor Carpenter neither seeks nor accepts research funding or any other form of compensation from the FDA, from private entities that may sponsor product applications to the FDA or that are otherwise regulated by the FDA, from patient advocacy groups or from consumer advocacy groups (e.g., Public Citizen). In addition, Professor Carpenter does not directly own stock or any other form of asset in any company regulated by the FDA.” I should state that this is my own policy and I have adopted it in complete independence from any policy recommended or implemented by the Faculty of Arts and Sciences at Harvard University.

My principal reason for this policy is that the review and regulation of new drugs has become a highly contentious area of academic research in the past 30-40 years, with strong political interests on multiple sides of the question. Like all researchers I get my funding from somewhere, but my practice has been to avoid getting funding from a set of companies or organizations that are either (1) active lobbyists or participants in the policy debates that may be shaped by my research and its findings, or (2) who would stand to benefit materially if one or more of my research findings or recommendations were put into policy. There are other reasons I have for this policy, such as the generally perceived poor quality of social science research that is funded by pharmaceutical companies, but that is for another discussion.<sup>1</sup> My main concern is normative and to avoid the credibility problems that arise with “conflict of interest” dynamics.<sup>2</sup>

For most of the funding I receive as a scholar – from the National Science Foundation, the National Endowment for the Humanities, the Guggenheim Foundation, and others – there is no possibility for conflict with this policy. There are two sources of funding I have received that I do

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<sup>1</sup> An important marker of independence in such cases is whether the funding mechanism is competitive and, if so, how much so. A crucial feature of grants given by the NSF, NIH and NEH, as well as by the Robert Wood Johnson Foundation, is that they are awarded in a highly competitive, transparent and peer-reviewed process.

<sup>2</sup> It is for this reason that I would not necessarily advocate the same policy for medical researchers conducting basic or clinical research into the safety and efficacy of a drug. There may indeed be “conflict of interest” issues in these cases, and these are important issues for discussion; but unlike research on the FDA, some of this medical research would clearly not occur in the absence of company funding. In such cases an important principle is full disclosure. There is a huge literature and debate about this, but suffice it to say that I have adopted the policy I have so that it is applied to social science, political science, and economic research that informs policy, where I think issues of credibility are of greater concern. Since I’m not about to do any clinical research with drugs, the difference is academic anyway.

not interpret as in conflict with the policy, but which do involve organizations in the health realm. Let me disclose them openly here.

First, as many know, the [Robert Wood Johnson Foundation](#) (from which I have received two grants and for which I serve as an adviser on some human capital programs at Harvard and the University of New Mexico) is an independent foundation established with a bequest from Robert Wood Johnson, who was a founder of the Johnson & Johnson medical products company. This company has submitted, and does submit, product applications to the FDA. If I were to take grants from the company itself, I would be violating my own policy. The Foundation is, however, legally and organizationally independent from Johnson & Johnson and has been for decades. Just as important, the Foundation has long played a role in public health advocacy, and it has funded generations of clinicians and researchers who are demonstrably independent of pharmaceutical and insurance company interests, including those of the Johnson & Johnson Company itself.

Second, I recently embarked upon a study of “adherence” to medication – essentially the question of whether patients take the drugs prescribed to them. Along with many others, I think that this is one of the most important public health questions of our time and, for that matter, a fascinating question of human behavior that involves behavior and cognitive limitations, incentives and issues of justice and inequality. For this study, we are using data from CVS/Caremark, which is a large health care company and of course a pharmacy chain. Along with Will Shrank of Harvard Medical School, I am co-Principal Investigator on this grant. CVS/Caremark is an FDA-regulated company, and I have stipulated it as part of my contract in this grant that I receive no salary and no research funding from CVS/Caremark. So I will not be taking any salary or other personal payment from this grant, and I will not be able to purchase software or anything for my own research from this grant. Essentially what I get from this grant is that I am using the CVS/Caremark data, and there would be no other way of using this data and addressing this crucial public health question with such a massive dataset but for this contractual vehicle.

If you think that my policy poses ethical problems, or that my receipt of funding from RWJF or my project with CVS/Caremark data poses any ethical problems, feel free to tell me your views. I may not agree, but I am happy to listen. I can be reached at [dcarpenter@gov.harvard.edu](mailto:dcarpenter@gov.harvard.edu).