

the CPG. Members with COIs should represent not more than a minority of the guideline development group members. The chair or co-chairs should not be a person with COI.'

These recommendations of the IOM are based on the long-known and widely recognized concept that COIs can influence healthcare decision makers.<sup>4</sup>

Biases resulting from COIs may be conscious or unconscious and may influence choices made throughout the guideline development process, including conceptualization of the question, choice of treatment comparisons, interpretation of the evidence, and, in particular, drafting of recommendations.<sup>5</sup>

Since there is a great interest in CPGs in whom we can trust we suggest that the ESC follows the recommendations of the IOM when developing guidelines.

## References

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## Concerns about the European Society of Cardiology atrial fibrillation guidelines: reply

We would like to thank you for taking the time to prepare a letter to the Editor of *Europace* recently, in which you express your thoughts on the matters of conflicts of interest. This letter has been forwarded to the senior leadership of the European Society of Cardiology (ESC), given the guidelines are those of the ESC. We felt you would appreciate a reply directly from us to address your questions.

The preparation and publication of the ESC guidelines is done in an open and clear manner precisely as the ESC deems that transparency is of vital importance in all its activities. The ESC has a clear policies on this and other subjects. Please do take a moment to read through them on our website—a link for easy access is: <http://www.escardio.org/The-ESC/About/Policies>

The guidelines that are published by the ESC are done so with the responsibility of the Society. All decisions made concerning such guidelines from the creation of the task force to the publication of the guidelines themselves, are made by the chairman of the committee of practice guidelines.

The ESC's policy for ESC task force chairmen and also for members of the various task forces (indeed also for abstract presenters, speakers, and chairpersons at any meeting of the ESC) requires that an annual declaration of interest is made by the individual, in which any relationship with industry and also funding from institutional, national and international government sources, etc is declared.

This declaration is required precisely to ensure that no such relationship is hidden or covert, on the contrary—it is public knowledge and is carefully reviewed—in fact if offers precisely the opportunity which you have taken advantage of—to be aware of the relationship, to consider it and to be able to ask questions! A conflict of interest would ensue if such relationships were not declared and the volunteer acted in an unprofessional manner, seeking to hide any such relationship. As noted in the ESC's policy on this point 'All potential conflicts must be disclosed so that the audience or a relevant committee can evaluate the relevance of the conflict to the relevant ESC activity'.

In the section on administration/disclosure of conflicts of the ESC policy mentions 'For publications and CME activities, relevant disclosure information is provided to the audience in conjunction with each activity. The disclosure identifies those in receipt of wages, compensation or other remuneration for their services as an employee or

consultant, as well as those who report no financial relationships.

Specifically

- For all ESC CME meetings (including the ESC congresses), invited speaker disclosure information is provided on a slide shown before each presentation. For abstract presentations, the disclosure is included in the abstract itself, both in the print copy and online. Poster presentations contain a disclosure statement on the poster itself.
- In ESC publications, author disclosures are provided in a prominent location.'

It does not seem that one should be reproaching experts in the various fields of medicine who are approached by industry to chair, speak or contribute in recognition of that expert capacity or scientific excellence. It may be of interest also that the ESC led the Task Force of the Biomed Alliance that recently approved and released the "Code of Conduct". All these documents and codes are available on the website for which we note the link above.

The ESC strives to continually improve all its processes, including that of guideline preparation, which is why constructive criticism is welcome. May we note that the process of creating this particular task force and of writing the text for the current ESC guidelines has evolved since the creation of the ESC. It has become more robust, includes even wider input during the writing and review process and a very transparent practice in declaring financial relations. A multidisciplinary team of experts, working within a structured process, having access to external evidence reviews, bound by pre-defined rules and thresholds for recommendations feeding into a wide-ranging review process, seems a good way to integrate expert opinion in the writing and review of international practice guidelines—but we are open to further ideas.

The ESC makes every effort to carry out all its activities in a responsible, careful manner that at all times seeks to take into account the best interests of the patient and the reduction of the burden of cardiovascular disease through the best education and training of cardiovascular specialists.

Should there be further questions you may have or additional comments you would like to make, please contact us directly.

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