Subtle and unacknowledged factors may also influence and undermine a physician’s treatment recommendations. Such potential conflicts of interest are challenging to assess and may erode the essential element of trust in the patient–physician relationship. Clinicians continue to anguish over these potential conflicts. This book should help clarify competing interests, encouraging clinicians to pause, reflect, and incorporate more awareness of the potential for self-serving conflicts.

I’d like to explain what this book is and what it is not. It is not intended as a comprehensive textbook on pharmaceutical or medical ethics. It comprises essays and is divided into four main sections: (1) profits, patients’ rights, and scientific progress (the ethics of clinical research in private enterprises); (2) marketing and the efficient use of health care resources: ethical and public policy challenges; (3) patents, pricing, and equal access; and (4) charting a path for the 21st century.

One major theme permeates this excellent collection. The editors understand that various incentives motivate different stakeholders. Acknowledging these incentives can help bridge the gap between private and public interests. One essay, written by the founder of a patient-advocacy group, describes the dynamic interrelationships and interdependence between such advocacy groups and private corporations. Another essay describes the controversies surrounding direct-to-consumer (DTC) advertising of drugs. It is interesting that the U.S. and New Zealand are the only two countries in the world to allow DTC advertising. Such essays help us understand the competing and divergent interests of the various “players.”

The editors encourage continued efforts to establish compatible public–private partnerships and incorporate the principles of respect, beneficence, and justice into the framework of these relationships. Ideally, the ethical roadmap suggested by the editors will be considered by all stakeholders in the attempt to align incentives for the benefit of public health.

I hope to see a future collection by Santoro and Gorrie that addresses in more detail the inherent conflicts of interest within public–private partnerships, such as accountability, governance, and disclosure. I would also like to see a discussion of the challenges of incorporating the updated Accreditation Council for Continuing Medical Education (ACCME) 2004 standards, which are designed to eliminate potential commercial bias in CME programs.

I highly recommend this collection of essays as the beginning of a pathway for all parties involved in health care.

REFERENCES