New England Journal of Medicine and Publication Bias:

Vioxx, Human Embryonic Stem Cells, and Abortion

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Abstract –

Publication bias in medical journals depends on outside influences and the particular ideologic bent of the editorial board. The New England Journal of Medicine (NEJM) is a premier medical scientific publication having among the highest impact rankings of any research journal. The Vioxx question and industry ties have led some to question whether significant conflicts of interest have arisen within NEJM. Over the past two decades, other socially charged areas have shown considerable bias in the editorial policy of NEJM, including the issues of human embryonic stem cell research and abortion. An aggressive editorial defense of Planned Parenthood Federation most recently seems particularly striking and disproportionate. A journal which is meant to represent the entire spectrum of physician opinion in charged and controversial issues has a practical, if not moral, responsibility to allow both sides to speak and provide an even, unbiased forum for intelligible discussion for all to evaluate the merits of particular issues. To do otherwise makes it culpable of publication bias by suppressing legitimate contrary viewpoints with merit and validity.

In 2004, I was giving a lecture on the bioethics of human embryonic stem cell research at a time in the US when in the US then-President Bush had just placed a moratorium on federal funding of the research. Also, California voters were soon to decide whether to fund human embryonic stem cell research with state tax dollars to bypass the federal restriction. I mentioned that such research was difficult, ethically problematic, had tumorigenic and immunogenic quandries, and had to date not yielded a single medical treatment. Conversely, adult and umbilical cord blood stem cells were more promising and already being applied with astonishing results and many clinical successes. One of the medical students raised his hand and quizzically asked why, then, if adult stem cells are so much better, was there such media hype from leading medical journals that the human embryonic stem cells research was more promising and would rapidly lead to cures for human disease. I replied, in all honesty, that I simply didn’t know. Now, 13 years later, there has still not been a single documented, verified, reliable treatment arising from human embryonic stem cell research. My personal suspicion over the real reason for the emotional and aggressive push by the scientific community to fund such research was supported by several recent articles on conflicts of interest in the practices of leading medical journals (1-5). Notable were the articles from the Indian Journal of Medical Ethics, among them Mark Wilson’s piece “The New England Journal of Medicine: commercial conflict of interest and revisiting the Vioxx scandal.”(1).

The question of publication integrity is paramount in the trustworthiness of scientific-medical journals. Financial and other conflicts of interest resulting in publication bias can be conscious, but likely more often unconscious (5). The New England Journal of Medicine (NEJM) published a drug industry sponsored study comparing rofecoxib (Vioxx) vs. naproxen for treating arthritic pain (6). The study reported decreased gastrointestinal side effects in the Vioxx group, and the pharmaceutical sponsor of the study reveled in the results, contributing to huge sales of the drug. The company purchased 900,000 reprints of the article, at an estimated profit of US$450,000 for the NEJM (7). But the down side of the trial showed an increase in the incidence of myocardial infarction in the Vioxx group, a difference interpreted by the authors to result from a cardio-protective effect of naproxen, rather than a deleterious effect of Vioxx.

The data, however, presented to the Food and Drug Administration (FDA) in October 2000 – prior to the NEJM article - was different than what was actually published in the NEJM. Three additional cases of myocardial infarction in the Vioxx group were presented to the FDA that were not in the NEJM study. The deleterious effects of Vioxx became ever more evident, and the pharmaceutical company withdrew the drug from the market in September 2004 due to these cardiovascular complications. The NEJM finally published two “expressions of concern”, in 2005 and 2006, about the Vioxx study they had originally published 5 years earlier, stating that the study “…did not accurately represent the safety data available to the authors when the article was being reviewed for publication.” Furthermore, the pharmaceutical company data, not included in the NEJM publication but reported to the FDA, showed 47 serious thromboembolic events in the Vioxx group compared to 20 in the naproxen group.

But the NEJM’s “expressions of concern” do not abdicate the journal of responsibility, as they were published 5 years after the FDA results were known, a year after Vioxx was withdrawn by its manufacturer, and after litigation had been initiated by patients against the pharmaceutical company, with the NEJM study as evidence in court. It was posited that the “expressions of concern” published in 2005 were to divert attention from the failings of NEJM and avoid embarrassment and bad legal publicity upon advice from a public relations specialist (1,7,8). Furthermore, the editor of NEJM, Jeffrey Drazen, was made aware of the cardiovascular risk posted on the FDA website at the latest in August 2001 (7,8). At that time, in a phone-in to a Seattle radio show which featured Drazen, a pharmacist informed him of the cardiovascular risk, pleading with him to update the NEJM article with correct information. Drazen dismissed the request stating, “We can’t be in the business of policing every bit of data we put out.” (7,8). That same pharmacist had submitted a letter on the matter to the NEJM for publication several months prior to the call, which had been rejected, citing space issues.

# Drazen became editor of the NEJM in 2000, had strong industry ties and affiliations with at least 21 drug firms between 1994 and 2000 (9), and had a focus more aligned with the business aspirations of the Massachusetts Medical Society(10). Drazen was censured in 2000 by the FDA for making “false or misleading” statements about the value of the drug levabuterol, overstating the safety and efficacy of the drug (9). The NEJM had perhaps the most stringent conflict of interest policy on its publications prior to 2000, having banned altogether any industry ties for authors of editorials, reviews, and opinion pieces. This outright ban was weakened if not entirely eliminated by Drazen two years after taking the helm of NEJM (11), and the position reaffirmed in 2015 (12). This was lamented by Marcia Angell, executive editor of NEJM between 1988-1999 and editor-in-chief until 2000, claiming “there is much evidence that financial conflicts of interest are in fact distorting medical research” (13). She had previously published her concern of industry ties to academia and journal publication in NEJM (14).

The editorial and peer review process in the Vioxx fiasco appeared not only problematic with the NEJM, but also with other respected journals, including Circulation and the Annals of Internal Medicine. As Brophy concludes in the Indian Journal of Medical Ethics (2): “The transgressions included rapid publication to suit the industry’s needs, superficial peer-reviewing that allowed invalidated hypotheses to be circulated as veracities, obfuscation of clinical data, and pervasive conflicts of interest, leading to misleading inferences and conclusions.” Academic physicians with industry ties thus “provided a veneer of respectability to these questionable activities, further misleading the medical readership.”

“Conflict of interest” has a much broader dimension than the narrower but more obvious monetary gains from commercial ties. Publication bias certainly is evident within influential medical journals based on the policies, prejudice, and ideology of the editors, apart from the merit of the article per se. This is again well described in the Indian Journal of Medical Ethics describing the publication bias experienced by Ruth Macklin (5) regarding consent ethics in a study published in NEJM (15). This SUPPORT study, conducted between 2004–2009, compared different oxygen levels given to premature newborns to determine the optimum level. The federal Office of Human Research Protections sanctioned the lead university medical center of the study, citing the medical experimentation consent forms failed to fully disclose the risks of the study posed to the premature infants. Undoubtedly concerned that the informed consent ethics of one of their published, peer-reviewed papers was questioned and sanctioned, the NEJM subsequently published 4 articles defending the consent forms and the study, and accused the federal oversight protection agency of “overreach” in their sanctions of the lead university. Editor Jeffrey Drazen wrote one of these articles, an emotional editorial chastising the federal research oversight office for their reaction to the flawed consent forms (16). Three top level NIH officials, including its director, wrote another one of the 4 articles defending the study and consent forms (17). Although it was the NIH Institute of Child Health and Human Development which had sponsored the study, all the NIH officials authoring the article answered “no” to all conflict of interest questions.

Dr Macklin then submitted a piece to NEJM with 45 scholarly signatories criticizing the flawed consent forms of the study, which failed to disclose the risks of the study that parents of the premature babies should have been informed of. The subsequent convoluted course navigating NEJM publishing bias was detailed by Macklin (5), including jockeying for a level playing field for discussion. Macklin wrote to NEJM editor Drazen: “Your denial of the request for equal space can only be seen as a suppression of viewpoint”, considering that NEJM had published the original study and 4 subsequent pieces defending the informed consent documents, without any contrary viewpoints or alternative opinion. Macklin’s piece was finally published – in “on-line” form only - by NEJM, but even then an attempt was made to edit the piece by referencing the previously published NEJM articles, violating the journal’s own policy. When Macklin complained to NEJM that NEJM’s own “rules have changed,” the journal complied with Macklin’s original piece, but nonetheless the final “on-line” publication added an “Editor’s note” referencing all of the NEJM articles.

A form of blindness, one-sidedness, and one could dare say prejudice, be it subtle or not-so-subtle, manifests in obvious ways in how particular journals, including NEJM, treat certain controversial issues. Over the years, several striking NEJM trends have become evident, with a near-complete domination of the journal in publishing viewpoints and articles only when they are only in-line with the editor’s views. The ensuing discussion focuses on two of these: human embryonic stem cell research and abortion. Overt trends on several others topics, including physician-assisted suicide and conscientious protections for health care workers, are also evident but will not be considered in detail this discussion.

*Human Embryonic Stem Cell Research and Somatic Cell Nuclear Transfer (Cloning)*

The introductory paragraph in this paper questioned why human embryonic stem cells, as opposed to adult stem cells, were the “holy grail” of medical research, despite the fact that the latter had shown far more clinical and practical promise. In the years 2000-2005, the nearly unopposed secular scientific and popular gestalt was that human embryonic stem cells had the most promise to treat all forms of human disease. As the human embryonic stem cells were pleuripotent, they could “morph” into any tissue or organ, and had, purportedly, the most promise to cure diseases ranging from Parkinson’s disease to brain and spinal injury to diabetes, etc. The ethical dilemma was that the harvesting of the embryonic stem cells from the embryo, of necessity, destroyed the embryo, thus, in essence, destroying early human life. Furthermore, the embryonic stem cells’ tumorigenicity and immunogenicity were problematic. One perceived solution to the immunogenicity problem was to use “cloning” - taking the nucleus of a patient’s own somatic cell and transferring it into an enucleated ovum (“somatic cell nuclear transfer” [SCNT]). The resulting clone would divide to form a blastocyst capable of generating a stem cell line. The ethical problem of cloning, however, was particularly compounded, as this would be akin, literally, to creating new human life in a laboratory and then destroying it. Proponents of human cloning clouded the issue by claiming that the “therapeutic cloning” they proposed for human disease was morally acceptable and not akin to morally objectionable “reproductive cloning” – the intentional development of a term human baby through cloning. Nonetheless, an unbiased observer might consider it odd that one could consider the bringing to existence a cloned human life and then destroying it as morally superior to conceiving a cloned human life and then bringing it to its term-end fruition as a human infant.

A curious phenomenon of the time was the insistence of the scientific community for calling therapeutic cloning as “somatic cell nuclear transfer.” The clear purpose was meant to instill in the public psyche a politically correct distance between such research and the generally negative connotation that human “cloning” of a term infant had. Taking a loud and firm stand that reproductive cloning should be banned and sanctioned gave an effective decoy and veneer of ethical integrity to the whole matter of therapeutic cloning.

Any scientific, practical, and ethical arguments at the time opposing the ethics of human embryonic stem cell research and cloning were squelched largely on emotional rather than factual grounds. Scientific journals and public opinion pundits labeled opponents to the human embryonic stem cell research – for whatever reason –as insensitive and biased, concerned more about the life of an embryo rather than the life of a patient suffering from terrible diseases. Then-President Bush’s decision in 2001 to stop federal funding of the research because “a fundamental moral line” would be crossed was met with overwhelming criticism by the academic scientific journals. It was a hugely successful public relations effort put forth by the scientific community, the media, and various disease support groups to sway public opinion.

For this author personally, an off-hand comment in 2004 by one of my operating room scrub techs during surgery illumines the psychological backdrop of the time well. Spontaneously commenting that he couldn’t believe the Catholic Church opposed stem cells and was blocking the cure of disease, I politely educated him on the different types of stem cells, which ones were currently useful and ethical to treat disease, and why many reasonable people might consider destruction of human embryos for clinically unproven benefit as morally problematic. The shift of the public discussion at the time to raw emotion rather than fact-based intellectual science was palpable and stunning.

The PR agenda and heavy-handed methods worked spectacularly well. In 2004, California voters enacted Proposition 71, funding human embryonic stem cell research with taxpayer dollars the tune of US three billion, thus forming the California Institute for Regenerative Medicine. And in 2009, then-President Obama lifted the federal restrictions on funding human embryonic stem cell research, proposing that his administration would “make scientific decisions based on facts, not ideology.”

NEJM certainly had a lot to do with medical and public opinion in this regard. From 2000-present, there were over 20 articles, including at least 3 editorials written or coauthored by editor-in-chief Drazen, overwhelmingly supportive of human embryonic stem cell research in the NEJM (18-38, 52). Although there were several letters to the editor with opposing views (39,41-44,46,47)(with rebuttals by the original NEJM authors [40,45,48-50]), there were no major published pieces of a different opinion. Drazen’s editorial “Legislative Myopia on Stem Cells” (18) vilified the banning of human embryonic stem cell research and assured readers “there is no question but that somatic-cell nuclear transfer will be used to develop treatments for conditions that are currently uncurable” and that patients afflicted with such diseases “will be offered the prospect of cure.” He suggested that if US researchers were not permitted to perform this type of research, then scientists in other countries would make the discoveries and apply them to patients, giving the US second class medical care. From the editorial bully-pulpit, he vowed to make this research a priority, stating that the “editors of the Journal will do our part by seeking out highly meritorious manuscripts that describe research using embryonic stem cells”, clearly positioning to sway the political debate.

Regarding such “highly meritorious manuscripts,” the NEJM published an editorial coauthored by Drazen (19) lauding the South Korean research group led by Woo Suk Hwang which reported the derivation of human embryonic stem cells from a cloned blastocyst (51). The NEJM editorial stated that the work “represents a significant step toward the cure of diseases that involve the loss of a particular cell type – diseases such as type 1 diabetes and Parkinson’s disease.” Another NEJM piece (52) continued to heap praise on Hwang for his follow-up publication on the research (53). Both NEJM articles bitterly decried the US federal government for their restrictive funding of human embryonic research, essentially claiming it would give the US second-rate medicine.

But this work that was greeted with such spectacular applause by NEJM editorial proved to be deeply flawed. In 2005, it was reported that the ovum donations procured by the South Korean group had been obtained from graduate students in the lab and the black market (54). Furthermore, contrary to the research team’s paper, there were financial payment to some oocyte donors, as noted in a posted 2005 Science Erratum. A retraction of both Hwang’s scientific articles were posted by Science in 2006 after the star scientist was found to have engaged in research misconduct with his papers containing fabricated data. He was removed from his university academic position, was indicted on fraud, embezzlement, and breach of bioethics, received a suspended prison sentence, partnered with a biotechnology firm specializing in cloning dead pets, and engaged in talks with Libya to set up a stem cell research center there. Rather than legislative caution about morally problematic research, the “myopic” vision discussed by Drazen (18) seems to have been more aptly applied to scholarly journals’ overly zealous, one-sided, and unrealistic enthrallment regarding human embryonic stem cell research.

What was the real motivation for the wild enthusiasm initially held by the scientific journals and academic community for human embryonic stem cell research? Was it exclusively to benefit the unfortunate patients with diabetes and Parkinson’s disease, as stated repeatedly in gut-wrenching terms in editorial after editorial? A strong financial conflict of interest and partnership with the biotechnology industry can certainly influence professional journals’ publishing decisions, consciously or unconsciously, and can conceivably sway a journal’s editorial policies. NEJM clearly outlines financial and academic perks for human embryonic stem cell research based on publishing and patenting human embryonic stem cell technology (55). The behind-the-scenes focus “centered on the market for stem cells – the ownership, control, pricing, and availability of stem-cell lines”, with the hope to merge the best of both the academic and commercial worlds with “strong incentives for commercial research investments.” New lines of human embryonic stem cells, including those from somatic cell nuclear transfer (cloning) technology, were certainly more lucrative than the morally non-problematic adult and cord stem cells.

In 2000, the journal Science wrote that the embryonic research had “become one of the hottest areas in biotechnology as several companies have jumped in to try to exploit them commercially” (56). Dr. Jean Peduzzi-Nelson in his testimony before the US Senate in 2004 stated:

“*The main reason for the current emphasis on human embryonic stem cells and cloning is money. The old statement of ‘follow the money’ explains many of the statements made regarding this controversy. It is a superior business plan to have a mass-produced product such as embryonic/fetal/cloned stem cells that can be sold nationwide and have patentable intellectual property. Cloned stem cells derived from embryos with genetic defects represent the possibility of millions in patentable stem cell lines. Adult stem cell therapies are much better for people with diseases or injuries but generate an inferior business plan. In the case of adult stem cells where, in most cases, a person’s own cells can be used, one can only develop a procedure that is generally not patentable* …” (57).

What practical treatments and cures for human disease have been gleaned from, specifically, human embryonic stem cell research in the 13 years that California has funded human embryonic stem cell research, and in the 8 years since the federal government has approved funded the research? To my knowledge none, zero. Conversely the clinical applications of ethical stem cell research has been staggering and hugely successful, despite their financial unattractiveness to investors, but this is little spoken of. The funding certainly has gone to generously funding scientists in architecturally beautiful new buildings in academic centers under the auspices of Regenerative Medicine programs. But, even if there were ultimately effective cures, the fundamental ethical problem would not simply disappear, and has certainly not been addressed in any legitimate editorial form by prominent journals, including NEJM, in unbiased forums or reviews. But the ethical dilemma produced by creating and destroying cloned human embryos for stem cells continues to be journalistically justified in the name of medical progress to benefit the sick – repeatedly mentioning diabetes and Parkinson’s disease like a broken record. The human capacity for rationalization seems to know no bounds.

*Abortion*

Despite Drazen’s claim that NEJM strives to use the “least biased people to write review articles and editorials”(58), abortion and contraceptive promotion are among the topics NEJM treats with the most bias. Aside from the issue of contraceptives, from 2000- April 2017 the NEJM published over 40 pieces sympathetic to and supportive of the practice of abortion by physicians, primarily in the publication categories of Perspective, Sounding Board, and Editorial sections. This included no fewer than 4 pieces supporting abortion authored or coauthored by NEJM editor Drazen including opposition to banning partial birth abortion (59,60), opposition to mandatory discussions of the biological reality of the developing being within the mother contemplating abortion (61), and unbridled support for Planned Parenthood Federation, the largest abortion provider in the US (62).

Then-presidential candidate Hillary Clinton also published a piece supportive of abortion in the NEJM (63). During this period, as far as could be ascertained, there was not a single piece arguing in favor of abortion restrictions or supporting or acknowledging the right to life of the human fetus. NEJM did allow one letter to the editor to acknowledge that “elective abortion is more strongly associated with subsequent psychiatric hospitalization than is childbirth”, but went no further (64), and a second letter questioned the difference between “watching a 20-to-24-week-old fetus die ex utero” as opposed to in utero (65).

By sheer statistics and numbers alone, it is inconceivable that the NEJM representation of abortion perspective would thus be accurately representative of a true cross-section of physician sentiments. It is clearly one-sided – and has been for some time. As suggested previously by Macklin (5) in her experience with NEJM, this “raises the question of a reputed journal’s ability to bias its readers by the sheer number of publications on one side of a controversial issue”, falling into an “ethically suspect category: publication bias.”

Within these NEJM publications, a myriad of controversial abortion-related topics were alluded to editorially in unopposed fashion. A sampling of these include the Mexico City Policy requiring all non-governmental organizations that receive federal funding to refrain from performing or promoting abortions (62), conscientious objection to abortion (67,68), fetal pain during abortion (69), First Amendment right of free speech for sidewalk pro-life counselors (70), requiring physicians to provide information on fetal development prior to abortion (61,71-73), ultrasound requirements prior to abortion (74,75), requirements for hospital admitting privileges for abortionists and basic abortion clinic safety requirements (76), parental notification prior to abortion (61), laws preventing removal of pregnant women from life support (77), partial birth abortion (59,60,78), and criminal accusations against Planned Parenthood in the sale of aborted fetal tissue (62,79). In all instances, without exception, NEJM editorial policies mesh inextricably with the vision of Planned Parenthood.

These last two pieces (62,79), including one coauthored by editor-in-chief Drazen (62), are particularly noteworthy. Both aggressively defended Planned Parenthood in the firestorm which ignited after secretly recorded videos regarding activities of Planned Parenthood in the sale of aborted fetal body parts surfaced in July 2015 (80-82). The videos resulted from an undercover investigation by a prolife group (Center for Medical Progress) into the apparent financial for-profit sale of aborted fetal organs for research by Planned Parenthood. It became a public relations disaster for the organization, resulting in accusations of criminal trafficking and profiteering in baby body parts and expanded into congressional hearings and formal investigations in multiple states. An ever increasing outcry to halt federal taxpayer funding of Planned Parenthood ensued.

Physicians, executives, directors, and workers of Planned Parenthood were seen on footage recommending altering partial birth abortion techniques for procuring higher-quality fetal body parts; suggesting using “less crunchy” abortion techniques; haggling over fetal tissue prices because “I want a Lamborghini”; giddily exclaiming “It’s another boy!” with reference to an aborted fetal corpse; suggesting the superiority of intact fetuses for procurement; having to “pay attention to who’s in the room” because of the legal requirement to perform life-saving maneuvers if the fetus/baby is born alive; and joking of the abortionist’s need to work-out one’s biceps to be strong enough to do the procedure. By innate human instinct alone, an unattached observer seeing the videos might liken them to the callous brutality exposed in the Kermit Gosnell infanticide and murder trial (83), or Elie Wiesel’s haunting lament: “What made them forget or eclipse the Hippocratic Oath? What gagged their conscience? What happened to their humanity?” (84).

The spectacular videos tarnished the image of Planned Parenthood at an initially visceral, then legal and legislative level. The timeline and level of aggressiveness defending Planned Parenthood in both NEJM pieces was surprising for a professional medical journal, considering that the facts of the case were still being sorted out, and federal and state investigations were just being organized. It was as if NEJM, with the authority of its bully-pulpit, was doing some form of professional damage control for the tainted image of Planned Parenthood, in a way that an unattached or disinterested party without intimate ties would find extreme and brash. It was as if NEJM, in damage control mode, was protecting its own policy and self-interest, in a way that could not be viewed as completely dissimilar to the timing of the NEJM “expressions of concern” regarding VIOXX (1,7,8).

While heaping praise on Planned Parenthood, NEJM vilifying the group whose videos exposed the organization, expressing “outrage” at the “radical” group that “continues to twist the facts.” Conversely, nary a mention of the infamous trial of abortionist Kermit Gosnell was ever made in NEJM. One could ponder whether NEJM ever considered publishing any expression of outrage at this jailed physician’s gruesome actions, considering the foundations upon which medicine is supposed to be based. But agendas can powerfully bias what a journal will, and will not, write about.

With the protection and reputation of NEJM behind them, the two articles of support were well utilized (85) and boldly quoted in the Planned Parenthood Action web site (86). Cecile Richards, president of Planned Parenthood, seized the opportunity of glowing and unfettered endorsements from the editor-in-chief and associate editor of one of the most prestigious medical journals on earth: “These pieces are further proof of what we already know: **Objective media voices, doctors, medical experts** ... are standing with Planned Parenthood.” (86).

Is there a bias on the subject of abortion in NEJM, considering the overwhelmingly supportive views on abortion published in the journal - the unfettered editorial endorsement of Planned Parenthood being the most spectacular and brazen? George Topulos, lead author of one of the articles (58), served as a member of the medical committees of Planned Parenthood League of Massachusetts and Planned Parenthood Federation of America, as noted in the NEJM disclosure. R. Alta Charo, a frequent contributor to NEJM, served on the National Medical Advisory Committee of the Planned Parenthood Federation as noted on the NEJM disclosure.

As if the relationship between the NEJM and Planned Parenthood could not get more intimate, Planned Parenthood president Cecile Richards herself then became an author in the NEJM medical journal with her piece promoting expansion of birth control (87). Having an article published in the influential NEJM is considered a pinnacle of academic success for medical authors. Was there a conflict of interest for the president of Planned Parenthood to publish an article on contraception promotion in NEJM? In the author disclosure section, it is asked whether the author has a financial relationship “with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work,” including “interactions with ANY entity that could be considered broadly relevant to the work”, or “other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.” Richards answered “No” to all questions. Certainly expansion of birth control would benefit Richards, whose income approaches US 1 million (88)

The sheer number of publications in NEJM favorable to the social value and necessity of contraceptive expansion – aside from the issue of abortion per se - is and breathtaking. Editor-in-chief Drazen authored or coauthored many editorial pieces (89-94) overwhelmingly favorable to the use and availability of emergency contraception. This is the clear bias of NEJM, despite there being contrary viewpoints representative of many physicians. What is the relationship between the editorial policy of NEJM and Planned Parenthood Federation of America? Is the prestigious professional medical journal NEJM in some ways a mouthpiece for the Federation?

What makes all this even more outrageous is that the Hippocratic Oath (95) explicitly prohibits physician participation in abortion (and euthanasia), stating: “I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practice my Art.” Although the Oath is respected and acknowledged by NEJM with regard to physician participation in prisoner execution (96), it appears to be a total nonissue relevant to abortion, to the point that even conscientious objectors to abortion provision could not use their own medical Oath as a defense (67,68).

Furthermore, it is well worth remembering that, true to Hippocratic tradition, Nazi abortion policy was indicted and punished at the Nuremberg Trials as a “crime against humanity”, a “war crime”, and an “activity marking a criminal organization.” The indictments included “providing abortion services”, “encouraging” abortions, and denying “protection of the law...to unborn children” (97,98). The international medical declarations that arose directly from the Nuremberg Trials all presumed the Hippocratic protection of the unborn, explicitly or implicitly, including the 1948 Geneva Declaration of the World Medical Association, 1947 British Medical Association War Crimes and Medicine statement, and the 1949 International Code of Medical Ethics (99-101). Fetal “protection of the law” was mandated by the Nuremberg judgments to be codified in the International Bill of Rights (102).

Although the bioethical public policy emphasized in NEJM receives heavy input from the field of law (a field which is not sworn to abide by the Hippocratic Oath), it nonetheless surely should acknowledge the Nuremberg Trials and its ensuing medical declarations as part of its medical and legal heritage. The clouded vision spawned over the decades from a form of smoke-in-mirrors legalistic gymnastics appears part and parcel of the vision currently embraced by NEJM journalism, with little tolerance for legitimate discussion to the contrary.

*Concluding Statement*

Academic institutions, universities, and journals are ideally meant to serve as a discussion board to evaluate with intellectual honesty both sides of controversial topics. If the current state of affairs in much of academia are any indication, then just the contrary is true, where with increasing frequency opposing, “politically incorrect” but nonetheless true ideas are denied public discussion and met with violence or stone-walling rather than intelligible and rationale debate. Evidence suggests that such one-sided bias exists in scientific and medical journal publishing. Influences such as popular culture, politics, commercial interests, pharmaceutical companies, Planned Parenthood, and an editor’s particular bent can and do influence the altruism, honesty, integrity, and ultimately scientific merit of major medical journals, not the least of which appears to be NEJM.

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