



Paediatricians call on royal college to drop financial ties to infant formula firms

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London

The Royal College of Paediatrics and Child Health is being warned that it risks damaging its reputation if it does not reject income from manufacturers of infant formula milk.

A group of paediatricians has submitted a motion to the college's annual general meeting on 27 April highlighting the income it receives from manufacturers that have stands at conferences and clinical meetings and the core funding it receives from one manufacturer. The college said that it received income from more than one manufacturer but could not disclose the amounts because of commercial sensitivity.

The paediatricians say that although the college has "progressively distanced" itself from such sponsorship, they warn that receiving any form of funding from manufacturers "will distort public and professional perceptions of the college stance on breast feeding as well as their advice on the appropriate clinical use of breast milk substitutes.

"Sponsorship of this kind thus damages the college's reputation as an independent advocate for child health; we can afford not to have the money, we cannot afford the loss of reputation," they said.

The motion highlights the World Health Organization and Unicef's code on marketing of breast milk substitutes,¹ which emphasises the need for health workers to be independent of promotional influences such as sponsorship of professional associations.

Charlotte Wright, professor of community child health at the University of Glasgow and the motion's proposer, said that by allowing formula manufacturers to have stands at its conferences and clinical meetings the college was selling access to doctors.

"[The college] is facilitating exposure of their paediatricians to the promotion of formula milk. I would never meet anyone from a formula milk company if I didn't go to clinical meetings organised by the college," she said. "WHO has specifically advised that health practitioners should not meet with representatives of formula companies."

She said that she, along with other paediatricians, approached the college last year asking it to sever any remaining financial links but that it had refused. She said that the college's stance went against previous statements it had made, including as a co-signatory to an open letter that was published² after a recent *Lancet* series³ showed that the United Kingdom had one of the

world's lowest rates of breast feeding at 12 months. Just 0.5% of women were still breast feeding at this point, whereas the proportion was 30% in Australia, 27% in the United States, 23% in Germany, and 9% in France.

The open letter stated that families should be protected from "aggressive marketing" by formula manufacturers by the full enactment in UK law of the code on marketing breast milk substitutes.

Sue Ashmore, programme director of Unicef's Baby Friendly Initiative, said that the initiative had urged "all institutions to adopt policies that require full code compliance and encourage adherence to the code by all their stakeholders."

Patti Rundall, policy director of the campaigning group Baby Milk Action, said that the college had an important role worldwide in promoting breast feeding and urged it to end its ties to manufacturers of infant formula milk. She said, "The college has made so many great statements [on breast feeding] that have made a huge difference, and [it has] a real standing in the world." But she added that taking money from infant formula manufacturers gave "huge power and credibility to corporations that are doing enormous harm to child health" and that it was "totally against what the World Health Assembly is saying about allowing the promotion of these products."

In a statement the royal college's officer for health promotion, Russell Viner, said that the college supported the code and was looking forward to an "open and healthy discussion" at the annual general meeting about the benefits and concerns about formula milk sponsorship.

He added, "RCPCH takes a rigorous and robust approach to avoid institutional conflicts of interest and to maintain the reputation of RCPCH as an unbiased, independent advocate for child health. We ensure compliance with guidance from the Charity Commission and best practice within the scientific and medical fields."

- 1 World Health Organization. International code of marketing of breast-milk substitutes. 1981. www.who.int/nutrition/publications/code_english.pdf
- 2 Open letter on the crisis in UK breastfeeding. <https://ukbreastfeeding.org/open-letter/>
- 3 Victora CG, Bahl R, Barros AJ, et al. Lancet Breastfeeding Series Group. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet* 2016;387:475-90. doi:10.1016/S0140-6736(15)01024-7. PMID:26869575.

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