

EDITORIALS



In Support of Same-Sex Marriage

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Eleven years ago, Massachusetts became the first state in the country to give same-sex marriages full legal recognition. Today, same-sex marriage is legal, through legislative or judicial action or by popular vote, in more than 35 states and the District of Columbia. It is recognized by the federal government. And polls consistently show that it is supported by a clear majority of Americans. However, in Ohio, Kentucky, Michigan, and Tennessee, the Sixth Circuit Court of Appeals has ruled in favor of laws and constitutional amendments that define marriage as a union between a man and a woman only, denying recognition of same-sex marriage. Given the conflicting lower-court rulings, the Supreme Court has taken the issue under consideration. The Court will hear oral arguments on April 28 and is expected to hand down its ruling by the end of the current session, in June. We believe that the Court should resolve this conflict in favor of the full recognition of same-sex marriage throughout the United States.

A fundamental tenet of all medical care is the acceptance of patients as they are, for who they are, with respect and without prejudice or personal agendas. In most of the world, including the United States, there has been a long, sad history of mistreatment of homosexuals and misunderstanding of homosexuality, a normal expression of human sexuality. This mistreatment has ranged from disrespect to ridicule, from ostracizing to genocide. Medicine and psychiatry once saw homosexuality as deviant behavior and produced many baseless, foolish theories to explain it.¹ Until 1987, it was included (albeit increasingly less prominently) in the *Diagnostic and*

Statistical Manual of Mental Disorders, despite mounting evidence to the contrary. And there are still health care providers who offer ways to “treat” homosexuality as if it were an illness. Many of us in decades past have known people who felt they had no choice but to hide their homosexuality with false behaviors and sham marriages.² Too often physicians have seen the price that their patients have paid for society’s lack of acceptance of homosexuality. Stigma and shame lead to stress, anxiety, dysfunctional behavior, depression, even suicide. For all of us, sexual identity is an essential part of who we are. Those who are homosexual in a society that cannot give acceptance and respect suffer a constant insult to identity and a constant barrier to a normal life.

In this country and in many parts of the world, things have been changing. We are seeing greater respect and acceptance of people regardless of their sexuality. However, we have also seen efforts to avoid acceptance. Just a few weeks ago, the governor of Indiana proudly signed legislation making it possible for people to discriminate against homosexuals if the discrimination was said to be supported by religious beliefs. Fortunately, public outrage persuaded the governor and the legislature to backpedal, claiming it was all a misunderstanding. They have now amended the law to provide explicit protection for sexual orientation.

Same-sex marriage should be accepted both as a matter of justice and as a measure that promotes health.³ Marriage as an institution is about stable, long-term relationships, which we know encourage health, reduce the risk of some

diseases, and promote healthy families. All health professionals know that in those with chronic and severe illness, care almost always relies in part on family. And when things get really difficult, as when life and death decisions need to be made, physicians know that talking with a patient's partner is not legally the same as working with a patient's spouse. Many same-sex couples are now raising children, and the health of those children demands that their parents have the full rights and protection of marriage. In our society, marriage is often essential to obtaining and keeping adequate health insurance coverage for both members of a couple and for their children. More than 1000 federal benefits are conferred by marriage, among them access to family medical leave, Medicaid, and Veterans Affairs medical services. Some of those benefits, however, are in jeopardy for same-sex spouses in states that do not recognize their union. The current situation — with same-sex

marriages, including those in families with children, legally recognized in some states but not others — makes no sense, and the harmful consequences for health are well documented.

The Supreme Court should require the full recognition of same-sex marriage throughout this country. If the Court rules otherwise, whatever the legal logic, a clear injustice will result. And that injustice would damage the health and welfare of millions of Americans.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

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Revisiting the Commercial–Academic Interface

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In the mid-1940s, Selman Waksman, a soil microbiologist, and his team discovered streptomycin, an antibiotic with action against the tubercle bacillus.¹ Although he was able to show efficacy in the laboratory, Waksman realized that if his discovery was to be of value to the world, he needed a partner capable of manufacturing adequate amounts of the material under conditions that would make it suitable for use in humans. He therefore struck a deal with Merck to produce streptomycin for clinical use.¹ Soon thereafter, the British Medical Association undertook a large randomized, controlled trial of streptomycin for the treatment of tuberculosis. The results, including a description of the utility of streptomycin and resistance to it, were published in the *British Medical Journal*.² This partnership between an academic researcher and a drug company went on to alleviate substantial human suffering and should be a model for current behavior. Unfortunately, it is not.

In 1950, Waksman, who was arguably the

world's leading authority on antibiotic treatment of tuberculosis and who 2 years later received the Nobel Prize in Physiology or Medicine, was the sole author of a review article on streptomycin and neomycin published in the *British Medical Journal*.³ That would most likely not happen today. Over the past two decades, largely because of a few widely publicized episodes of unacceptable behavior by the pharmaceutical and biotechnology industry, many medical journal editors (including me) have made it harder and harder for people who have received industry payments or items of financial value to write editorials or review articles.⁴ The concern has been that such people have been bought by the drug companies. Having received industry money, the argument goes, even an acknowledged world expert can no longer provide untainted advice.

But is this divide between academic researchers and industry in our best interest? I think not — and I am not alone. The National Center for Advancing Translational Sciences of the National