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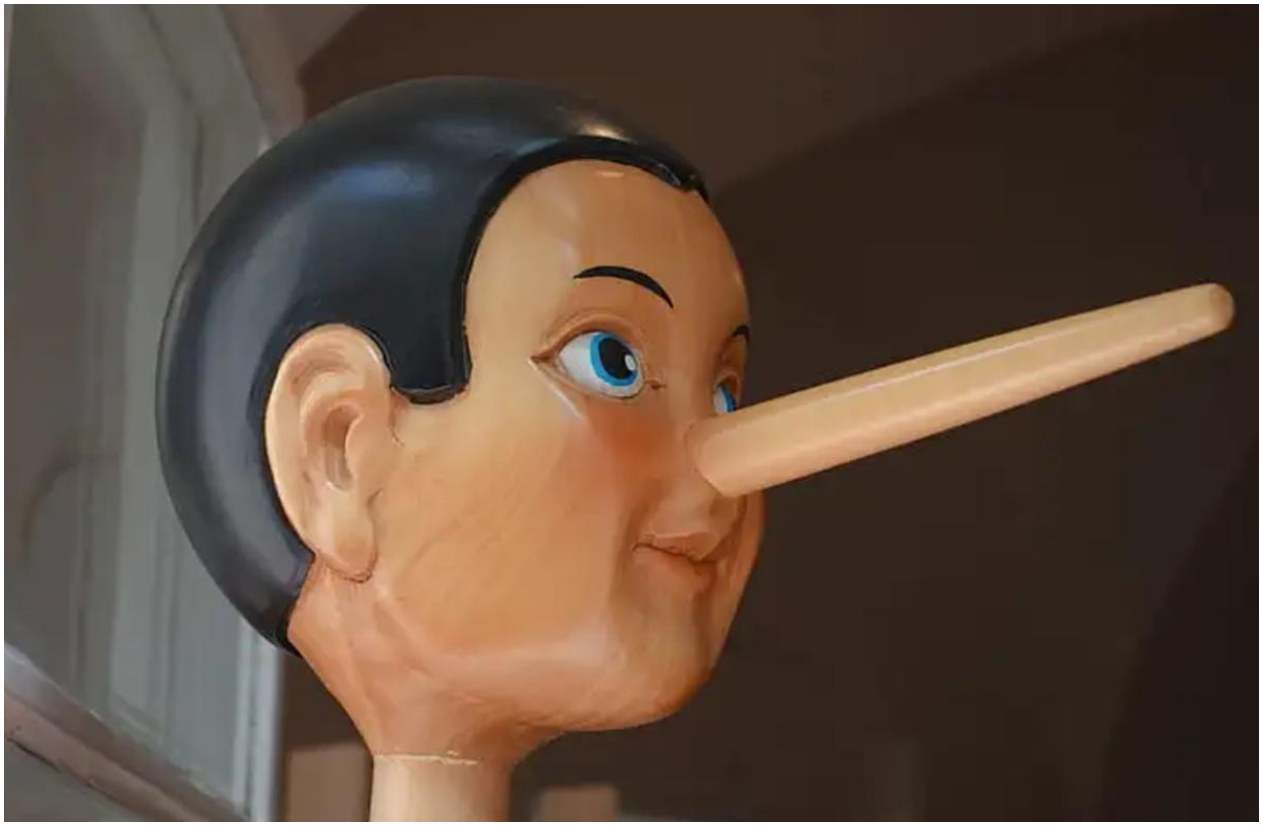

The acquisition of medical journals by pharmaceutical companies

July 29, 2026 by Dr. Peter F. Mayer 9.1 minute reading time

Over the past few decades, a gradual corporate takeover of medical science has taken place. This can be illustrated, among other things, by how specialist journals have degenerated into mere marketing vehicles. A look behind the scenes of a system that has long since sold itself out.

Imagine if food safety authorities were 75% funded by Nestlé, Unilever, and Monsanto. Imagine if building inspectors had their inspections paid for by the concrete industry. Imagine if the traffic safety agency were dependent on car manufacturers. Outrage? Of course. Yet this very scenario has been a sad reality in medical publishing for decades—except that hardly anyone complains because the entanglements are so deep, so normalized, and so cleverly concealed that even many doctors no longer notice them.

" Jonathan Engler *In his article " Inside the corporate takeover of medical journals,* compiled quotes from experts who expose the connections and the full extent of the corruption within medical media corporations. Engler, himself an entrepreneur in the healthcare sector, is an expert in this field.

Medical journals, those supposed guardians of scientific integrity, have become what Richard Horton, editor-in-chief of The *Lancet* , formulated with remarkable clarity back in 2004: **“Journals have devolved into information laundering operations for the pharmaceutical industry.”** — Medical journals have degenerated into information manipulation facilities for pharmaceutical companies.

Horton is no outsider. He's the editor-in-chief of one of the world's most prestigious medical journals. When *he* says something like that, you should listen.

The Economics of Corruption: How the Business Model Works

The system is as simple as it is insidious. It rests on three pillars:

1. Advertising sales — the most obvious, but least harmful dependency

In 2003 alone, pharmaceutical companies spent $448 million on advertising in medical journals, as *in a study published in PLOS Medicine* (2006) documented . *The return on investment* ranged from $2.22 to $6.86 per dollar invested. No wonder journals like *JAMA* or the *New England Journal of Medicine* (NEJM) are browsed like colorful advertising brochures.

But the ads are the least of the problems. They're visible, open to criticism—every reader knows they're paid advertisements. The real danger lies deeper.

2. Special reprints — the license to print money

This is where things get really dirty. When a pharmaceutical company places a study in a prestigious journal, it subsequently buys thousands of *reprints* . The profit for the publisher? Richard Smith, former editor-in-chief of the *BMJ* in his damning essay in *PLOS Medicine* (2005) , estimated the profit margins at up to **70%** .

A single reprint deal can bring in over **$1 million** . Merck alone spent $836,000 on reprints in the NEJM for the VIGOR study (which later played a central role in the Vioxx scandal). These are sums that would make any media outlet's board of directors sweat—because they know that if they reject an industry-friendly study, they risk not only the reprint deal but potentially their journal's entire annual budget. Smith put it succinctly: An editor faces a " *frighteningly stark conflict of interest: publish a trial that will bring US$100,000 of profit or meet the end-of-year* budget by firing an editor."

The 2020 *in PLOS ONE* study by Graham et al., published —one of the most comprehensive investigations on this topic, encompassing 128,781 articles from 159 journals—found a clear correlation: **Journals that accept reprint fees are 2.81 times more likely to publish articles**

with author conflicts of interest (OR = 2.81; 95% CI: 1.5–8.6; p = 0.0416). Accepting advertising revenue alone was less predictive—it is the reprints that distort editorial judgment.

3. The "Supplement Trap" — Pseudoscience in a Fancy Coat

Many scientific journals regularly publish *supplements* —special issues sponsored by individual pharmaceutical companies. These supplements are often subject to a much more lenient peer review process, or none at all. As Richard Smith in his *BMJ* article (2003) dryly noted **: the lower the scientific quality and the more industry-friendly the content, the higher the profit for the journal.**

Smith continued: "Often these articles come from paid industry hacks and have already been published elsewhere multiple times." The magazine sells its good name — the pharmaceutical company gets the scientific halo for its marketing material.

The Elsevier scandal: When a scientific publisher produced fake journals

In 2009, *CBC News* documented a scandal in which the scientific publisher *Elsevier* —one of the largest and most powerful players in the industry—had for years published the *Australasian Journal of Bone and Joint Medicine* without disclosing that it was a marketing vehicle entirely sponsored by Merck. The publication looked like a genuine scientific journal, proudly bore the Elsevier imprint—and contained exclusively Merck-friendly content.

Elsevier admitted to producing a total of **nine such fake journal titles** between 2000 and 2005. The company's reaction was as predictable as it was cynical: an internal investigation, new "guidelines," and the usual PR platitudes. The CEO of Elsevier Health Sciences assured the public that the integrity of the "genuine," peer-reviewed journals had "in no way been compromised."

Of course not.

Today, as of 2025, Elsevier openly **advertises "Elsevier Pharma Solutions"** on its website —a service that helps pharmaceutical companies find "targeted professional journals" to place their messages. Consider this: the same publisher that claims to provide neutral scientific quality assurance is simultaneously offering the industry marketing services to use precisely those journals as advertising platforms.

Conflict of interest? What conflict of interest?

The numbers lie… systematically.

The data is overwhelming:

- **Two-thirds to three-quarters** of all randomized trials in major journals (*Annals of Internal Medicine, JAMA, Lancet, NEJM*) are funded by the pharmaceutical industry, as Richard Smith noted in *PLOS Medicine* (2005) .

- The systematic review by Schwedhelm et al., published in *Deutsches Ärzteblatt International* (2010) , confirmed that industry-funded studies more frequently yield positive results for the sponsor's product, with an **odds ratio of 3.6** (95% CI: 2.6–4.9). Furthermore, the methodological quality is not inferior—which helps to conceal the manipulation.
- A German study by Becker et al., published in the *CMAJ* (2011) , examined 11 medical continuing education journals and found that **free journals financed exclusively through pharmaceutical advertising recommended the advertised drugs significantly more often** than journals with a subscription model. The "free journals"—completely industry-funded—performed the worst.
- A 2024 *in JAMA* study published by Nguyen et al. analyzed peer reviewers from the three leading journals (*BMJ, Lancet, NEJM*) for the period 2020–2022. The result: **More than half of the US reviewers** had received payments from pharmaceutical or medical device manufacturers—a total of **$1.06 billion** , of which $64.18 million were personal "general payments" (consulting fees, lecture fees, etc.). The median personal payment was $7,614.

These are the people who decide in peer review which studies are "scientifically valid" and which are not.

The subtle difference: How bias is disguised

Apologists for the system often argue: "The methodological quality of industry-funded studies is no worse than that of independent studies." This is actually true — and therein lies the obfuscation, as Schwedhelm et al. explained in detail in the *German Medical Journal* (2010) .

The industry does not produce *bad* studies in a methodological sense. It produces *well-made* studies that **through clever framing, dosage comparisons, endpoint selection, and selective publication .** deliver the desired results

A classic example: The investigational drug is tested at a therapeutic dose, the comparator drug at a subtherapeutic dose. Surprise: The investigational drug performs better. The methodology is sound—the research question is flawed.

Or: Undesirable results simply disappear into a drawer. Studies with negative results are published less frequently—a phenomenon known as *publication bias* , which has been documented for decades, but against which there seems to be no remedy as long as journals depend on the goodwill of industry.

Furthermore, an analysis of peer-review comments published in *BMJ Open* (2015) revealed that reviewers of industry-funded studies were significantly less likely to criticize methodological flaws (52.9% vs. 69.7%), inappropriate statistical methods (15.1% vs. 28.3%), or questionable conclusions than reviewers of independent studies. The self-censorship runs deep.

The fact that a review published in 2025 in *Research Integrity and Peer Review* concludes that existing COI disclosure guidelines are "not particularly effective in mitigating bias risks" is just the punchline of a bad joke.

Who owns whom? The ownership situation.

The ownership structure of scientific publishing is an oligopolistic nightmare:

- **Elsevier** (part of RELX Group) controls over 2,500 journals, including *The Lancet* and *Cell*.
- **Wiley** owns over 1,600 magazines.
- **Taylor & Francis** (Informa) publishes over 2,700 magazines.
- **Springer Nature** publishes over 3,000 journals, including the prestigious *Nature magazine*.

These four corporations control an estimated **50% of the entire scientific publishing market** . Their profit margins regularly reach 30–40%—margins that other industries can only dream of. This is made possible by an ingenious business model: Research is funded with taxpayer money, scientists write and review the articles free of charge, and then the publishers sell the results back to public libraries for exorbitant subscription fees.

And as if that weren't enough, these same publishers also finance their journals through pharmaceutical advertising and reprint deals. The article in *PLOS Medicine* (2006) documented that the American Medical Association (AMA) alone earned $40.7 million from advertisements in its publications (including *JAMA*) in 2004—more than twice as much as from subscriptions ($17.5 million).

The consequences: Dead patients are the collateral damage.

When medical journals systematically favor industry-friendly results, people die.

The Vioxx scandal is a prime example: Merck knew about the cardiovascular risks early on, manipulated the data presentation, placed the VIGOR study in the NEJM—and subsequently bought $836,000 worth of reprints, as Richard Smith documented in *PLOS Medicine* (2005) . An estimated **60,000 to 140,000 Americans** died from Vioxx-related heart attacks and strokes before the drug was withdrawn from the market in 2004.

Trade journals were not passive observers. They were **active accomplices of marketing** .

And Vioxx is not an isolated case. It's the system.

The antidepressant epidemic, the opioid crisis, the mass prescription of statins to patients without a cardiovascular history, the diabetes drugs with deadly side effects — behind each of these catastrophes lies a flood of “peer-reviewed” studies in “reputable” journals, all of which supported the manufacturers’ narrative.

What to do? The structural solution

Richard Smith, the former BMJ editor-in-chief, made in his *PLOS Medicine* essay (2005) a radical but logical suggestion **: journals should stop publishing clinical trials.**

Instead, Smith argues, study protocols and results should be published on regulated, publicly accessible websites—without the filter of profit-driven publishers. Journals could then focus on what they should actually be doing: **critical analysis and commentary** .

That would solve several problems at once:

1. **No more publication bias** — all results would be recorded, not just the positive ones.
2. **No reprint corruption** — no monopoly on reprints without exclusive publication in a journal
3. **Full data transparency** — raw data should be publicly accessible, not just sanitized summaries.
4. **Decoupling from advertising revenue** — the critical evaluation would no longer be compromised by advertisers.

Of course, that won't happen. Too many players are profiting too much from the current situation. The publishers, the professional societies (whose journals are often their main source of income), the pharmaceutical companies, the career-oriented scientists—they all have a vital interest in maintaining the status quo.