

New and Improved

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Having just returned from a national orthopedic specialty meeting, I am overwhelmed once again by the volume of orthopedic implants now available on the market. The device manufacturers are very busy doing research, development, and surgeon evaluations in order to improve patient care and physician satisfaction.

This reminds me of going to the supermarket and seeing all the “new and improved” products on the shelves. It’s tough to tell how a product is new or what makes it improved. The box looks the same as the old one. Often the product appears unchanged, and the ingredients listed on the side of the box are not too dissimilar. Is this an effort to try to boost sales? What was wrong or bad about the “old and unimproved” product I had been using (and liked) the past few years?

Maybe truth in advertising should be mandatory. Then the products would say, “New and marginally better for your health, as we took out some of the cholesterol-raising ingredients that made it taste good but are now not popular in light of all the current health crazes.” Perhaps something like “Not really new, but we changed the color of the box and the product appearance because focus groups said we were losing market share.” Somehow, I don’t think that this is going to happen. Before I start sounding more like Andy Rooney, let me get to the point.

There have been improper relationships between implant manufacturers and physicians in the past, including some cases in which physicians did little or no work but received financial inducements. As a result, several orthopedic companies have agreed to new (and hopefully improved) corporate compliance procedures and federal monitoring. The Code of Ethics on Interactions With Health Care Professionals (Advanced Medical Technology Association) became effective more than 3 years ago and has changed our relationships with industry.^{1,2} The days of a “free ride” are over. There have been many remarkable innovations in orthopedic surgery, and they have revolutionized our care of patients. Arthroscopy, intramedullary nailing and compression plating, total joint replacement, and intraoperative radiography in the form of fluoroscopy have changed orthopedic surgery forever and for the better.

In more than 21 years of fracture and trauma surgery, I have seen quite an evolution. Some of these remarkable implants were developed and used with



excellent results, and then newer and perhaps better implants began to flood the market. Locking plates have resulted in improved results in osteoporotic bone and unstable metaphyseal fractures, especially those with comminution. The question then arises: Does everyone need a locking plate? For radius and ulna shaft fractures, many surgeons, including me, still use stainless-steel nonlocking plates with excellent results. The majority of tibial and femoral diaphyseal fractures can be treated with intramedullary nails without all the new “bells and whistles.” I don’t disagree that in the operating room we can benefit from the newer nails and plates, with their many surgeon- and fracture-friendly advancements. We spend lots of time, money, and energy reviewing new products. Let’s all try to adhere to the Standards of Professionalism on Orthopaedist-Industry Conflicts of Interest (American Academy of Orthopaedic Surgeons), let’s help the industry develop truly better implants, and let’s remember that the bottom line is to provide excellent patient care. If we follow these guidelines, hopefully we can all become new and improved orthopedic surgeons, and our specialty then can lead the way for all medical professionals.

Note: For a summary of the AdvaMed Code of Ethics, see special 2-part article in AJO’s March and April 2006 issues.

References

1. Grana WH, ed. *The American Academy of Orthopaedic Surgeons*. Orthopaedic Knowledge Online. Relationships with industry. Overview. Available at: www.aaos.org/industryrelationships/index.cfm. Accessed November 30, 2007.
2. Advanced Medical Technology Association. Code of ethics on interactions with health care professionals. Available at: http://www.advamed.org/NR/rdonlyres/FA437A5F-4C75-43B2-A900-C9470BA8DFA7/0/coe_with_faqs_41505.pdf. November 1, 2007. Accessed November 30, 2007.

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