Medical Societies Sign New Disclosure Code

Transparency, consistency, and self-regulation are key to maintaining integrity and independence.

BY ALICIA AULT

Fourteen medical specialty societies have signed a voluntary pledge to be more transparent in dealings with pharmaceutical and medical device manufacturers and other for-profit companies in the health care field.

The pledge, issued by the Council of Medical Specialty Societies (CMSS), was the result of at least a year of negotiations, said Dr. Allen S. Lichter, who is chair of the CMSS Task Force on Professionalism and Conflict of Interest and the chief executive officer of the American Society of Clinical Oncology (ASCO).

"CMSS is committed to encouraging and supporting a culture of integrity, voluntary self-regulation, and transparency," said Dr. James H. Scully Jr., CMSS president and chief executive officer of the American Psychiatric Association. "This code provides a clear benchmark for maintaining integrity and independence."

The 14 societies adopting the CMSS Code for Interactions with Companies agree to establish and publish conflict of interest policies as well as policies and procedures to ensure separation of program development from sponsor influence. They also must disclose corporate contributions, board members' financial relationships with companies, and prohibit financial relationships for key association leaders.

Many previous efforts have been done in private, but this is a public undertaking designed to reassure the public and regulators that professional societies are acting ethically.

The initial signers included the American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Academy of Ophthalmology (AAO), American Academy of Pediatrics (AAP), American College of Cardiology (ACC), Accreditation Council for Continuing Medical Education (ACCME), American College of Emergency Physicians (ACEP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), American College of Preventive Medicine (ACPM), American Academy of Physical Medicine and Rehabilitation (AAPMR), American College of Radiology (ACR), American Society for Radiation Oncology (ASTRO), and ASCO.

Dr. Daniel J. Ostergaard, the AAFP's vice president for professional activities, said that the CMSS code gives his organization a chance to see where it might improve its current policies on disclosure and ethical conflicts. He said that the AAFP has a long history of seeking to conduct itself ethically. "I feel very confident that my academy has always been addressing the issues pretty directly and with transparency," Dr. Ostergaard said in an interview.

The AAFP's board members and counsel will spend the next few months determining how to bring its policies into compliance with the CMSS code, he added.

Adoption of the code will not impact the controversial alliance the AAFP struck with Coca-Cola in the fall of 2009 to conduct a consumer awareness campaign about beverages and sweeteners. Dr. Ostergaard said that the code related specifically to health-related companies and that Coca-Cola did not purport to be health related.

Dr. Lichter called the code a "very important milestone" because it will create consistency where there has been none. Many previous efforts to reduce conflicts have been done in private, but this effort is very much a public undertaking, designed to reassure the public and regulators that professional societies are acting ethically, Dr. Lichter said.

It is also, however, just a first step, he said. The code is not meant to be the last word; it represents a minimum set of guidelines. Some organizations may choose to be more restrictive, Dr. Lichter said.

According to the CMSS, the code was developed by a 30-member task force. More of the 32 members of the CMSS plan to adopt the code in the next few months. ■

The 25-page code is available on the CMSS Web site at www.cmss.org/codeforinteractions.aspx.

Patients, Physicians Want Disclosure of Financial Ties

BY JANE ANDERSON

FROM THE ARCHIVES OF INTERNAL MEDICINE

Physicians, patients, and research participants believe that researchers' financial ties to industry decrease the quality of research evidence, and patients believe that financial ties influence professional behavior and should be disclosed, a review of studies looking at views on financial ties to pharmaceutical and medical device companies found.

For some patients, knowledge of the researchers' financial ties to industry would affect their willingness to participate in research studies, wrote Dr. Cary Gross of Yale University, New Haven, Conn., and his colleagues (Arch. Intern. Med. 2010;170:675-82).

"When any financial tie was disclosed, there was a reduction in the perceived quality of research among research participants and physicians," they reported.

They noted that in clinical care, patients believed that financial ties also decreased the quality of care and affected prescribing behavior.

The investigators reviewed 11 original quantitative studies of patients', research participants', and journal readers' views about financial ties and perceptions of quality.

In studies considering patient perception of cost, a range of 26%-76% said they believed that gifts to physicians increase the cost of care, although fewer patients thought professional gifts were a problem.

Patients 'want to be able to ascertain if, and to what extent, their prescriptions could be inappropriately influenced by the financial relationships between their physician and pharmaceutical companies.'

"For instance, in a 2009 study of 903 patients contacted by telephone, 9% disapproved of physicians receiving free drug samples and 16% disapproved of free medical texts, compared with disapproval rates of 55% and 68%, respectively, for paid dinners and golf tournaments," Dr. Gross and his colleagues wrote.

In other studies, when respondents were asked to rate study disclosure statements, they deemed researchers with financial tie statements to be less trustworthy and less important than those who did not have them, the researchers noted.

For some potential trial participants, disclosure of financial ties affected their willingness to participate.

"Three studies reported that prospective research participants were least willing to participate in a hypothetical clinical trial when a researcher equity ownership was disclosed," according to Dr. Gross and his colleagues. "Of note, the participants also reported less trust in researchers after disclosure of financial ties."

The literature review "suggests that a sizeable portion of the public wants to know about physician financial ties," and that patients and research participants can distinguish between different types of financial ties and determine the relative importance of disclosure of each, the investigators concluded.

In an accompanying editorial, Eric Campbell, Ph.D., of Harvard Medical School, Boston, noted that patients and research participants want access to data on conflicts of interest to make decisions about the potential impacts of industry relationships on the care they receive.

"For example, they want to be able to ascertain if, and to what extent, their prescriptions could be inappropriately influenced by the financial relationships between their physician and pharmaceutical companies," Dr. Campbell explained.

However, collecting and presenting industry data in a useful way will not be easy, and "for consumers to use the data, it is clear that the quality of the data that is reported by companies must be improved," he added.

Public disclosure seems like a likely first step toward a more active government and health care institution role in evaluating and managing physician-industry relationships, Dr. Campbell wrote. "This will likely be seen by some physicians as a direct assault on their sense of professional identity and autonomy." However, "this transparency will help prevent the further erosion of public trust in the medical profession," he argued. ■

Disclosures: *The literature review was supported in part by a Doris Duke Clinical Research Fellowship. Dr. Gross disclosed having served as an expert witness, and another author disclosed serving as a paid data and safety committee member, for Genzyme Corp. Dr. Campbell did not report any financial disclosures.*