Physician–Industry Relations. Part 2: Organizational Issues

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This is part 2 of a 2-part paper on ethics and physician–industry relationships. Part 1 offers advice to individual physicians; part 2 gives recommendations to medical education providers and medical professional societies.

Industry often sponsors programs for graduate and continuing medical education, as well as major events of medical professional societies. Industry is an abundant source of advances in medicine and technology and plays a crucial role in disseminating up-to-date medical information. Although industry information fills an important need, studies suggest that it is often biased.

Providers of graduate and continuing medical education have a duty to present objective and balanced information to their participants; thus, they should not accept any funds that are contingent on a sponsor's ability to shape programming. Medical educators need to evaluate and control the planning, content, and delivery of education provided under their auspices. They should disclose industry sponsorship to students, faculty, and continuing medical education participants and should adopt explicit organizational policies about acceptable and unacceptable interactions with industry.

Medical professional societies have a duty to promote the independent judgment and professionalism of their members. Organizers of industry-sponsored meetings should clearly separate product promotion from impartial medical education. Adopting specific policies for dealing with industry sponsorship can also help professional societies guard against outside influence. The American College of Physicians–American Society of Internal Medicine's core ethical principles for external funding and relationships serve as an example.

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See related article on pp 396-402.

In 1990, the American College of Physicians published a position statement titled "Physicians and the Pharmaceutical Industry," which addressed industry relations with individual physicians and medical professional groups (1). The statement was prompted in large part by evidence of the drug industry's influence on medicine and the ensuing concern for professional integrity and patient care. Since that time, the influence of industry on medical practice, research, and education has continued to increase, as have physician–industry relationships. In response, the American College of Physicians–American Society of Internal Medicine (ACP–ASIM) has prepared an updated, 2-part set of ethical positions. Part 1 (see pp 396-402) addresses individual physicians and their relationships with industry through gifts and collaborative activities. The current paper, which is part 2, addresses ethical concerns relevant to medical education providers, academic units that accept industry support, and medical professional societies.

A responsible and productive alliance between medical organizations and industry is crucial for medical progress. At the same time, providers of graduate medical education (GME) and continuing medical education (CME) and medical professional societies are also responsible for regulating their dealings with industry. These groups should evaluate their external funding relationships not only for prospective benefits but also for potential conflicts of interest and other ethical problems, such as real or perceived improprieties and bias in the materials they offer, their policies, and projects they undertake.

Given the rapid pace of technological developments and therapeutic advancements in medicine and biotechnology, both students and practicing physicians rely on education providers and professional societies for objective, up-to-date health care information. Commercially sponsored information offered in such settings can be biased in favor of manufacturers and has the potential to unduly affect the independent judgment of medical professionals (2–5). To help overcome this conflict, this paper offers two positions on the external funding of educational programming and activities of medical professional societies. The College's positions described in

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part 1 are numbered 1 and 2; the positions appearing here are numbered 3 and 4.

POSITION 3. INDUSTRY-SUPPORTED GRADUATE AND CONTINUING MEDICAL EDUCATION

Public and private GME and CME providers that accept industry support for educational programs should be aware of potential conflicts of interest and should develop and enforce explicit policies that maintain complete control of program planning, content, and delivery. (This position addresses education providers that accept industry support, not industry-held educational programs.)

Rationale

Continuing medical education is a multibillion-dollar business (6), and the role of the health care industry is considerable (7). The commercial role is expected only to grow as new, for-profit medical education and communication companies begin providing CME (8). Industry support of GME is difficult to quantify but is potentially of great importance. A 1990 survey of internal medicine residency programs revealed that 90% of program directors allowed industry to sponsor educational conferences for their students; of these, 30% reported not having alternative funds for such events (9).

Continuing medical education is critically important for physicians to keep abreast of the latest developments in patient care. Indeed, physicians have sometimes been slow to adopt efficacious new therapies into routine clinical practice and therefore to improve patient care (10). Because industry is an abundant source of advances in medicine and technology, its desire to quickly disperse information about its products helps to fill an important need (11). The presentation of medical information, however, must be objective, and this becomes the responsibility of medical education providers and medical professional societies.

Commercial funding for CME usually takes the form of general course grants or speaker funds, although it is sometimes provided for hospitality and travel expenses related to educational symposiums. Many medical schools also accept commercial sponsorship of educational conferences, as well as funds for student organizations, publications, and awards (2). While support for GME and CME is often welcomed, commercial support can create an opportunity for the subtle or not so subtle introduction of bias through industry-oriented programming. For example, a study of CME courses funded by rival manufacturers showed that course contents were biased in favor of each funder's product (12). Further study showed that physicians who attended industry-supported CMEs subsequently altered their prescription practices in favor of the funder's products (13).

Education provided through a reputable academic institution or medical professional society is expected to offer expert teaching and "best evidence" information (14). However, professional impartiality about what constitutes best evidence can be tested if industry selects the teacher or underwrites the program. To enhance the impartiality of CME, groups such as the Accreditation Council for Continuing Medical Education (ACCME) have recommended guidelines for relationships between educators and industry (15). The guidelines advise CME providers to plan for balanced program content and ensure that their programs are free of commercial bias for or against any product or service. While the ACCME guidelines are a step in the right direction, commentators have noted that they are not difficult to skirt (3, 8).

Medical education organizations have an obligation to the profession and society to evaluate and correct for potential bias. When faculty or speakers must use trade names in a GME or CME presentation, they should cite similar products or services of several companies rather than focusing on a single supporting company. Faculty, deans, and program directors should also promote sensitivity to potential biases by providing specific education to help their students, physician trainees, and medical fellows evaluate industry-provided information. For education and sensitivity training to be successful, however, faculty must act as positive role models. Chief residents and medical school faculty members should set ethical examples to students by conducting their relationships with industry in a highly principled manner and disclosing their own commercial ties.

Medical education providers must also administer the budgets of any programming provided under their auspices. If an organization allows industry-sponsored hospitality, the hospitality should be modest and arranged so that social activities do not compete with educational events (15). Providers of CME must also control access to registrants' mailing addresses and should disclose any commercial support to registrants through general program materials. Providers should ban the distribution of promotional materials in educational sessions unless the materials are clearly related to instruction.

Medical education programs are also responsible for discussing industry sponsorship with invited speakers, including support for such presentation aids as slides or literature reviews. This disclosure will give speakers the opportunity to screen the aids and accept or refuse them (16), or make modifications to ensure objectivity. (Speakers who use industry-developed aids should disclose that information to the audience.) In addition, faculty and program directors should disclose any support they receive individually as consultants, investigators, or shareholders, and they should be sure that their relationships are explicitly listed in the CME program (16, 17). Finally, faculty and program directors may accept industry honorariums or subsidies only for services rendered and, if applicable, reasonable travel expenses.

In sum, it is unethical for academic institutions and educational organizations to accept any support that is explicitly or implicitly conditioned on industry's opportunity to influence the selection of instructors, speakers, invitees, topics, or content and materials of educational sessions. To reflect this position, medical education providers should adopt and enforce specific organizational policies about acceptable and unacceptable interactions with industry (9).

Position 4. Support for Medical Society Activities

Medical professional societies that accept industry support or other external funding should be aware of potential bias and conflicts of interest and should develop and enforce explicit policies that preserve the independent judgment and professionalism of their members and maintain the ethical standards and credibility of the society.

Rationale

Medical professional societies share the physician's duty to advocate and act in the best interest of the patient and society, and they are expected to serve as independent and trustworthy sources of health care information and education for members and the public. In developing specific projects or meetings to achieve these goals, many professional associations seek external funding to defray costs. While such arrangements are legitimate, they can result in dual commitments or conflicts of interest. External funding has the potential to alter an organization's agenda, influence its policy positions, or weaken its credibility (18). To avert potential conflict or bias, which in turn may affect members, professional societies need to adopt specific institutional policies governing their relationships with industry.

One of the premiere events of the medical professional society is its annual or semiannual membership meeting, at which scientific sessions, symposiums, workshops, and exhibitions are offered to disseminate medical knowledge and enhance clinical skills. Such meetings offer excellent opportunities to educate members about issues of bias in medical information and to present ethical positions on physician–industry relationships. These meetings usually also offer the opportunity for commercially sponsored exhibits and events.

Physician organizations and professional societies need to conduct professional meetings in a highly principled manner. To be sure, industry's presence can have positive effects. Industry is a significant source of innovative development in medicine and is responsible for informing physicians about the benefits (and risks) of promising diagnostic and therapeutic discoveries. However, industry presence at medical society events may divert interest from the scientific agenda and detract from the meeting's focus on professionalism and other organizational goals. In addition, industry attractions create potentially fertile ground for providing biased medical information. To lessen this possibility, meeting organizers should ensure that product promotion activities are separated from impartial medical information. Presentation of industry findings and product developments, whether through displays or teaching exercises, should take place only in designated exhibition space or in funded lectures that the program clearly identifies as being independently organized and separate from official scientific sessions.

To help preserve members' independence of views, medical societies also need to ensure that meeting programs are balanced and reflect the needs and interests of members and patients, not sponsors. To prevent any real or apparent corporate favoritism, and to stay true to the organization's core missions, medical professional societies should avoid endorsing specific products and services. ACP–ASIM policy, for example, sets out specific criteria for vetting requests for corporate endorsements to avoid influencing internal policy or promoting an agenda to serve external interests. Other medical professional societies are encouraged to adopt such internal policies.

Professional groups should also develop policies to guide the acceptance and disclosure of industry and other external funding and to avoid reliance on outside sources of support. The College recently adopted a set of

core ethical principles to guide its dealings with external funding sources and to serve as an example for other professional societies as they develop their own policies. These principles can be found in the Appendix.

CONCLUSION

The positions discussed here and in part 1 are derived from medicine's basic responsibilities to advocate for and protect a patient's best interests and pave the way for informed choice. To these ends, medical education providers and medical professional societies should avoid all industry interactions that might diminish, or appear to others to diminish, their objectivity or concern for patients' best interests. To do otherwise is to endanger the integrity of the profession and the public confidence it enjoys.

APPENDIX: ACP–ASIM CORE PRINCIPLES FOR EXTERNAL FUNDING AND RELATIONSHIPS, AS APPROVED BY THE BOARD OF REGENTS ON 15 JULY 2001

Commercial, government, foundation, and other funding and relationships can help the College promote its goals and its mission of enhancing the quality and effectiveness of health care. However, some financial arrangements might bias, or be seen to bias, the College as an independent, trustworthy, and credible source of health care information, policy, and education.

The following principles should guide financial and other relationships with outside organizations. (See also the College's corporate endorsement and conflict of interest policies. To obtain copies, contact Lois Snyder at 215-351-2835.)

1. The College's values, its mission, and its commitment to professionalism and excellence in medicine must drive all external relationships and externally funded activities.

2. Relationships with external organizations and funders should promote the health and welfare of the public or patient care. Member benefits resulting from external arrangements should enhance professionalism and physician practice.

3. In representing the College in external relationships, College leadership and staff must adhere to the values and ethical standards of the organization and should act to promote professionalism and trust in the organization and the medical profession.

4. External funding arrangements and external relationships must be disclosed to relevant parties on a regular basis and with sufficient detail and visibility to allow concerned parties to reach independent conclusions about potential sources of influence and real or perceived conflicts of interest.

5. Specific instances in which a financial arrangement or relationship might have the potential to influence the College's actual or perceived independence, credibility, and trustworthiness should undergo College review to minimize or eliminate such influence.

6. The College should monitor its overall reliance on commercial sources of funding and ensure that its core activities could continue if such support were diminished.

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