

Professionalism and Conflict of Interest in New Technology Introduction

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The issue of conflict of interest with regard to physician involvement in the introduction of new technology is receiving more and more scrutiny from professional organizations, journal publishers, the lay press, patients, and the federal government. In spine surgery, this is certainly the case as we have recently been the recipients of many new, and often beneficial, technological innovations. Unfortunately, the views and objectives of industry can sometimes be at odds with the best interests of the profession and the patients we treat and represent. Some have suggested that in fact there is a disconnect between the “capitalistic supply side” and the “socialistic delivery side” of modern American health care. The appropriate introduction of new techniques and devices requires accountability and certain responsibilities on the part of the inventors, developers, marketers, advocates, and users.

Influences on our decisions to adopt new technology are many. These include marketing efforts by representatives of the pharmaceutical and implant industries; patient demand, which is often driven by the popular press and the Internet; continuing education courses; publications; and often “physician champions,” who may have a conflict of interest in the promotion of new technology. Conflict of interest is not necessarily a bad thing. We need inventors and innovators in our profession to work with industry in providing improved and up-to-date treatments. The major issue under discussion now is whether disclosure of a conflict of interest is sufficient to satisfy our ethical and moral obligations or more than disclosure is necessary. When is a conflict of a magnitude to preclude an individual from caring for



“...whether disclosure of a conflict of interest is sufficient...”

certain patients or participating in discussions or interactions that might influence patient care?

In 2004, the editors of the American and British editions of *The Journal of Bone and Joint Surgery* and *Clinical Orthopaedics and Related Research* published an editorial on conflicts of interest as they relate to peer-reviewed publications.¹ They suggest that “while conflicts do not per se jeopardize the scientific validity, readers must be aware of a potential bias in reporting.” In that same year, the AdvaMed Code of Ethics, detailing relationships of industry with medical professionals, was published; the NIH issued a blanket moratorium on outside collaborating with its scientist employees; and the ACGME published guidelines regulating instructor ties to industry. The North American Spine Society established a group to look at industry relationships with regard to its membership and published these recommendations in 2006. Their recommendations predominantly relate to degrees of conflict related to money or valuables received, types of conflict, processes for disclosure, and monitoring compliance.² The Cervical Spine Research Society has a task force tackling these issues from their perspective.

In the lay press, many articles have appeared concerning improper relationships between industry and physicians often involving the area of spine surgery.³ Scrutiny has been directed toward consulting agreements, royalties, support for educational conferences, sponsored fellowships, and “unrestricted grants.”

We as individual orthopedic surgeons and the professional organizations that represent us need to heighten our awareness and deepen our understanding of all the issues involved in conflict of interest in spine surgery and participate

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in the discussion. Professional organizations need to adopt strong values of professionalism and train and test for them. Generic ethics “guidelines” need to be strengthened, and all commercial relationships between individuals, groups, and societies need to become transparent. Among the issues that need to be frankly addressed are whether to regulate the use

of devices by surgeons receiving royalties or consulting/contract monies from a manufacturing company and how specific must the disclosure of monies or benefits received by participants in educational activities, presentations, or publications be. We have a duty not to default on our obligations to our patients and the society in which we function.

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