

# Sarmiento's Opportunity

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In this issue, Augusto Sarmiento, MD, shares his opinions on a wide range of important opportunities that orthopedic surgeons should address during this turbulent time of shaping health care reform.

Dr. Sarmiento's long and distinguished career as an orthopedic educator, researcher, and administrator warrants our respect and attention. In addition to his many awards and honors, he is the former Chairman of the Department of Orthopedic Surgery at the University of Miami (1971-1978) and the University of Southern California School of Medicine (1978-1991), Past President of the Hip Society in 1976-1977, and Past President of the American Academy of Orthopaedic Surgery (AAOS) in 1991-1992.

Dr. Sarmiento touches on three topics of particular interest to me: physician involvement in health care reform, waste in our current system, and the relationship between orthopedic surgeons and the implant device industry.

During the debate of the past year, several health care systems have been cited as best examples of centers that provide high-quality care at lower than average costs. These centers include the Mayo Clinic, the Geisinger Health System in Pennsylvania, and Intermountain Healthcare in Utah and Idaho, the latter of which was the subject of a cover story in a recent *New York Times Magazine* (November 8, 2009).<sup>1</sup> Central to these medical systems, and a key point in Dr. Sarmiento's article, is the essential role of physicians (not politicians, not bureaucrats) in both developing and monitoring health care policy and patient outcomes. Doctors must get involved in this process.

Numerous reports have estimated that up to 30% of the \$2 trillion we now spend on health care in the United States is wasted on ineffective care that has no beneficial effect on clinical outcomes. That 30% waste, \$600 billion, would be more than enough to cover the cost of providing care to the estimated 50 million Americans who currently have no coverage. While there are many factors that contribute to overutilization of medical services, including "defensive care" to minimize malpractice exposure and financial incentives that encourage overuse, it is abundantly clear that there is enormous waste in our current system. Some pundits label the elimination of wasteful services as "rationing" medical care. Such an opinion is not only untrue



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but misleading. I would describe the elimination of wasteful medical care as providing "rational" care, based on proven treatments that document effectiveness.

Dr. Sarmiento describes the real perils and temptations of unethical relationships between orthopedic surgeons and the implant device industry. This is of particular interest to us at *The American Journal of Orthopedics*, as evidenced by our special two-part series "Are You Being Bribed?" published nearly 4 years ago, as well as my March 2006 editorial entitled "Are Surgeons Accepting Bribes?" Following the New Jersey United States Attorney 2007 ruling, these relationships have been fundamentally altered. The AAOS has taken an unequivocal position, and posted its Standards of Professionalism (SOP) on its Web site ([www.aaos.org/industryrelationships](http://www.aaos.org/industryrelationships)). The orthopedic implant industry has developed its guidelines as well with their own AdvaMed (Advanced Medical Technology Association) Code of Ethics for Interaction with Health Care Professionals that can be viewed on its Web site (<http://www.advamed.org/MemberPortal/About/code/>). These guidelines are consistent with my editorial summary from 2006: These relationships between surgeons and industry must be transparent, fully disclosed, and ethical, and orthopedic surgeons should be incentivized to develop implants that improve patient outcomes.

Finally, I agree with Dr. Sarmiento: I am optimistic about the future. As a profession, we have corrected what may have been considered inappropriate past relationships between surgeons and industry, and, moving forward, I hope that we will become more involved in the formulation and monitoring of "best practices" that will minimize waste, improve patient outcomes, and contribute to helpful and meaningful health care reform.

## Reference

1. Leonhardt D. Making Health Care Better. *New York Times Magazine*. November 8, 2009;MM31. [http://www.nytimes.com/2009/11/08/magazine/08Healthcare-t.html?\\_r=2](http://www.nytimes.com/2009/11/08/magazine/08Healthcare-t.html?_r=2). Accessed January 21, 2010.

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