Lessons We Can All Learn

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In this month's issue, James D. Heckman, MD, summarizes some "lessons learned" during his 10-year tenure as Editor in Chief of the American Volume of *The Journal of Bone and Joint Surgery (JBJS)*. We should heed his observations, as he is one of the outstanding orthopedic educators of our generation. He has served in virtually every aspect of our profession in addition to his role at *JBJS*, including trauma surgeon, department chairman at the University of Texas Health Science Center in San Antonio, and president of the American Academy of Orthopaedic Surgeons.

Two of Jim's lessons are of particular interest to me, especially during recent national discussions on health care reform. ***The first lesson is: the orthopedic information base is weak.*** Due to the very nature of orthopedic injuries and diseases, there are very few prospective, randomized clinical studies (level 1 and 2) to support many common treatments that are based on the anecdotal experience of the practitioner or expert opinion of an acknowledged leader in the field. While clinical experience and expert opinion are, and will always remain, essential components of patient care, they are not sufficient to establish health care policy. What will drive health care financing in the future is documentation of the clinical outcomes of our treatment. As orthopedic surgeons, it is our charge to design and perform scientifically rigorous studies to support and document clinical outcomes that prove our treatments to be beneficial and effective. It behooves us to tackle this issue before it is simply imposed upon us by third-party insurers and government agencies. The results of such studies will help establish treatment guidelines—based on best practice and evidence-based medicine—which will become more common in the future of health care delivery. Our patients will be much better served if we orthopedic surgeons, not bureaucrats, design and conduct the studies to determine which treatments, as Jim says, "make a positive difference in the lives of our patients."

The second lesson is: the orthopedic manufacturing industry is not evil. *The American Journal of Orthopedics* has been a leader in addressing the issue of the appropriate relationships between orthopedic surgeons and the orthopedic device industry. Our 2006 articles, "Are Surgeons Accepting Bribes?"[1] and the 2-part series "Are You Being Bribed?",[2,3] preceded the landmark 2007 New Jersey US Attorney Deferred Prosecution Agreement[4] that has fundamentally altered our interaction with device manufacturers. Surgeon contributions to the design of new implants or consulting services to educate the orthopedic community in new techniques have every reason to be compensated in our free market economy, so long as these relationships are fully disclosed, legal, and ethical. The era of surgeon compensation solely for product use and endorsement is over, and rightfully so. Furthermore, the continued financial support from the orthopedic device industry is crucial to the continuing education efforts of orthopedic surgeons, especially in the face of rising costs of education venues and dwindling resources to cover those costs. Industry support for education, not product endorsement, will continue to be important in continuing medical education of the orthopedic community.

Jim's personal lessons learned in his 10 years as editor in chief of *JBJS* are, really, lessons we have all learned and shared during this time. We are fortunate to have a leader of Jim Heckman's caliber, whose enormous experience as clinician, administrator, educator, academic and professional leader, as well as journal editor, has benefited not only us orthopedic surgeons but also, and more importantly, our patients.

Author's Disclosure Statement

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