

Medical Societies Sign Conflict of Interest Code

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).

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.

The initial signers included the Accreditation Council for Continuing Medical Education (ACCME), American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Academy of Ophthalmology (AAO), American Academy

of Pediatrics (AAP), American Academy of Physical Medicine and Rehabilitation (AAPMR), American College of Cardiology (ACC), 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 College of Radiology (ACR), American Society for Radiation Oncology (ASTRO), and ASCO.

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.

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.

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.

Obama Orders Equal Hospital Visitation Rights

BY ALICIA AULT

President Obama in April issued a call for equal hospital visitation rights for all patients, a move he said would be beneficial especially to childless widows and widowers and to gays and lesbians.

Mr. Obama's memorandum will require the Department of Health and Human Services to create new rules for hospitals that participate in Medicare and Medicaid to make it clear that a patient's designated visitor has the same visitation rights as a family member. Hospitals will not be able to deny visitation privileges based on "race, color, national origin, sex, sexual orientation, gender identity, or disability."

Visits can be restricted for medically appropriate reasons. The Centers for Medicare and Medicaid Services (CMS) will be charged with enforcing the new regulations, and with ensuring that patients' advance directives are respected.

For patients whose friends or partners are denied visitation rights, President Obama said in a statement, "the failure to have their wishes respected concerning who may visit them or make medical decisions on their behalf has real conse-

quences," including that physicians and nurses may not have current information about medications and medical histories.

"All too often, people are made to suffer or even to pass away alone, denied the comfort of companionship in their final moments while a loved one is left worrying and pacing down the hall," he added.

The Human Rights Campaign, a Washington-based advocacy group for gays and lesbians, said that it had worked with the White House and HHS "in support" of the memorandum.

"Discrimination touches every facet of the lives of lesbian, gay, bisexual, and transgender people, including at times of crisis and illness, when we need our loved ones with us more than ever," HRC President Joe Solmonese said in a statement.

In a statement issued in the wake of the memorandum, the American Hospital Association said "we recognize how important family support is to a patient's well-being, and we work hard to involve patients and their loved ones in their care." The organization added that it "will look forward to details of the new regulations as well as direction on coordinating with state laws." ■



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Women Know Little About Stroke

In a survey, few women could name the primary stroke symptoms, and many weren't concerned about experiencing a stroke in their lifetimes. Commissioned by HealthyWomen, the National Stroke Association, and the American College of Emergency Physicians, the online survey of about 2,000 adult women found that only 27% of women could name more than two of the six primary stroke symptoms (sudden numbness or weakness on one side of the face; sudden numbness or weakness in an arm or leg; sudden confusion, trouble speaking or understanding speech; sudden trouble seeing; sudden trouble walking, dizziness, loss of balance or coordination; sudden severe headache with no known cause). Only about 30% were aware that women are at higher risk for stroke than men. "The results of this survey underscore what we see too often with women when it comes to dealing with their unique health issues," Elizabeth Battaglino Cahill, executive director of HealthyWomen, said in a statement. "As they put the health of family members and everyone else first, they often underestimate their own risks and ignore warning signs of serious health problems like stroke." The biotech company Genentech Inc. provided support for the survey.

Osteoporosis Screening Increases

The percentage of women aged 65 and older being screened for osteoporosis has risen dramatically in recent years, according to data from the Agency for Healthcare Research and Quality. From 2001 to 2006, the percentage of that Medicare population reporting being screened rose from 34% to 64%. The increase occurred among all racial, ethnic, and income groups. However, the rise was most pronounced among white and Hispanic women. Among white women on Medicare, reports of osteoporosis screening climbed from 36% in 2001 to 67% in 2006. Among Hispanic women on Medicare, screening increased from 22% to 55%. Black women on Medicare had screening increase from 16% to 38%. The data come from the agency's 2009 National Healthcare Disparities Report.

State's Abortion Law Challenged

The Center for Reproductive Rights is seeking to overturn a new Oklahoma law that requires a woman seeking an abortion to first have an ultrasound whose image is then shown to her by a physician. The Center for Reproductive Rights says the law intrudes on patient privacy. Although Oklahoma is not the first state to require that an ultrasound be performed be-

fore an abortion, its law is the most extreme, the center charged, because it requires a physician to describe the image in detail, even if the woman objects. The law also offers no exemption for victims of rape or incest. "Politicians have no business making medical decisions," center staff attorney Stephanie Toti said in a statement. The Oklahoma legislature triggered the ultrasound requirement in April by overriding a veto by Gov. Brad Henry (D). At the same time, another veto override made it impossible for Oklahoma women and their families to sue a physician who withholds information about a fetal abnormality.

New Stem Cell Lines Okayed

Officials at the National Institutes of Health have approved an additional 13 human embryonic stem cell lines for research supported by federal funding. The lines have also been added to the NIH stem cell registry, which now includes 64 lines eligible for federal research funding. Another 100 lines are pending approval at the NIH. Four of the new stem cell lines were originally approved during the George W. Bush administration, and two of those lines have been widely used by researchers, according to the announcement. NIH Director Francis S. Collins said the approval of these older lines should provide reassurance to many researchers. "Scientists can continue their studies without interruption, and we can all be assured that valuable work will not be lost," Dr. Collins said in a statement. In March 2009, President Obama issued an executive order removing some previous barriers to federal funding of stem cell research.

Abortion Rate High Among Poor

In 2008, the abortion rate among poor women was more than twice that of women in higher income brackets, according to a report from the Guttmacher Institute. And the proportion of abortion patients who were poor increased from 27% in 2000 to 42% in 2008. The findings are from the institute's fourth national survey of abortion patients, which includes responses from more than 9,400 women who had abortions between April 2008 and May 2009. The results indicate that abortion is becoming more concentrated among women with incomes below the federal poverty level, according to the institute. The change may be due to both the economic recession and increased efforts by abortion providers to make services available to poor women, according to the report, available online at www.guttmacher.org/pubs/US-Abortion-Patients.pdf.

—Mary Ellen Schneider