

Medical Societies Move to Address Ethics

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).

"CMSS is committed to encouraging and supporting a culture of integrity, voluntary self-regulation, and transparency," said Dr. James H. Scully Jr., CMSS president and chief executive officer of the American Psychiatric Association. "This code provides a clear benchmark for maintaining integrity and independence."

The 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 devel-

The code is important because it will create consistency where there has been none. It is designed to reassure the public and regulators that professional societies are acting ethically.

opment 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 American Academy of Family Physicians, American Academy of Neurology, American Academy of Ophthalmology, American Academy of Pediatrics, American College of Cardiology, Accreditation Council for Continuing Medical Education, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, American College of Physicians, American College of Preventive Medicine, American Academy of Physical Medicine and Rehabilitation, American College of Radiology, American Society for Radiation Oncology, and ASCO.

In an interview, Dr. Scully said that the APA had been working on its own transparency, disclosure, and ethical conflict code in parallel to the CMSS process and would address the CMSS code at its board meeting in September.

As with the CMSS code, the APA requires that its key leaders and guideline committee chairs not have links with the industry. However, Dr. Scully noted that that condition could be waived if a person's participation on a guidelines committee, for example, was deemed im-

portant. In such a case, the decision process and the finding would be transparent, and that person's reviews would be subject to peer review.

He said that the problem with the specialty's relationship with drug companies lies in "the overlap between marketing and education." Ideally, pooled funding from drug companies should be used for services or research that the association would control independently.

For example, the APA's study on Part D was funded by drug companies, as are two services it is associated with—the Typical or Troubled? school mental health program that trains high school teachers to identify the warning signs of mental illness in teens; and the Give an Hour volunteer program aimed at military personnel and their families.

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, Dr. Lichter said.

CMSS said 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. ■

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