Schools Group, Not AMA, Says No to Industry Gifts

BY CATHY DOMBROWSKI AND DENISE PETERSON

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Medical schools and teaching hospitals should prohibit their physicians, faculty, residents, and students from taking gifts and services from drug companies, according to the Association of American Medical Colleges.

Industry support for continuing medical education activities also should be limited, according to a report unanimously adopted by the AAMC executive council. The association is urging member institutions to adopt policies consistent with the report by July 1, 2009.

AAMC cites the medical schools at the University of Pittsburgh, the University of Pennsylvania, Stanford University, the University of California at Davis, UCLA, and Yale University as among the institutions that have implemented policies in the past few years.

The association represents 129 U.S. and 17 Canadian medical schools, about 400 teaching hospitals and health systems, and a number of scientific societies.

AAMC's strong stance against industry gifts to physicians comes as drug and device makers are signing on to federal legislation that would bring transparency to their financial interactions with doctors by requiring public disclosure of gifts.

The Institute of Medicine also is assessing the effectiveness of transparency in preventing conflicts of interest arising from such interactions, with a report due in July 2009.

The medical schools report, titled "Report of the AAMC Task Force on Industry Funding of Medical Education to the AAMC Executive Council," calls on members to take the following actions:

► Ban acceptance of industry gifts by doctors, faculty, students, and residents, whether given on- or off-site.

► Either end acceptance of drug samples or manage their distribution through a centralized process.

► Restrict visits to individual doctors by industry representatives to nonpatient areas and by appointment only.

► Create a central office to receive and coordinate distribution of industry support for CME.

► Strongly discourage faculty participation in industry-sponsored speaking bureaus.

► Bar physicians, residents, and students from using presentations ghostwritten by industry members.

At the same time, most medical students have "limited understanding" of such issues. Medical curricula should include information on topics such as the process of drug development, nature of the pharmaceutical industry, product marketing, "meaning and limitation" of FDA product approval, and physician role in adverse event reporting, the report asserts.

But the report affirms that "substantive, appropriate, and well-managed interactions between industry and academic medicine are vital to the public health."

The American Medical Association also reviewed industry funding and gifts at its June 14-18 House of Delegates meeting but declined to take a clear-cut position. The AMA's Council on Ethical and Judicial Affairs recommended that individual physicians and institutions of medicine not accept industry funding for education. But the delegates referred the report for further review after the Committee on Amendments to the Constitution and Bylaws said that testimony on the report lacked clarity in some areas. The panel also cited concern for unintended consequences.

The delegates also declined to get embroiled in the debate over reporting of industry gifts. Pending was a resolution for AMA to back annual reporting by drug and medical device firms of all physician payments with a value of more than $100.

An AMA committee advised delegates that testimony on the measure generally was unfavorable, with concerns raised about the logistics and how and to whom the information would be disclosed.

Noting that legislation on the issue "is pending and may serve to answer many of these questions," the committee recommended that the resolution not be adopted, and the delegates concurred.

On the question of conflicts of interest in CME, the delegates accepted the recommendation of AMA's Council on Medical Education to monitor implementation of ACCME standards. ■

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