

# And Now, a 'Much Bigger' Ethical Issue

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Contributing Writer

TORONTO — If accepting free pens or lunches from industry represents a potential conflict of interest for physicians, what do you call it when a medical school dean is also the corporate director of a large, for-profit health care company?

"An academic medical leader serving on the board of directors of a health care corporation could entail huge conflicts of interest," Dr. Roy M. Poses said at the annual meeting of the Society of General Internal Medicine.

"Directors of a for-profit corporation have legally enforceable fiduciary responsibilities to its stockholders for the corporation's direction and financial viability, including its profitability," said Dr. Poses, president of the Foundation for Integrity and Responsibility in Medicine, a not-for-profit educational group.

In a cross-sectional study, Dr. Poses and his colleagues scrutinized the biographies of all board members of "pure" health care companies among the Standard & Poor's (S&P) 1500. Their data came from publicly available company proxy statements, annual reports, and Web sites.

In 2005, there were 164 U.S. health care companies in the S&P 1500, and 125 U.S. medical schools. The investigators identified 198 people who served on the companies' boards of directors and had faculty or leadership positions at a medical school. Of the 125 medical schools, 65 (52%) had at least one faculty member and/or academic leader who also served on a health care corporation's board of directors. Four schools had 10 or more such individuals, and 15 schools had 5 or more.

Of the 125 medical schools, 7 reported to university presidents who also were directors of health care corporations, 11 reported to vice presidents for health affairs who were corporate directors, and 5 were led by deans who also were health care corporate directors. Also, 11 schools had academic medical center CEOs who were corporate directors, and 22 schools had at least one top leader who also was a director of a health care corporation.


"There are a lot of factors at play, including how aware you are of the potential conflict and how much transparency protects you from acting in a conflicted way if you are conflicted," said Dr. Nicole Lurie, codirector for public health at the Center for Domestic and International Health Security, in an interview. The first thing is to open yourself up, look at yourself, and examine the issue. Then you have to think, if these relationships exist, are there things you can do to make them work, because I don't think as a matter of public policy that we're going to succeed in obliterating all these relationships," Dr. Lurie said.

Amid efforts to prevent physicians from accepting gifts, meals, and travel reimbursement from company sales representatives, the study highlights a potentially much bigger problem, noted Dr. Poses. ■

## For the treatment of Rosacea

# There's a New Wash in Town.

Introducing

**ROSAC® Wash**   
(sodium sulfacetamide 10% and sulfur 1%)  
WITH 1% SULFUR

The only 1% sulfur formulation  
designed to change the way you treat rosacea

### IMPORTANT SAFETY INFORMATION

ROSAC Wash is contraindicated for use by patients with hypersensitivity to sulfur or sulfonamides and patients with kidney disease. Avoid contact with eyes. Although rare, sodium sulfacetamide may cause local irritation.

Please see accompanying full Prescribing Information.

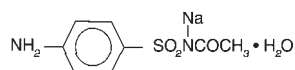
**ROSAC® Wash**  
(sodium sulfacetamide 10% and sulfur 1%)

Rx only

**DESCRIPTION:** Each gram of ROSAC® Wash contains 100 mg of sodium sulfacetamide and 10 mg of sulfur in a wash containing butylated hydroxytoluene, cetyl alcohol, edetate disodium, glyceryl stearate, PEG-100 stearate, lactic acid, magnesium aluminum silicate, methylparaben, propylparaben, purified water, sodium C14-16 olefin sulfonate, sodium hydroxide, sodium thiosulfate, stearyl alcohol, white petrolatum, and xanthan gum.

Sodium sulfacetamide is a sulfonamide with antibacterial activity while sulfur acts as a keratolytic agent. Chemically, sodium sulfacetamide is N-[4-(aminophenyl) sulfonyl]-acetamide, monosodium salt, monohydrate.

The structural formula is:



**CLINICAL PHARMACOLOGY:** The most widely accepted mechanism of action of sulfonamides is the Woods-Fildes theory which is based on the fact that sulfonamides act as competitive antagonists to para-aminobenzoic acid (PABA), an essential component for bacterial growth. While absorption through intact skin has not been determined, sodium sulfacetamide is readily absorbed from the gastrointestinal tract when taken orally and excreted in the urine, largely unchanged. The biological half-life has variously been reported as 7 to 12.8 hours.

The exact mode of action of sulfur in the treatment of acne is unknown, but it has been reported that it inhibits the growth of *Propionibacterium acnes* and the formation of free fatty acids.

**INDICATIONS AND USAGE:** ROSAC Wash is indicated in the topical control of acne vulgaris, acne rosacea and seborrheic dermatitis.

**CONTRAINDICATIONS:** ROSAC Wash is contraindicated for use by patients having known hypersensitivity to sulfonamides, sulfur or any other component of this preparation. ROSAC Wash is not to be used by patients with kidney disease.

**WARNINGS:** Although rare, sensitivity to sodium sulfacetamide may occur. Therefore, caution and careful supervision should be observed when prescribing this drug for patients who may be prone to hypersensitivity to topical sulfonamides. Systemic toxic reactions such as agranulocytosis, acute hemolytic anemia, purpura hemorrhagica, drug fever, jaundice, and contact dermatitis indicate hypersensitivity to sulfonamides. Particular caution should be employed if areas of denuded or abraded skin are involved.

**FOR EXTERNAL USE ONLY.** Keep away from eyes. Keep out of reach of children. Keep tube tightly closed.

**PRECAUTIONS: General** - If irritation develops, use of the product should be discontinued and appropriate therapy instituted. Patients should be carefully observed for possible local irritation or sensitization during long-term therapy. The object of this therapy is to achieve desquamation without irritation, but sodium sulfacetamide and sulfur can cause reddening and scaling of the epidermis. These side effects are not unusual in the treatment of acne vulgaris, but patients should be cautioned about the possibility.

**Carcinogenesis, Mutagenesis and Impairment of Fertility** - Long-term studies in animals have not been performed to evaluate carcinogenic potential.

**Pregnancy** - Category C. Animal reproduction studies have not been conducted with ROSAC Wash. It is also not known whether ROSAC Wash can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. ROSAC Wash should be given to a pregnant woman only if clearly needed.

**Nursing Mothers** - It is not known whether sodium sulfacetamide is excreted in human milk following topical use of ROSAC Wash. However, small amounts of orally administered sulfonamides have been reported to be eliminated in human milk. In view of this and because many drugs are excreted in human milk, caution should be exercised when ROSAC Wash is administered to a nursing woman.

**Pediatric Use** - Safety and effectiveness in children under the age of 12 have not been established.

**ADVERSE REACTIONS:** Although rare, sodium sulfacetamide may cause local irritation.

**DOSAGE AND ADMINISTRATION:** Wash affected areas once or twice daily, or as directed by your physician. Avoid contact with eyes or mucous membranes. Wet skin and liberally apply to areas to be treated, massage gently into skin for 10-20 seconds working into a full lather, rinse thoroughly and pat dry. If drying occurs, it may be controlled by rinsing wash off sooner or using less often.

**HOW SUPPLIED:** ROSAC® Wash is available in 170.1 g (6.0 oz) tubes, NDC 0145-2681-05.

Store at controlled room temperature, 15°-30°C (59°-86°F).

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