

What to Disclose: Views on Conflict of Interest Differ

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

Officials in charge of disclosing financial interests in research agree that disclosure is important, but are confused about how to do so effectively and appropriately, Kevin P. Weinfurt, Ph.D., and his colleagues reported.

Their survey of 42 such officials revealed widely varying opinions on when disclosure should be made, the financial limits that should trigger it, and how much information to share with prospective research subjects, said Dr. Weinfurt of the department of psychiatry at Duke University, Durham, N.C., and his coinvestigators.

"Part of their struggle relates to a lack of clarity regarding the ultimate goals of disclosure," the researchers wrote. "There is also a lack of systematic data regarding how potential research participants can and will use such information in their decision-making" (J. Law Med. Ethics 2006;34:581-91).

The study was based on detailed personal interviews with 8 investigators, 23 review board chairs, and 14 conflict of interest committee chairs. The survey was designed to elicit respondents' understandings of how disclosure is done at their institutions and their thoughts on the importance of disclosure, including its risks and benefits to the institution and research subjects.

More than half of those interviewed agreed that disclosure should occur under all circumstances; the rest said disclosure would depend on the degree of the financial relationship. The most commonly expressed reason for disclosing a financial relationship was to facilitate better-informed decision making for potential subjects.

About 80% of respondents said the disclosure should include the name of the funding source. But some wanted to reveal whether funding came from a nonprofit organization, pharmaceutical company, or government body, for instance.

Conflict of interest committee chairs were most likely to want to share amount of financial interest (93%), while investigators were least likely (63%). Those who expressed concern about disclosing the amount felt that level of detail could become cumbersome or confusing in the informed consent statement, and that research subjects might overestimate the impact that particular amounts might actually have on research outcomes. There was no consensus on what amount should trigger disclosure—the lower limit ranged from \$1 to \$50,000.

There was general agreement that the nature of the relationship should be disclosed, but no agreement about whether the disclosure should explain the possible impact of those relationships. Again, concern about overcomplicating the consent statement seemed to be at the root of these issues. Some respondents said the disclosure should include an explanation of how an unscrupulous investigator might alter the research results.

Some respondents said their consent form highlights the information in bold type, while others place it strategically in the document. Many also emphasized that the informed consent process should include discussion. "Our data suggest that it will be difficult to achieve agreement on the issue of substantial understanding of financial interests," the researchers concluded. "Before we can resolve what counts as substantial understanding, there must be agreement about what risks are important for potential research participants to understand." ■

E-Prescribing May Reduce Errors in Private Practice

BY TIMOTHY F. KIRN
Sacramento Bureau

SEATTLE — Electronic prescribing may be a way to significantly reduce medication errors, according to a study that reviewed records involving 749 private-practice patients and more than 1,000 prescriptions.

The study found an error rate of 3.9% when physicians used electronic prescribing, Martha Simpson, D.O., said at a conference on rural health sponsored by the WONCA, the World Organization of Family Doctors. That compares with medication error rates from hospital studies that range from 3% to 6%, and error rates from studies in the community that have reached as high as 10%.

"This is significantly lower than other reported rates have been," said Dr. Simpson of the department of family medicine at Ohio University College of Osteopathic Medicine, Athens.

The study involved four group practices in Ohio, which were given equipment (Rcopia, DrFirst Inc., Rockville, Md.) and training for electronic prescribing to five local pharmacies. The prescriptions were written over a 14-month period. Medical records were then reviewed by a pharmacist, and the patients were telephoned 3 months after their final prescription for an interview to find out if they had any adverse events or problems.

E-prescribing eliminates physician handwriting, which is a common source of error, Dr. Simpson said.

However, once electronic prescribing becomes more common, it will bring with it errors and challenges that are unique to the process, she said. For example, physicians can easily point their cursors to the wrong box and click, thereby inadvertently canceling a prescription or ordering the wrong one. And, of course, computers sometimes go down temporarily.

Some states do not allow electronic prescribing, and most do not allow e-prescribing of scheduled drugs. Moreover, electronic prescribing technologies are not automatically entered into electronic medical records.

"Until all these systems are integrated, we are not going to have widespread adoption of this," Dr. Simpson said at the conference.

Another advantage of electronic prescribing will be that pharmacists will know when patients fail to pick up their prescribed medications, and will be able to notify the doctor, she noted.

Dr. Simpson said her study also looked at how the physicians accepted and used the technology they were given. Contrary to her expectations, there were no strong, enlightening patterns, she said.

Of the nine physicians and one nurse practitioner in the practices, four adopted it immediately, three used it about half of the time, and three did not use it at all. If physicians did not take to the technology right away, they never did, she added. The study was sponsored by a grant from the Ohio Medical Quality Foundation. ■



Electronic prescribing eliminates physician handwriting, a common source of error.

DR. SIMPSON

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