Transparency, consistency, and self-regulation are key to maintaining integrity and independence.

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 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 American Academy of Family Physicians (AAFP), American Academy of Neurology (AAN), American Academy of Ophthalmology (AAO), American Academy of Pediatrics (AAP), American College of Cardiology (ACC), Accreditation Council for Continuing Medical Education (ACME), 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 Academy of Physical Medicine and Rehabilitation (AAPMR), American College of Radiology (ACR), American Society for Radiation Oncology (ASTRO), and ASCO.

Many previous efforts have been done in private, but this is a public undertaking designed to reassure the public and regulators that professional societies are acting ethically.

BY JANE ANDERSON

Physicians, patients, and research participants believe that researchers’ financial ties to industry decrease the quality of research evidence, and patients believe that financial ties influence physicians’ prescribing behavior.

"When any financial tie was disclosed, there was a reduction in the perceived quality of research among research participants and physicians," they reported.

They noted that in clinical care, patients believed that financial ties also decreased the quality of care and affected prescribing behavior.

"Patients ‘want to be able to ascertain if, and to what extent, their prescriptions could be inappropriately influenced by the financial relationships between their physician and pharmaceutical companies.’"

The investigators reviewed 11 original quantitative studies of patients’, research participants’, and journal readers’ views about financial ties and perceptions of quality. In studies considering patient perception of cost, a range of 26%-76% said they believed that gifts to physicians increased the cost of care, although fewer patients thought professional gifts were a problem.

For some potential trial participants, disclosure of financial ties affected their willingness to participate.

"Three studies reported that prospective research participants were least willing to participate in a hypothetical clinical trial when a researcher equity ownership was disclosed," according to Dr. Gross and his colleagues. "Of note, the participants also reported less trust in researchers after disclosure of financial ties."

The literature review "suggests that a sizeable portion of the public wants to know about physicians’ financial ties, and that patients and research participants can distinguish between different types of financial ties and determine the relative importance of disclosure of each, the investigators concluded."

In an accompanying editorial, Eric Campbell, Ph.D., of Harvard Medical School, Boston, noted that patients and research participants want access to data on conflicts of interest to make decisions about the potential impacts of industry relationships on the care they receive.

"For example, they want to be able to ascertain if, and to what extent, their prescriptions could be inappropriately influenced by the financial relationships between their physician and pharmaceutical companies," Dr. Campbell explained.

However, collecting and presenting industry data in a useful way will not be easy, and “for consumers to use the data, it is clear that the quality of the data that is reported by companies must be improved,” he added.

Public disclosure seems like a likely first step toward a more active government and health care institution role in evaluating and managing physician-industry relationships, Dr. Campbell wrote. "This will likely be seen by some physicians as a direct assault on their sense of professional identity and autonomy." However, "this transparency will help prevent the further erosion of public trust in the medical profession," he argued.

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