

AAMC Guidelines for Industry Funding of CME Will Affect Ophthalmology

The recommendations on how the academic medical community should conduct relationships with industry will have an impact on ophthalmic practice, leaders say.

BY RACHEL M. RENSHAW, EDITOR IN CHIEF

In June, the Association of American Medical Colleges (AAMC) issued a report examining “the benefits and pitfalls of industry funding of medical education.”¹ The 43-page report, *Industry Funding of Medical Education*, calls for an end to “practices that compromise professionalism as well as public trust.”

The report was the result of a 14-month effort by an AAMC task force made up of physicians, faculty from academic medical institutions, medical students and residents, members of the general public, and executives of pharmaceutical and medical device companies, said David Korn, MD, Chief Scientific Officer of the AAMC, in a podcast available on the organization’s Web site.

“The report rests on a foundation of medical professionalism and to a very large extent recommends the elimination of almost all forms of industry gifts and gratuities that are transacted between industry and academic medical physicians under the rubric of medical education,” Dr. Korn said.

The AAMC report recommends that all relationships between industry and medical academic institutions or teaching hospitals that include the practice of industry gifting, financial remuneration, or giveaways—pens, memo pads, office hangings—be eliminated. Regarding industry participation in medical education programs, the AAMC task force recommends that any funds presented to an institution for the purpose of medical education be done without designation as to their use in terms of program type, objectives, design, or faculty.

“All of the relationships that involve gifts and the

effects of gifts on the recipients are to be attenuated or eliminated,” Dr. Korn said.

These recommendations have the potential to exert a significant impact, as the goal of the AAMC is that the majority of its members in medical academic institutions adopt the recommendations as policy.

OPHTHALMOLOGY’S POSITION RELATIVE TO THE AAMC

To gain further perspective on how the recommendations of the AAMC task force will affect industry involvement in medical education and research specifically in the retina community and ophthalmology, *Retina Today* consulted three thought leaders: The President of the American Academy of Ophthalmology (AAO), David W. Parke, MD; the President of the American Society of Retina Specialists (ASRS), Julia A. Haller, MD; and the AAO’s alternate delegate to the American Medical Association’s Specialty Society Relative Value Scale Update Committee (RUC) and a member of the AAO’s Health Policy Committee, George A. Williams, MD.

According to Dr. Parke, although the AAO does not currently hold an official position on the AAMC recommendations, it has established a task force of its own to examine the issue of industry sponsorship and to draft a conflict-of-interest policy to guide its organizational operations and to provide assistance to its membership.

“The AAO’s mission is to be a trusted source of valid, nontainted, nonbiased, quality education, in all of their

materials and programs,” Dr. Parke said. “Key to this is how to handle the tension of ideologic purity vs educational pragmatism. Conflict of interest is something that, historically, the medical profession has dealt with principally via disclosure. We all recognize, however, that this by itself can be inadequate.”

The ASRS has also been paying close attention to how the AAMC recommendations should be interpreted, Dr. Haller said. “This will going to be an ongoing, openended effort to determine what our relationship with industry should be and how to avoid not only the reality of conflict of interest but also the perception of conflict of interest within our own subspecialty.”

Dr. Williams noted that there was a need for a stand on the issue of conflict of interest by the AAMC, parent organization of academic institutions.

“There clearly have been abuses, and these policy directives are in response to the abuse,” he said. “The abuse most commonly cited are that physicians can be swayed in their therapeutic decision-making process either by their personal relationships or their financial relationships with industry. Clearly it would be naïve to think that these professional relationships have no impact.”

Dr. Williams expressed concern, however, that the guidelines “tar everyone with the same broad brush.”

“This has the potential to adversely affect what could be a very beneficial relationship between ophthalmologists and industry,” he said.

VALUE IN INDUSTRY PARTICIPATION

All retina specialists interviewed for this article cited innovation as the up-side to relationships between industry and the medical community. Among the concerns, however, is where the responsibilities of these two parties lie; that is, the medical practitioner is responsible to the patient, while the pharmaceutical and medical device industries are answerable to their shareholders.

“Industry can play a very important role in innovation,” the AAO’s Dr. Parke acknowledged. “It is critical in any physician-industry relationship that industry’s role is defined and that everybody involved, not only physicians, industry, and patients, but also government, payers, and the community at large, is comfortable that we have not crossed inappropriate lines. The most important premise in medicine is to ensure that the patient is at the center of every decision process.”

Dr. Haller noted that if the medical community were to withdraw completely from involvement with industry, serious implications could result. Eliminating any input to industry from top physicians in their specialties, which would include many academic faculty members, would be unfortunate, she said.

“Helping the drug companies figure out the best way to conduct studies, ask the questions that need to be answered, and obtain the information that is applicable to patients are tasks that only an experienced clinician would know. If you cut that off, it’s terrible for the drug companies, the patients, and for the medical profession,” Dr. Haller said.

IN THE PATIENT’S BEST INTEREST

Navigating the relationships between medicine and industry is currently a confusing task, Dr. Parke said, and the ways that conflict of interest affects physicians in the United States must be understood.

“One of the most important responsibilities that every physician holds is the implicit trust of individual patients and of society. We cannot afford to endanger that trust by simply ignoring how we deal with our commercial relationships,” said Dr. Parke. “This is one reason why the AAO and many other organizations are looking at this issue carefully and will ultimately be changing, to one degree or another, the way that we conduct our relationships with industry. This need not hobble innovation. We as a physician community are capable of guiding this process and should embrace that responsibility.”

Dr. Williams said that the most important relationships to consider in this debate are those between physicians and their patients.

“Our relationships with industry should be governed by the fact that our job is to do what’s in the best interest of the patient,” he said. “The issue that we are facing now is that there are voices out there implying that doctors are incapable of making this judgment. I disagree with that.”

Dr. Williams said conflict of interest is a potential challenge, but manageable—within the fundamental premise that physicians act in their patients’ best interest. ■

1. Association of American Medical Colleges. Industry Funding of Medical Education: Report of an AAMC Task Force. <http://www.aamc.org/industryfunding>. Published June 2008. Accessed July 29, 2008.

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