



Are Financial Conflicts of Interest for the Surgeon A Source of Concern for the Patient?



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ARTICLE INFO

Article history:

Received 16 September 2014

Accepted 30 December 2014

Keywords:

conflict-of-interest
orthopedic
arthroplasty
patient attitudes
industry
disclosure

ABSTRACT

We surveyed 269 consecutive patients (81% response rate) with an anonymous questionnaire to assess their attitudes toward conflicts-of-interest (COIs) resulting from three financial relationships between orthopedic surgeons and orthopedic industry: (1) being paid as a consultant; (2) receiving research funding; (3) receiving product design royalties. The majority perceived these relationships favorably, with 75% agreeing that surgeons in such relationships are top experts in the field and two-thirds agreeing that surgeons engage in such relationships to serve patients better. Patients viewed surgeons who designed products more favorably than those who are consultants ($P = 0.03$). The majority (74%) agreed that these COIs should be disclosed to patients. Given patients' desires for disclosure and their favorable perceptions of these relationships, open discussions about financial COIs is appropriate.

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Conflicts-of-interest (COIs) resulting from financial relationships between orthopedic surgeons and the orthopedic industry are a potential source of public distrust [1–4]. In light of highly-publicized reports of unethical financial relationships between orthopedic surgeons and industry, both the US government and the American Academy of Orthopedic Surgeons (AAOS) have proposed policies of public disclosure of financial relationships that orthopedic surgeons have with the industry [2]. Despite these proposals for public disclosure of potential COI, equipoise remains regarding the appropriateness of such financial relationships in the orthopedic profession [1,3,5,6].

Equally important are the perspectives and attitudes of the patients to whom this information is being communicated. Previous studies have shown that both non-surgical [7] and orthopedic [2,4] patients desire disclosure of financial relationships that orthopedic surgeons may be engaged in, but that they demonstrate poor understanding of financial COIs [8]. As financial relationships may threaten the integrity and accuracy of orthopedic research [9], and orthopedic surgeons have previously been shown to not fully report their financial relationships

[10], the presence of such financial relationships may threaten the physician–patient relationship in orthopedic surgery. Although two previous studies [11,4] have surveyed orthopedic patients' attitudes toward financial relationships between orthopedic surgeons and the orthopedic industry (one in spine surgery patients [4], one in arthroplasty patients [2]) there has been no extensive assessment of patient's attitudes toward different types of financial relationships between orthopedic surgeons and the industry, particularly important when considering the variability in the type of work and the degree of financial compensation that exists between different relationships (e.g., being paid as a consultant compared to receiving implant design royalties).

The purpose of the present study was to determine patients' attitudes toward financial relationships between orthopedic surgeons and the orthopedic industry, with an emphasis on differing views toward three different types of relationships: (1) being paid as a consultant; (2) receiving research funding; and (3) receiving royalties for product design. We also assessed patient attitudes toward financial relationships between orthopedic surgeons and the orthopedic industry, in general.

Materials and Methods

Study Population

We surveyed a consecutive series of patients presenting to two arthroplasty outpatient clinics at two academic centers using an

One or more of the authors of this paper have disclosed potential or pertinent conflicts of interest, which may include receipt of payment, either direct or indirect, institutional support, or association with an entity in the biomedical field which may be perceived to have potential conflict of interest with this work. For full disclosure statements refer to <http://dx.doi.org/10.1016/j.arth.2014.12.035>.

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anonymous, self-administered questionnaire. Both surgeons had financial relationships with orthopedic device manufacturers, including payments for consulting, research support, and royalties at the time of the study. These financial relationships were generally disclosed to patients as part of the routine office policies of each surgeon; additionally, such disclosures were made available on the faculty Web sites of each surgeon either through a direct listing of such disclosures or with a link to the disclosures.

Questionnaire Administration

All patients (pre-operative and post-operative) presenting to the arthroplasty clinics were asked to complete the questionnaire by clinic staff. A cover letter informed each patient that the questionnaire would be anonymous, voluntary, and have no impact on the care that they would receive from their surgeon. Each patient was allowed to complete the questionnaire at his or her leisure in the waiting room along with each clinic's usual paperwork before his or her scheduled appointment.

Questionnaire Design

We developed a questionnaire in conjunction with an expert in survey design. Initially, the questionnaire was drafted without this expert's help to assess patients' attitudes toward three different types of financial relationships between orthopedic surgeons and companies. In choosing questions, we considered those asked in previous studies on this topic in the orthopedic population [2,4], as well as those that we felt would be relevant to adequately counseling patients regarding potential COIs. Where appropriate, a 5-point Likert scale was utilized to measure patients' attitudes. After initial drafting, we revised the questionnaire with the survey consultant for clarity, conciseness, and precision of vocabulary. To ensure patient comprehension of questions, we then performed pilot testing of the questionnaire with 7 patients by way of cognitive interviewing [12], which entails survey respondents verbalizing their thinking process as they answer questions in a survey.

Questionnaire Content

We assessed demographics of patients, including age, gender, race, highest level of education, and medical insurance type (Appendix 1). The non-demographic parts of the questionnaire assessed patients' attitudes toward three different types of financial relationships orthopedic surgeons engage in with the orthopedic industry: (1) being paid as a consultant, (2) receiving research funding, and (3) receiving royalties for product design. Specifically, for each relationship, we asked patients to rate their agreement using a 5-point Likert scale (1 = agree strongly; 2 = agree somewhat; 3 = disagree somewhat; 4 = disagree strongly; 5 = don't know). Further, respondents were asked about their attitudes toward financial relationships between orthopedic surgeons and the orthopedic industry in general, the disclosure of such relationships, the impact of such relationships on healthcare costs, and the appropriateness of government regulation of such financial relationships. The second part of our questionnaire assessed patients' attitudes toward financial relationships between orthopedic surgeons and orthopedic companies more generally. Additionally, we asked how concerned patients should be about monetary relationships between orthopedic surgeons and companies (5-point Likert scale; 1 = very concerned, 2 = somewhat concerned, 3 = not very concerned, 4 = not at all concerned, 5 = don't know). Finally, we asked whether or not each patient was aware of such financial relationships between orthopedic surgeons and orthopedic companies, as well as whether or not they thought their own surgeon had any of these relationships.

Statistical Analysis

We utilized descriptive statistics to summarize the survey results. Fisher's exact test was used to compare patient attitudes toward two types of the financial relationships presented at a time.

Results

At the two centers, 269 consecutive patients were surveyed, of which 218 completed the questionnaire (81% response rate). The median patient age was 60 years old (range, 19–83 years), with 78% being female (155 of 199 respondents), 79.8% being white (166 of 208 respondents), 79.6% possessing at least some college education (160 of 201 respondents), and 65.3% having private insurance (124 of 190 respondents).

For all three potential COIs, the majority of patients perceived these relationships favorably (Table 1). For all three potential COIs, the majority agreed that such surgeons would be more likely to use the products of the company they received payments from. Generally, patients held similar opinions regarding each type of financial relationship asked about. However, significantly more patients did agree that surgeons who receive royalties are better surgeons than those who are not, compared to those who are paid as consultants ($P = 0.035$). No other significant differences were noted with regard to patient attitudes toward the different types of financial relationships presented.

Regarding impact on healthcare costs, patients generally were unsure of the impact of such relationships both on healthcare costs, in general, and their own personal healthcare costs (Table 2), with most saying that they did not know what the impact of these financial relationships on healthcare costs was. In terms of general attitudes toward these relationships, the majority of patients demonstrated favorable attitudes (Table 3). Interestingly, although 74% (148 of 200 respondents) agreed that patients should be told if their surgeon has a financial relationship with an orthopedic company, 66.5% (133 of 200 respondents) disagreed that the government should control what kinds of relationships orthopedic surgeons have with orthopedic companies.

Nevertheless, 62% (124 of 201 respondents) agreed that patients should be at least somewhat concerned about financial relationships between orthopedic surgeons and orthopedic companies. Interestingly, 58.2% (117 of 201 respondents) reported that they were aware that some orthopedic surgeons received money from orthopedic companies for consultation, to help with sales and to conduct research, while 65.3% (124 of 190) replied that they did not know if their own surgeon was engaged in any of these relationships.

Discussion

Financial relationships between orthopedic surgeons and the orthopedic industry may create distrust among the orthopedic patient population and the public as a whole [1–4]. Accordingly, calls for transparency of such relationships have been made from both the orthopedic profession and the US government [2]. Given the potential of such relationships to affect the physician–patient relationship, we sought to assess orthopedic patients' attitudes toward financial relationships between orthopedic surgeons, specifically regarding being paid as a consultant, receiving research support, and receiving implant design royalties. We found that the majority of patients perceived these relationships favorably. Interestingly, patients viewed surgeons who received royalties for product design more favorably than those who are consultants. Additionally, most patients agreed that these COIs should be disclosed to patients.

Although financial relationships between orthopedic surgeons and the industry have been met with scrutiny from both within the profession [3,6] and from the government [2], prior studies have

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