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Perspective

Conflict of interest and professional medical associations: the North American Spine Society experience

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Abstract

BACKGROUND CONTEXT: Recently the financial relationships between industry and professional medical associations have come under increased scrutiny because of the concern that industry ties may create real or perceived conflicts of interest. Professional medical associations pursue public advocacy as well as promote medical education, develop clinical practice guidelines, fund research, and regulate professional conduct. Therefore, the conflicts of interest of a professional medical association and its leadership can have more far-reaching effects on patient care than those of an individual physician.

PURPOSE: Few if any professional medical associations have reported their experience with implementing strict divestment and disclosure policies, and among the policies that have been issued, there is little uniformity. We describe the experience of the North American Spine Society (NASS) in implementing comprehensive conflicts of interest policies.

STUDY DESIGN: A special feature article.

METHODS: We discuss financial conflicts of interest as they apply to professional medical associations rather than to individual physicians. We describe the current policies of disclosure and divestment adopted by the NASS and how these policies have evolved, been refined, and have had no detrimental impact on membership, attendance at annual meetings, finances, or leadership recruitment. No funding was received for this work. The authors report no potential conflict-of-interest-associated biases in the text.

RESULTS: The NASS has shown that a professional medical association can manage its financial relationships with industry in a manner that minimizes influence and bias.

CONCLUSIONS: The NASS experience can provide a template for other professional medical associations to help manage their own possible conflicts of interest issues.

Keywords: Conflicts of interest; Ethics; Disclosure; Professional societies; Research support

FDA device/drug status: Not applicable.

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Introduction

The financial relationships between medical device makers or pharmaceutical companies (collectively ''industry'') and individual physicians or professional medical associations (PMAs) present a major challenge to scientific integrity and best patient care [1–4]. Most of the concern has been centered on relationships between individual physicians and industry [5–7], but recently relationships between industry and PMAs have gained increased attention [8–11].

In order for medicine to progress, some forms of relationships between physicians and industry are necessary [12]. Although such relationships can be professional, ethical, and very worthwhile, they are conflicted by their very nature and have the potential to create unconscious bias that might influence patient care [1,3]. The potential value of the relationship does not mitigate this effect.

In an effort to minimize the potential for the medical device industry to potentially influence decision and policy-making, the North American Spine Society (NASS) embarked on a program to eliminate financial conflicts of interest (COIs) when possible and strictly manage them when divestment is not possible or reasonable. We believe these efforts have placed NASS among the leaders in the management of COIs by PMAs. This article describes the changes NASS made to minimize or eliminate the effects of COIs and the impact of the improved policies on its mission and goals.

Roles of PMAs

The primary role of a PMA is to promote the highest quality of care for patients through education, research, and advocacy for and of its members [3,8,9]. Many of the activities of a PMA can influence the medical practice decisions of its members through its continuing medical education (CME) meetings and programs, the development of clinical practice guidelines (CPG), and their professional journal and educations newsletters [3,8,13–15]. Professional medical associations fund research and data collection registries and publish educational materials for the public, and PMA members often serve on government coding and other committees. Therefore, the COIs of a PMA and its leaders can have a more far-reaching effect on patient care than those of an individual physician.

The education of its members is a particularly important duty of a PMA, and most PMAs hold an annual meeting and provide other educational opportunities. For most PMAs, the annual meeting is the most important income generator of the year and is also the highlight of its CME program. Many members and nonmembers attend the annual meeting, which makes it a very attractive opportunity for industry marketing. There are many ways that the financial relationships between a PMA and industry can introduce bias at CME events, including the choices of meeting chairs, meeting committee members, symposium topics, and speakers [3,8,13]. PMAs have the option to sell opportunities for industry-sponsored ''satellite symposia'' or specific device-related instructional courses. In addition, educators who have financial or other relationships with industry may have an unconscious bias toward that company and its products that is reflected in their presentations.

Professional medical associations must choose whether and where to sell advertising [3]. The most obvious form of marketing is the exhibit hall, which attendees can choose to avoid. There are also the displays of company names or logos on signs, lanyards, bags, and internet kiosks that attendees will see repeatedly during the meeting. A more subtle type of marketing can occur during lectures, poster exhibits, and ''satellite symposia,'' when presenters or an entire symposium emphasize a sponsoring company's drug or device [3,13].

The professional journal of a PMA is another potential source for influence. The advertising in journals is clearly marketing; readers can choose to skip over it to get to the professional content [14]. However, industry relationships can affect journals in more subtle ways. Any relationships between industry and the editor-in-chief, section editors, and reviewers can bias which articles are sent for review and to whom they are sent, as well as which articles are published or rejected [16]. Needless to say, authors and their research can be biased by financial relationships with industry.

Clinical practice guidelines can affect clinical practice and insurance coverage for diagnostic tests and treatments. The COIs of the authors of clinical practice guidelines have the potential to bias final recommendations [14–18]. The potential effects of COIs on physicians who make coverage and coding recommendations to government and other health insurers are obvious.

Professional Medical Associations: layers of conflict

Professional medical association physician leaders can be conflicted on two levels. First, there can be a bias related to their individual relationships with industry. They have a second layer of conflict because physician leaders are responsible for making decisions that best enable the PMA to remain financially solvent. Over-reliance on industry funding creates the potential for leadership to unconsciously make decisions that favor companies that have made material contributions to the PMA.

The administrative staff of a PMA has the responsibility of maintaining financial stability whereas allowing the PMA to fulfill its mission. The staff members might be subject to the same individual and collective influences.

Professional Medical Associations: revenue

It is costly for a PMA to carry out its mission. Often the expenses of a PMA exceed revenue from dues, CME tuitions, and personal donations. As a result, many PMAs depend on industry monies for a significant portion of their