

Surgeons' perceptions on industry relations: A survey of 822 surgeons

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Background. *The relationships between industry and medical professionals are controversial. The purpose of our study was to evaluate surgeons' current opinions regarding the industry-surgery partnership, in addition to self-reported industry ties.*

Methods. *After institutional review board approval, a survey was sent via RedCap to 3,782 surgeons across the United States. Univariate and multivariable regression analyses were performed to evaluate the responses.*

Results. *The response rate was 23%. From the 822 responders, 226 (27%) reported at least one current relationship with industry, while 297 (36.1%) had at least one such relationship within the past 3 years. There was no difference between general surgery versus other surgical specialties ($P = .5$). Among the general surgery subspecialties, respondents in minimally invasive surgery/foregut had greater ties to industry compared to other subspecialties ($P = .001$). In addition, midcareer surgeons, male sex, and being on a reviewer/editorial board were associated with having industry ties ($P < .05$). Most surgeons (71%) believed that the relationships with industry are important for innovation.*

Conclusion. *Our study showed that relationships between surgeons and industry are common, because more than a quarter of our responders reported at least one current relationship. Industry relations are perceived as necessary for operative innovation. (Surgery 2017;■:■-■.)*

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SURGEONS MAKE DECISIONS every day on the drugs they prescribe, the procedures they recommend, the instruments and devices they use, and the implants they employ. Although occasionally there is only one safe option to use for a particular patient, in most cases, the surgeon has a choice. The surgeon may also have a broader decision-making influence in a hospital or health care system in terms of purchasing that can impact broader patient care.

What drives us to make these choices? Is it always evidence based? Are we always making the

decision based on outcomes? Do costs matter? One major concern that has reached the attention of the general public and health care leadership nationwide is conflict of interest within the health care industry.¹

There is convincing evidence that physician prescribing patterns can be influenced by industry. In one 1992 study, Orlowski and colleagues² demonstrated substantial shifts in drug utilization after a symposium sponsored by a pharmaceutical firm. This influence is also questioned in medical devices. Jay Yadev, the lead author of a landmark 2004 paper regarding carotid stenting, lost his job at the Cleveland Clinic over allegations that he did not disclose his royalties of greater than \$400,000 that were contingent on the success of that trial.³

Industry-sponsored studies are more often associated with outcomes favorable to the investigated product,⁴ and thus, some experts and naïve government and public citizens question the validity of such trials. Although there is a possibility that research misconduct could be the reason for

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In what year did you begin your surgical practice? _ _ _ _

Are you: Male Female

Please choose the region of the country where you practice:
 Northeast Midwest South West Canada

How would you describe your practice (select all that apply)

1. Full time Academic medical center (primary medical school site)
2. Full time Other academic hospital (resident or fellow training)
3. Private practice, group or individual
4. Veteran Affairs Hospital Employed
5. Other: _____

What would best describes your practice?

General Surgery
 Gastrointestinal Surgery
 Surgical Oncology
 Minimally Invasive Surgery/Foregut
 Bariatric Surgery
 Vascular Surgery
 Cardiothoracic Surgery
 Pediatric Surgery
 Trauma Surgery
 Plastic and Reconstructive Surgery
 Colon and Rectal Surgery
 Oral and Maxillofacial Surgery
 Neurological Surgery
 Orthopedic Surgery
 Otolaryngology
 Urology
 Other

Are you a reviewer/editorial board member for a professional journal?
 No Ad hoc reviewer Editorial Board Member

For the following questions, please refer to industry relationship as receiving compensation in form of money, company stock, salary, research support, fellowship support, etc. from a for profit company related to medicine.

How many industry relationships do you have currently?
 How many industry relationships have you had in the past three (3) years?

What type of compensation do you currently receive? (Check all that apply)

Honoraria for speaking/teaching/advising
 Ownership interest
 Consulting fee
 Salary
 Research Support
 Fellowship Support
 Royalties
 Other

Do you feel that physician industry relationships are necessary for surgical advancement to take place?
 Yes No

Do you feel that recent disclosure policies with regard to stringent regulations on relationships between industry and physicians are hindering surgical innovation?
 Yes No

Do you think all presenters at meetings you attend follow a full disclosure policy?
 Always Often Sometimes Never

Do you feel that failure to disclose industry relationships when presenting, even when not relevant to topic, is unethical?
 Yes No

Do you think disclosure of industrial relationships to patients is ethically necessary?
 Yes No

Rank the following disclosure issues from most to least important:

Board of Directors position
 Stock Ownership
 Research Grant recipient
 Recipient of speaking fees
 Recipient of tokens (pens, etc.)
 There are probably others.

Do you trust guidelines written by surgeons with COI, even if the conflicts are outside of the scope of the area?
 Yes No

Fig 1. Survey.

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