



Professional medical societies: do we have any conflict of interest with industry?

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Conflicts of interest (COIs) have always occurred in scientific research and medical education. During the 1980s, the relationships between industry and academia intensified because of innovation and growth in biotechnology, pharmaceuticals and therapy. Industry currently funds nearly 60% of all biomedical research performed in the USA with pharmaceutical companies providing 30%, biotechnology firms another 20% and medical device companies about 10%. In 2004, these investments accounted for more than 50% of the clinical research being conducted in the USA [1]. Recently, there have been concerns about industry supporting an even larger component of research funding during times of contraction of federal government spending on research [2]. While recent increases in funding from the National Institutes of Health has mitigated these concerns, industry continues to fund the majority of non-basic science. Defining COI policies that satisfy multiple stakeholders remains challenging.

When medical societies collaborate with companies to promote education or to develop products that improve health, in principle there is a benefit, but there are concerns that wide-ranging financial relationships to industry may inappropriately influence professional judgments. There are multiple potential domains in which COIs could potentially exist in interactions with industry.

Medical societies have partnered with industry to fund research fellowships, and COI concerns have called these

into serious question, similar to universities acquiring partial industry funding for new academic positions [3, 4]. In addition, some databases sponsored by medical societies that are freely accessible to its membership are funded in part or completely by industry support [5]. Industry also supports medical journals through advertisements, purchase of articles and occasionally by supporting supplemental issues. This can be especially complicated for supplements funded by a single company and dealing with one drug [6].

Another major task of medical societies is the development of guidelines, where the possibility for COI is both direct and indirect. Guidelines can be directly supported by industry wherein a financial gift is given specifically to support their development, albeit without editorial control or representation on the guideline writing committee. Alternatively, guidelines may have indirect support from industry by virtue of the fact that panel members have benefited from research support and/or payment of activities on advisory boards or as consultants [7].

Medical societies represent the “public face” of their specialty and profession. Any situation that potentially compromises clinical decision making, negatively affects health care delivery or undermines the reputation of the profession is detrimental [8, 9]. As such, medical societies have ethical obligations to their members, to patients and to society as a whole. Each medical society should

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function as an extension of its members, and all its leaders must be subject to commonly agreed upon professional norms. These norms involve meeting certain obligations, including the responsibility to gain and use medical knowledge with integrity, in the best interest of the patient and possibly limiting the self-serving interest [10–12]. Further, it is the duty of medical societies to provide unbiased education and services to members and patients. By the education provided, the practice guidelines endorsed and the ethical norms embraced by the medical society, the practice of medicine must be enhanced and optimized.

There are disparate views on how medical societies should interact with industry and what constitutes COI. The potential for unintended consequences due to medical society-industry relationships can therefore be quite challenging for professional organizations.

For example, at most annual meetings, industry has banners, booths and sponsored symposia. This visibility can be perceived as endorsement [13]. While there are inherent benefits to a relationship between a medical society and an industry partner, the medical society must carefully consider COI on a wide range of issues ranging from sponsorship to how to address industry symposia held in close proximity to the annual meeting.

While ideally a formal process for dealing with COI exists at each medical society (Table 1), unfortunately, a lack of structured regulatory systems within many medical societies is common. For example, a recent study by a group of Italian investigators from the Departments of Public Health and Biomedical Science reported that the industry sponsorship of Italian medical societies'

conferences is common, with a substantial paucity of regulatory systems and scarce disclosure of the amount of industry funding (only 6% of all the societies shared information of their financing) [14].

Solutions to COI issues are complex and multifactorial. The days of wholly unregulated industry input are best left to history. However, some proposed solutions to entirely eliminate all industry presence seem fairly drastic and counterproductive. We believe a middle ground is the best way forward, in which a transparent and regulated process allows industry to financially support medical conferences, without which the dissemination and exchange of medical information might be limited.

COI solutions are also critical to guideline development. As an example of the complexities in this setting, the Surviving Sepsis Campaign international guidelines for sepsis management are produced by a collaboration between the European Society of Intensive Care Medicine and the Society Critical Care Medicine, and representatives from 20 different international medical societies formally participated in the development of the guidelines. Based upon this, the organizers in the last decade developed a rigorous and stringent COI policy [15]. No industry input into guidelines occurred, and no industry representatives were present at any meetings. Further, no member of the committee received financial compensation for their time on the committee. COI disclosure was made by each participant, which was then adjudicated by the Surviving Sepsis co-chairs, group heads and COI chair. Both financial and non-financial disclosures were submitted, of which 15 required a management plan limiting discussion or voting during which

Table 1 Basic principles for “interaction”

1. Independence	All societal activities will be free of company influence, and all societal/industry interactions will be guided by a high-level group (e.g., ethics committee, conflict of interest committee)
2. Transparency	The Society conflict of interest policies/forms are made available to the members and public, and company support is disclosed
3. Acceptance of charitable contributions	This is appropriate if it aligns with the Societal mission and is free of company influence. In addition, policies for consistent and appropriate recognition of donors are to be adopted
4. Acceptance of corporate sponsorship	Only if it aligns with the Society mission. Reasonable efforts to seek multiple sponsors and not allow company logos on “gifts”
5. Full control of the Societal meetings	The Society must have full control over the entire program from topics to speaker selection, allowing presentation of a balanced educational program addressing areas of knowledge gaps. The Society itself will address any COI issues
6. Awarding of research grants	Independence is critical in that aspect, and companies cannot influence the selection of recipients, receive intellectual property rights or royalties resulting from the research or influence the results or manuscripts resulting from the research. Societal research supported by corporate funding requires disclosure and independence of all aspects of the research
7. Clinical practice guidelines	They must be evidence-based, free of company influence and not directly supported by companies during any phases of development or publication. Panel members and chairs must be free of conflict of interest relevant to the guideline and publication. The entire process must be completely devoid of corporate influence at all levels
8. Societal journals	Publications must have editorial independence from the Society and must be free from any potential influence from companies

content relevant to their COI was discussed. In addition, five members were reassigned to a different work group because of COI while one individual was asked to step down from the committee.

From a global perspective, ALLEA (All European Academies), the European Federation of Academies of Sciences and Humanities and United States National Academy of Sciences have provided guidance for transparency of research and relationships among medical societies, researchers and industry based upon the principles of Reliability, Honesty, Respect and Accountability [16, 17]. In addition, the Council of Medical Specialty Societies has published a voluntary “Code of Interactions with the For-Profit Health Sector,” which directly addresses COI policies for medical societies, and many American medical societies have formally adapted the code with commitment to full implementation [18].

Conclusions

The interaction between medical societies and industry has the potential for great benefit, but also runs the risk of significant COI. Industry funds 30–50% or more of many professional medical associations by supporting their annual meetings. Since the medical society is the public face of our profession and directs professional decisions and activities regarding education, publications and practice guidelines, the issue of COI remains a real concern for members, patients and affiliated organizations. Since public trust and the medical society’s integrity are ethical fundamentals, any real or perceived situation that could put into question the society’s duty to the public interest and well-being is unacceptable. As a result, formal methods to manage or divest COI with industry must be part of the inner working of each medical society to allow pursuing its core mission free of industry influence while allowing for society-industry partnerships based upon the principles of Honesty, Transparency, Reliability, Respect and Accountability.

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Compliance with ethical standards

Conflicts of interest

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