

VIEWPOINT

New Guidelines for the Disclosure of Academic-Industry Financial Ties and Modeling Professionalism During Medical Education

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The Patient Protection and Affordable Care Act will require pharmaceutical and medical device manufacturers ("industry") to record payments to physicians on a public database. This effort by the federal government builds on efforts by organized medicine to endorse disclosure policies as a mechanism to help mitigate some of the biases and undue influence that industry financial support may bring to scientific investigations, clinical trials, and patient care.

In academic medicine, an emerging tenet of professionalism is the transparent management of financial relationships between faculty members and industry. Academic-industry collaborations, including financial ties, are vital to the discovery and development of new pharmaceuticals and medical devices. Nearly half of all new drugs have been developed as a result of academic-industry partnerships.¹ At the same time, academic-industry ties may have attendant risks. Bekelman et al,² in a systematic review, reported a statistically significant association between industry financial sponsorship and pro-industry conclusions published by physicians and scientists in academia.

Most US medical schools require that faculty members disclose their industry relationships to the university or to the public. In addition, medical school faculty members are required to disclose relevant conflicts of interest (COIs) prior to publication of scientific papers and whenever they speak to peers at scientific, clinical, and continuing medical education meetings. However, medical schools do not routinely require disclosure to medical students during lectures, small group seminars, or other educational settings.^{3,4} The aim of this viewpoint is to describe efforts by students to advocate COI disclosure practices at medical schools nationwide and ultimately encourage US medical school faculty members to consider disclosing their relevant financial ties during medical education.

The University of Colorado Approach

In May 2011, the students and faculty at the University of Colorado School of Medicine (UCSOM) developed and implemented a faculty disclosure policy that may serve as a model for other medical schools nationwide (Box). The policy encourages a faculty disclosure statement during learning activities involving medical students.

The Medical Student Council developed the UCSOM disclosure policy after careful, student-only deliberations. The majority of students favored faculty disclosure; a small number opposed, fearing that the initiative would offend or antagonize faculty members and undermine faculty-student relationships. After a year of

constructive dialogue with faculty members, curriculum leaders, deans, and other stakeholders, the UCSOM Faculty Senate and the Executive Committee (consisting of the basic science and clinical department chairs) unanimously approved the medical student disclosure proposal.

A National Initiative

At the June 2011 American Medical Association (AMA) meeting, I proposed, on behalf of the AMA's Medical Student Section, a resolution calling on the Liaison Committee on Medical Education (LCME) to adopt new standards encouraging all medical school faculty nationwide to disclose their relevant COIs during medical education. The AMA House of Delegates adopted this resolution and forwarded it to the LCME for action (Box). Because the LCME is the accrediting authority for all US medical schools, it is the ideal focal point for establishing national guidelines for medical education. This resolution is significant because it is the first time that the LCME will address COI disclosure to medical students.

To achieve implementation of this newly adopted resolution (Box), the AMA is working with the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and other entities. In addition, the AMA transmitted these new rules to each medical school, each residency program director, and the directors of medical education at all US teaching hospitals.

Conclusions

Professionalism is a core competency in medical education.⁵ Medical students are more likely to practice professional behavior during their careers if professionalism is modeled by faculty members at every stage of medical education and reinforced by experiential learning.⁵

Disclosures of industry financial ties are ubiquitous in academic medicine, and these new guidelines encourage disclosure during learning activities involving medical students. Some may argue that COI disclosure is not relevant in early medical education, especially when students are in basic science courses, because the content is often unrelated to a professor's research interest or COI. I agree and recommend a disclosure statement only if the subject matter discussed is directly related to an industry financial tie (Box).

However, there are some cases in the basic science curriculum that may also warrant a disclosure. In my own preclinical experience, pharmacology courses often involved mention of a specific drug (as opposed to drug

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Box. New Guidelines on Disclosure of Financial Conflicts of Interest (COI) During Medical Education

University of Colorado School of Medicine COI Disclosure Policy During Medical Education

NOW, THEREFORE, BE IT RESOLVED that the University of Colorado School of Medicine (UCSOM) incorporate curriculum during medical education that focuses on the merits of academic-industry collaboration and the benefits of disclosing academic-industry financial relationships;

AND, BE IT FURTHER RESOLVED that during lectures [involving medical students], faculty members should declare, verbally or on a slide or lecture handout, the existence of financial ties as disclosed on the UCSOM Conflict of Interest and Commitment Disclosure form by stating either: "I have financial ties that relate to the content of this presentation that are disclosed to the university [and list relevant ties];" or "I have no financial ties to report;"

AND, BE IT FURTHER RESOLVED that, a disclosure statement shall also be encouraged [during] small group seminars, clinical experiences, and mentored research activities, if the subject matter discussed by the faculty member is directly related to a financial tie disclosed on the UCSOM Conflict of Interest and Commitment Disclosure form.

AMA/LCME Policy on Institutional Financial Disclosure Policy During Medical Education

D-140.981 Ethical Guidelines on Gifts to Physicians from Industry RESOLVED, that our American Medical Association (AMA) work with the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) to encourage the Liaison Committee on Medical Education (LCME) and the American Osteopathic Association Commission on Osteopathic College Accreditation to require all medical schools to make known to students the existence of the physician-industry financial disclosure databases that exist or will be created by 2013 as required by the Patient Protection and Affordable Care Act; and be it further

RESOLVED, that our AMA work with AAMC, AACOM, and LCME to encourage all medical school faculty to model professional behavior to students by disclosing the existence of financial ties with industry, in accordance with existing disclosure policies at each respective medical school.

class), perhaps unintentionally owing to a relevant research interest or COI of a professor. In addition, in another example from my preclinical experience, a lecture on the molecular pathways activated in cancer led to a discussion on new drug targets, and the tenor of the discussion was associated with a professor's research interest or financial COI. These examples affirm that faculty disclosure of industry ties in the lecture hall may represent a unique opportunity to model professional behavior to students early in their training.^{3,4}

These proposals do not include a recommendation for enforcement (Box). However, many COI policies in higher education are self-enforcing because there is an expectation among faculty members to understand their professional obligations. As a medical student, I believe that a voluntary policy recognizing professional responsibilities is more appropriate than one enacting compliance requirements that may jeopardize or antagonize the faculty-student learning relationship.

Loewenstein et al⁶ argue that disclosure is not a panacea and may lead to "moral licensing" by the profession. Indeed, a recent study⁷ showed that physicians receiving payments of more than \$1 million from 5 orthopedic device companies had a 46% nondisclosure rate in manuscripts submitted to orthopedic journals. Perhaps modeling professional behavior to medical students early in their careers may help mitigate or help reduce nondisclosure rates in the future. In addition, perhaps by treating disclosure as an issue of physician professionalism, rather than as an issue of regulation/compliance, adherence to disclosure among physicians will be higher.³ More than ever before, organized medicine, the government, patients, and now medical students believe that disclosure of physicians' collaborations and financial ties with industry should be encouraged in an effort to promote transparency, to protect the integrity of academic-industry partnerships, and to preserve public trust.⁴

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