

Physician...Industry Relations. Part 2: Organizational Issues

Susan L. Coyle, PhD, for the Ethics and Human Rights Committee, American College of Physicians...American Society of Internal Medicine

This is part 2 of a 2-part paper on ethics and physician...industry relationships. Part 1 offers advice to individual physicians; part 2 gives recommendations to medical education providers and medical professional societies.

Industry often sponsors programs for graduate and continuing medical education, as well as major events of medical professional societies. Industry is an abundant source of advances in medicine and technology and plays a crucial role in disseminating up-to-date medical information. Although industry information fills an important need, studies suggest that it is often biased.

Providers of graduate and continuing medical education have a duty to present objective and balanced information to their participants; thus, they should not accept any funds that are contingent on a sponsor's ability to shape programming. Medical educators need to evaluate and control the planning, content, and delivery of education provided under their auspices. They should

disclose industry sponsorship to students, faculty, and continuing medical education participants and should adopt explicit organizational policies about acceptable and unacceptable ii7dsa(cionas)]TJ T*[(zwith

part 1 are numbered 1 and 2; the positions appearing here are numbered 3 and 4.

POSITION 3. INDUSTRY SUPPORTED G

Medical education programs are also responsible for discussing industry sponsorship with invited speakers, including support for such presentation aids as slides or literature reviews. This disclosure will give speakers the opportunity to screen the aids and accept or refuse them (16), or make modifications to ensure objectivity. (Speakers who use industry-developed aids should disclose that information to the audience.) In addition, faculty and program directors should disclose any support they receive individually as consultants, investigators, or shareholders, and they should be sure that their relationships are explicitly listed in the CME program

core ethical principles to guide its dealings with external funding sources and to serve as an example for other professional societies as they develop their own policies. These principles can be found in the Appendix.

CONCLUSION

The positions discussed here and in part 1 are derived from medicine's basic responsibilities to advocate for and