



American Pediatric Surgical Association

Ethics Statement

Authors

APSA Ethics and Advocacy Committee

Anthony Sandler – Chair, Aviva Katz – Vice Chair. Gudrun Aspelund, Joy Collins, Konstantinos Papadakis, Ala Frey, Andrew Hong, Elizabeth Beierle, Daniel Robie, Dickens Saint-Vil, John Wesley.

October 23, 2011 – Approved by the APSA Board of Governors

Although the intrinsic philosophy at the core of medical care has remained unchanged over the centuries, modern medicine is heavily dependent on pharmacological and technological advances. Effective medications, from analgesics and anesthetics to antibiotics and chemotherapeutic agents, are continuously being developed and improved. The sophistication and reliability of ubiquitous medical equipment is also remarkable. The surgical specialties in particular, avail themselves to an immense array of products from small delicate and precise instruments to large, complex and costly equipment.

The building of this modern “medical edifice” has evolved through the convergence of, and the interaction between, countless medical and non-medical professionals in hospitals, universities, research centers and industrial settings. It continues to grow in scope and complexity, permitting ongoing exciting avenues for innovation and the improvement of existing procedures, devices and equipment. However, this multifaceted collaboration has also generated concerns, particularly of financial and, consequently of ethical nature, because the obligations of the involved parties can have potentially conflicting interests.(Refs) Recently, the interaction between physicians, universities, medical societies and the industry has come under increasing scrutiny from multiple sources, including the medical profession itself, the government and the public.(Refs)

To address these concerns and to clarify the relationships between the involved parties, many universities, professional medical organizations, as well as publishers of scientific journals have established comprehensive guidelines focusing primarily on *conflict of interest* (COI). Of particular relevance to the pediatric surgeon are the position statements of the American College of Surgeons (ACS) (Ref) and the American Academy of Pediatrics (AAP). (Ref) Several other society publications also offer insightful guidance(Ref) and due to the often conflict in nature of these interactions, similar concerns are also echoed by industry and have prompted the drafting of guidelines for their members.(Ref)

Salient among the COI issue and directly related to the pediatric surgeon’s practice, is the topic of *continuing medical education* (CME) and *continuing professional development* (CPD). Indeed, two of the aims contained in the mission statement of the American Pediatric Surgical Association (APSA), are to “provide [content] rich user friendly venues for the dissemination of up-to-date knowledge” and “offer high quality CME to [its] members”.(Ref) Likewise, recently formulated strategic directions of APSA are to “support educational activities that assure maintenance of competence and continuing certification for pediatric surgeons throughout their careers”, “encourage the discovery and dissemination of new

knowledge”, and “become a respected source for information on new technology and innovation in the field”.(Ref.)

Given the interdependence of surgical practice and technology, the speed of innovation and the limits imposed by available time, the most efficient opportunity for exchange of information between colleagues, other health care professionals and representatives of industry is the annual meeting of the association. Because such venues are costly, industrial firms have, over the years, helped defray some of the expenses in exchange for the opportunity to introduce new products and updates as well as supplemental information on established ones in the form of exhibits. A dialogue between the representatives of industry and surgeons, with other members of the health care team is invaluable in obtaining feed-back and assessing the need for new products in both established and new disciplines.

The main concern raised by the critics of this practice is that the CME content of the meeting might be inappropriately influenced by industry supporting the activities. While this is certainly a valid argument, the guidelines already set forth by the ACS, AAP, and industry itself clearly outline the boundaries of such decisions (Refs). Program committees of major professional organizations in general, and APSA in particular, have been cognizant of these rules. Great care has been taken by APSA committees involved in educational activities to keep these completely independent of external influences that might introduce bias. The disclosure of COI is just one example of these guidelines being enforced and this scrutiny must be diligently followed going forward.

Two concepts that are of critical importance in the relationship between medical societies (as well as individual physicians) and industry (or other financially driven institutions), are *transparency* and *accountability*. As long as there is a mutual understanding between the association (with its defined mission) and industry (with its needs), the interactions can be clarified and unencumbered. With the understanding that surgeons are obligated to their patients and industry to its shareholders, the mutual respect of well-defined guidelines should lead to identification and, if necessary, resolution of the COI.

The specialty of pediatric surgery will continue to be highly technology dependent, a fact shared by practically all other surgical fields. As the cost of developing, manufacturing, and updating this armamentarium requires resources well beyond that of most medical institutions, and because private sources and government funding are limited, a cooperative relationship of health care professionals, medical centers and medical societies with industry is in the best interest of all. However, as in other joint ventures involving common goals but accountable to dissimilar parties, *openness* and *vigilance* are necessary.

The American Pediatric Surgical Association, is fully committed to follow established guidelines of interaction with Industry, to monitor their implementation and to address instances of potential conflict of interest in a fair, balanced and ethically justifiable manner. The goal is to establish an ethical partnership based on transparency and accountability that leads to the development of innovative and improved approaches to the surgical care of children.

Bibliographic References.

- [1] Advanced Medical Technology Association. Code of ethics on interactions with health care professionals. http://www.advamed.org/publicdocs/code_of_ethics.pdf. Accessed _____
- [2] American Academy of Pediatrics (AAP). AAP policy on relationships with industry and other organizations. _____ Accessed _____
- [3] American College of Surgeons (ACS), Committee on Ethics. Statement on guidelines for collaboration of industry and surgical organizations in support of continuing education. *Bull Am CollSurg* 2009;94:39-40. http://www.facs.org/fellows_info/statements/st-36.html . Accessed _____
- [4] American Medical Association (AMA), Code of Medical Ethics. <http://www.ama-assn.org/ama/pub/category/8288.html> . Accessed _____
- [5] Biffi W, Spain D, Reitsma A, et al. Responsible development and application of surgical innovation: a position statement of the Society of University Surgeons. *J Am CollSurg* 2008;206:1204-9.
- [6] Birkhahn RH, Jauch E, Kramer DA et al. A review of the federal guidelines that inform and influence relationships between physicians and industry. *AcadEmerg Med* 2009;16:776-81.
- [8] Brody H. Professional medical organizations and commercial conflicts of interest: ethical issues. *Ann Fam Med* 2010;8:354-8.
- [9] Brody H. Clarifying conflict of interest. *Am J Bioeth* 2011;11:23-8.
- [10] Camilleri M, Parke DW. Perspective: Conflict of interest and professional organizations: considerations and recommendations. *Acad Med* 2010;85:85-91.
- [11] Cervero RM, He J. The relationship between commercial support and bias in continuing medical educational activities: a review of the literature (June 2008) ACCME. http://www.accme.org/dir_docs/doc_upload/aae6cc3-ae64-40c0-99c6-4c4c0c3b23ec_uploading_document.pdf Accessed _____
- [12] Fisher MA. Medicine and industry: a necessary but conflicting relationship. *PerspectBiol Med* 2007;50:1-6.
- [13] Flanagan A, Fontanarosa PB, De Angelis CD. Update on JAMA's conflict of interest policy. *JAMA* 2006;296:220-1.
- [14] Greene JA, Kesselheim AS. Pharmaceutical marketing and the new social media. *N Engl J Med* 2010;363:2087-9.
- [15] Kahn N. Industry support and professional medical associations. (Letter to the Editor). *JAMA* 2009;302:737.
- [16] Kawczak S, Carey W, Lopez R et al. The effect of industry support on participants' perceptions of bias in continuing medical education. *Acad Med* 2010;85:80-4.
- [17] Keune JD, Vig S, Hall BL, et al. Taking disclosure seriously: Disclosing financial conflicts of interest at the American College of Surgeons. *J Am CollSurg* 2011;21:215-24.
- [18] Marlow B. The future sponsorship of CME in Canada: industry, government or a blend? *CMAJ* 2004;171:150-1.
- [19] Miller LA. Examining the value of commercially supported CME. *J ContinEduc Health Prof* 2009;29:68-70.
- [20] Nakayama DK, Bozeman AP. Industry support of graduate medical education in surgery. *Am Surg* 2009;75:395-400.
- [21] Nakayama DK. In defense of industry-physician relationships. Invited editorial. *Am Surg* 2009;76:987-94.
- [22] Pellegrino ED, Relman AS. Professional medical associations: Ethical and practical guidelines. *JAMA* 1999;282:984-6.
- [23] Pharmaceutical Research and Manufacturers of America (PhRMA). Code on interactions with healthcare professionals. *Wwwpharma.org* July 2008. <http://www.phrma.org/publications/policy2002-04-19.391.pdf>. Accessed _____
- [24] Ray WL, Addleton RL. Industry support and professional medical associations. *JAMA* 2009;302:738.

- [25] Relman AS, ACCME. Defending professional independence: ACCME's proposed new guidelines for commercial support of CME. *JAMA* 2003;289:2418-20.
- [26] Ross JS, Keyhani S, Korenstein D. Appropriateness of collaboration between industry and the medical profession: physicians' perceptions. *Am J Med* 2009;122:955-60.
- [27] Rothman DJ, McDonald WJ, Berkowitz CD, et al. Professional medical associations and their relationship with industry: a proposal for controlling conflict of interest. *JAMA* 2009;301:1367-72.
- [28] Rothman DJ, Chimonas S. Academic medical centers' conflict of interest policies. *JAMA* 2010;304:2294-5.
- [29] Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). SAGES statement on the relationship between professional medical associations and industry. *SurgEndosc* 2010;24:742-4.
- [30] Smith CD, Mac Fadyen B. Industry relationships between physicians and professional medical organizations: corrupt or essential? *SurgEndosc* 2010;24:251-3.
- [31] Steinbrook R. Controlling conflict of interest- Proposals from the Institute of Medicine. *N Engl J Med* 2009;360:2160-3.
- [32] Tanne JM. US specialty societies are urged to adopt code on relations with industry. *BMJ* 2010;340:c2246.
- [33] Turnipseed W. Industrial relations with academic health care and professional medical organizations: What's all the fuss? Who cares anyway? *Surgery* 2010;148:613-7.
- [34] Vogel L. US specialty societies urged to disclose industry ties. *CMAJ* 2010;182:E405-6.
- [35] Wilson FS. Continuing medical education: ethical collaboration between sponsor and industry. *ClinOrthopRelat Res* 2003;412:33-7.