



## Associations Say No to Industry Funding

Bridget M. Kuehn

Online article and related content  
current as of May 24, 2009.

*JAMA*. 2009;301(18):1865-1866 (doi:10.1001/jama.2009.608)

<http://jama.ama-assn.org/cgi/content/full/301/18/1865>

Correction

[Contact me if this article is corrected.](#)

Citations

[Contact me when this article is cited.](#)

Topic collections

Medical Practice; Conflict of Interest; Medical Education; Medical Ethics; Drug Therapy; Drug Therapy, Other  
[Contact me when new articles are published in these topic areas.](#)

Subscribe

<http://jama.com/subscribe>

Email Alerts

<http://jamaarchives.com/alerts>

Permissions

[permissions@ama-assn.org](mailto:permissions@ama-assn.org)

<http://pubs.ama-assn.org/misc/permissions.dtl>

Reprints/E-prints

[reprints@ama-assn.org](mailto:reprints@ama-assn.org)



## Associations Say No to Industry Funding

Bridget M. Kuehn

**A**MID INCREASING CALLS IN THE medical community to eliminate industry bias—real or perceived—from medical education, some professional associations are choosing to forgo industry funding related to educational activities. At the same time, legislators are stepping up efforts to expose conflicts of interest in the medical profession and to provide alternative funding for physician education.

In late March, the board of trustees of the American Psychiatric Association (APA) voted to phase out industry-supported symposia and meals at the organization's annual meetings. Nada L. Stotland, MD, MPH, president of the association, said the decision to end industry funding of medical education has been in the works for more than a year. In March 2008, before starting her tenure as president, Stotland convened a working group to assess all funding the organization was receiving from pharmaceutical companies and what industry funding could be eliminated.

Meanwhile, at the annual scientific meeting of American College of Cardiology (ACC), held in late March in Orlando, Fla, attendees received bags and lanyards free of the usual corporate advertisements. In past years, the organization had allowed sponsors to pay to advertise on bags, lanyards, and data cards distributed to attendees. In 2008, sponsors paid the organization nearly \$300 000 for this privilege, according to the college. But at the 2009 meeting, there were no such promotions, although a catalog advertising the opportunity for sponsors to place ads on bags, lanyards, and data cards at the

2009 meeting remained on the ACC's Web site (<http://www.acc.org/about/support/2009CorporateSupport.pdf>). Officials at the college could not be reached for comment at press time.

These changes come as the wider medical community and the public grapple with how best to mitigate conflicts of interest in medicine.

In addition to investigating undisclosed financial ties between individual physicians and industry, Sen Chuck Grassley (R, Iowa) has turned his attention to the impact of industry funding on medical associations. In July 2008, Grassley requested an accounting of the APA's finances. Earlier, in March 2008, the senator sent a letter to the American College of Cardiology expressing concern about the "appearance of a conflict of interest" related to payments the group received from Merck and Schering Plough and a press release the organization put out in response to the results of the Effect of Ezetimibe Plus Simvastatin Versus Simvastatin Alone on Atherosclerosis

in the Carotid Artery (ENHANCE) trial. The ACC later clarified its statement on this trial.

In spring 2008, the American Medical Association's (AMA's) Council on Ethical and Judicial Affairs issued a report recommending that individual physicians and medical institutions—including medical schools, teaching hospitals, and professional organizations—not accept industry funding for professional education, except for the demonstration of a new device or technique. The report ultimately was sent back to the council for revision, and the council and the AMA's Council on Medical Education will be submitting complementary reports at the AMA's annual meeting in June 2009.

Several leaders of medical organizations and other influential physicians, including the editor in chief of *JAMA*, recently published recommendations urging professional medical organizations to work toward eliminating industry funding entirely, except for journal advertising and pharmaceutical



Some medical associations are phasing out advertisements or industry funding of educational programs for physicians to prevent potential conflicts of interest.



company exhibits at meetings (Rothman DJ et al. *JAMA*. 2009;301[13]:1367-1372). The recommendations, which reflect these individuals' personal opinions, not those of their respective organizations, include a suggested ban on branded gifts (such as bags at organizations' meetings) and an end to medical organizations' collaboration with company-sponsored satellite symposia (which may include continuing medical education). The report also recommends that associations seek nonindustry funding sources.

Cutting industry funding may require cuts in programs as well, noted the authors, who acknowledged that such funding may make up a substantial portion of organizations' budgets. James H. Scully Jr, MD, one of the authors and medical director and CEO of the APA, said in a press conference that

physicians may need to pay more for their continuing education, as other professionals do.

There also may be some political support for public funding of physician education. On April 1, legislators in the House of Representatives and the Senate introduced the Independent Drug Education and Outreach Act. The bill would provide grants to produce and disseminate unbiased educational materials for physicians on the safety, efficacy, and costs of medications. Funding for these grants could come from the \$400 million in stimulus funding that the Department of Health and Human Services received to develop and disseminate comparative effectiveness research, according to the sponsors of the bill.

In the meantime, associations cutting industry funding are making their

own adjustments. The APA's decision means a loss of more than \$1 million in annual income, Stotland estimated. This lost revenue, as well as a dip in the organization's reserves caused by the economic downturn, is being offset by a simultaneous effort to lower the costs of governing the group. Stotland said that the organization has cut staff, decreased the number of working groups and committees by at least one-third, tightened the assembly's budget by 20%, and reduced the number of assembly meetings from 2 to 1 per year.

"We anticipate we can get at least as much work done and as much, if not more, member involvement by having electronic meetings or member forums through our Web sites," she said. She added that she and her colleagues are hopeful no cuts to services or educational programs will be necessary. □

## Combat Injuries in Iraq and Afghanistan Help Rewrite the Book on War Surgery

Carolyn J. Hildreth, MD

**A** NEW WAR SURGERY MANUAL IS being written every day in Iraq and Afghanistan by surgeons treating soldiers and civilians injured in these conflicts.

Like previous manuals from wartime, surgeons have been informed by the experiences of those on the front lines. The tactics of the opponent, the defenses available to the soldiers, and the tools available for diagnosis and treatment are shaping the current approaches used by physicians serving in modern conflicts, explained Rocco Armonda, MD, a neurosurgeon and colonel in the US Army. Armonda described his experience treating soldiers and civilians injured in the Iraq war at the 94th Scientific Assembly and Annual Meeting of the Radiological Society of North America (RSNA).

### INFLUENCE OF WEAPONRY

The weapons used in the Iraq and Afghanistan wars inflict blast, bullet, and burn injuries, resulting in severe polytrauma, according to Alisa D. Gean, MD, another speaker at this RSNA lecture and a professor of radiology and biomedical imaging who served twice at Landstuhl Regional Medical Center

in Germany, the only US-owned tertiary care hospital outside the United States. This medical center is the primary facility receiving casualties of US military operations in Europe, southeast Asia, and the Middle East. It is the nearest treatment center and a large number of serious casualties from the current conflicts receive care there.



The weapons used in the Iraq and Afghanistan wars, such as improvised explosive devices, inflict blast, bullet, and burn injuries that result in severe polytrauma.