Clarifying Questions
Industry Support of Professional Education in Medicine

1. Will industry representatives still be able to provide support to surgeons who are using their devices in the operating room?

Yes. Industry representatives may continue to provide technical support in the operating room to surgeons who are using their devices. Ongoing technical support in the context of patient care—for example, helping the surgeon select the appropriately sized prosthesis component—can enhance quality of care and provide important benefits to patients (see Opinion E-8.047). Such support is not considered professional education.

2. Can medical journals continue to publish industry advertisements?

Yes. This report addresses only commercial support for undergraduate, graduate, and continuing medical education and neither prohibits nor condones medical journals accepting industry advertisements. Although ads may have some educational informational content, they are clearly marketing tools intended to promote the use of a specific product. Practicing physicians and trainees can reasonably be expected to recognize their promotional intent. Further, advertising of pharmaceutical products and medical devices must adhere to standards set by the Food and Drug Administration, as well as to the specific policies of individual journals.

3. Why doesn't this Report address conflicts of interest in research?

Relationships with industry in clinical research and technology transfer are a critical facet of modern medicine (see Opinion E-8.031). The Council on Ethical and Judicial Affairs recognizes that ensuring the integrity of medicine-industry collaboration in the research enterprise is as important to the future of the profession as is the integrity of professional education. However, these relationships pose unique ethical questions and challenges that call for an in-depth analysis beyond what is feasible in this Report. Pending further research and deliberation, particularly in light of new explorations in this area by other organizations and institutions, such as the Association of American Medical Colleges, the Council is not prepared to offer new guidance on medicine-industry relationships in research at this time.

4. Is industry funding of leadership training activities for medical students, residents, and physicians permitted under this Report?

Yes. Indirect industry subsidies may be accepted for training activities that do not provide substantive education in clinical medicine. Scholarships or other special funding for nonclinical professional training, such as leadership training, should be given to the academic institution or training program. The commercial supporter should have no role in selecting individual participants to receive support.

5. Is it permissible to accept free drug samples?

Yes. The present Report addresses only the matter of industry support for professional education in medicine. Other issues that pertain to the delivery of clinical care, such as the acceptance of samples, must be analyzed separately. Under the recommendations of this Report, physicians and institutions, such as academic medical centers, may continue to accept drug samples. They should recognize, however, that samples are a marketing tool and physicians should be sensitive potential influence of samples on treatment recommendations.

6. Can medical societies continue to accept industry financial support for exhibit booths at its scientific meetings?

Yes. Exhibits at scientific meetings are marketing, not educational activities and are beyond the scope of the present Report. The physical separation of exhibits from conference rooms and meeting halls in which teaching activities take place underscores the distinction between education and marketing/promotional efforts.

7. What does this Report mean for the AMA's Physician Data Restriction Program? This is an important question that CEJA will explore in depth with AMA leadership and senior staff if the Report is adopted by the House of Delegates. It would be premature to speculate on possible answers at this time, however.

8. Does this Report prohibit industry from marketing and promoting their products to physicians?

No. This Report doesn't address marketing or promotional activities, such as detailing visits to physicians' offices or the provision of samples. Physicians' relationships with industry in clinical care raise distinct issues and call for separate ethical analysis. Pending further research and deliberation, the Council on Ethical and Judicial Affairs offers no new specific guidance in this area.

9. Why aren't the new ACCME Standards for Commercial Support℠ sufficient to deal with the potential problems?

The new ACCME Standards for Commercial Support℠ take the approach of disclosing and mitigating conflict of interest. But even such stringent efforts to build "firewalls" and manage conflicts of interest aren't sufficient to guarantee professional autonomy in designing and carrying out educational activities. Disclosure passes the burden of managing conflict on to learners, who usually are not in a position to distinguish "objective" from "biased" information. Further, disclosure can create a false sense of security about the objectivity of information—presenters may feel they have adequately managed the conflict and need no longer strive for objectivity, while learners may perceive presenters as especially honest and become less skeptical about what is being presented.

Moreover, even when commercial funders have no input into identifying topics, selecting speakers, or developing educational content they can still have considerable influence on CME programs and activities. Companies make educational grants consistent with their overall business strategies and therapeutic areas of interest—commercially supported CME programs tend to address a narrower range of topics, focusing on clinical conditions that pertain to their product(s).

10. If we can't accept commercial funding, how will we financially support professional educational activities in medicine?

Some organizations and institutions have already begun developing independent professional education, offering models for the profession. The Society for General Internal Medicine, for example, accepts virtually no commercial support for its educational activities and no commercial advertising in its journal. A number of academic medical centers, including Boston University, the University of Michigan Health System, Yale University School of Medicine, and Stanford University, have moved to significantly curtail, and in some cases eliminate, industry access to trainees and faculty. Memorial Sloan-Kettering Cancer Center now prohibits industry support for continuing medical education, as does the Oregon Academy of Family Physicians.

Medicine might also consider following the example of non-medical educational institutions, such as MIT, that have made their entire curriculum available free over the Internet (http://web.mit.edu/mitpep/pi/ceus.html). There are already many independent CME offerings available at low or no cost to participants—for example, PharmedOut offers a list of non-industry-sponsored CME programs, including U.S. government sites (http://www.pharmedout.org/pharmafree.htm). In addition, some specialty-specific sites offer CME at little or no cost (e.g., in psychiatry, Clearview CME Institute, http://www.thecarlatreport.com/index.asp? page=wp315200717754).

It's also important to remember that most (in many cases, all) of the costs of participating in CME programs are tax deductible in the U.S. as business expenses.

11. How long will it take for the medical profession to "wean" itself from industry funding of professional education?

Achieving independence from commercial support may take a few years and it is not possible at this juncture to set a specific timeframe. Some segments of medicine will be able to make the transition more quickly than others. We can expect major academic medical centers to lead the profession in this respect, as some institutions have already begun doing. It may take longer for smaller educational institutions, community hospitals, and other institutions with relatively fewer resources to reach the point where they no longer need commercial support to sustain their educational efforts. As the profession moves toward the goal of educational independence it will be important to share ideas, successful models, and creative solutions, and to be especially sensitive to working collaboratively to address the unequal challenges faced by different institutions and physicians practicing in widely diverse settings.