Competing interests and undergraduate medical education: time for transparency

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In many medical schools in North America and elsewhere, future generations of physicians are taught by some expert faculty who receive funds from the pharmaceutical industry. This situation is unavoidable to some degree, because affiliations between physicians and industry are common.[1]

However, at most medical schools in Canada, policies on competing interests fail to include disclosure requirements for undergraduate teachers. Faculty are not required to tell their students about links they may have with industry, even though they must follow strict disclosure requirements when they speak at conferences or deliver accredited continuing medical education.

It is not surprising that physicians who are recruited to give well-remunerated lectures sponsored by industry because of their expertise and strong communication skills are often, for the same reasons, some of the best teachers of medical students. But it is surprising that we fail to extend to the least experienced members of our profession — medical students — the protection that is mandatory for practising physicians: knowledge of whether the information being taught is subject to external influences.

The source of the problem may be the large marketing machine[2] that uses expert physicians to help promote its treatments. However, the fault does not lie with the pharmaceutical or medical device industries for promoting their business. The fault lies with medical schools that encourage and depend on physicians to teach their curriculum but neglect to protect the quality of undergraduate medical education by mandating disclosure of competing interests.

The issue isn't new. In the United States, links between the pharmaceutical industry and medical educators have become a growing concern, as spotlighted in 2005 after a first-year medical student at Harvard discovered that a full-time professor of pharmacology was a paid consultant to 10 drug companies. Since then, many states have enacted legislation to force pharmaceutical companies to declare who they fund. National associations have proposed strict rules for medical schools, including a recommendation from the Association of American Medical Colleges to ban participation of faculty on speakers' bureaus.[3] US President Barack Obama's new health care reform bill requires that, starting in 2012, drug and medical device manufacturers record gifts and payments valued over $10 that are given to physicians and teaching hospitals.[4] An online database of the information will be made available Sept. 30, 2013, and updated annually.

In Canada, information about who is paid by pharmaceutical companies is either not collected or not accessible. Few medical schools and institutions involved with undergraduate medical education have clear policies on conflict of interest for staff or visiting lecturers. Are guidelines for undergraduate preclinical and clinical teaching programs really necessary? After all, medical students are not licensed to practise, so they cannot prescribe medications, and there is little information on the impact of lectures and bedside teaching on long-term prescribing practices.

However, role-modelling of high standards of ethical behaviour, particularly transparency about external influences on medical opinions, is critical during formative years.[5] Because one teacher can have an influence on many students, even with a single lecture, the presence of even a few people whose teaching is biased by clear conflicts should be cause for concern. Furthermore, revelations of conflicts of interest, especially by well-respected faculty members, could create public mistrust in the medical profession.

It is time for medical faculties and academic physicians to stop burying their heads in the sand.

Faculties of medicine and the Association of Faculties of Medicine of Canada should immediately adopt the guidance about disclosure of competing interests issued in 2008 by the Association of American Medical Colleges.[3] Medical school curricula should incorporate formal teaching on the effects of competing interests on evaluation of medical information.

Medical students and their provincial and national federations should champion the development of strict policies on conflict of interest that, among other things, demand from faculty full public disclosure of income generated from pharmaceutical companies. Once such policies are established, universities could report on progress over time. If the medical schools fail to act, students' groups could use their own websites to post faculty members' links to industry.

Medical students deserve a bias-free education. It is time that the schools establish policies and programs to ensure they get it.

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REFERENCES

1. Campbell EG, Gruen RL, Mountford J, et al. A national survey of physician–industry relationships. *N Engl J Med* 2007;356:1742-50.
2. Gagnon M-A, Lexchin J. The cost of pushing pills: a new estimate of pharmaceutical promotion expenditures in the United States. *PLoS Med* 2008;5:e1.
3. *Industry funding of medical education: report of an AAMC task force*. Washington (DC): Association of American Medical Colleges; 2008. Available: //services.aamc.org/publications/showfile.cfm?file=version114.pdf&prd_id=232 (accessed 2010 Apr. 22).
4. *The Patient Protection and Affordable Care Act*. H.R. 3590, Sec. 6002. Transparency reports and reporting of physician ownership or investment interests. 8. (2010). Available: http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf (accessed 2010 Apr. 26.).
5. Tichelaar J, Richir MC, Avis HJ, et al. Do medical students copy the drug treatment choices of their teachers or do they think for themselves? *Eur J Clin Pharmacol* 2010;66:407-12.

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