

- a ban on accepting travel funds (except when contractually obligated), lavish meals or other such goodies, whether on-campus or off-site
- outlawing ghostwriting, whether written or oral, “by any party, industry or otherwise.”
- full disclosure of conflicts-of-interest by all staff with purchasing powers
- external spot reviews and audits of all continuing medical education offerings.

Korn says the Association of American Medical Colleges executive council is expected to adopt the task force’s recommendations wholesale. “It’s the right thing to do. We’ve allowed patterns of interaction to develop that are really demeaning, when you think about it. I ask people who challenge me whether they would like to be in a Congressional witness chair and tell a Congressman or a Senator that they don’t make enough money to buy lunch.”

“These kinds of issues are just steadily eroding the status of the medical profession and I think that’s a dangerous ailment to ignore because it leads not only to diminished respect and trust but it also invites governmental interventions. If the profession really wants to continue to assert its privilege of self-governance, then I think it’s got to take heed of these things and make changes.”

Ultimately, the goal is to help medical schools and teaching hospitals develop practices and materials that serve to instruct students on appropriate interactions with industry “and to get rid of all of the accoutrements of industry interaction that are only to influence the recipients. There are no other value in them, no other social value in themselves,” Korn adds. “They are mainly a means of creating a sense of obligation, reciprocity so that they [physicians] will look more favorably on that company’s product.”

In response to the report, Pharmaceutical Research and Manufacturers of America Senior Vice President Ken Johnson said in a statement that companies are now “careful to ensure that their relationships with both healthcare professionals and students are ethical and appropriate.”

“Existing federal law is very clear: pharmaceutical research companies must make sure that information they

convey to physicians is accurate and consistent with pharmaceutical product labeling approved by the Food and Drug Administration. These activities are monitored by FDA, which turns any evidence of impropriety over to the Department of Justice for investigation. What’s more, the companies and their representatives must not give physicians anything of value to induce or in exchange for prescriptions written by the doctors. Pharmaceutical research companies must comply with strict anti-kickback laws and other criminal and civil provisions enforced by the Justice Department.”

Three of the task force’s 30 members did not sign on to all of its recommendations. Jeffrey B. Kindler (Pfizer) and Sidney Taurel (Lilly) agreed with all but the recommendation discouraging participation in industry speakers bureaus. Kevin Sharer (Amgen) said he was “not in a position to endorse the text” of the report but supported its “explicit recommendations.”

Association of Faculties of Medicine of Canada Vice President, Government Relations and External Affairs Irving Gold says that no national guidelines or overarching policy framework exists in Canada comparable to that proposed for the United States. Individual Canadian medical faculties have their own policies and there is widespread variation across the country in terms of attitudes and policies towards industry handouts, Gold says. No effort has been made to compile a compendium of policies existing within Canadian schools, nor an effort made to develop a national policy framework or guidelines. — Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.080780

Also in the news

In-vitro fertilization cost barriers: Canadians have limited access to publicly-funded in-vitro fertilization and as a result, the country has fallen behind many developed countries in the provision of appropriate medical care for women who have difficulty conceiving, according to a study by the University of Western Ontario’s Dr. Jeff Nisker (*J Obstet*

Gynaecol Can 2008;30[5]:425-31). Only 15% of women who need the procedure to conceive are able to afford the cost. Canada is one of few developed countries in which the procedure isn’t publicly funded, writes Nisker. Because fertility drugs are more affordable, it is also a world leader in triplets, quadruplets and multiple pregnancies. But these children are often born prematurely, requiring large outlays for neonatal intensive care and long term support for physical and cognitive problems that commonly ensue.

Fitness tax credit: A mountaineering member of Alberta’s legislature is proposing a \$1500 fitness tax credit for all Albertans. Dave Rodney, a Tory who has twice climbed to the top of Mount Everest, has introduced a private member’s bill to offer tax relief for those who pay annual fees for various athletic activities. Sports involvement has declined across Canada, according to a recent Statistics Canada report. In Alberta, fewer than 33% of residents played in organized sports in 2005, compared to 45% in 1992. Rodney says his proposal would promote fitness and save the province’s health care system money.



Killer diseases: Noncommunicable diseases such as heart disease and stroke have replaced infectious diseases as the primary causes of deaths in the world, according to a World Health Organization report published May 19, 2008. Over the next 2 decades, diseases such as HIV, tuberculosis and malaria are expected to play smaller roles in global deaths. The report, available at www.who.int, and based on data from 193 member states, indicates chronic illnesses have even become the chief causes of deaths in many developing countries. — Roger Collier and Ann Silversides, *CMAJ*

DOI:10.1503/cmaj.080807