Congratulations and Thanks

We congratulate and thank the members of the Department of Anesthesiology and Intensive Care Medicine, Charite Universitatsmedizin (especially Professor Claudia Spies and Dr. Torsten Beutlhauser), the German Society of Anesthesia, and the SCA International Committee (notably Scott Reeves and Rob Sladen) on the outstanding International Congress held in Berlin last month.

The Congress was flawless—excellent lectures delivered in a state-of-the-art facility adjacent to the renowned German Heart Center; exceptional opportunities to meet with our European, Asian, Latin and Australian colleagues both in and out of the hospitals; and extraordinary social activities in one of the most interesting cities in the world. All those in attendance will long remember this international event.

Christina Mora Mangano, MD
President, 2007-2009

PRESIDENT'S MESSAGE

Conflict of Interest

About two years ago, a data management company made a product presentation to Stanford's IT group. I found the talk informative, but barely noticed when the company's rep tossed several "freebie" pens on to the table. Within a milli-second, the Stanford IT director chided, 'take those back, industry tokens are not allowed on campus.' I quickly learned that Stanford's Dean Pizzo had introduced one of the most rigorous policies in the US to guide both the casual and the formal relationships between industry and medical school. Stanford prohibited industry reps from campus absent an appointment with a specific faculty member. Industry-sponsored 'lunches' and other social events could no longer take place on university grounds.

To me, these policies seemed like overkill—a harmless pen could not buy my attention and a vegetarian panini could not secure my loyalty. I was wrong. All "gifts", even seemingly trivial ones, are inducements that influence our clinical choices in patient care, as demonstrated by multiple studies. More substantial perquisites like honoraria, travel and grants inculcate an even more apparent loyalty to the company, and a correspondingly greater conflict for us as clinicians. But, not all "gifts" are fungible. Access to position, publicity, power, and prestige similarly create conflicting interests, no matter how much we may say otherwise.

Conflicts of interest (COI) challenge the core principles that we accepted in becoming physicians: *beneficence*—a duty to promote good and act in the best interest of the patient and health of society; *nonmaleficence*—the duty to do no harm to patients; and *patient autonomy*— the duty to protect and foster a patient's voluntary choices with truth and honesty. Our professional societies fully recognize the harm that may result from allowing such conflicts. As outlined in the American College of Physicians' Ethics Manual: 'medical professional societies that accept industry support should ...develop and enforce explicit policies that maintain complete control of program planning, content, and delivery...that preserve the independent judgment and professionalism of their members, and maintain the ethical standards and credibility of the society.'

As recognized by leading physicians and professional societies, COI threaten the foundation of our professionalism, our commitment to our patients, and our standing in the community we promised to serve. While this 800-word message is insufficient to discuss fully the SCA's approach to COI, my goal is to highlight the problem and to present examples of recent potential conflicts we have encountered.

Non-financial Considerations and Conflict of Interest

Conflicts need not involve money. Subtle non-financial benefits available to academic physicians and institutions, such as leadership in a professional society or participation in well-publicized studies present COIs as well. The opportunity for increased national recognition and promotion for individuals and/or other societies may hinder service to the parent group and prestige may tempt academic institutions to disregard ethical questions.

The American College of Physicians (ACP) has policies to manage internal COI. Some examples of internal COI are: a committee member who advocates a project because it will benefit his or her own institution; a member of governance who has a leadership role at another medical society; a committee liaison who, for personal gain, influences the selection of a consultant by a committee; a committee member who personally utilizes proprietary society information. Written policies are necessary to minimize the likelihood of such COI which frequently arise in a local culture that has blurred the capacity to perceive bias and conflict.

Managing Conflict of Interest

Indeed, one of the most challenging issues surrounding COI is the simple recognition and acknowledgement of a potential conflict or bias. Once recognized, the conflict must be disclosed. But, disclosure is only the first step in managing COI. The SCA has adopted the position of the ACP: "disclosure is necessary, but not sufficient, especially if it leads to a belief that disclosing a conflict 'cures' the ethical concern."

The SCA Board of Directors refers COI concerns to our Ethics Committee. The Ethics Committee, chaired by Richard Wolman, works with the Continuing Medical Education (CME) Committee, to review all of our proposed educational programs, identifying potential conflicts of interest, recommending remedies, and oversee-

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ing compliance with the Committee's charges. Both the CME and Ethics Committees aim to exceed the minimum COI regulations mandated by the Accreditation Council for Continuing Medical Education (ACCME). To that end, we depend upon SCA members to forward potential COI problems to the Board of Directors (BoD). We are grateful to Rich and the Ethics Committee for tackling a substantial work load.

In the past 18 months, the SCA BoD and Ethics Committee have considered numerous COI issues; three are presented here to provide some examples of our COI processes.

Aprotinin and Bayer Pharma

The SCA has greatly benefited from the support of Bayer in our educational programs. We are similar to many other professional societies that obtain a substantial amount of industry support to fulfill the missions of our society. Moreover, many individuals in SCA leadership positions have worked closely with Bayer in research and education. I served as a consultant to Bayer and reviewed grant proposals on its behalf. Annual grant review meetings, convened at a pleasant location, included the same industry representatives over a 10-year period, which led to true friendships with the Bayer personnel and gave rise to many potential COI.

After the appearance of the initial manuscript by my husband, Dennis Mangano, our BoD considered whether the SCA should take a position on the use of aprotinin in cardiac surgery. We understood that there were conflicts present on many levels and that the loss of Bayer support for the SCA was not trivial. In response, the BoD formed an ad hoc committee of the least conflicted individuals to address the issues. Ultimately, the BoD agreed that the SCA must remain neutral regarding the prescription of aprotinin, looking to the FDA for guidance. Throughout, the process was challenging with many impassioned conversations. The voices are now more quiet, but the conversations can still be heard. When I recently met a Bayer rep at another venue, this old friend offered a warm smile and suggested that professionals always practice beneficence.

Independence Advisors

The SCA employs Independence Advisors (IA) to manage our (very conservative) investment portfolio. Over the last 5 years IA has performed admirably supporting moderate growth of our assets (6.7% vs. 4.5% S&P), with reduced risk (even in the worst markets, we have never lost more than 2.2% of our equity in any year). Given IA's expert performance, several BoD members have individually retained IA to assist them with their personal portfolios. Is this a conflict of interest? We looked to the Ethics Committee to review the issues. Importantly, IA has never solicited business from SCA members. In a thoughtful report, Wolman et al. made numerous suggestions to manage this potential COI; in addition to other remedies, individuals working personally with IA must recuse themselves from managing SCA business with this investment group.

TEE Educational Media

Several members of the SCA BoD have spent the greater part of their careers developing, promulgating and educating physicians in perioperative transesophageal echocardiography (TEE). A derivative of this activity is the development of a for-profit instrument designed to teach TEE. How can we prevent these individuals from using their positions on the BoD to unduly enhance the profitability of their enterprise? Again, the BoD referred this question to the Ethics Committee, and we are confident that a management paradigm will be introduced in the near future.

The members of the BoD are also at work to maintain the trust of the membership and insure the integrity of the Society. In furtherance of that goal, Rich Wolman and his committee are developing a manual to guide the SCA in the issues surrounding COI.

It is my privilege to serve in the leadership of the SCA. As always, give us your comments—there is wisdom in crowds. christina.mora@stanford.edu