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e-Ethics, 2000 December

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Can We Serve Two Masters? Conflicts of Interest in Health Care

In a perfect world all demands on our time and talent flow gently on a tide of ethical clarity and good will. In the real world, however, legitimate interests conflict, and the mere appearance of dual allegiances may harm individual or corporate reputation as much as actual malfeasance. Popular and professional media increasingly cover conflicts of interest, ranging from the remarkable (researchers making millions in stock options from sponsors of their studies) to the routine (pharmaceutical companies offering physicians dinners and "consulting fees" for attending promotional meetings thinly veiled as medical conferences). Health care systems are also taking a hard look at practices that give rise to such predicaments, and how they can be internally regulated. This column addresses conflicts commonly encountered by individual practitioners.

Thinking through this issue involves the distinction between competing and conflicting interests. For individuals and organizations, there is inevitable tension among the values and conduct comprising personal character or corporate mission. In order to maintain equilibrium, goals must be prioritized and limited resources allocated wisely and fairly. Individual integrity does not require perfection among compet-

ing interests—such as the desire to care for patients, advance professionally, and support one's family—but it does involve balancing each of those priorities in a way that supports one's overall sense of purpose.

Therefore, competing interests should be understood as the inevitable tension among parts that make up the whole, which, while ethically relevant, are not ethically problematic. A conflict of interests arises when competing claims threaten to undermine the integrity of corporate mission or individual purpose. When this occurs, consideration should be given to whether the conflict is potential, real, or perceived, and whether it can be avoided, eliminated, or minimized.

Consider, for example, suppliers who provide gifts, favors, or services to health care providers. The moral complexity of this issue depends on the value of gifts, how others interpret the giving, the degree of influence on professional judgment, and determining who actually pays and ultimately benefits. American health professionals are well acquainted with notepads, penlights, and ink pens bearing the logos of pharmaceutical companies. The monetary worth of these items is negligible; thus most internal policies do not require reporting such gifts to supervisors or Internal Audit.

Advocate policy requires disclosure of gifts over \$100. This is consistent with professional codes of ethics. The AMA permits acceptance of "individual gifts of minimal value...as long as the gifts are related to the physician's work (e.g., pens and notepads)" (Opinion 8.061). Disclosing receipt of more valuable items allows for evaluation of the potential for undue influence and how to avoid or eliminate the conflict. When gifts arrive unexpectedly, for example, reporting them internally eliminates conjecture about what is expected in exchange, whereupon the item may be donated or returned with an appropriate note tactfully explaining why acceptance must be refused.

At a minimum, receipt of more costly goods or services, such as off-campus dinners, expense-paid trips, consulting fees and the like, creates the appearance of dual allegiances and may indicate actual conflicts as well. Patients surveyed in the early 90s disapproved of physicians accepting gifts of more than trivial value from pharmaceutical companies, particularly when they bear no relation to patient care.¹ Not only were patients concerned about influence on prescribing practices, they also understood that ultimately it is they who pay for gifts through prices charged for their medications.

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While items of minimal value are allowed under most internal policies and ethical codes, some health professionals avoid accepting even small items like pads and pens.² Their rationale echoes patient concerns about who really pays and the possibility of influencing practice, but also includes unease about the implications of becoming an informal agent for outside interests. Their position is not that it is improper for pharmaceutical companies to market products, but that they should not do so through health professionals in their daily practice. These practitioners wish to avoid even the possibility that they will be seen as walking advertisements for a product when, in fact, they are merely utilizing pen and paper.

Other benefits bestowed on providers, such as industry-sponsored journal clubs and conferences, are not always easily avoided (attendance may be mandatory for residents), and physicians disagree about the extent to which such interaction influences medical judgment. JAMA published a review of studies on this subject earlier this year. The author found a link between interactions with drug company representatives and physician awareness of and preference for name brand versus generic drugs.³

Varied and impassioned responses followed. A California physician dismissed the influence of perks, stating that knowledge and experience account for changes in prescribing

habits. But a German doctor described his sabbatical in the U.S., during which colleagues "managed to have lunch provided by pharmaceutical companies on most of their work days." The author believes this "tacitly teaches medical students and residents that it is appropriate to expect or even demand meals, gifts, and other incentives as part of clinical practice."⁴

Real or potential conflicts of interest may not indicate that unethical behavior has actually occurred, but should trigger definition of the problem, clarification of internal policy requiring disclosure or other action, and consideration of unintended interpretations by patients or colleagues which may undermine the trust relationship fundamental to quality care.

1. RL Blake Jr and EK Early, "Patients' Attitudes About Gifts To Physicians From Pharmaceutical Companies," *Journal of the American Board of Family Practice* 8, no. 6 (1995): 457-64.
2. LH Margolis, "The Ethics of Accepting Gifts from Pharmaceutical Companies," *Pediatrics* 88, no. 6 (1991): 1233-37.
3. Ashley Wazana, "Physicians and the Pharmaceutical Industry: Is a Gift Ever Just a Gift?" *Journal of the American Medical Association* 283 no. 3 (2000): 373-80.
4. See Letters, *Journal of the American Medical Association* 283 no. 20 (2000): 2655-56.

Calendar of Events December

all events take place at the
Park Ridge Center except where noted

MVP in Action: Clinical Ethics

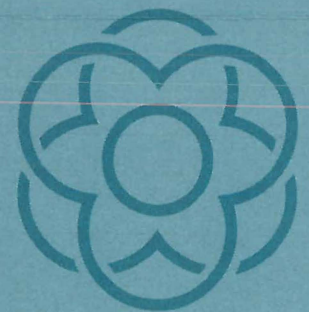
Training Day

December 7
8:00am - 3:00pm

A training day for members of the Ethics Integration Council and identified staff educators who did not participate in the earlier training day.

e-Ethics provides discussion of important ethical issues in clinical care and organizational life. In specific cases, fuller ethical analysis may be required. The discussions in e-Ethics should not be construed as legal advice and do not necessarily represent official positions of Advocate Health Care.

To list an event in the e-Ethics calendar, contact Mary Ann Clemens at (312) 266-2222 ext. 240 or mac@prchfe.org.



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