Editor's Note

Continuing Medical Education and Industry Support

In this editorial I would like to make several points about physician educator relationships with the medical device and pharmaceutical industries.

First, let me state that many of our educational activities are supported by industry. We need industry support in all phases of medicine, and, without that support, educational programs at the local, regional, national, and international levels would not be feasible. These programs are costly, and tuition paid by registrants does not cover the cost. The cost of medical journals, too, would be prohibitively expensive without advertising revenue. Thus, industry plays a large role in supporting the continuing medical education of physicians—and that's as it should be! Industry needs to invest in medical education.

I will be the first to admit that when I serve as a faculty member for a continuing medical education course, my expenses and honorarium are supported by industry in most instances. I, as well as many of my colleagues, am a member of speaker bureaus for different pharmaceutical companies.

However, there are a few important principles relating to continuing medical education that need to be made clear to our colleagues in industry. The first principle is independence, and this applies to, among other things, conferences organized and conducted by industry. Faculty are frequently well recognized leaders in their fields whose recommendations are readily accepted. Faculty of all continuing medical education courses must provide balanced presentations, no matter which device or pharmaceutical company supports the talk. The principle objective of such programs must be educational, and programs should not be used to promote the products of the sponsor.

There has been an increasing tendency to pressure faculty to focus on and promote a particular product by a particular device or pharmaceutical manufacturer. This may be appropriate if no other treatment alternatives are available. There is nothing wrong with presenting the benefits of a device or drug so long as the presentation is balanced and other products or points of view are discussed.

Surely no faculty member participating in continuing medical education programs wants to be considered a "shill" for

a specific product; I suspect industry does not want that perception either. Those who have financial interest in a particular company should make that information very clear at the outset when presenting a talk about a device or drug of that company. It is also a good practice to let audiences know if the speaker has no financial interest in the drug or device prior to the talk.

A program director must maintain control of content and faculty, and the presentation must be perceived as independent from industry influence. We cannot allow marketers to dictate specific faculty and specific points of view about their products. On the other hand, it is entirely appropriate for a scientific representative of industry to suggest broad topics for discussion and suggest faculty knowledgeable about the topic; however, that representative must not influence how the topic is discussed.

Perhaps we should consider creating committees similar to the Safety Data Monitoring Committee responsible for the conduct of a clinical investigation. The initials SDMC should then be ISDMAC (*Independent Safety Data Monitoring Advisory Committee*), making it clear to all that industry cannot influence decisions relating to a scientific study. Likewise, for continuing medical education, perhaps we should have an ICMEC (*Independent Continuing Medical Education Committee*) that oversees educational programs heavily supported by industry.

So far it may seem that I have been bashing industry to make the point that marketers should not determine program content or faculty at continuing medical education programs and that these programs should be based on scientific data presented in a unbiased and balanced fashion. Unfortunately, the problem is not unilateral. We need to consider the possibility that program directors and individual faculty may be demanding too much in the way of financial support from industry. Consequently, the only way industry can see fit to provide that support is to ensure that a product is showcased. We need to be very careful about this so as not to give our colleagues the impression (real or imagined) that we have sold out to industry. Clinical credibility is still at the heart of continuing medical education and the best way to maintain clinical credibility is to maintain independence from those who provide financial support for the program.

Finally, I would like to comment on the men and women from industry who provide the link between industry and physicians. Industry leadership needs to recognize that individuals whose job it is to provide support for professional edu-

cation must not make demands on program content and faculty, but rather must make it clear that a grant is unrestricted. In my opinion, only a few such persons exist in 1999 and they seem to be on their way out. This is unfortunate for those of us who are heavily involved in continuing medical education but I believe that it is also unfortunate for industry. These persons provide a valuable service and they promote the good will of the industry they represent.

Summary

1. Industry and faculty of continuing medical education programs must agree that any supported program is for scientific and educational purposes only and not to promote a company's products directly or indirectly.
2. The control of content and selection of presenters and moderators must be independent of the company and determined by the program director.
3. Faculty of continuing medical education programs must disclose any financial relationship they have with the sponsoring company.
4. Program content cannot be scripted or influenced in any way by industry.

5. Objectivity and balance must be perceived by the audience. This includes the presentation of favorable and unfavorable information and alternative treatments.
6. Incomplete data must be identified by the faculty. Oftentimes, much of what is presented at continuing medical education programs has not yet been published in peer-reviewed journals. This must be so indicated by the presenter, and it should be specified whether incomplete data is on-going research, analysis, preliminary data, or unsupported opinion.
7. Support from industry must be in the form of an educational grant with no strings attached.

Selected Reading

Conti CR, Williams JF, Anderson JL, Harris A, Berman HA, Gunnar RM, Herman GP, Lyons FW, Passamani ER, Reid PR, Silverman ME, Weinberg SL, Yerkes L: Task Force V: The relations of cardiovascular specialists to industry, institutions and organizations. *J Am Coll Cardiol* 1990;16:1-36

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