

Study reveals 'extensive' financial links between leaders of US medical societies and industry

May 27 2020

Financial relationships between the leaders of influential US professional medical associations and industry are extensive, finds a study of publicly available payment data published by *The BMJ* today.

The results show that up to 80% of the US based medical doctors who lead influential professional medical associations had financial relationships with industry, and that during 2017-19, leaders of 10 influential groups received almost \$130m from industry over about a five year period.

Although there was [considerable variation](#) among associations, these findings raise questions about independence and integrity, adding weight to calls for policy reform, say the researchers.

Evidence exists of extensive financial ties between health professionals and industry across many areas of healthcare, and calls for more independence from industry in production and use of evidence are growing.

But there is a lack of information on the extent of financial ties among leaders of medical associations and societies that are influential across research, education, and practice, including guideline development.

So a team of researchers set out to investigate the financial relationships

between pharmaceutical and device manufacturers and the leaders of influential US professional medical associations that represent and educate doctors working across the most common and costly diseases areas.

These included heart disease, mental disorders, diabetes, osteoarthritis, cancer, [chronic lung disease](#) and asthma, back problems and infectious diseases.

They asked peers in each of the disease areas to name the key associations run by doctors for doctors, and then used publicly available documents to identify members of the boards or governing councils of those organisations.

They then searched the US government's Open Payments database for details of those leaders' financial relationships with companies making drugs and medical devices for their current year of board membership, and the four years before and one year after membership.

They found that 235 of 328 leaders (72%) had financial ties to industry. Among 293 leaders who were [medical doctors](#) or doctors of osteopathy, 235 (80%) had ties.

Total payments for 2017-19 leadership were almost \$130m (£103m; €119m), with a median amount for each leader of \$31,805.

However, there was considerable variation among the associations, with median amounts ranging from \$212 for leaders of the American Psychiatric Association to \$518,000 for the American Society of Clinical Oncology.

The largest research payments flowed to leaders of the American Society of Clinical Oncology (\$54m) and the American College of Cardiology

(\$21m). The largest general payments—which can include fees for consultancy, speaking, royalties and hospitality—were given to leaders of the North American Spine Society (\$9.5m) and the Orthopaedic Trauma Association (\$4.7m).

The researchers point to some limitations, which may have affected the accuracy and generalisability of their findings. Nevertheless, they say a complete set of payments is not yet available for leaders in 2018 and 2019, suggesting these results could be an underestimate of the total amount of payments.

As such, they support recommendations that doctors' groups and their guideline writers become free of [financial relationships](#) with industry.

"Our study's novel findings of enormous variation in the extent of these ties suggest that for some groups such independence will require time and major reform, whereas for others it will be quick and relatively easy," they conclude.

"These powerful doctor's groups have enormous influence in the US and globally, including over the definitions of disease which determine who's healthy and who's sick," says lead author Dr. Ray Moynihan, Assistant Professor at Bond University in Australia, who researches the problem of overdiagnosis.

"It's basic common sense that these leaders should be free from financial ties to companies which stand to gain enormously from the work of these medical associations" he says.

These findings suggest that tackling financial conflicts of interest in medicine cannot rely on a "cookie cutter" approach for all specialties and associations, say researchers based at Oklahoma State University in a linked editorial.

They propose several actions, such as each association reviewing present conflicts and altering recruitment processes "to yield balanced and diverse groups of physician leaders largely free from financial conflicts of interest."

They also call for greater reliance on resources like the Sunshine Act and Open Payments to help eliminate the need for the traditional "honor system" of financial self-disclosure, which they say is ineffective and inaccurate at best.

"These steps could mitigate or even eliminate the overwhelming presence of financial conflicts of interest among medical societies and associations," they write. "This would protect these groups from producing biased documents or policies, which in turn would protect all physicians and the patients they treat."

More information: Financial ties between leaders of influential US professional medical associations and industry: cross sectional study, *BMJ* (2020). DOI: [10.1136/bmj.m1505](https://doi.org/10.1136/bmj.m1505) , www.bmj.com/content/369/bmj.m1505

Editorial: Financial relations between leaders of US medical societies and industry, *BMJ* (2020). www.bmj.com/content/369/bmj.m1811

Provided by British Medical Journal

Citation: Study reveals 'extensive' financial links between leaders of US medical societies and industry (2020, May 27) retrieved 3 May 2024 from <https://medicalxpress.com/news/2020-05-reveals-extensive-financial-links-leaders.html>

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