Medical Xpress

Gaps exist for adopting conflicts of interest policies among medical schools

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A minority of U.S. medical schools surveyed have adopted policies on conflicts of interest regarding financial interests held by the institutions, while at least two-thirds have policies applying to financial interests of institutional officials, according to a study in the February 13 issue of JAMA.

Institutional academic-industry relationships exist when academic institutions or their senior officials have a financial relationship with or a financial interest in a public or private company. “Institutional conflicts of interest (ICOI) occur when these financial interests affect or reasonably appear to affect institutional processes. These potential conflicts are a matter of concern because they severely compromise the integrity of the institution and the public’s confidence in that integrity,” the authors write. They add that these conflicts may also affect research results. The Association of American Universities (AAU) and the Association of American Medical Colleges (AAMC) have recommended policies regarding ICOI.

Susan H. Ehringhaus, J.D., of the Association of American Medical Colleges, Washington, D.C., and colleagues assessed the extent to which U.S. medical schools have adopted ICOI policies. The authors conducted a national survey of deans of all 125 accredited allopathic medical schools in the U.S., administered between February 2006 and December 2006, and received responses from 86 (69 percent).

The researchers found that 38 percent (30) of survey respondents have

adopted an ICOI policy covering financial interests held by the institution, 37 percent (29) are working on adopting an ICOI policy covering financial interests held by the institution, and 25 percent (20) are not working on adopting such a policy or do not know.

“Much higher numbers are reflected for ICOI policies that cover the individual financial interests of officials: with adoption of policies for senior officials (55 [71 percent]), midlevel officials (55 [69 percent]), institutional review board (IRB) members (62 [81 percent]), and governing board members (51 [66 percent]); and with adoption of policies being worked on for senior officials (9 [12 percent]), midlevel officials (12 [15 percent]), IRB members (6 [8 percent]), and governing board members (2 [3 percent]),” the authors write.

Most institutions treat as potential ICOI the financial interests held by an institutional research official for a research sponsor (43 [78 percent]) or for a product that is the subject of research (43 [78 percent]). The majority of institutions have adopted organizational structures that separate research responsibility from investment management and from technology transfer responsibility. The researchers add that gaps exist in institutions informing their IRBs of potential ICOI in research projects under review.

“While acknowledging that adoption of ICOI policies is not a simple task and is dependent on, among other factors, highly interactive institutional databases and the active involvement of faculty, administrative officials, and the institution’s governing board(s), it is problematic that more schools do not have more comprehensive policies in place,” the authors write.

“The gaps in coverage suggest the need for continuing attention by the academic medical community to more consistently and comprehensively address the challenges presented by ICOI.”

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Source: JAMA and Archives Journals

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