

Il Governo Clinico nelle Aziende Sanitarie. Quale Formazione?

Bologna, 14 novembre 2008

Finanziamenti privati per la formazione e governance dei conflitti d'interesse

Nino Cartabellotta

Commercial Support and Continuing Medical Education

Robert Steinbrook, M.D.

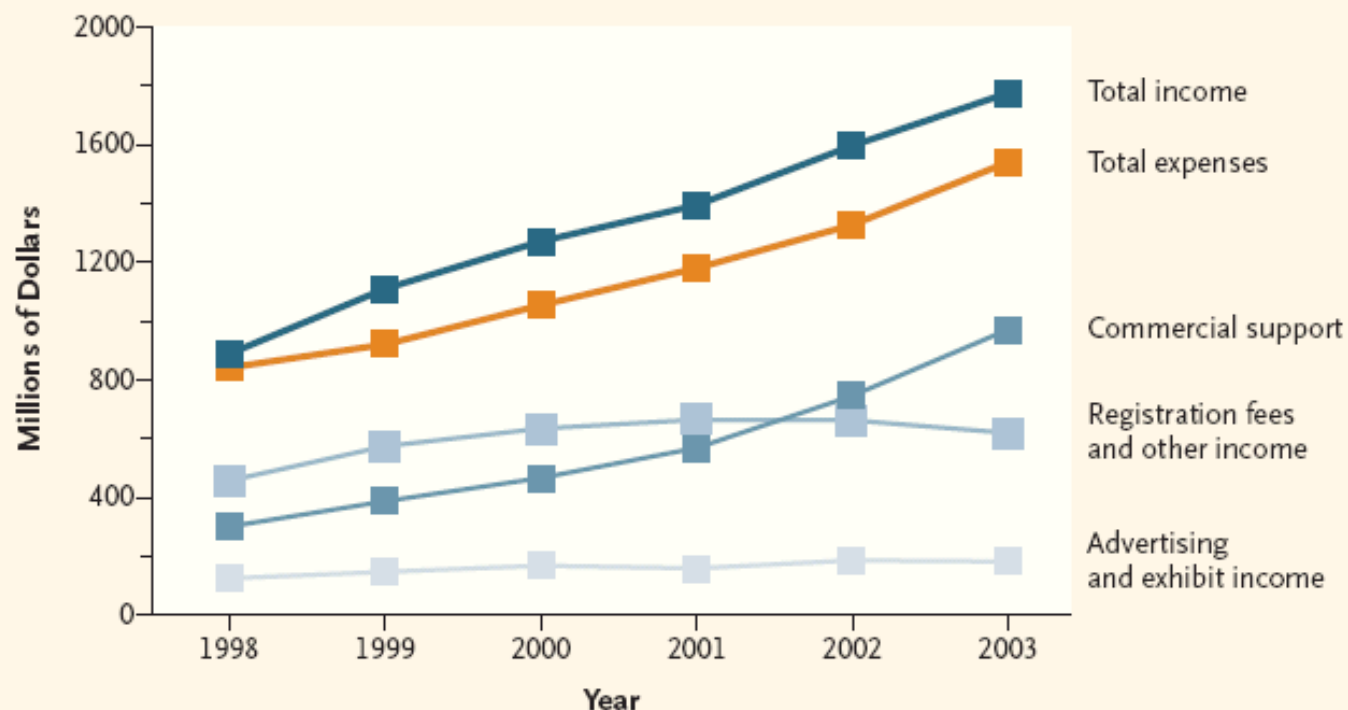
N ENGL J MED 352;6 WWW.NEJM.ORG FEBRUARY 10, 2005

The majority of the financial support for continuing medical education (CME) in the United States comes from drug companies and other commercial entities (see graph).¹ Total commercial support more than tripled between 1998 and 2003 — from \$302 million to \$971 million. CME should aim to improve health care and should be totally independent of commercial interests, but there are long-standing concerns that it often involves marketing as well as education.

Commercial Support and Continuing Medical Education

Robert Steinbrook, M.D.

N ENGL J MED 352;6 WWW.NEJM.ORG FEBRUARY 10, 2005



Income and Expenses for Accredited Continuing Medical Education in the United States, 1998–2003.

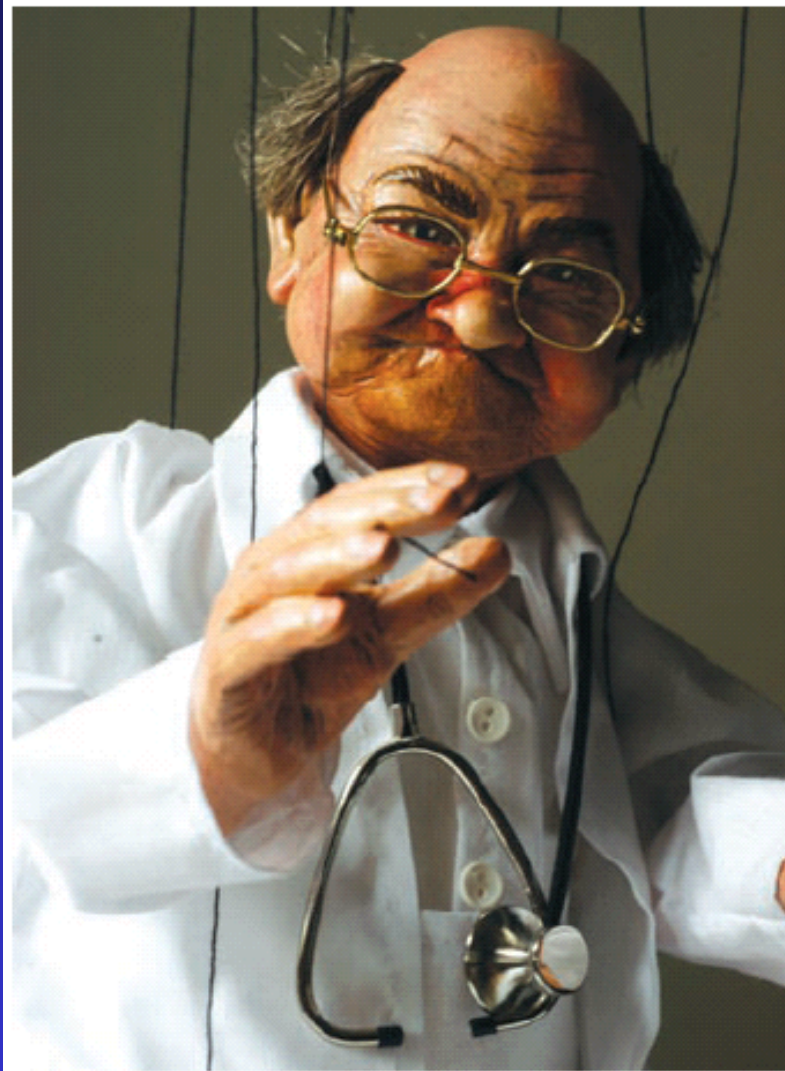
Total income is the sum of commercial support, registration fees and other income, and advertising and exhibit income. Most commercial support is received from firms that manufacture products regulated by the Food and Drug Administration. Data are from the 2003 annual report of the Accreditation Council for Continuing Medical Education.¹

Commercial Support and Continuing Medical Education

Robert Steinbrook, M.D.

N ENGL J MED 352;6 WWW.NEJM.ORG FEBRUARY 10, 2005

Although there are no overall data on the frequency of commercial bias in CME, some of the physicians who are invited to speak at CME events or to organize them have extensive financial relationships with industry and have been paid to give other talks as part of the speakers' bureaus of drug companies.



KEY OPINION LEADERS

Independent experts or drug representatives in disguise?

Ray Moynihan examines the role of the influential experts paid by industry to help “educate” the profession and the public

In the world of medicine, “key opinion leader” is the somewhat Orwellian term used to describe the senior doctors who help drug companies sell drugs.¹ These influential doctors are engaged by industry to advise on marketing and help boost sales of new medicines.

Key opinion leaders—what fees can they command?

Single lecture or scientific speech \$3000
(source: Marketwire)

Hourly rate for influential physicians offering advice—up to \$400
(source: Cutting Edge Information)

Work for drug companies on clinical trials—More than £200 an hour
(source: BMA)

“Key opinion leaders were sales people for us, and we would routinely measure the return on our investment”

Rethinking continuing medical education

Drug company funding of continuing medical education may affect doctors' independence.
Alfredo Pisacane argues that it can and should be stopped



Continuing medical education has become so heavily dependent on support from drug and medical device companies that the ethical underpinnings and the reputation of the medical profession may be compromised. In industrialised countries, drug companies support more than half of continuing medical education activities, and it has been shown that such support can distort the topic selection, embellish the positive elements as well as play down the adverse effects of some interventions, and influence doctors' prescribing habits.¹⁻⁴

To reduce the risk of conflict of interest in continuing medical education, it has been proposed that sponsors should not have any influence over the choice of speakers and scientific contents; moreover, providers and speakers of educational events should provide a full disclosure of the support received. Such disclosure, however, does not protect against the risks of an invisible influence of drug companies on providers, speakers, and participants.⁵

Continuing medical education is compulsory in Italy, and the Ministry of Health has recommended that local health authorities spend 1% of their total budget on educational activities. Nevertheless, most authorities spend much less than the recommended amount and up to 60% of the money comes from drug companies.

Seven proposals for limiting the commercial support to CME

1. Concentrate on small groups
2. Agree objectives for educational activities
3. Evaluate providers
4. Health institutions should commit resources
5. Make use of new technology
6. Create a central fund
7. Ask doctors to pay

In conclusion, if a more evidence based approach to continuing medical education is achieved, not only would this result in cheaper solutions but financial support from the drug industry would no longer be required. This is a first good reason for a change. But there is another reason, which is probably even more important. Our patients believe in our competence and honesty. What would happen if they suspected that our continuing education was not only directed at improving our clinical competence and their health but also at promoting commercial interests?

Continuing medical education in the 21st century

Needs to recapture professionalism in lifelong learning



FEATURES, pp 484, 486, 487

ANALYSIS, p 490

Robert F Woollard Royal Canadian Legion professor and head, UBC Department of Family Practice, Vancouver, BC, Canada V6T 1Z3

Summary of the findings of the Macy report

The quality of patient care is profoundly affected by the performance of individual health professionals

Traditional lecture based continuing education is largely ineffective in changing the performance of health professionals and in improving patient care

Continuing education should be less reliant on presentations and lectures and more focused on practice based learning

Most financial support for accredited continuing education comes from commercial entities. Accredited organisations that provide continuing education should not accept commercial support from drug or medical device companies, either directly or indirectly through subsidiary agencies

Current accreditation mechanisms for continuing education are complex yet insufficiently rigorous. Compared with earlier formal stages of medical education, continuing education is fragmented, poorly regulated, and uncoordinated

Organisations authorised to provide continuing education should be limited to professional schools with programmes accredited by national bodies, not-for-profit professional societies, and other healthcare organisations that are distanced from commercial interests

Is the relationship between pharma and medical education on the rocks?

How much longer will medicine's flagship educational events fly the colours of the drug industry, asks **Ray Moynihan**



Industry Support of Medical Education

Arnold S. Relman, MD

JAMA, September 3, 2008—Vol 300, No. 9

SHOULD PROFESSIONAL MEDICAL INSTITUTIONS (MEDICAL schools and teaching hospitals) and their staff accept support from industry for their educational programs? This long-standing debate has become more urgent in recent years, particularly with respect to accredited continuing medical education (CME). With a budget now approaching \$3 billion, CME is more than half supported by industry.¹ Currently, most industry support is distributed through medical education and communication companies (MECCs) that act as agents for the pharmaceutical manufacturers. Many more billions of drug industry largesse is expended on personal gifts, favors, and payments to the physicians on the staff of teaching institutions.²