

Ethical Considerations in the Orthopaedic Relationship with Industry

Etické aspekty vztahu ortopedie a „industrie“

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SUMMARY

Members of the medical profession spend a long time and financial resources acquiring the knowledge necessary for the discharge of their responsibilities; therefore, they should be appropriately compensated for the services they provide. However, it has become obvious, at least in the United States, that excessive emphasis on profit making is fostering the transformation of the medical profession into strictly a business. This transformation is spawning ethical infractions, which are becoming increasingly apparent.

The genesis of the rapid transformation of Medicine into a business is complex. Nonetheless, I venture to dissect the issue and to advance a course of action.

Due in great part to the introduction of newly developed expensive technology, the cost of orthopaedic care has escalated in a precipitous manner in recent years. However, the cost of these technological advances in itself is not the real culprit; more likely is the abuse of technology that creates the problem (1, 3, 5, 6, 9).

Examples abound. The MRI has had a major beneficial impact in the diagnosis of a multitude of musculoskeletal conditions, but was not designed to replace clinical acumen, or all other less expensive diagnostic modalities, which oftentimes are equally, if not more reliable. It is common practice in many settings, for the orthopaedist to request an MRI prior to a clinical examination for the most trivial conditions, even in those instances when a clinical examination accurately makes a diagnosis. To some physicians, the slightest „abnormality“ described by the radiologist justifies surgery of some type. Patients, aware of the trend, expect to have an MRI whenever they sustain an injury. This trend increases significantly the ultimate cost of medical care.

Nonsurgical treatment modalities are increasingly becoming obsolete in the management of musculoskeletal conditions. At the slightest signs suggestive of a carpal tunnel syndrome, a bulging vertebral disc, or a possible tear of the rotator cuff, surgery is performed, followed by prolonged, supervised, and expensive „rehabilitation“. Many fractures known to rapidly respond to nonsurgical treatment are subjected to surgical procedures, oftentimes unproven ones, such as the routine plating of benign clavicle and Colles fractures. Such an abuse of surgery and technology is highly responsible for the escalating cost of care (10).

If evidence existed that under all circumstances surgical treatments render better results, it would be ludicrous to criticize the practice. However, this is not the case, since in a number of clinical situations nonsurgical modalities provide better results, with fewer complications, and at a lower cost.

Residents, in increasing numbers are completing their training having been exposed only to the indiscriminate use of the latest surgical „advances“ and failing to appreciate the value that nonsurgical approaches to many musculoskeletal conditions have to offer. They enter the work force incapable of treating them by any other means. Many residents finish their education not knowing how to conservatively treat fractures, since all they observed their mentor do was open surgery. Treating fractures without surgery is foreign to them.

These pervasive trends and practices are converting the practitioners of the art into „technicians“ rather than scientists–surgeons. For all practical purposes, they are becoming „skeletal cosmetologists“ to whom the basic scientific basis of the profession are unknown or felt to be unnecessary (8).

A personal experience summarizes the current state of affairs. While lecturing the large group of orthopaedic residents at the University of Southern California on the effect of the environment on fracture healing, a more senior resident, sitting in the back of the auditorium, was reading a newspaper. When I subsequently approached him to express my disappointment with his conduct and the bad example he was setting for the junior class, he, very candidly, responded, „Professor, I am not interested in knowing how fractures heal, I simply want to know how to fix them“. Though at first I felt the young man to be an aberration, I later concluded he in actuality was the spokesperson for his generation (10).

The trend I have discussed is becoming increasingly popular throughout the land. Why and how did this epidemic of abuse find such fertile grounds? Who benefits from it? In many instances the surgeons, who are keenly aware that reimbursement for services rendered is always manifold higher when the treatment provided is a surgical one. Also the hospitals who receive a high reimbursement they would not receive if those patients are not admitted, and then subjected to a multitude of laboratory tests, operating room charges and subsequent rehabilitation therapy. However, those who benefit most are the manufacturers of technological products and surgical implants (1, 3, 5–7).

At the center of this situation, at the vortex around the whirling winds of the pervasive loss of professionalism in the medical ranks, is the fact that the pharmaceutical and surgical implant industry has gained virtual control of the education of the orthopaedist.

Through a very successful stratagem, industry has managed to gain the support not only of the upper echelon of the orthopaedic community, but also of a growing segment of the rank and file of the profession. This is illustrated by the fact that the vast majority of continuing educational activities conducted under a variety of settings, take place with the financial subsidy of industry, either openly or camouflaged under the guise of „co-sponsorship“ with medical schools, local, state, regional, national and international societies and associations. Industry influences, and other times determines the subjects of the educational ventures. It chooses or influences the choice of the speakers at the courses, as well as the visiting professors in structured conferences at medical schools, hospitals, and residence programs. Their traveling and accommodations and their honoraria are paid by industry in a most generous fashion (1, 6, 7, 9).

Thousands of practicing orthopedists and residents in training attend continuing education courses, with added bio-skill components, having their expenses subsidized, either partially or completely, by industrial concerns. Sometimes industrial representatives individually take care of the „physicians“ expenses, while other times funds are given to program directors for that purpose, in order to hide the real sources of support.

Orthopaedists in Latin America readily acknowledge that thousands of them attend the annual meeting of the American Academy of Orthopaedics and other popular courses in the United States, having their expenses paid by industry. Once in the convention center where the meetings are held, they are bombarded by a horde of vendors, who, in fact outnumber the attending orthopaedic surgeons.

At first glance, it is difficult to find fault with the „generous“ system that appears to facilitate and encourage education. However, this is a naive illusion. There is no generosity in this scheme, simply a successful business transaction. The annual 15 billion dollars Industry spends catering to and entertaining physicians generate a tremendous bonanza. From constantly exposing orthopaedists to their products, advertising their alleged

benefits, and extending personal financial benefits, it is only logical that the orthopaedic community would respond accordingly. The fact that the marketing is frequently done by well-known orthopaedists, who unbeknown to the audience, many of them have strong vested financial interests in the success of the industrial products- further enhances the effectiveness of the venture.

The degree to which Industry feels that education is their purview is exemplified by the arrogance they now display and the unsavory practices they use to cement their control. A number of orthopaedists receives „kick-backs“ of thousands, if not millions of dollars, for the use of industry's products. I personally was approached several years ago by a high-level industry representative proposing I use his products and try to convince other surgeons in the five affiliated hospitals with my department to do likewise. In return I would receive- bypassing established University requirements- \$250 for every implant inserted at the five institutions. When I made it clear I would not accept such a dishonorable „deal“ he responded, „But Doctor Sarmiento, we do this all the time“ (10).

Academic centers receive from Industry subsidies for the support of research activities, often of a product oriented nature, aimed at legitimizing the worth of already developed surgical implants.

Well known is the fact that the credibility of results from industry-sponsored research is oftentimes questionable. The reported findings are proved invalid and contradicted by research on the same topic, when conducted without Industry's involvement.

The British edition of the Journal of Bone and Joint Surgery published a few months ago two articles dealing with the subject at hand. The authors pleaded for a correction of the growing problems and for a return to fairness and honesty (2, 4). Others in the United States have forcefully addressed these issues. Until now, their voices have fallen on deaf ears (1, 3, 5, 6).

The United States' Justice Department is currently officially investigating the relationship between Orthopaedics and Industry. The government has become aware of serious infractions of professional and ethical dimensions. However, it is unlikely we will see salutary results from the investigation, for I suspect every possible effort will be made by Industry to stall and bring to an end the judicial process.

Malpractice litigation has reached in the United States an obscene level. Society is obsessed with the idea that perfect results are to be expected from any human endeavor, medicine being no exception. Facing any final imperfection following and injury or disease, often detected only on radiographs, is sufficient to initiate malpractice claims. This disturbing trend is begging for a solution. However, the elected legislators seem incapable or unwilling to enact measures to assuage the condition.

Some orthopaedists claim that the fear of litigation makes them use every conceivable diagnostic and therapeutic tool that otherwise they would not use. Howe-

ver, the argument has been used by some unscrupulous surgeons to justify the performance of better financially rewarding surgical interventions (11).

It is apparent, in light of the evidence, that our profession is facing serious challenges, which are being aggravated by the influence of the powerful corporate world (12). A healthy and necessary relationship between Orthopaedics and Industry is no longer a balanced one. It needs to be corrected lest we are willing to accept further erosion of the values upon which our discipline was founded and sustained for several generations. Industry is a business and Orthopaedics a profession. Orthopaedics must regain control of its destiny and refuse to relinquish its ethical tradition, while substituting it with the goals and values of the corporate world (7, 9).

ZÁVĚR

Lékaři vynakládají mnoho času a peněz na to, aby mohli plnit své úkoly. Proto by měli být náležitě za své služby odměňováni. Avšak v praxi, alespoň v USA, se stále více potvrzuje, že rostoucí důraz na ziskovost postupně přeměňuje lékařskou profesi v pouhý byznys. Tato přeměna stále zjevněji narušuje etické principy v této oblasti.

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