

The Right Thing to Do

When the Flexner Report appeared in 1910, the situation of American medical schools was perilous. Abraham Flexner often found mediocre or worse quality, a lack of scientific rigor, and proprietary schools that operated primarily to make money. Although Flexner wrote the report for the Carnegie Foundation for the Advancement of Teaching, it was the Council on Medical Education, created by the American Medical Association in 1904, that had asked the Carnegie Foundation to conduct the survey. Within a few years of the report's publication, matters had improved dramatically as the weaker schools were shut down and other schools strengthened their programs.

Today, academic medicine faces another crisis: the appearance of conflict of interest. We need a response as widely effective as the Flexner Report to restore professional values and the public trust.

Well before the current headlines about physicians who failed to report income from pharmaceutical or medical-device firms, many medical institutions were seeking ways to reduce and prevent conflict of interest. Academic medical centers, like Penn Medicine, had their own conflict-of-interest guidelines. What became increasingly clear, however, was that these mechanisms that depended on individual faculty members' disclosing compensation from industry were often inadequate. In 2002, three medical organizations produced "Medical Professionalism in the New Millennium: A Physician Charter" (*Annals of Internal Medicine*, February 5, 2002). It asserted that physicians "have an obligation to recognize, disclose to the general public, and deal with conflicts of interest that arise in the course of their professional duties and activities."

A few years later, *The Journal of the American Medical Association* released a widely publicized article, "Health Industry Practices That Create Conflicts of Interest" (January 25, 2006). More recently, there was the well-publicized "PharmFree Scorecard 2008" issued in May, 2008 by



the American Medical Student Association, which evaluated conflict-of-interest policies (www.amsascorecard.org). Penn Medicine was one of only seven schools to receive an "A" for its policies. The next month, the Association of American Medical Colleges released a fuller report called "Industry Funding of Medical Education" (June 19, 2008). It, too, echoed the call for greater transparency and disclosure by personnel in academic medical centers. P. J. Brennan, M.D., professor of medicine at Penn and senior vice president and chief medical officer for our Health System, was a member of the task force that issued the report. He has long been a leader in developing ways for academic medicine and the pharmaceutical industry to interact responsibly.

This was the context last December when the senior leaders of Penn Medicine decided to take a major step: to post on the Internet the extramural activities of our faculty members for which they receive compensation from external sources. Our decision was noted in a "Perspective" in *The New England Journal of Medicine* (January 22, 2009). As we explained in a memo to our faculty: "Penn is at the forefront of a group of academic medical centers who believe that by publicly disclosing extramural activities widely and encouraging dialogue, we will fulfill an important public obligation as well as decrease the potential for conflicts of interest." The Web site will be viewable on July 1. We believe it will help reassure not only the general public and the agencies that fund our research and clinical projects, but also the patients and research subjects who place their trust in us. As I told a reporter at *The Philadelphia Inquirer* in December, "I think people realize it is the right thing to do" (December 5, 2008).

Last month, the Institute of Medicine, whose mandate is to provide "independent, objective, evidence-based advice" on the

nation's health, issued what could conceivably become the most influential document on conflict of interest in medicine (April 28, 2009). At close to 400 pages long, it is comprehensive and not at all hesitant to criticize the status quo. *The New York Times* called it "a stinging indictment of many of the most common means by which drug and device makers endear themselves to doctors, medical schools, and hospitals" (April 29, 2009). The report emphasizes the need to prevent bias and mistrust and strongly recommends taking steps to avoid such situations rather than wait to correct them. Among the most notable recommendations are to standardize the content, format, and procedures in making disclosures of financial relationships, so that all institutions can be viewed on an equal footing; and to eliminate corporate support of continuing medical education and professional societies. The report also calls for Congress to create a national reporting program that would require companies to make public all payments to physicians, researchers, and even institutions. (I should note Penn Medicine had some direct input into the making of the report: Lisa Bellini, M.D., G.M.E. '93, associate professor of medicine and vice dean for Faculty Affairs, was a member of the committee that produced it.)

The report gives us much to consider, and we are carefully reviewing its recommendations. It is still early, but, given the prestige of the IOM, the new document may have an impact comparable to the Flexner Report. It is always better for medicine to regulate itself rather than depend upon outside authorities. If properly regulated, relationships between academic medicine and industry can be mutually beneficial – and benefit society as well. Here is a chance to rebuild public confidence in our profession and allow our physicians and scientists to shine without the shadow of doubt. ■

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