

PRESIDENT'S COLUMN

SGIM and External Funds: Continuing Our Conversation

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Council is eager to adopt strategies in which all voices on this important topic can be heard and valued.



A few months ago, I (THG) was speaking at a large national professional medical society meeting. While I hadn't strayed from my home time zone, I felt like I was visiting a foreign culture. I wandered through a cavernous exhibit hall, with each booth being more lavish than the next. Feeling exhausted, I started to walk towards the room I was presenting in with my head hung down, only to notice small floor tiles advertising the latest generation antibiotics. Lacking the energy to climb the stairs, I hopped on the escalator to find drug company logos running the entire length of the side rail. The only way to avoid industry advertisements would have been to close my eyes, which would have posed its own problems.

Clearly, this was not the SGIM Annual Meeting. Our careful approach to financial support of the Society is a treasured element of our culture and collective identity. Given the extremely limited presence of exhibitors at our Annual Meeting, some members may think that SGIM accepts no external funds whatsoever. In reality, SGIM has a thoughtful policy on external funding that allows limited external support for the Society. While SGIM has, for years, avoided having any pharmaceutical funding for the Annual Meeting, a Career Fair at the meeting does bring in a small amount of revenue (about \$50,000) which slightly offsets registration and meeting fees. At present, we are far below the limits that our policy allows. Council is firmly committed to the current external funds policy and also is acutely aware of its

fiduciary responsibility to be effective stewards of the Society's limited resources. In this column, we continue our collective conversation about this important issue.

The issue of external funds has a long, and at times, contentious history for the Society. The original policy was adopted in 1994, and underwent a significant revision in 2002 (See *Forum*, April 2002), and then a modest revision in 2006 (See *Forum*, February 2006). With each iteration, extensive consultation was undertaken with membership, including a member survey on this topic in 2005 and careful consideration of diverse opinions.

While the external funds policy has multiple goals, the two most prominent are reducing the probability of industry influence on Annual Meeting content and reducing the likelihood that the Society would become financially dependent on external funds. The policy outlines a careful process for reviewing proposals to accept external funds and includes additional safeguards to ensure that the meeting content is uncoupled from industry support. It also sets strict limits on the percentage of SGIM's overall budget that can come from all external funds (33%), from any single non-healthcare related entity (15%), or from any single healthcare related entity (5%). We are well below these limits—in 2016, 6% of our income came from external funds (and very little of this came from commercial entities).

Much has taken place since 2006 regarding the relationship between the medical profession and industry.

Public concern has been increasing about corruption in government, business, and even health systems. Seminal reports from the AAMC (2008) and the IOM/NAM (2009) addressed this topic. Significant research on conflicts of interest, fueled by the recent Open Payments database has garnered intense media coverage. These research studies highlighted the pervasiveness of industry funding, and showed that even modest industry gifts given directly to clinicians clearly affect our clinical decisions.¹ Recently, an entire special issue of *JAMA* (May 2nd, 2017) was devoted to the subject of conflict of interest, emphasizing the need to increase focus not only on the presence of perceived or potential conflicts of interest, but also on identifying and preventing bias in educational presentations.² These authors strongly recommend avoiding even small gifts of food or other tokens at annual meetings.³

After reviewing this extensive recent literature and carefully considering SGIM's path to this point, five key principles for moving forward emerge.

1. A thoughtful and principled approach to external funds is a critical part of SGIM's identity.

Our principled and cautious approach to external funds is an important part of what makes SGIM special and should be preserved. A lack of careful attention to this issue could adversely affect our decisions as clinicians, educators, researchers,

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and policymakers, the content of the Annual Meeting, and reduce the critical distance between the Society's leadership and industry that is essential for effective decision making.

2. **The feeling of the Annual Meeting should be maintained.**

Members want and expect our Annual Meeting to not be awash in industry funds. Industry sponsorship of meals and distribution of other small gifts should be prohibited.⁴ Special energy should be devoted to avoiding any adverse impact of external funds on trainees.

3. **Our current policy should continue to guide us.**

Our existing external funds policy is aligned with the aforementioned current recommendations from a variety of medical bodies. Council worries that attempting to revise the policy could consume an enormous amount of time and energy, be divisive, and is unlikely to result in a policy that is much different from the current one (that is already more restrictive than those of our peer organizations). We should work within the spirit and the letter of this framework for the foreseeable future.

4. **Finances are a necessary means to pursue the values of the Society.**

Council has a fiduciary responsibility to be thoughtful stewards of the Society's finances. This means we need to responsibly examine a variety of sources of income, including those that are consistent with our

external funds policy. Not all financial relationships represent meaningful conflicts of interest that risk undue influence or bias. Any acceptance of external funds must consider the roles that members play as clinicians, educators, investigators, and leaders. As noted by Dr. Alan Lichter in the recent special issue of *JAMA*, "Medicine must leave space for the legitimate and productive interactions that physicians have with industry."⁵ Just as many of us advocate for engagement of all stakeholders in research, so too might we leave space for appropriate engagement with industry.

More than ever, maintaining the trust of our members and the public will hinge on the Society's ability to balance these external relationships with the critical distance and thoughtful processes required to avoid meaningful conflicts of interest.

SGIM2018 will focus on health information technology (IT), a topic where engagement of industry may be important and yet challenging. It could strike some members as odd to have a health IT meeting without exposure to new technologies (such as medical apps), while other members could perceive a health IT presence as raising a specter of undue influence. Even if—unlike the case for drug and device manufacturer influence over clinical decisions—few individual physicians are in positions to influence decisions

about purchasing health IT or EMRs, maintaining our objectivity and independence is still critical. If we interact with the health IT industry, we must preserve our ability to evaluate these technologies critically and push for improvements.

We should avoid the temptation to frame the issue as one of bending our principles in response to financial pressure. Fiscal challenges are unmistakably present. Current projections have future year Society budgets in deficit, which have historically been closed by increasing dues and meeting fees. The overall costs of hotel services/food have increased at a rate greater than our ability to raise registration fees. However, Council feels that we are close to the limits of how much we can ask members to pay, and it is easy to inadvertently put our staff and Development Committee in an unfortunate predicament when they are expected to help close a budget gap but feel constrained in how they can do so. Yet the issue is much more complex than just trying to close a budget gap, and framing the issue in this way implies that accepting external funding is somehow less principled than not accepting it.

5. **Process matters.** Our external funds policy is important. Because it is not possible to devise a policy that anticipates every possible scenario, it is equally important to

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have a constructive, inclusive and transparent process for reviewing external funding to maintain the membership's trust. The current policy calls for a process in which general contributions (including contributions for the National Meeting and for all awards) will be reviewed by the Development Committee. All general contributions, except unrestricted educational grants less than \$5000, will also be reviewed by the Chair of the Ethics Committee. General contributions that raise concerns will undergo a full Ethics Committee review. Proposals for research or educational projects requiring external funding are reviewed by the Research and Education committees respectively along with concurrent review by the Ethics Committee. Appeals are reviewed by the SGIM Executive Committee, which can confirm or

override the original decision. All of these Committees are committed to maintaining the constructive relationships necessary for this process to work.

Perhaps the most important aspect of our next steps related to external funds involves ensuring we are moving forward together. Council is eager to adopt strategies in which all voices on this important topic can be heard and valued, while understanding that unanimous approval may not be possible. If new external funding options are pursued within our current policy, the review process needs to be followed strictly and done transparently. Any changes to current SGIM practices in accepting external funds will first be done as a pilot, with evaluation and review of the results with the membership.

We welcome your thoughts about how to move forward.

References

1. Lo B, Grady D. Payments to physicians: Does the amount of money make a difference? *JAMA*. 2017;317:1719-1720.
2. Nissen SE. Conflicts of interest and professional medical associations: Progress and remaining challenges. *JAMA*. 2017;317:1737-1738.
3. Steinbrook R. Physicians, industry payment for food and beverages, and drug prescribing. *JAMA*. 2017;317:1753-1754.
4. Rothman DJ, McDonald WJ, Berkowitz CD, et al. Professional medical associations and their relationships with industry: A proposal for controlling conflict of interest. *JAMA*. 2009;301:1367-1372.
5. Lichter AS. Conflict of interest and the integrity of the medical profession. *JAMA*. 2017;317:1725-1726.

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