Ethics Forum

The Relationship Between Industry and Pain Societies, Part 1: Demystification and Legitimization of Continuing Medical Education

In this two-part series, we examine the role of industry and pain societies in two distinct ways. In this first column, the ethical issue of industry conflict of interest in continuing medical education is debated. In the forthcoming second column, we will address conflict of interest within individual leaders of pain societies.

In recent years, issues of conflict of interest in medical education have gained attention in both scholarly journals and the media—with media attention generally quite negative [1]. Brody defined conflict of interest as entering “into arrangements that reasonably tempt one to put aside one’s primary obligations in favor of secondary interests, such as financial self-interest” [2]. Generally, attention has focused on individuals’ conflicts of interest, which undoubtedly exist in pain medicine. This Ethics Forum, however, will examine potential conflicts of interest between industry and pain societies, as organizations can experience such conflicts as well [3]. While conflicts of interest potentially threaten scientific integrity and quality of patient care in all areas of medicine, such conflict of interest is particularly deleterious in pain medicine, given the vulnerability not only of patients with pain [4] but of the physicians who treat pain, as well [5].

Industry grants have long been part of pain society revenue. Pain societies have historically received both restricted and unrestricted grants from industry, with the latter providing “protections” against bias. At face value, unrestricted grants do not steer educational content and, therefore, would be viewed as devoid of bias or conflict with industry. However, Kassirer [6] has noted that “unrestricted is not always unencumbered”: to receive these grants, societies may implicitly agree to a certain course of action or policy. Schofferman et al. [7] have suggested that unrestricted grants may become less feasible in the future, as biomedical companies expand funding for activities that are consistent with their own specific educational or research agendas. A surge in industry-sponsored non-continuing medical education (CME) events may be a likely consequence of diminishing unrestricted grants.

We are fortunate to have two experts on industry-pain society relationships as authors in this month’s Ethics Forum. Dr. Jerome Schofferman has been a harsh critic of conflicts of interest among pain care providers and professional medical organizations for many years [7–11]. Representing industry is Dr. Marsha Stanton, a prominent pain educator who is currently the Executive Director of Medical Affairs of Zogenix. More than ever, we should consider the ethics of professional relationships in pain societies and their potential impact on perceptions, learning, and treatment decision making.

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References
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