Conflict of Interest
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Opinion

Conflict of Interest
While endeavoring to protect the interests and well-being of their patients and maintain professional competence, physicians may develop secondary interests such as the competition for patients and trainees, extramural research funding, and high-profile publications. Financial and other rewards of medical practice can create conflicts of interest. This issue of JAMA features 23 Viewpoint articles on conflict of interest for physicians in settings such as academic medicine, biomedical research, medical education, guideline development, health care management, and medical publishing. Two Editorials discuss the pervasive opportunities for conflict of interest in health care and medical journalism.

Research

Payments From Industry to Physicians
Studies have shown that financial conflicts of interest, from small gifts and meals to large sums for consulting, may alter physician decision making. To determine the types and distribution of industry-related payments to physicians in 2015, Tringale and colleagues linked data on industry payments to a national database of 933,295 licensed allopathic and osteopathic physicians. Almost half of US physicians were reported to have received a total of $2.4 billion in industry-related payments, primarily general payments, with a higher likelihood and higher value of payments to physicians in surgical vs primary care specialties.

CME jamanetwork.com/learning
Pharmaceutical Detailing Policies at Academic Medical Centers

The authors found that restrictive detailing policies were associated with modest but significant reductions in prescribing of detailed drugs across 6 of 8 major drug classes. In an Editorial, DeJong and Dudley suggest that if detailing policies can influence prescribing, they may have an indirect effect on patients’ out-of-pocket costs for prescription drugs.

Is There a Conflict of Interest?

Conflicts of interest can undermine the professional responsibility of physicians to put patients first. This article by Ginsburg and Levinson from the JAMA Professionalism series discusses a primary care physician in a large multidisciplinary practice who was concerned that one specialist was more likely than others to perform invasive procedures. After she shared these concerns with her primary care colleagues, they pooled data on their patients and discussed the findings with the clinic’s medical director. This prompted the director to compare data for all the specialists in the practice in a process of quality improvement.