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## Conflicts of Interest in Expert-authored Practice Parameters, Standards, Guidelines, Recommendations

*To the Editor:*

Butterworth and Rathmell<sup>1</sup> correctly point out that not all groups are appropriately constituted or have “proper standing” to produce credible “consensus statements, guidelines, and parameters.” They state that “it seems obvious that small groups funded either directly or indirectly by pharmaceutical companies (even when the money has been “laundered” through a medical education company) lack standing. . . .”

I have participated in committees of the American Society of Anesthesiologists (ASA) and other “appropriate medical societies” that have produced practice parameters and standards, as well as groups of highly qualified experts funded in the manner decry by Butterworth and Rathmell. It is pos-

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The author has served on committees of medical societies writing guidelines and standards. He has also consulted for a medical education company that has facilitated the writing of consensus statements. The funding agency had no role in this letter.

sible for an expert panel, through a medical education company, to build a sufficient barrier from the funding agency to conduct their process without influence of a pharmaceutical company that may have provided an unrestricted educational grant.<sup>2</sup> “Appropriate” medical societies do not have a monopoly on exceptional knowledge, opinion, or judgment.

The implication, by the use of the term “money... laundering,” that an expert group convened by a medical education company is conducting an illicit or intentionally deceptive activity<sup>3</sup> is inappropriate and misguided. I assume that Butterworth and Rathmell are concerned about conflict of interest. Although that is an appropriate and important concern, we should recognize that, in one way or another, we all have such conflicts. Some may be directly financial; others may be more subtle, but nevertheless, of at least equal importance and impact.

The ASA, with the guidance of James F. Arens, M.D., has done a remarkable job and provided an extraordinary service in producing a number of such documents. The formal process of the ASA for expert-authored guidelines and parameters requires approval by the Society’s House of Delegates.

However, the origins of this approval process were not necessarily altruistic and without fiscal motivation.<sup>4</sup> Interestingly, the ASA does not publish information regarding the conflicts of interest that may exist for their experts, consultants, and reviewers. Similarly, we do not know of the conflicts of the members of the House of Delegates who must approve each document—and notably, the House rejected one such document.<sup>5</sup>

Such conflicts may not be trivial. For example, take the practice guidelines for pulmonary artery catheterization<sup>6,7</sup> and perioperative transesophageal echocardiography.<sup>8,9</sup> Do we know whether any of those involved (or members of their families) in the construction or approval of the guideline had a financial interest in any firm manufacturing or selling the catheters, probes, or devices required for their use? Do we know how many of these individuals billed separately for the procedures?

The ASA and some component societies have apparently voiced a negative opinion of proposals limiting the ability of physicians to bill separately for such services.<sup>10</sup> I do not mean to imply any dishonesty or impropriety of those involved; nor am I addressing the issue of billing *per se*, but rather I am noting the potential for the appearance of a conflict of interest.

Note, in contrast, the full disclosure of the authors of a recent recommendation regarding otitis media produced by an international group of experts whose meeting expenses were funded by an unrestricted educational grant from a pharmaceutical firm through a medical education company.<sup>2</sup>

Aside from the issue of direct financial conflicts, other conflicts are possible. Does not a certain increased standing and respect among one’s colleagues accrue from having participated in expert panels? May such participation not lead to other activities—such as lectures, visiting professorships, and so forth—all of which may add to one’s status at an academic institution and assist with promotion possibilities along with the associated increase in standing and salary?

It is an unreasonable requirement to convene a panel of the best experts none of whom have conflicts of interest, as they likely will have been consulted by others because of their expertise. However, those expected to read and abide by conclusions and recommendations contained in the documents have the right to know of real and apparent conflicts.

I suggest that the ASA provide the readership with complete funding and disclosure information for expert-authored practice parameters, standards, guidelines, and recommendations, and that readers not automatically dismiss documents provided by appropriate experts when produced using a thorough and appropriate process.

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### In Reply:

We thank Dr. Weiskopf for his letter concerning our Editorial View.<sup>1</sup> We agree with him that conflict of interest is a complex issue. Nevertheless, Dr. Weiskopf has chosen to ignore our most important concern. **Guidelines and practice parameters should not be promulgated by groups**

**without standing.** The primary reason we criticize guidelines and practice parameters offered by "shadow" organizations is that there is no large national or international medical organization that vets their work. For whom and for what purpose are these guidelines and practice parameters being created when they do not arise from a relevant national or specialty society? Why should physicians be encumbered by guidelines or practice parameters the contents of which have not been vetted by physicians in open fora at national or international medical meetings? Why should physicians be encumbered by guidelines or practice parameters that were initiated and funded by a company, not by a relevant national or international medical association?

We have served on task forces that have created guidelines and practice parameters. It is a difficult job, and it must be done correctly, without undue influence from sponsors with vested interests. There can be problems even when relevant organizations sponsor guidelines if they provide conflicting recommendations.<sup>2</sup> Groups without standing should find another line of work.

**John F. Butterworth IV, M.D.,\* James P. Rathmell, M.D.**

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### In Reply:

Dr. Weiskopf's letter raises important issues about disclosure and transparency that have received much attention from the American Society of Anesthesiologists (ASA) in recent years.<sup>1</sup> We have developed, refined, and implemented a Conflict of Interest policy aimed at informing all those acting in an official capacity for ASA of real or potential conflicts:

*A member of the American Society of Anesthesiologists (ASA) shall not serve as an officer, director, alternate director, committee member, representative to another organization or in another appointed position if that service would involve a conflict, real or apparent, with any other relationship or arrangement, financial or otherwise, participated in by the member or the member's family. ASA requires each member nominated to serve, as indicated above, to disclose his or her affiliations and execute this statement.*

*Disclosure of a member's affiliations is intended to assist ASA in resolving conflicts of interest. An affiliation with another organization does not necessarily mean that a conflict of interest exists or that the affiliation would unduly influence the member in his or her nominated position.*

*A listing of affiliations will be distributed or made available to all respective members of the Board, committee, task force or*