

CONFLICTS

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These days it is not surprising to read of corporate dishonesty, corrupt governmental officials, outrageous academic and industrial salaries, misuse of power, plagiarism, copyright infringement, mendacious or misleading claims for products and.... Should I go on? We in America have always boasted of our heritage of candor, honesty and square dealing. In more recent times, it has been confounding in both the public and private sectors to learn of departures from these cherished traditional values.

A recent article in the *New York Times* (May 10, 2006) noted that the board of the Cleveland Clinic was evaluating the impact on patient care caused by potential conflicts of interest of doctors who were the recipients of grants from pharmaceutical and device manufacturers. Some members of the medical staff defended those relationships by reporting that the status of many patients had improved because of discoveries made as a result of those corporate contributions. Certainly, in hospitals with fewer resources than the Cleveland Clinic, the gratuitous contribution of costly devices or medicines can make a significant difference in patient prognoses and outcome. The problem, it seems, is that in the more affluent institutions of healing and learning, not all of the funding is related to independent studies in which the principal investigator reports his findings and lets the devil take the hindmost (ie, if it fails, it is so stated). Cozy relationships between researchers and manufacturers have resulted in exotic vacations and junkets, elegant dinners and other gifts as well as lucrative patient referrals. These perquisites can lead to the selection of more costly but not more effective proprietary medications and surgical devices.

In the matter of knee, hip, shoulder, and similar prostheses, many implant surgeons have become allied to a single manufacturer or distributor and will use their devices to the exclusion of others irrespective of their suitability. The same is true of other products such as heart valves, shunts, fracture fixatives, and artificial lenses. A visit to the Internet will confound the care-seeker who is searching for the device most accommodating to his needs. The advertisements and patient comments and endorsements appear to be so unsolicited and impartial.

In regard to our own field, the practitioner receives

a barrage of mail, DVDs, throw-away "journals" and visits from manufacturers' representatives, each making elaborate claims of superiority. Many dental materials bear the ADA Seal of Acceptance. There are over 300 such products, 40% of which are aimed directly at the consumer. But the Seal is voluntary, which means that there are numerous oral health care items on the market that may be effective although they are not blessed by the reassuring symbol. Dental implants and allied equipment and supplies are not among the products eligible for sealability. Nonetheless, their manufacturers send representatives to meetings and seminars both large and small, and are responsible for the same kind of gracious entertaining and gift giving as those described in previous paragraphs. Ever since the FDA granted approval to a plethora of designs with their vaunted PMA or 5-10K approvals, there has been a mind-boggling bombardment of information on their respective benefits from endless sources, both analog and digital.

With due respect to the implant manufacturing companies, their quality control is good, their packaging is innovative, and their designs show an imaginative flair. As with automobile manufacturers, they must stay abreast of their competitors. Therefore there are annual or biennial new models, new instruments, and new approaches. Surface coatings, surface areas and textures, materials, thread patterns and pitches, and abutment junctions are but a few of the myriad characteristics that are pummeled or praised. Lecturers may have proprietary interests in the materials and devices about which they lecture. Authors may receive grants from companies whose products they describe. Disclaimers are not always in evidence although reliable journals and educational sponsors continue to insist upon the release of any potential conflicts of interest. As implantologists, we are fortunate to have a large and versatile market place available in which almost all implants can survive. Of course there are vast price differences among them, and one wonders if makers of the more costly models are worth the extra premium asked for them.

The message here is to educate yourself, seek information relating to the financial interests in products about which you hear lectures and promotions, select the devices that work best for you, protect the welfare of your patients, and always perform in a manner which will serve you, your family, and your profession in the most positive light.

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