

1. We would like you to establish a committee to begin the process of consulting with faculty and drafting a policy on industry relationships and conflicts of interest.

- We would like to be a resource for you. We have materials and contacts (at other medical centers) that may be helpful
- We would like student representation on the committee
- We would like to ensure that the policy will cover both faculty and students
- Affiliated hospitals should be included in the process.

2. There is a large and growing consensus that unregulated pharmaceutical marketing practices are a threat to the principles of medical professionalism, and thus should be more strictly regulated.

- AAMC issued new strong guidelines in 2008
 - Such as: complete ban on gifts, discouragement of speaker's bureaus
- AMA CEJA report
 - Advocates for removal of industry funding from medical education
- Brennan JAMA 2006
 - No gifts, pooled CME funding, samples don't go directly to docs...

3. Centers of academic medicine have a duty to create an evidence-based educational environment that is free of the undue influence of pharmaceutical and device industry marketers.

4. More and more universities are instituting comprehensive policies to regulate industry interaction with faculty and students to curtail conflicts of interest, both perceived and real.

- The AMSA Scorecard estimates at least one quarter of medical schools in the US are currently updating or creating new conflicts of interest policies.

5. Conflicts of interest and unchecked pharmaceutical marketing can cause real harms:

- Impaired objectivity of evidence-based clinical decision-making
 - Studies have consistently shown that pharmaceutical company marketing tactics subconsciously influence prescribing. Further, industry sales representatives frequently do not provide complete and accurate information regarding the efficacy of their products.
- Compromised patient safety
 - Pharmaceutical marketing drives early adoption of new drugs and technologies that are often no better – and may indeed be less safe – than cheaper, established therapies.
- Reduced quality of training
 - Medical students can be exposed to compromised information and are at risk of inheriting bias in an environment where faculty and institutional industry relationships are not adequately disclosed or managed. Further, faculty behavior is a model for students – inappropriate relationships should not be perpetuated as an acceptable social norm.

6. There is increasing negative press & public awareness of conflict-of-interest in medicine. Failure to address the issue is an increasingly isolated position.

- Harmed reputation of universities (recent press on incomplete disclosures)

7. We now have an opportunity to avert the dangers above, and be part of the cutting edge of this movement. We can choose to lead or to follow.

8. Many schools have been very successful, despite concerns.

- Rothman & Chimonas 2008 revealed no reports of a decrease in pharmaceutical research funding after policy implementation. Coleman 2008 revealed faculty support for new policies has been strong.