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FROM THE DESK OF THE PRESIDENT

Conflicts. What Conflicts?

A conflict of interest is a set of conditions in which professional judgment concerning a primary interest (such as the health of patients, the integrity of research, and the education of students) tends to be unduly influenced by a secondary interest (such as financial gain).¹ We all encounter scenarios in our daily practices that pose potential conflicts of interest. Does this patient really need an MRI or x-ray or physical therapy? This is a potential conflict of interest if we own the radiology equipment or the therapy services and will financially benefit from their use. Does the patient need this injection or surgical procedure? Obviously, we are all compensated better for procedures we perform. These are dilemmas we face every day. Our solution is to use the best medicine possible when determining what treatments to recommend. That means the best scientific evidence, the best cost-effective evidence and the softer “what I would do for my own mother” approach. We all have potential conflicts. We need to deal with them with the highest possible degree of integrity and openness or we will lose our patient’s trust and potentially bring on regulatory changes to correct inappropriate behaviors.

The North American Spine Society has adopted an expanded and comprehensive disclosure policy to deal with potential conflicts of interest regarding scientific presentations at meetings, and serving on committees, councils and the executive committee. The policy requires every presentation to be preceded by a slide with each author’s potential conflicts of interests as they relate not only to consulting agreements, but any proprietary interests, advisory positions,

etc. Every member serving NASS in any capacity, will need to fill out the same form. Nominating committees and/or executive committee appointers of any position in the organization may ask for more clarification as to the extent of “major” conflicts. Having “major” conflicts as outlined will not, in and of itself, preclude anyone from serving in any position in the organization. In fact, the current make up of the Board of Directors includes members with no ties to industry and some with extensive ties. That balance is exactly what is in the best interest of the organization and our mission.

That said, we need to start addressing potential conflicts of interests by understanding our own organizational potential conflicts and make sure that we are clear about these to our members. NASS has always been fortunate to have significant financial support from the spine industry. I do not think it is the slightest exaggeration to say that without industry support, the dramatic growth of NASS—and for that matter the many advances in spine care over the last 20 years—would not have occurred. As we move forward, however, there needs to be a much clearer, more transparent way for our members to critically review the scientific articles presented at meetings and assurances that our organization continues to be run first and foremost, to provide—as our mission states—“quality spine care for all” our patients. Yes, it will require additional printed pages and PowerPoint slides to include all these disclosures in programs, etc. It will also take more time to fill out additional forms with every presentation. The inconveniences, however, will be a small price for academic and professional integrity.

Table 1. Corporate support to NASS funds, 2005

Fund/Program	Amount Received
Annual Meeting	\$360,560.00
Spring Break meeting	\$32,000.00
Annual Research Fund	\$58,404.65
Spine Research Fund Endowment	\$67,500.00
Techniques (Hands-on) Courses	\$120,500.00
Spine Masters Institute	\$400,000.00
NASS6	0,000.00
Total	\$1,068,964.65

In 2005, NASS received \$1,068,965 in total corporate support from 18 companies. Those funds were donated to six NASS programs and the National Association of Spine Specialists (NASS6). **Table 1** shows where the corporate support went and **Table 2** summarizes contributions from each company.

The Spine Masters Institute will be funded by multiple donations from industry and individuals. Every NASS Board member has made a pledge or contribution including \$10,000 each from Hal Mathews, JJ Abitbol and myself. So far we have \$4,525,000 in pledges or donations from six companies: Medtronic, Stryker, Zimmer, Kyphon, Synthes and Blackstone.

In our ongoing efforts to operate transparently, we will present a featured symposium at the 2006 annual meeting in Seattle on "Ethics and the Spine Industry." The symposium was developed and proposed by NASS leadership and industry leaders to examine potential conflicts of interest and how they can best be addressed. It is meant as a service to our members and to our partners in

Table 2. Corporate support to NASS and NASS6, 2005. Summary by corporation

Company	Amount Donated
Abbott Laboratories	\$4.65
Abbott Spine	\$37,500.00
Arimed Orthopedics	\$900.00
Blackstone Medical Inc	\$12,000.00
Cortek Inc	\$15,000.00
DePuy Spine, A Johnson & Johnson Company	\$100,000.00
EBI Spine	\$44,000.00
Endius, Inc	\$12,000.00
Kyphon Inc.	\$110,000.00
Lippincott Williams & Wilkins	\$500.00
Medtronic Sofamor Danek	\$243,500.00
Musculoskeletal Transplant Foundation (MTF)	\$10,000.00
NuVasive Inc	\$37,500.00
Orthofix Inc	\$10,000.00
Richard Wolf Medical Instruments Corporation	\$4,500.00
Stryker	\$244,000.00
Synthes Spine	\$100,500.00
Zimmer Spine	\$87,060.00
Total	\$1,068,964.65

industry so that we can all move together for the mutual benefit of our patients in an open, appropriate, (and legal!) manner. NASS generates revenue from exhibits (186 booths are contracted for this year's meeting) so this symposium is especially appropriate at our annual meeting where our exhibitors can be involved.

Our responsibility is to present the best science and to make sure that any potential conflicts are disclosed. It is also our responsibility to make sure that those who do not disclose are subject to appropriate repercussions. Furthermore, we need to make sure we are advocating the highest quality spine care for our

patients when we go to Washington, DC to lobby our legislators. We need to continue to make sure the collective pursuit of our mission is not detoured by undue financial or other personal or professional conflicts of interest. Changing to this open system may not be easy, but it is necessary. I am sure our members and our patients will appreciate our transparency.

References

1. Thompson DF. Understanding financial conflicts of interest. *N Engl J Med.* 1993;329:573-576.