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## FROM THE DESK OF THE PRESIDENT

# NASS Takes Leadership Role in Ethics

The revolution has already left the station...with NASS at the wheel.

The recent spate of negative press surrounding lack of disclosure and conflicts of interest is shining a harsh spotlight on spine surgery and medicine in general. It is disheartening to many of us to see that allegations of unethical conduct related to conflicts of interest are tarnishing the reputation of an entire field of medicine. At the same time, however, potential conflicts of interest are everywhere, and it is important to strive to create an atmosphere in which medicine and truth—in the form of the highest ethical standards and full disclosure of potential conflicts—go hand in hand. The NASS Board of Directors is committed to the highest level of ethics for its members and has created an environment in which full disclosure is not only encouraged but mandatory.

So what has NASS done? Beginning in November 2001 with Dr. Stan Herring's presidency, NASS has taken an aggressive role in ensuring that its members are fully informed of their ethical obligations, the definition and pitfalls of potential conflicts of interest and the need for full disclosure. In October 2002, the NASS Board of Directors adopted a new Code of Ethics along with Expert Witness Guidelines and a comprehensive procedure with which the Professional Conduct & Ethics Committee could handle members' complaints of violations of standards of professional conduct (see [http://www.spine.org/code\\_of\\_ethics.cfm](http://www.spine.org/code_of_ethics.cfm) to read the policy in detail). This committee has already heard numerous cases and recommended disciplinary action for misconduct ranging from questionable

expert witness testimony to falsification of abstract authorship and other issues.

In 2005, the NASS Board of Directors formed a Disclosure Task Force to discuss conflicts of interest in the spine industry and develop a policy that would raise the bar for disclosures in every NASS-affiliated publication, research project, board or committee meeting, or educational program. This task force—comprised of a broad spectrum of spine practitioners ranging from those with no potential conflicts to those with significant industry relationships, as well as a physician/ethicist—“conducted careful review and discussion of the principles, goals, relevant literature, practical constraints, and long-range consequences, [and] considered perspectives of scientific innovation and public interest.”<sup>1</sup> After rigorous discussion and debate over the course of several months, the task force developed a comprehensive disclosure policy, which was adopted by the Board of Directors in January 2006. In a *SpineLine* article introducing the new policy, Dr. Herring and Dr. Mirza wrote, “We are not aware of any spine publication or organization, or in fact any other professional medical organization, that requires disclosure of financial conflicts in the detail and clarity embraced by the NASS policy.”<sup>1</sup>

Since then, NASS has shared its program with other medical societies encouraging them to adopt similar rules. Meanwhile, new organizations have called for even greater disclosure rules. It is important to note that all of these rules are living documents and further refinements will continue.

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Industry relationships are important for the development of safe and effective new spine treatments and technologies, and it is up to NASS to help guide these interactions in the most up front and ethical manner. The elimination of all financial relationships with industry for all surgeons is not only impractical, it is not what is best for patients. Medical device manufacturers need the expertise of spine practitioners in developing and improving their products, and indeed, many of the best and brightest surgeons have invented their own devices outright and made great contributions to medical science. Without these sorts of innovations and refinements, patients would suffer. However, the important point on which we all agree is transparency, or in other words: disclosure.

And yet, of course, surgeons and other spine practitioners must be careful in managing these relationships, just as they would be careful in managing the conflict of whether to recommend an X-ray study or to operate—those decisions have a financial component, too, and ethical spine surgeons historically have managed all of those potential conflicts appropriately. Patients probably know that their surgeon will make more money if they have the surgery he or she is recommending than if they don't, but they likely assume that the surgeon manages that potential conflict appropriately. We need to respect our patients enough that we should disclose any possible conflicts of interest to them as well. These include, for example, ownership in imaging and outpatient surgical facilities. Many patients may even WANT a doctor who is on the cutting edge of new technologies and is sought out by industry to test products. Of course, as in any field, there are unethical “bad apples,” who may make decisions for the wrong reasons, but the overwhelming majority of spine surgeons and the overwhelming majority

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of all medical professionals manage their potential conflicts and treat their patients in accordance with the “family test,” ie, “what would I do if the patient were a member of my family?”

As Dr. Mirza and Dr. Herring stated, NASS has the strongest disclosure rules in the field, and we take this issue very seriously. Our reporting system clearly defines types and levels of financial and other relationships.<sup>1</sup> Some, however, have proposed that this disclosure be more detailed and include actual dollar amounts.

Beyond NASS, the FDA has recently recommended that physicians receiving greater than \$50,000 from industry be excluded from their advisory panels.<sup>2</sup> A recent *JBJS* article reported that presentations authored by individuals with a conflict of interest related to royalties, stock options, or consulting or employee status were significantly more likely to describe positive findings.<sup>3</sup>

What is the right answer? As in any controversial issue, the answer is not black and white but usually lies somewhere in between. In fact, at NASS' Spring Break 2007 meeting, an audience poll showed that 65% of the participants felt the NASS disclosure policy was just right, 26% felt it was not enough and 9% felt it was too much.

There's nothing wrong with advocating for a change, but advocating is best accomplished constructively, without

tactics that may serve to tear down the very field we're trying to improve.

We are proud of what we have accomplished thus far and to have been one of the first societies to adopt such a disclosure policy. You will continue to see changes in the future including an online disclosure form that can be edited anytime and will make reporting seamless when submitting abstracts, presentations, articles, etc. Like many of the policies NASS has put in place over the years, our disclosure policy was a carefully considered, proactive evolution—not a revolution—and it will continue to be refined. Remember, we are committed to the highest ethical behavior, but we cannot regulate it unless members take an honest and active role. Let us hear your concerns.

## References

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- 3 Kanu Okike, BA1, Mininder S. Kocher, MD, MPH1, Charles T. Mehlman, DO, MPH2 and Mohit Bhandari, MD, MSc3, *J Bone Joint Surg Am*. 2007;89:608-613.