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FROM THE DESK OF THE PRESIDENT

NASS a Leader in the Age of Transparency

“If you don’t know where you are going, any road will take you there.”

Lewis Carroll, *Alice’s Adventures in Wonderland*

In the last issue, I wrote about the NASS Board of Directors’ strategic planning sessions, in which we re-tooled NASS’ mission and goals, clarified our focus and developed a precise vision of what matters most so that we can, as an organization, go from good to great. It is a terrific feeling to know that, unlike Alice at the tea party, we now truly know where we are going. The journey, however, is just beginning.

NASS is assisting its membership during its transition through a cultural redefinition of transparency and accountability. For many industries, the impetus for these changes included the Enron and Tyco Healthcare scandals, and—more recently and most relevant to our society—Senators Charles Grassley and Herb Kohl’s initiative to address conflict of interest issues in the health care industry.

This new age of transparency is a good thing, and it demands an accounting of appropriateness in decision-making at all levels of an organization. The operations and management of an organization are a reflection of its vision and strategy. In this era of accountability and transparency, it became clear that NASS needed a guiding principle, a delineation of what mattered most to NASS and its members, so that we could more clearly and responsibly determine our vision and strategy.

We do not accomplish our goals in a vacuum. In our endeavor to foster quality spine care, we interact with many entities: the durable medical equipment industry, the medical device industry, the insurance industry, government agencies,

hospital organizations, local and national politicians, and—most importantly—our patients. In addition, we must continue to collaborate with other societies to assure that our patients’ voices are heard and their needs met. We have, after all, taken the oath to be guardians of their health care. Our relationships to these entities can either help or hinder these goals, depending on how we approach the interaction. This is not something that can be approached lightly; we have to use the utmost care and forethought in determining our role. Though we are individual practitioners, we are surrounded by various influences, and it is sometimes difficult to stay focused on what matters most. “Curiouser and curiouser,” as Alice would say.

Of all these relationships, our relationship with the medical device industry has attracted the most attention. We take this issue very seriously. NASS has implemented some of the most stringent obligations for disclosure in the medical field.¹ Currently, participants in any NASS activity (educator, principle investigator, author, committee member, board member or executive committee member) are obligated to name the entities with whom they have relationships and to specifically categorize remuneration both by type and amount (“major” or “minor”). We anticipate that this policy will evolve over time as NASS, government agencies and commercial entities collaborate in achieving a level of accountability and transparency to serve the common good of patients, health care entities and society.

The Senate Special Committee on Ag-

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ing recently held a hearing regarding health care transparency and accountability. At the hearing, Gregory E. Demske, Assistant Inspector General for Legal Affairs at the Office of the Inspector General of the Department of Health and Human Services, said, "Although most physicians believe that free lunches, subsidized trips or gifts have no effect on their medical judgment, the research has shown that these types of perquisites can affect, often unconsciously, how humans act."²

Mr. Demske's statement echoes the research presented by Dr. Sohail Mirza at the 2007 NASS Annual Meeting in Austin, during the Ethics Symposium chaired by Dr. Richard Guyer and Dr. Stanley A. Herring. The Special Committee on Aging has solicited written comments from organizations such as NASS which were not invited to attend the hearing. A copy of our response was forwarded to the NASS membership via email on March 12th, 2008.

Relationships with industry lead to the *potential* for conflict of interest. These symbiotic relationships are necessary for innovation. Counseling the membership of NASS to avoid these relationships would impede progress and, ultimately, counter our patients' best interests. What we must do is maintain these collaborations with the highest ethical and professional standards. This level of professionalism begins with clear communication with the patient about potential conflicts. Ethical behavior demands more than a small print written disclosure in a consent form. Instead, the physician should initiate a dialog with the patient regarding the conflict in order to establish mutual understanding. Ask the patient if they really understand the nature of the conflict. We should be utterly transparent in our discussions with patients about

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ANY potential conflicts of interest we might have. Trust from the wider public is built through thorough and transparent efforts, one interaction at a time.

To this end, in addition to continuing to revise and strengthen the current Disclosure policy, NASS is also undertaking two projects related to ethics and industry. The first is a Roundtable on Ethics in Spine Industry Relations, which will bring together leaders from many different (and differently-sized) device manufacturers with NASS physician leadership and ethicists to collaborate on the creation of a new Code of Ethics for Industry that addresses such issues. This code would apply to both large and small companies and, by supplementing the existing Code of Ethics, member physicians as well. Second, the Socioeconomic Affairs Council is hosting a forum for industry leaders and physicians, to discuss the socioeconomic issues and forces shaping spine care today. This forum's proposed curriculum would seek to educate participants in ethical collaboration including research, coding and reimbursement.

Promoting the highest ethical standards for spine physicians is nothing new for NASS. In 1996 we adopted our "Acceptance of Appointment and Covenant to Disclose" document, requiring all those in leadership or committee

positions to disclose their conflicts before serving. (For a complete chronology of NASS' actions related to Ethics and Disclosure, please visit the Ethics section of the NASS web site at: <http://www.spine.org/Documents/NASSEthicsTimeline.pdf>) From establishing the Professional Conduct and Ethics Committee in 2002, to the implementation of the disclosure policy in March 2006, to the issues we are dealing with today, we have a legacy of doing the right thing. This is not to say, however, that we are finished. All of our policies—even our bylaws—have evolved out of extensive deliberation and collaboration. It's not enough for each of us to say, "I am ethical." We must strive to define the highest standard of ethical conduct—a standard against which all spine physicians can be measured.

References

1. NASS Board of Directors. NASS Disclosure Policy. Adopted January 13, 2006. Available at: <http://www.spine.org/Pages/PracticePolicy/EthicsProfConduct/NASSDisclosurePolicy.aspx>
2. Demske E. Testimony before the United States Senate Special Committee on Aging. Washington DC; February 27, 2008. Available at: <http://aging.senate.gov/events/hr188gd.pdf>