

Policy on Conflicts of Interest Principles and Guidelines: With Special Interest for Clinical Practice and Research

Approved by the Board of Trustees, December 2010
Approved by the Assembly, November 2010

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

Preamble

The APA, as a professional medical association, joins with other medical specialties in promoting, supporting, and advocating, as its primary interest, the highest level of evidence based practice, ethically based and scientifically valid research, and quality continuing education for the benefit of patients, the profession and society. As a medical specialty, we affirm our support of the Institute of Medicine report [*Conflict of Interest in Medical Research, Education and Practice*].

Members involved in clinical practice, education, research, and administration must be diligent and aware in identifying, minimizing, and appropriately managing secondary (personal) interests (financial, contractual, career-centered) that may inhibit, distract, or unduly influence their judgment or behavior in a manner that detracts from or subordinates the primary interest of patients and may be perceived by some as undermining public trust.

Principles and Guidelines

The following situations, contexts, and associations have been noted to be of special concern, both by accumulated evidence and heightened public focus. Accordingly, members should exercise vigilance, caution, and strive for the prevention of conflict whenever possible.

- A. Gifts and meals often accompanied by product endorsement and promotional literature may influence physicians' decisions about prescriptions, laboratory tests, or procedures.
- B. Contact with pharmaceutical representatives represents marketing and should be distinguished from balanced education and critical scientific information as a basis for prescribing. Samples and starter packets may influence decisions to prescribe products that have equivalent and less costly alternatives.
- C. Conflict of interest ethical principles and ongoing studies should be integrated parts of continuing medical education, including distinguishing marketing and promotion from balanced, scientific clinical evidence.
- D. Consulting arrangements with industry should be based on a substantive contribution and commensurate compensation.
- E. Constructive collaboration with industry for research of new products and public education for the benefit of the community should not be discouraged. However, funding should be commensurate to the research and reflect active participation and documented remuneration. The role of the member in a scientific publication or sponsored information document should be specifically and accurately acknowledged.
- F. Physicians have a continuing responsibility to review the scientific and clinical evidence base on newly developed treatment options and incorporate new options for the patient populations they treat.

This policy was developed by the Assembly Conflicts of Interest Work Group. The principles and guidelines in this document are derived from the Institute of Medicine report:

Lo B, Field MJ, Institute of Medicine, Committee on Conflict of Interest in Medical Research, Education, and Practice: Conflict of Interest in Medical Research, Education, and Practice. Washington, DC: National Academies Press, 2009. (www.nap.edu/catalog/12598.html)