Recent national news stories have explored the relationships between medical school faculty physicians and companies that make pharmaceuticals or medical devices. In some cases, media coverage has revealed that these relationships are not disclosed even to the school itself, setting the stage for potential conflicts of interest to go unnoticed and, therefore, unmanaged.

A conflict of interest exists when someone in a position of trust—in this case, a physician—has competing interests that make it more difficult to fulfill his or her professional duties impartially. Even if no unethical act results from it, a conflict of interest can create an appearance of impropriety that might undermine confidence in that physician.

We applaud the recent conflict of interest policy that was created by the Wisconsin State Medical Society. It sets a gold standard for other state and national medical societies to emulate. At the University of Wisconsin School of Medicine and Public Health and its faculty group practice, UW Medical Foundation, we are also committed to setting the highest ethical standards for our professional conduct. We were very pleased earlier last year when the *Journal of the American Medical Association* cited us as one of the US medical schools with strong conflict-of-interest policies. For many years, UW-Madison faculty members have been required to report all compensation received for outside activities within their field of interest. About 10% of our physician faculty report substantial compensation from outside organizations. Those with high levels of compensation are subject to a management plan designed to curtail potential conflicts.

But now we are taking another step. After more than a year of discussion, we have assembled a task force to review and revise all of our conflict-of-interest policies, with an eye toward improvements based on the “best practices” in the country.

Why is this issue so complex? In part, it is because partnerships between industry and academic medicine have done a lot of good for the public—in developing new treatments, expanding scientific knowledge, and educating the public. The challenge is to find ways to advance science and education without undermining the confidence of the patients we serve.

While there are many difficult questions with which to grapple, there are a few guiding principles which should shape the best answers:

- **Integrity is the cornerstone of clinical practice.** All care should be based on an objective assessment of the available scientific data and a deep consideration of patient wishes. Physicians’ personal interests should never be an influence. We have no evidence that current faculty relationships compromise patient care; however, even the appearance of a conflict of interest in a physician can evoke distress in a patient.

- **Transparency is vital for the management of conflict of interest.** We believe that patients should judge whether their clinician’s relationships with industry are problematic; their perception matters most. For this reason, in partnership with UW Hospital and Clinics, we have created a system in which any UW Health patient can easily receive a complete disclosure of their clinician’s outside activities.

- **Consistency is essential.** At most academic health centers (including ours), employee policies and procedures are generated independently by the various entities, such as the hospital,
and schools of medicine, nursing, and pharmacy. The university often develops policies for its students. These issues are so important that they require consistency across all parts of the academic health center. Thus, after a review of relevant campus policies here and elsewhere, we are now integrating them into a single, unified policy for all to follow.

• Details can be important. Many conflict-of-interest policies were drafted with broad categories of financial disclosures (eg, using categories such as “more than $20,000”). Thus, a physician who receives $21,000 in annual consulting fees would be indistinguishable from a colleague who receives $250,000. While such limited detail has been the norm across the country, we believe that there should be careful consideration of more specific disclosure requirements (ie, listing of actual amounts).

• Not all outside activities are the same. In many ways, research and other academic collaborations between faculty and industry can advance the core missions of universities and support the public good. When physicians engage in marketing activities for industry, however, the principles of balance and objectivity may not be given the kind of emphasis that is the hallmark of the practice of medicine.

• An active, ongoing, national discussion about these issues must continue. We must never become complacent about the public’s trust. We must teach, both formally and through our examples, these principles to the next generation of clinicians. This spring, the UW School of Medicine and Public Health will inaugurate an annual ethics symposium which will focus this year on industry-academic partnerships. We invite all of you to attend and participate in what will be a stimulating and provocative discussion.

The citizens of our state expect leadership and transparency from their public institutions. Outside reviewers have applauded our approach to managing conflicts of interest, but we must not rest on our laurels. Our charge is to continuously review and improve our approach to this vital issue.
The mission of the Wisconsin Medical Journal is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

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