

Introduced by: MEDICAL STUDENT COUNCIL  
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

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Subject: Encouraging Medical Student Professionalism and Patient Safety:  
Affirming Institutional Financial Disclosure Policies During Medical  
Education

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1 **Whereas**, Professionalism is a core competency in medical education.<sup>1</sup> Previous studies have  
2 demonstrated that medical students are more likely to practice professional behavior if training is  
3 initiated at every stage of medical education; set forth by role models, including academic  
4 faculty; and reinforced by experiential learning;<sup>2, 3</sup> and  
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6 **Whereas**, Collaborations, including financial relationships, between academic medicine and  
7 industry are vital toward the discovery and development of new pharmaceuticals and medical  
8 devices;<sup>4, 5</sup> and  
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10 **Whereas**, Academic-industry partnerships have resulted in nearly half of all new  
11 pharmaceuticals.<sup>4</sup> Notable testimonials of the academic-industry enterprise include: recombinant  
12 protein therapeutics such as erythropoietin and bone morphogenetic proteins, cholesterol-  
13 lowering drugs such as statins, several HIV antiretroviral medications, and targeted cancer  
14 therapies such as the tyrosine kinase inhibitor Gleevac®. Each of these pioneering treatments  
15 were a result of the dynamic-reciprocal relationship, including financial ties, between academia  
16 and industry; and  
17

18 **Whereas**, At the same time academic-industry relationships have risks. Bekelman et al., in a  
19 systematic review, reported a statistically significant association between industry financial  
20 sponsorship and pro-industry conclusions published by physicians and scientists in academia.<sup>6</sup> A  
21 study in *The British Medical Journal* reported that physicians who had financial relationships  
22 with industry were three-times more likely to express favorable views on drug efficacy and  
23 safety than physicians who had not received industry money.<sup>7, 8</sup> Moreover, several cases have  
24 emerged where industry-supported academic physicians endorsed pharmaceuticals despite  
25 existing concerns regarding drug-related adverse outcomes;<sup>8-10</sup> and  
26

27 **Whereas**, In an effort to identify, limit, and manage real or perceived conflicts of interest  
28 organized medicine has endorsed disclosure policies as a mechanism to mitigate some of the  
29 biases and undue influences that industry financial support may bring to scientific investigations,  
30 clinical trials, patient care, and medical education. An emerging tenet in medical  
31 professionalism and education is the transparent management of academic-industry financial ties  
32 as recognized by the Institute of Medicine of the National Academy of Science, the Association  
33 of American Medical Colleges, and the American Medical Student Association;<sup>2, 11-15</sup> and  
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38 **Whereas**, Academic medical centers, the National Institutes of Health, professional societies,  
39 continuing medical education, and the International Committee of Medical Journal Editors have  
40 enacted institutional policies that require physicians to disclose financial interests with industry,  
41 thereby promoting transparency among colleagues and protecting the integrity of academic-  
42 industry partnerships,<sup>6, 8, 12-14, 16-18</sup> and

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44 **Whereas**, In 2010 the United States Congress enacted the healthcare reform bill (H.R.3590) that  
45 includes Section 6002, requiring industry to record payments to physicians on a searchable  
46 database accessible to the public starting September 30, 2013,<sup>8, 19</sup> and

47  
48 **Whereas**, The University of Colorado School of Medicine (SOM) requires faculty members to  
49 disclose, on an annual basis, “all [significant] financial interests regardless of amount”<sup>20</sup> but  
50 faculty are not required to disclose their significant financial relationships to medical students,  
51 thereby missing an important opportunity to model professional behavior.

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53 **NOW, THEREFORE, BE IT RESOLVED that** the University of Colorado School of  
54 Medicine incorporate curriculum during Phase I and II that focuses on the merits of academic-  
55 industry collaboration and the benefits of disclosing academic-industry financial relationships;

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57 **AND, BE IT FURTHER RESOLVED that** that during lectures [involving medical students],  
58 faculty members should declare, verbally or on a slide or lecture handout, the existence of  
59 financial ties as disclosed on the UCSOM Conflict of Interest and Commitment Disclosure form  
60 by stating either: “I have financial ties that relate to the content of this presentation that are  
61 disclosed to the university [and list relevant ties];” or “I have no financial ties to report;”

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63 **AND, BE IT FURTHER RESOLVED that**, a disclosure statement shall also be encouraged  
64 [during] small group seminars, clinical experiences, and mentored research activities, if the  
65 subject matter discussed by the faculty member is directly related to a financial tie disclosed on  
66 the UCSOM Conflict of Interest and Commitment Disclosure form.

67  
68 **AND, BE IT FURTHER RESOLVED that**, if adopted, Resolutions 1, 2, and 3 shall be  
69 included as amendments in the *University of Colorado School of Medicine Policy to Limit*  
70 *Conflicts of Interest between Health Care Professionals and Industry Representatives* and *The*  
71 *University of Colorado School of Medicine Teacher-Learner Contract*.

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134 **Relevant Existing Policy:**

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136 **Policy to Limit Conflicts of Interest Between Health Care Professionals and Industry**  
137 **Representatives, University of Colorado Denver School of Medicine**  
138 **May 27, 2008.**

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140 **G. Disclosure of Conflicts of Interest**

141 All medical students, residents and other trainees shall submit the same annual disclosure of  
142 potential conflicts-of-interest currently required of faculty and staff.

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144 **H. Educational Programs**

145 1. “Shielding students and residents from all marketing activity will not prepare them for coping  
146 with the barrage of marketing they will face ... when they complete training and enter practice.”  
147 Therefore, the five health sciences schools and the health sciences library faculty will develop  
148 inter-disciplinary instructional programs that will help learners understand the conflicts that may  
149 arise between industry representatives and health care professionals and how to develop and  
150 sustain productive and ethical relationships. Educational programs should also include evidence-  
151 based medicine, literature search strategies, critical appraisal of the health care literature and  
152 academic “counter-detailing” exercises.

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154 2. The health sciences schools should develop programs to educate students, residents and  
155 faculty members about the processes of drug discovery and development, clinical testing,  
156 marketing, regulation and adverse event reporting.

157

158 3. The health sciences schools and library faculties should explore opportunities to develop, in  
159 partnership with industry, new portals for disseminating objective and unbiased information  
160 about drugs and products that will “optimize the potential of modern information technology.”

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162 **I. Implementation**

163 The five health professional schools and the library faculty agree to form an inter- disciplinary  
164 committee to assist in implementation of this policy, address questions regarding interpretation  
165 of the restrictions and recommend changes to the policy as needed.

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167 **J. Enforcement**

168 It is the responsibility of all students, residents and faculty members to understand their  
169 obligations under this policy.