

no doubt a reaction to its own past errors to some extent, but also perhaps to the realization that the physician component of writing a given prescription is being more stringently influenced by other factors. In hospitals, who actually purchases the products and why? Of equal importance is who pays for a product? Insurance? Government? With modern advertising modalities, marketing is also becoming more of a direct-to-consumer model, with patients asking for a product or treatment, rather than relying on the doctor's judgment. In reality, the importance of the doctor in the chain of prescribing or treatment philosophy may have diminished in the eyes of industry as these other influences predominate.

So what is the ultimate reaction and future interaction between our specialty and industry? A total lack of support from industry from a fiscal perspective would have a major impact on a small specialty like urology, and at least in Canada, on the CUA and the CUAJ, not to mention the education of trainees. Clearly transparency is the buzzword

and, optimally, any relationship should be disclosed to avoid ambiguity in relationships.

Nowadays, to obtain external industry support, in the form of "an unrestricted educational grant," a very cumbersome process of paperwork takes place. It can be almost as time-consuming (and frustrating) as writing a grant. Despite the major headaches involved with this process, it is totally above board and truly is not rubber-stamped. Hopefully these processes can be simplified and standardized and, importantly, be entirely squeaky clean, so that support for major meetings, associations, publications, and educational proceedings can continue in a positive manner.

Reference

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OPINION

Showing your cards

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*"...When you got nothing, you got nothing to lose
You're invisible now, you got no secrets to conceal..."*
-Bob Dylan

We live in an age of transparency. Regulatory authority websites display physician standing, complaints against care,

disciplinary actions and undertakings. Comments on quality of care are posted on RateMDs.com. Why not provide full public disclosure of our relationship with industry? Canadian Rx&D Guidelines have regulated this symbiosis since 1988 and strive to discourage fraudulent practice. Disclosure will reveal that our post-graduate training programs and continuing professional development activities are largely underwritten by industry. The onus will be on physicians to demonstrate that such monies are used in a manner which

does not provide sponsors undue influence on choices made in the provision of care.

Competing interests: Dr. Leonard declares no competing financial or personal interests.

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Making it hard to rationalize gift exchanges

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We all like to see ourselves as honest. As physicians, when we accept a gift for which there may be some ethical implications, our natural tendency is to rationalize the action. Therefore, such opportunities need regulation. In Canada, the Royal College of Physicians and Surgeons of Canada, universities and health authorities have made policies to limit industry-physician interactions that might promote reciprocity. While mandatory public reporting would not disallow the offering and acceptance of gifts, it would make rationalization more onerous. If the funding that physicians currently receive for education, research and honoraria is deemed reasonable by the public, then it should continue irrespective of disclosure. However, that which would not survive such scrutiny should probably cease, law or not.

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Building a foundation of honesty, integrity and transparency

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As a physician whose academic career has been enhanced by association with medical related industry, I know the real tangible benefits and understand the dangerous pitfalls of such a relationship. The value of this long-term connection between urology and industry includes financial support for ongoing medical education and teaching within our urology programs and our wider urology community, independent peer reviewed research grants not necessarily linked to any marketed product, involvement in important clinical trials, opportunities to be engaged in early product and drug development and assisting industry to better align their programs to the needs of the urological community and our patients. While I believe that time, effort and expertise require fair compensation, the problem with this relationship lies in real and perceived bias in terms of advocating for specific marketed products and/or pharmaceuticals. The answer to this dilemma is not to cut all ties with the medical industry, but rather base our ongoing relationship on a foundation of honesty, integrity and transparency. One cannot legislate honesty and integrity, but we can insist on transparency - full disclosure of all relationships, financial and otherwise, between individual physicians, academic institutions and our industry partners.

Competing interests: Dr. Nickel is was an investigator and consultant for Glaxo-Smith-Kline, Taxis Biomedical, Pfizer, Stellar Pharmaceuticals, Watson Pharmaceuticals; a consultant, investigator and speaker for Eli Lilly; a consultant and speaker for Astellas; an investigator for Johnson and Johnson, Aquinox; a consultant for Farr Laboratories, Trillium Therapeutics, Auxillium and Ferring.

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