

Interaction of the Canadian Association of Gastroenterology with industry

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The interaction of professionals, professional associations and universities with the pharmaceutical industry is under intense scrutiny (1-9). Throughout the 1990s, the relationship of the Canadian Association of Gastroenterology (CAG) with the pharmaceutical industry was guided by a document entitled *Guidelines Regarding the Conduct of the Canadian Association of Gastroenterology with the Pharmaceutical and Manufacturing Industries*. That document was written at a time when the principal activity of the CAG was its participation in the annual meetings of the Royal College of Physicians and Surgeons of Canada. The research and educational programs of the CAG have had great benefit from the interactions of the CAG with a variety of industries over many years, but the reader will know that the extent of research and educational activities of the CAG has grown enormously.

In 2000, the governing board of the CAG charged the ethics committee with reviewing its policy for interactions of the CAG with the pharmaceutical industry. The ethics committee (Dr Jeff Axler, Dr Anne-Marie Griffiths, Dr CA Ottaway) reviewed the existing policy, the emerging literature and the position of the Canadian Medical Association (CMA), and made recommendations to the governing board for a new position statement regarding CAG-industry interactions (Appendix 1).

This position statement was discussed in detail at CAG board meetings in late 2000 and early 2001, but final approval was deferred while the CMA was updating its policy on physicians and the pharmaceutical industry. That policy was adopted by the CMA during 2001, and the position statement regarding CAG-industry interactions was adopted by the CAG governing board at its meeting November 24, 2001.

This position statement is coherent with the code of ethics of the CMA, and the CMA policy on physicians and the pharmaceutical industry. It would not be appropriate for the CAG to adopt policies that would place its members, many of whom are physicians, in a position that would conflict with the policies of the CMA. The CAG recognizes that, in the complexity of modern professional life, situations regularly arise in which primary and secondary interests, and primary and secondary obligations, coexist. As Korn (10) observed:

Conflicts of interest are ubiquitous and inevitable in academic life; indeed in all professional life. The challenge... is not to eliminate them, which is fanciful and would be inimical to public policy goals, but to recognize and manage them sensibly and effectively.

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With this position, the CAG has adopted a policy of disclosure of all industrial relationships in its educational activities, including the annual Canadian Digestive Diseases Week (CDDW) and in any publication endorsed by the CAG, including *The Canadian Journal of Gastroenterology*. For the purposes of this policy, 'industry' includes the pharmaceutical manufacturers as well as any manufacturers of medical devices or nutritional products. The purpose of full disclosure is to make all industrial relationships explicit and transparent.

The CAG has acted upon this position. Speakers and organizers of CDDW 2002 have been asked to complete disclosure statements. Furthermore, the CAG board decided that, effective immediately, all members of the CAG board, as well as the Editor-in-Chief and Associate Editors of *The Canadian Journal of Gastroenterology*, shall disclose industrial relationships on an annual basis (Appendix 2).

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APPENDIX 1

Canadian Association of Gastroenterology-industry interactions: Position statement (adopted November 2001)

1. The Canadian Association of Gastroenterology adheres to the Canadian Medical Association code of ethics.
2. The Canadian Association of Gastroenterology adheres to the Canadian Medical Association Policy on Physicians and the Pharmaceutical Industry.
3. The Canadian Association of Gastroenterology expects full disclosure* of all Industrial relationships in all Canadian Association of Gastroenterology-endorsed Continuing Medical Education (CME) events, such that:
 - a) Organizers of Canadian Association of Gastroenterology-endorsed CME events shall disclose all financial affiliations with Industrial sponsors to the participants in that event, and
 - b) Organizers of Canadian Association of Gastroenterology-endorsed CME events shall provide to the Canadian Association of Gastroenterology Executive a complete statement of account for the event within 45 days of completion of the event.
 - c) A financial summary of Canadian Association of Gastroenterology-endorsed CME events shall be presented at the Annual General Meeting of the Association.
 - c) Presenters and speakers at Canadian Association of Gastroenterology-endorsed CME events shall disclose all Industry associations and interests to the organizers and participants in the event.
4. The Canadian Association of Gastroenterology expects full disclosure* of all Industrial relationships by the authors of manuscripts published in Canadian Association of Gastroenterology-endorsed publications.

*An example of a disclosure statement is "Author (A) has received support from Industrial sponsors (X,Y,Z, etc) and has acted as a consultant to (X1,Y1,Z1, etc)"

APPENDIX 2
Disclosures for the Canadian Association of Gastroenterology (CAG) and
The Canadian Journal of Gastroenterology as of December 2001

Name	Consultancies	Research grants	Clinical trials	Share holdings	Speaker's bureaus
Vincent Bain	Hoffman-La Roche	None	Hoffman-La Roche, Schering	None	None
Alan Barkun	AstraZeneca, Solvay-Byk	AstraZeneca, Solvay-Byk	AstraZeneca, Solvay-Byk	None	AstraZeneca, Solvay-Byk
Ivan Beck	None	None	None	None	None
Hugh Chaun	None	None	None	None	AstraZeneca, Axcn
Alan Cockeram	None	None	Solvay-Byk, Axcn, Millenium Pharmaceuticals, CCFC	Axcn, Guidant, Nicox, Vasogen	AstraZeneca, Abbott
William Depew	None	None	Schering, Solvay-Byk, Hoffman-La Roche, Celltech, Novartis, Glaxo-Wellcome, Axcn, Pharmacia	None	None
Richard Fedorak	Schering, Solvay-Byk, VSL Inc	None	VSL Inc	None	Abbott, Schering, Solvay-Byk
Jenny Heathcote	Axcn	Axcn, Hoffman- La Roche, Schering	Axcn, Hoffman- La Roche, Schering, Gilead Sciences	None	Hoffman-La Roche, Axcn
Raymond Lahaie	None	None	Axcn	None	AstraZeneca, Abbott
Desmond Leddin	None	None	AstraZeneca, Solvay-Byk, Glaxo-Wellcome	None	AstraZeneca, Solvay-Byk
Jonathan Love	None	Solvay-Byk	Axcn	None	Merck Frosst, Pharmacia, AstraZeneca
Wallace MacNaughton	None	None	None	None	None
Jon Meddings	AstraZeneca	None	None	None	None
David Morgan	AstraZeneca, Solvay-Byk, Pharmacia	Solvay-Byk, Pharmacia	Pharmacia, AstraZeneca, Solvay-Byk	None	Wyeth-Ayerst, Solvay-Byk, AstraZeneca, Pharmacia, Abbott, Merck Frosst
Clifford Ottaway	None	None	None	None	None
Mary Perdue	None	AstraZeneca	None	None	None
Brent Scott	None	None	None	None	None
Eric Semlacher	None	None	None	None	None
Eldon Shaffer	None	Novartis	Novartis, Axcn	None	Axcn, Glaxo-Wellcome, AstraZeneca
Phil Sherman	None	None	None	None	None
Hillary Steinhart	Schering	None	Serono, Boehringer- Ingelheim, Millenium Pharmaceuticals	None	Schering, Ferring, Axcn
Lloyd Sutherland	Synsorb Biotech, Celltech, Guiliani, Solvay-Byk	Novartis	Celltech, Synsorb Biotech	None	Procter & Gamble, Axcn
Jean-Pierre Villeneuve	None	None	Gilead Sciences, Glaxo-Wellcome	None	None
John Wallace	Nicox, Boehringer- Ingelheim, AstraZeneca, Procter & Gamble	AstraZeneca, Johnson & Johnson, Nicox	None	Nicox	None

CCFC Crohn's and Colitis Foundation of Canada



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