



Managing conflicts of interest in clinical practice: *exploration and case studies*

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Disclosures

I am not an expert in Conflicts of Interest, Professionalism, or Ethics

I am a voting member of the AAPM Ethics Committee and co-author of the most recent revision of the AAPM Code of Ethics.



I have a personal interest in ethics, bias, and professionalism.



Are we faced with Conflicts of Interest?

Yes !!

Interests and Duties

We all have them ...

- Buy that Lamborghini
- Attend your son's cello recital
- Thursday night with the gang
- Manage this department well
- Implement that new software to help streamline your CT protocol maintenance
- Study for your MBA degree
- Practice your karaoke skills
- Maximize the use of clinical equipment
- Increase visibility of nuclear physics
- Help mentor a junior physicist

What makes this an AAPM issue?

As professionals, Interests become Duties

- We are professionals with high moral standards and abide by a strict code of ethics, but we are also people who want to be successful, to provide for our family, to attend to a sick parent, or see our ideas implemented and embraced.

It's not about being good and just... it's about being good and just in two places at once!

COI's interfere with our duties

It is why we care about COI and why those COI need to be managed!

Defining COI in the Context of Professionalism and Ethics

A Professional COI is a **conflict** between two Duties, or between a Duty and a Self Interest

- Its fairly easy to define our duties

These are our professional obligations – technical and ethical

- AAPM has identified them for us in the Code of Ethics
... as has our employer, boss, institution, client

The AAPM Code of Ethics Principles 'Our Duties'

The Principles (paraphrased and shortened)

1. Keep patient Interests paramount
2. Provide Safe and quality care & ensure privacy and confidentiality
3. Act with Integrity
4. Be respectful, open, and collegial
5. Be Impartial – disclose and manage our COIs (real, potential, perceived)
6. Development and maintain our skills and help our colleagues do the same
7. Operate within limits of our knowledge and skill
8. Adhere to laws and regulations
9. Support ideals of justice and fairness
10. Be accountable for our work, attitudes and actions, including inaction

Our Clinical Duty

Members who practice in a healthcare environment are in a position to directly affect patient outcome and .. are ethically obliged to embrace patient welfare as their primary professional responsibility and place it above their own personal interests.

In the Clinic: our primary professional DUTY is to PATIENT welfare

A Perceived Conflict of Interest

A perceived conflict of interest is a **potential** conflict of interest that is substantial enough to compromise the ability of a professional to do their public duty

Building Bridges, Cultivating Safety, Growing Value

- Trust: transparency, accountability, self-awareness, respect for autonomy, clear and honest communication
- Safety: prudence, competence, impartiality
- Growing Value: creativity, entrepreneurship

Patient Trust

Does this physicist have my best interests at heart, and can they see past their own interests to put mine first?

Will this physicist exercise the appropriate caution and skepticism when implementing a new procedure if he/she knows the vendor?

Is this physicist objective enough to explain all of the risks to me when they are so excited about the next breakthrough or a publishing in a high impact journal?

Can we avoid all Conflicts of Interest?

No !

Should we AVOID them? Not necessarily, but we have professional duty to manage them in such a way that they do not compromise care or erode the trust that the public and our patients have placed in us.

What else does the Code say about COIs?

Conflicts of interest can be difficult for the conflicted individual to recognize, and for that reason it is useful to seek independent assessment of the situation in which decision-making affects multiple parties with whom the individual has authority.

- Decision-Making
- Power / Authority
- Influence

It's tough to
see them.

How Do we Manage Conflicts of Interest?

There are 2 Ways

1. **Declare** it (tell everyone)
2. **Recuse** yourself (remove from participation to avoid the conflict of interest – temporarily step away from a decision-making role)

Sometimes it can be **Resolved** (or removed)

Our approach

1. Identify Duties and Interests

- Be aware of our 'bias' or 'preference'. How does this effect us personally? Will that personal investment change the way we advocate for a particular outcome?

Don't underestimate the impact of bias – Impartiality is tricky!

2. Assess the **Scope** of Influence / Impact

- Will this impact one patient, many patients, our department, our society?

3. **Declare, Recuse**, or Remove

- Seek independent assessment. Seek out those with diverse perspectives.



Some Specific Examples

in Clinical Context

Clinical Task

Our patient needs to start treatment tomorrow to align with his concurrent chemotherapy schedule. A physics pre-treatment plan check and patient-specific IMRT QA is required.

Personal Interest

We want to attend our daughter's graduation and need to go home

Our Duty, from the Code of Ethics:

Members must hold paramount the best interest of the patient under all circumstances



What are you going to do?

Act

Patient comes  **miss the graduation**

... maybe, but don't be so hasty

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We've Identified the conflict:

**Pressing clinical need outside of normal workday
colliding with family obligations**

Define the Scope

1. The patient needs a procedure (P&P, outcome)
2. The patient is entitled to a certain quality of service

... which we have an ethical and contractual obligation to provide

Declare or Recuse (possibly resolve)

Declare: Tell our boss, tell a colleague, call your backup coverage

Recuse: Let a supervisor / clinical director make the decision

Resolve: Help each other out, think about the team, think about employee retention – Hand the task over to someone who may be in a better state to deliver best care.

We might have to miss this graduation, but it's a lot less likely
... and we might be able to make adjustments down the line

More robust coverage schedule

Well defined Tx approval timelines



Case 2

Clinical Task

A female patient comes in for an HDR treatment and insists, for religious reasons, or otherwise, that she be treated with ONLY a female physicist in the suite.

Clinical Duty / Personal Interest

You are the only female physicists in the dept, you're on the license and fully trained, but haven't covered an HDR case in a year.

Must respect the autonomy and dignity of all patients

Must hold paramount the best interest of the patient under all circumstances

Must be transparent about the limitations of our knowledge, skill, and experience.

We've Identified the conflict:

Patient wants to be treated by a female (us) and we're uncomfortable stepping into the role.

Define the Scope

1. The patient needs a procedure
2. The patient is entitled to a certain quality of service

Declare or Recuse (possibly resolve)

Declare: Tell our boss or a colleague, talk to the physician

Recuse: I'll just do what I am told.

Resolve: Do a dry run to increase your comfort, maybe find out that it's not so important to the patient after all – they didn't realize the male physician was the most proficient



A few more examples ...

Clinical Task

You are overseeing a diagnostic procedure which is done very rarely in your facility; the patient and family members get nervous when there are students or trainees observing.

Professional Duty (Educator)

You want your residents to be able to see the process since this may be their only opportunity while studying at your facility.

Must regard patient's interests as paramount when engaged in education, research, or other activity

Communication must remain open to **optimize patient outcome**.

Should strive to share our skill and experience, and to assist with the professional development of colleagues.

Identify the conflict:

Patient wants all care to be given by fully licensed and trained professionals, your residents need hands on experience.

Define the Scope

1. The patient needs a procedure
2. The patient is entitled to a certain quality of service
3. Our graduating trainees need to be competent

Declare or Recuse (possibly resolve)

Declare: Explain the conflict to the residents, Request permission from the patient and physician (Respect)

Recuse: Let the physician or patient make the call

Resolve: Do a practicum with the residents offline. Be particularly sensitive and make clear introductions so everyone knows their roles – if the trainees are allowed in, have them hang back, or leave if needed.



AAPM Service

The AAPM Ethics Committee has money for 'road show'. I live in NY but my mom lives in SF. Is it a COI to try to give that particular talk?

Identify Duties and Interests

- Support the profession
- Professional development for peers
- Gain personal visibility within AAPM, promote myself or my clinic
- Get a free trip to see my mom

Evaluate Scope of Influence

- Where the talk goes and who gives it
- No direct patient involvement
- Reputation of the committee, of AAPM

AAPM Committee Work and COIs

Disclose: Let your committee chair know, tell other members

This might lead to more detailed discussion

- Are there cost benefits to sending one member instead of another
- Is there one speaker who is more qualified than another?

Recuse: Remove yourself from the discussion on where the talks are going to be held, don't participate in the vote of who presents.

Personal Interest, AAPM Volunteer Work, and COI

Engagement and Competence are essential. AAPM Volunteer Work is most productive when volunteers are actively engaged and take a personal interest. It's that exact trait which may bias you and challenge your impartiality.

Be upfront and talk it through! Let your colleagues, or those with contrarian biases help you assess. Assign a 'Devils Advocate' role to one of the members during the discussion.

Perceptions Matter!

Summary

By definition, interests are of value to us; as professionals are duties are of value to others. Recognizing and managing COIs is important.

- How do we IDENTIFY COIs? They interfere with our Duty.
- When must we MANAGE our COIs? When they can't be avoided.
- How do we MANAGE our COIs?
 - Declare
 - Recuse

Clear communication and disclosure improves safety and protects the trust our patients and society place in our profession.



Thank You