

# NECOEM Reporter

## INSIDE THIS ISSUE:

<i>Scientific Integrity</i>	1,,3,4,5
<i>Failure to Disclose</i>	1,2,8
<i>Mass. UR: Carpel Tunnel</i>	6
<i>VT: Worker Comp.</i>	7
<i>Notices: HSPH, OHSP</i>	5,7
<i>May Dinner Meetings</i>	6

### Notices:

ACOEM has scheduled a timely and convenient pair of courses for a weekend CME opportunity in Boston. The Evaluating Impairment – Use of the AMA Guides, 5th Edition and the Medical Review Officer (MRO) Drug and Alcohol Testing Fast Track courses will be held on Saturday and Sunday, July 10-11, 2004, at the DoubleTree Guest Suites, Boston.

**NECOEM dinner meeting** of Sept 29, 2004 will feature Dr. Michael Corbett, "Foot and Ankle Injuries in Industry"

**NECOEM Social for Members**, spouses, significant others, October 20, 2004, "The End Game-Popular Tools in Estate Planning"

**NECOEM/MAAOHN Annual Conference, "21st Century Challenges," December 2-3, 2004, Renaissance Hotel, Bedford, MA** See [www.necoem.org](http://www.necoem.org) for scheduled speakers, details.

NECOEM has a new ISP. Please note: [necoem@comcast.net](mailto:necoem@comcast.net) Members: please send any changes in your email.

## When Politics Trumps Science: Restoring Scientific Integrity to Policymaking

By Kathleen Rest, PhD, MPA

*Science, like any field of endeavor, relies on freedom of inquiry; and one of the hallmarks of that freedom is objectivity. Now, more than ever, on issues ranging from climate change to AIDS research to genetic engineering to food additives, government relies on the impartial perspective of science for guidance.*

President George H.W. Bush, April 23, 1990

The United States has a long and impressive history of respecting the independence of scientists and the results of their research. This legacy has brought us sustained economic growth, science-based health policy, and unequalled scientific leadership in the global community. However, actions by the current Bush administration threaten to

undermine this legacy, with serious consequences for occupational and environmental health.

As these actions have been brought to light through news stories and editorials in *Science*, *Nature*, other scientific journals and the mainstream media, they have generated widespread and deepening alarm within the scientific community. In February



more than 60 leading scientists—including Nobel laureates, leading medical experts, former federal agency directors and uni-

(Continued on page 3)

## NECOEM Speaker Fails to Disclose Conflict of Interest

By Richard Santos, NP

On March 10 the Spring Dinner meeting of the New England College of Occupational and Environmental Medicine (NECOEM) was held at the Newton Wellesley Hospital Allen Riddle building.

NECOEM and Janssen Pharmaceuticals, the makers of the Duragesic (Fentanyl) Transdermal Patch medication, jointly sponsored the program.

The program was described as a presentation on the advances in pain management and pain pharmacotherapy.

The speaker was James Otis MD the Director of the Pain Management Group at Boston Medical Center. He is an assistant professor of Neurology at the Boston University Medical School.

Dr. Otis used two case studies to describe



how the appropriate use of opioids for chronic pain could be used to help patients return to a more

(Continued on page 2)

(Continued from page 1)

productive lifestyle. When treating chronic pain that has not responded to other forms of treatment there should be a clear plan for what the goals are. The use of long acting opioids should be the cornerstone to drug therapy according to Dr. Otis.

Dr Otis discussed the strategies for minimizing aberrant drug use and what to do when you have a patient engaged in such behaviors. This was centralized around good consistent documentation and constant interaction with the patient by strict adherence to the patient treatment guidelines. Dr Otis also touched briefly on the different opioids that are available and their profiles. He focused some attention on the Duragesic (Fentanyl) patch as being one that is very useful in chronic pain because it has no long acting metabolites and is easy to titrate.

The dinner meeting was well received. During the question and answer period Dr. Otis was asked to comment on alternative therapies such as chiropractic and acupuncture use for chronic pain. Dr. Otis cited some research that there was minimal bases for improvement in those patients. This was argued as old information and that current and ongoing research shows that in particular acupuncture has benefits for patients in chronic pain.

Another issue arose regarding ethical disclosure. Several days after the meeting members receiving an

email from NECOEM. This informed us that Dr. Otis failed to disclose his affiliation with Janssen Pharmaceuticals, the makers of the Fentanyl Patch. Dr. Otis in fact, is a consultant for Janssen Pharmaceuticals. As with all speakers for NECOEM, speakers must disclose an affiliation with any pharmaceutical company prior to their presentation. This is to avoid impropriety on the part of the speaker that shows a bias for one pharmaceutical over another. This is part of good pro-

Otis began his talk, he did not verbally acknowledge his consultant work with Janssen Pharmaceuticals. It was reasonable for the attendees to assume that there was nothing to disclose and that there was no question of a potential bias by Dr. Otis during his talk. The NECOEM email paraphrased Dr. Otis that his failure to return the disclosure statement was not intentional. NECOEM commonly offers speakers a two hundred dollar honorarium. Dr. Otis declined this but had

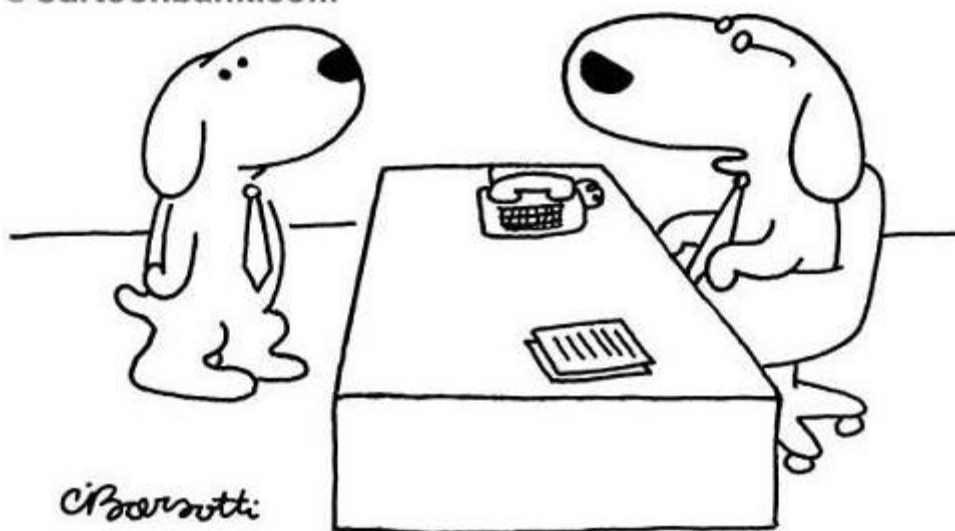
Janssen Pharmaceuticals pay him instead.

The Janssen Pharmaceutical representative was a sponsor of this event, and no other competitive literature was available. As with the speaker all pharmaceutical representatives sign a letter of agreement for an unrestricted grant. In the

agreement is a statement that the institution will ensure meaningful disclosure of any relationship between the speaker and the sponsor. The pharmaceutical representative made no attempt to demonstrate their affiliation with Dr. Otis. There is no official written NECOEM policy when a speaker fails to sign or disclose their affiliation with a sponsoring company, particularly one that is a sponsor of the dinner meeting. No member of the board had ever been contacted.

There are many ethical questions for NECOEM members to con-

©Cartoonbank.com



*"And when the time comes the company will put you to sleep at its own expense."*

professional ethics within a professional organization.

A subsequent email stated that it is usual and customary for NECOEM to send a disclosure statement to both the speaker and the pharmaceutical representative sponsoring the meeting. A disclosure statement was sent several times to Dr Otis. He did not respond. I was expected that he would bring it the night of the meeting as many speakers have done in the past. When Dr. Burress introduced Dr. Otis at the start of the meeting there was no statement of his affiliation with Janssen Pharmaceuticals. As Dr.

(Continued on page 8)

(Continued from page 1)UR, QU

versity chairs and presidents—issued a statement calling for regulatory and legislative action to restore scientific integrity to federal policymaking (see [www.ucusa.org/rsi](http://www.ucusa.org/rsi)). According to the scientists, the Bush administration has, among other abuses, suppressed and distorted scientific analysis from federal agencies, and taken actions that have undermined the quality of scientific advisory panels.

In conjunction with this statement, the Union of Concerned Scientists (UCS) issued a report documenting numerous cases of scientific malpractice and launched an effort to restore scientific integrity to policymaking. UCS is currently working with scientists and health professionals to raise awareness of the serious nature of this issue and to build pressure for meaningful reform.

### Making the Case

Scientific input is rarely the only factor in public policy decisions, however this input should always be weighted from an objective and impartial perspective. Unfortunately, there is significant evidence that when scientific knowledge is in conflict with its political goals, the Bush administration has often manipulated the process through which science enters into policy decisions. Other administrations have, on occasion, engaged in such practices, but not on so wide a front.

One particularly dramatic case involves new standards to regulate mercury emissions by coal-fired power, the largest source of mercury air emissions.

Senior Bush officials suppressed and sought to manipulate government information about mercury contained in an EPA report on children's health and the environment. As the EPA readied the report for completion in May 2002, the White House Office of Management and Budget and the Office of Science and Tech-

nology Policy began a lengthy review of the document. In February 2003, after nine months of delay by the White House, a frustrated EPA official leaked the draft report to the *Wall Street Journal*, including its finding that 8 percent of women between the ages of 16 and 49 have mercury levels in the blood that could lead to reduced IQ and motor skills in their offspring.

The finding provides strong evidence in direct contradiction to the administration's desired policy of reducing regulation on coal-fired power plants and was, many sources suspect, the reason for the lengthy suppression by the White House. On February 24, 2003, just days after the leak, the EPA's report was finally released to the public. Perhaps most troubling about this incident is that the report may never have surfaced at all had it not been leaked to the press.

In a more recent development, the new rules the EPA finally proposed for regulating power plants' mercury emissions were discovered to have no fewer than 12 paragraphs lifted, sometimes verbatim, from a legal document prepared by industry lawyers. Chagrined EPA officials contend that the language crept into their proposed rules "through the interagency process." But Robert Perciasepe, who headed the EPA air policy office during the Clinton administration, stated the obvious when he called the wholesale use of industry language "inappropriate." As Perciasepe told a *Washington Post* reporter: "The regulations are supposed to be drafted by the staff—the people in the science program and regulatory branches."

Drawing upon interviews with no fewer than five current career employees, reporters at the *Los Angeles Times* have exposed in detail the process that led to the pro-

posed mercury regulations. According to these and other sources, political appointees at the EPA completely bypassed agency professional and scientific staff as well as a federal advisory panel in crafting the proposed new rules.

Bruce C. Buckheit, who retired in December 2003 as director of EPA's Air Enforcement Division after serving in major federal environmental posts for two decades, says that his enforcement division was not even allowed to review the mercury regulations prior to their release. As Buckheit puts it, "the new mercury rules were hatched at the White House; the Environmental Protection Agency's experts were simply not consulted at all."

In particular, EPA staff members say that they pointed out that comparative scientific studies of the effects of the proposed rules were required by EPA procedure. But these sources contend that they were explicitly told by Jeffrey R. Holmstead, head of EPA's Office of Air and Radiation that such studies would not be conducted partly because of "White House concern." Buckheit and other EPA veterans say they cannot recall another instance when the agency's technical experts were so thoroughly shut out of the process in developing a major regulatory proposal. According to Buckheit, the incident is representative of "a degree of politicization of the work of the Environmental Protection Agency that goes beyond anything I have seen in my career in government."

Or consider the issue of lead poisoning. In 2002, an expert advisory committee to the Centers for Disease Control and Prevention (CDC) appeared ready to recommend a more stringent federal lead standard on the basis of new public health data. But just before the advi-

(Continued on page 4)

(Continued from page 3) UR, QA

sory committee was to meet, Health and Human Services Secretary Tommy Thompson took the extraordinary step of rejecting several qualified researchers nominated by the agency's scientific staff to serve on the committee. Two of his substitute choices were handpicked by the lead industry.

The list goes on:

- Dr. James Zahn, a research microbiologist at the USDA was prohibited on 11 occasions from publicizing his research on the potential hazards to human health posed by airborne bacteria from farm wastes. Zahn was repeatedly barred from presenting his research at scientific conferences, being told that "politically sensitive and controversial issues require discretion."
- Secretary Thompson dismissed three well-qualified scientists from a narrowly focused peer review panel at the National Institute for Occupational Safety and Health (NIOSH). The panel operates as a study section and is charged with assessing extramural research proposals based solely on scientific merit. The nominees were chosen by the agency staff and approved by the NIOSH Director, only to be rejected for reasons which the nominees believe are related to their support for a workplace ergonomics standard, a policy opposed by the administration.
- The administration nominated a physician, who recommends particular scripture readings as a treatment for premenstrual pain and has refused to prescribe contraceptives to unmarried women in his private practice, to chair the Food and Drug Administration Reproductive Health Advisory Committee. After widespread outcry, he

was installed only as a committee member.

- An outspoken opponent of condom use for preventing the spread of sexually transmitted diseases was appointed to the Presidential Advisory Council on HIV/AIDs and despite his dearth of published, peer-reviewed scientific research, he was selected to serve on the Advisory Committee to the Director of the CDC.
- Information suggesting a link between abortion and breast cancer was posted on the National Cancer Institute website despite objections from CDC staff, who noted that substantial scientific study has long refuted the connection. Public pressure was necessary to halt this promotion of scientifically inaccurate information.

Appointees of past Republican administrations and senior scientists who have advised administrations of both parties claim that the breadth and magnitude of the Bush administration's manipulation, suppression, and misrepresentation of science is unprecedented. Russell Train, Environmental Protection Agency (EPA) administrator under Presidents Nixon and Ford, recently observed, "How radically we have moved away from regulation based on independent findings and professional analysis of scientific, health and economic data by the responsible agency to regulation controlled by the White House and driven primarily by political considerations."

### Long-term Damage

The suppression and distortion of science carries serious implications for the future of American research. One long-term effect of the Bush administration's behavior could be widespread demoralization

of researchers at federal agencies, many of whom already feel their integrity is being compromised. It takes decades to build world-class scientific expertise at federal agencies and institutes, but these organizations can be rapidly and severely damaged by actions that cause top-flight scientists to seek posts elsewhere.

Many disaffected and departed agency staff have expressed deep concern about the administration's distortion of facts and application of political litmus tests to nominees for key advisory posts. According to Dr. Margaret Scarlett, who worked at the CDC for 15 years, "The current administration has instituted an unheard-of level of micro-management into the programmatic and scientific activities of CDC. We're seeing a clear substitution of ideology for science and it is causing many committed scientists to leave the agency." This behavior should concern the American public as well, as the misrepresentation of objective scientific knowledge has real-world consequences for public health, safety, and the environment.

### Creating Solutions

The February scientists' statement and report garnered considerable attention in the media, pushing the issue of scientific integrity into the public dialogue. But despite the elevation of this issue, allegations of scientific abuse continue to surface. For example, the *LA Times* reported in May that the Environmental Protection Agency relied on chemical industry documents in approving a new regulation for formaldehyde emissions at plywood plants.

The Union of Concerned Scientists is working to continue to bring these activities to light to put pressure on this administration to

(Continued on page 5)

(Continued from page 4)

halt its abuse of science. In addition, UCS is developing practical guidance—which may take the form of legislative, administrative, or regulatory changes—that will help prevent such abuse by future administrations. Implementing reform will require the persistent and energetic engagement of the scientific, engineering, and medical communities, and for that reason UCS is now circulating the scientists' statement widely and encouraging scientists to sign on.

Since February, the number of luminary signatories on the scientists' statement has doubled. Nearly 4,000 scientists, doctors, and engineers have signed on. New signers are being asked to reach out to their colleagues, encourage their professional societies to become involved, educate the public through local and regional media activities, and contact members of Congress and other decision makers.

Scientists and health professionals must recognize their fundamental obligation to take a lead role in raising awareness of this issue. In an area like occupational and environmental health – where policy making is controversial by its very nature – the

issue of scientific integrity is especially compelling. With this in mind, I urge you to join us in this effort by signing the statement at [www.ucsusa.org/rsi](http://www.ucsusa.org/rsi).

As a community of responsible occupational and environmental health professionals and scientists dedicated to the application of sound science in public policy making, your voice is essential for securing sound occupational, environmental, and public health policies for generations to come.

~

**“How radically we have moved away from regulation based on independent findings...to regulation controlled by the White House and driven primarily by political considerations.”**

—Russell Train, EPA administrator under Presidents Nixon and Ford

**As these actions have been brought to light through news stories and editorials in *Science*, *Nature*, other scientific journals and the mainstream media, they have generated widespread and deepening alarm within the scientific community.**

Scientists and health professionals must recognize their fundamental obligation to take a lead role in raising awareness on this issue.

To sign the scientists statement *Restoring Scientific Integrity*, or to download the UCS report *Scientific Integrity in Policy Making: An Investigation into the Bush Administration's Misuse of Science*, visit the UCS website at [www.ucsusa.org/rsi](http://www.ucsusa.org/rsi).

*Founded in 1969 by MIT students and faculty members, the Union of Concerned Scientists is a nonprofit partnership of scientists and citizens combining rigorous scientific analysis, innovative policy development and effective citizen advocacy to achieve practical environmental solutions.*

*Kathleen Rest is Executive Director of the Union of Concerned Scientists. Dr. Rest is former Chair of the National Advisory Committee on Occupational Safety and Health and served as the Deputy Director for Program at the National Institute for Occupational Safety and Health (NIOSH) under the Bush administration.*

### **Upcoming Programs Offered by Harvard School of Public Health, Center for Continuing Professional Education**

All programs take place at Harvard School of Public Health.

#### **Ergonomics and Human Factors: Applications in Occupational Safety and Health**

*This program addresses continuing education topics in ergonomics*

September 28 - October 1, 2004

CME credits available

#### **Analyzing Risk: Science, Assessment and Management**

Examine and apply the science behind risk decision-making

September 21 - 24, 2004

#### **Advanced Leadership Strategies for Health Care Executives**

*Improve Your Leadership Performance*

October 3 - 8, 2004

CME credits available

For more than two decades, The Center for Continuing Professional Education at Harvard School of Public Health has offered unique educational programs to leaders and practitioners through continued learning, discovery, and communication in the fields of health care and public health.

For more information on these and other continuing professional education programs, please visit: [www.hsph.harvard.edu/ccpe](http://www.hsph.harvard.edu/ccpe) or call: (617) 384-8692.

## Mass. UR Guidelines revised for Carpal Tunnel Syndrome: Acupuncture and Ergonomics

On March 13, 2004 the Health Care Services Board of the Department of Industrial Accidents voted to approve revisions to Utilization Review Treatment Guidelines one and two. This revision is the first of many more that are currently in process. Revisions to these guidelines are meant to "consistently improve healthcare services provided to injured workers" in the care and management of Carpal Tunnel Syndrome. These are consensus documents. They are written to be broad enough to allow for a wide range of diagnostic and treatment modalities and to purposely allow for philosophical and practice differences among various licensed practitioners. As with all the guidelines, it is expected that ten percent of cases fall outside of them and must be reviewed on a case by case basis.

A profound change in the current revision is the inclusion of Acupuncture. The guidelines state, "...it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten the return of functional activity". The following requirements are listed:

1. Acupuncture must be ordered by a licensed MD or DC.
2. It must be performed by an acupuncturist licensed by the Mass. Board of Registration in Medicine.
3. Six visits are allowed in the first eight weeks of care.
4. Additional visits (not to exceed a total of 16 in 16 weeks) may be approved if the ordering physician documents clinical progress within the first six visits.

The incorporation of Acu-

puncture in the Treatment Guidelines represents an historic first step of expanding a system wide approach in Mass. healthcare with a "Complementary and Alternative treatment." With the advent of numerous sources of scientific validity for Acupuncture, the Health Care Services Board has courageously stepped "back to the future". It is therefore, Workers' Compensation in Mass. that is at the vanguard of change and offers injured workers an expanded array of bona fide services. The chance for MDs, DCs and Acupuncturists to collaborate and produce qualified and credentialed networks has arrived in Mass.

Acupuncture is safe, effective and cheap. It will inevitably lead to decreased surgical utilization rates and the secondary morbidities so often seen.

Another major change in these UR revisions is in the Return to Work expectation. Patient education is emphasized. Most importantly, for the first time a statement is included that "workplace ergonomic assessment may be indicated". This will allow "qualified individuals" to have access to the workplace as directed in the guidelines. Prevention has therefore been written into a DIA guideline.

All Occupational Medicine providers are encouraged to exercise this addition and exert influence in workplaces to prevent injuries. For further information about these and all Utilization Review Treatment Guidelines promulgated at the Mass DIA please visit their website at [www.mass.gov/dia](http://www.mass.gov/dia).

Robert Naparstek, M.D.  
Caritas Good Samaritan OH Services



NECOEM Spring Dinner Meetings in Portland, Maine (above) and Rhode Island (below).

OEM clinicians met May 19 in RI and May 20 in ME to get better acquainted and to hear talks by Dr. Roman Klufas on "Appropriate Imaging Studies in Occupational Injury" and by Dr. Anthony Tomassoni on "Arsenic Poisonings in New Sweden, ME". As far as anyone could remember, this was the first gathering of ME or RI based occupational health clinicians. All members of NECOEM were invited along with nurse practitioners and physician assistants. Steve McCloy, NECOEM Membership Chair, coordinated the RI meeting.



## From Vermont: Workers Compensation Reform

The Vermont legislature approved on the last day of its session, a weakened Workers Compensation Reform Bill H632 that now awaits the Governors signature. An Occ Doc's quick review of the final Bill at this time is summarized below:

Last year's 2002-2003 session passed a bill funding a study to examine possible changes in the system that had not been substantially changed for 10 years. This led to a strong initial bill introduced first in the Senate. House amendments however weakened many provisions. The Senate added a last minute amendment to add back much of what was struck, probably a move designed to delay the bill so that it would have to be looked at again next year. At the last minute, the Committee of Conference withdrew the amendment and the weaker bill was passed. The bill is to be enacted upon passage.

Some key elements include the following:

1. The Vermont Department of Labor and Industry will prepare a report for the legislature before 2/1/05 on ensuring workers compensation coverage of Vermont employers, prevention and enforcement of fraud and establishing an ombudsman position within the workers' compensation division. It will help with issues relating to safety, benefits, medical benefits, vocational rehabilitation, return to work, and minimizing employee and employer fraud. It will compensate for heart attacks in police and fire

fighters and help apportion aggravating injuries and preexisting conditions.

2. The Department of Banking, Insurance, Securities, and Health Care Administration shall issue a report to the General Assembly by 2/1/05 that includes findings and proposals in regard to increased regulation of the insurance industry. It raises the standard for adjusting of claims and having a maximum caseload for adjusters. They will look at techniques to stabilize premiums including extending the time period for amortizing extraordinarily high claims.

3. Temporary Total Disability - A cap is added that the 2/3 of weekly wages plus child benefits (\$10/wk/child dependent under 21) does not exceed 90% of average weekly wages. Benefits not received within 21 days of being due are subject to a penalty to the employee of 10% of the past due plus any interest or fines.

4. The statute on claims reported was shortened from 6 to 3 years.

5. The provision for mandatory referral to a vocational rehabilitation counselor within 15 days of reaching 90 days out of work has been repealed. The employee can request the employer be required to pay for the services through an L & I informal hearing if not voluntarily paid. The Commissioner is given power to set the voc services fee schedule.

6. New fee schedules are to be adapted at an accelerated rate that will reduce overall cost by 4% or

more including prescription drugs. Fees are to be compared with fee schedules of other commercial insurers and payers. Those fees out of proportion will be reduced.

7. Employers with unusually poor safety records as judged by the Commissioner will be required to assemble a workplace safety committee balanced with employer and employees representatives that will implement accident prevention plans.

8. Fraud by the employee, employer, providers, case managers, etc. will be subject to stiffer penalties of up to \$100,000 and/or 3 years in jail.

Provisions not included in the final bill included an attempt to limit TTD to 2 years maximum, limit TTD to 80% maximum of average weekly wage, to have mandatory medical case management for all disabilities longer than 14 days, apportion pre-existing conditions that are aggravated by work injuries and to consider recreational activities sponsored by an employer not to be covered.

*Verne Backus, M.D., M.P.H.  
Medical Director  
Northwestern Occupational Health  
St. Albans, VT*

The MA Occupational Health Surveillance Program has posted two new materials on the Massachusetts Department of Public Health website. "Workers compensation in Massachusetts" is available as a pdf file [http://www.mass.gov/dph/bhsre/ohsp/wrkerscomp\\_booklet.pdf](http://www.mass.gov/dph/bhsre/ohsp/wrkerscomp_booklet.pdf) and as a word document [http://www.mass.gov/dph/bhsre/ohsp/wrkerscomp\\_booklet.pdf](http://www.mass.gov/dph/bhsre/ohsp/wrkerscomp_booklet.pdf)

"Occupational health information and services in Massachusetts," also known as the resource guide, is also available as a pdf file [http://www.mass.gov/dph/bhsre/ohsp/resource\\_guide04.pdf](http://www.mass.gov/dph/bhsre/ohsp/resource_guide04.pdf) and should also be available as a word document.

New England College of  
Occupational and Environmental  
Medicine

22 Mill Street,  
Groveland, MA 01834

Voice/Fax: 978-373-5597  
Email: [necoem@comcast.net](mailto:necoem@comcast.net)

NECOEM Reporter,  
Editor: Robert Naparstek, MD  
NECOEM President:  
John Burrell, MD, MPH, FACOEM  
Executive Director:  
Dianne Plantamura, MSW, CSS

## NECOEM

NECOEM is a not-for-profit, regional component society of the American College of Occupational and Environmental Medicine, the pre-eminent organization of occupational and environmental physicians in the United States.

NECOEM has over 200 physician and affiliate members and is dedicated to preventing and treating occupational injuries and illnesses. NECOEM provides continuing medical education for its physician members and other clinicians in order to enhance the care that they provide to men and women in the workplace. NECOEM is an advocate for workplace safety, occupational health research, raising public awareness of occupational and environmental health issues, guiding public policy, and recognizing outstanding achievement by individuals in occupational and environmental health."

*The editorial board welcomes letters to the editor. Write or email to NECOEM at the above address. The editor reserves the right to edit letters for publication purposes.*

PRESORTED  
STANDARD  
**US Postage Paid**  
NORTH READING MA  
PERMIT NO. 140

*(Continued from page 2)*

sider. How much burden should be put on the NECOEM board to make sure that there is no conflict of interest? What actions should be taken when there is failure to disclose an affiliation? Are there levels of non-disclosure and are they acceptable?

What about the pharmaceutical representatives? How much burden did they have for disclosure? Should the representative knowing Dr. Otis was a consultant and that Janssen was paying him to speak at the NECOEM dinner meeting have disclosed that a relationship between them existed? Should we assume that the representatives are more unethical because they are

trying to promote their pharmaceutical over another one? How many times have you called a colleague for a consultation or referred them for consult? Do we ask the other clinician to disclose any relationships with a pharmaceutical firm? Do we bias our patients when we ourselves meet with a pharmaceutical representative and accept a free lunch and pens?

So in the end if we are all calling ourselves health care professionals does this all matter? Can we just trust each other? This incident, though negative, may be a good learning experience for further discussion.

## August 1968

W. H. Auden

The Ogre does what ogres can,  
Deeds quite impossible for Man,  
But one prize is beyond his reach,  
The Ogre cannot master Speech:  
About a subjugated plain,  
Among its desperate and slain,  
The Ogre stalks with hands on hips,  
While drivels gushes from his lips.