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Your Doctor's Business Is Your Business


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Orthopedic surgeon Joseph Zuckerman recently started giving his patients some additional information before they undergo surgery.

It is a letter revealing that Dr. Zuckerman is one of the designers of the artificial shoulder the patient is about to receive and that he is paid royalties from the implant manufacturer -- Exatech Inc. of Gainesville, Fla. As is standard, Dr. Zuckerman doesn't collect any royalties on the shoulders he installs himself, but the surgeon nonetheless thought his patients should know of his financial relationship with the maker.

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The following companies have posted payments to consultants on their Web sites as part of a deferred prosecution agreement with the U.S. Attorney in New Jersey:

- [Biomet, Inc.](#)¹
- [DePuy Orthopaedics, Inc., a Johnson & Johnson company](#)²
- [Smith & Nephew plc](#)³
- [Stryker Corp.](#)⁴
- [Zimmer, Inc](#)⁵

"There should be a discussion between physicians and patients about financial involvements," says Dr. Zuckerman, chairman of orthopedic surgery at NYU Hospital for Joint Diseases. "As time goes on, patients will add this to the list of questions they have."

Dr. Zuckerman is unusual. Many physicians don't volunteer information about financial relationships that might bear on treatment decisions. At the same time, patients often find the discussion of a doctor's financial connections to be awkward and one they are reluctant to initiate.

That's slowly changing as more information becomes publicly available about payments doctors receive for everything from consulting for drug makers to speaking to other physicians about the merits of a company's products. Two states -- Minnesota and Vermont -- have laws requiring pharmaceutical companies to report payments they make to doctors. A proposal in Congress, called the Physician Payments Sunshine Act of 2007, would require companies to publicly disclose any payments of more than \$25 to doctors.

Some doctor groups are now insisting their members take the initiative in telling patients about financial connections. A new set of professional standards from the American Academy of Orthopaedic Surgeons mandates, beginning in January, that surgeons in the group begin disclosing to patients any financial arrangements with industry that relate to a patient's treatment.

Patients can already find out if their surgeon is paid by any one of five of the biggest orthopedic-equipment makers by visiting the companies' Web sites. The companies, including Biomet Inc. and **Stryker Corp.**, were required this fall to make the information public as part of an agreement with the U.S. Attorney's Office in New Jersey, which investigated kickbacks in the industry.

Patients often don't think of the ways in which these relationships may influence their treatment.

WHAT EXPERTS RECOMMEND:

- **Ask if your doctor** has any financial connection to the recommended treatment.
- **If the answer is yes**, seek a second opinion.
- **If unwilling to ask the doctor**, do research on the Web. For a list of five companies that disclose links, see WSJ.com/OnlineToday.

Many doctors, for instance, are putting MRI and CT machines in their offices and then referring patients for scans on those machines. But not all scanners are the same, and quality differs. One danger is that doctors' financial interest in their own scanners could help dissuade them from referring patients to a center with better equipment.

Patients should ask their doctor about any financial interests in a

machine, says radiologist Thomas G. Dehn, the chief medical officer of National Imaging Consultants Inc., which manages radiology benefits for insurers.

Patient advocate Trisha Torrey isn't so sure it is a topic worth bringing up. The doctor-patient relationship is already stressed, and questioning a doctor about financial connections "can create more harm," she says. That doesn't mean patients should be unconcerned about financial relationships. She says patients should do their own research and seek second opinions if they suspect their doctor could profit from a certain treatment recommendation.

In her own case, she blames oncologists' zeal for the profits from chemotherapy treatments for an incorrect cancer diagnosis. Doctors sometimes receive chemotherapy drugs directly from manufacturers, and charge a mark-up to patients.

In the end, patients shouldn't be put in the position of having to quiz their doctor on his or her business practices, says David Blumenthal, a Massachusetts General Hospital researcher who studies conflict-of-interest issues. He says the onus should be on doctors, insurers and hospitals to inform patients of any stake they have in a treatment.

"Where we are heading is not requiring the patient to do the hard and uncomfortable work of doing this," he says. Eventually, "the pressure to disclose will be irresistible."

• Email healthjournal@wsj.com⁶.

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