Letters

Self-Interest Is Not Controlled by Disclosures

I appreciated the editorial by David W. Parke II, MD, on industry-sponsored talks (Current Perspective, July). The issue is serious, and it is not one of financial interest but self-interest.

When a highly competent surgeon says, "I am the best. Do what I do," his most frequently used word is "I." Academic physicians can be some of the worst offenders. Getting support from an NIH grant is more difficult, but no less a conflict of interest, than receiving support from industry. It pains me to hear at every meeting the claims that grow out of self-interest.

Self-interest has always existed. The glorious stained-glass windows of the 13th century were the result of conflicts of interest. They were paid for by dukes, queens, and guilds. These people and groups were advertising. And thank goodness they did. How much poorer the world would be if self-interested people did not support efforts that need supporting! Most artists have existed—until recently—only because somebody paid their rent.

The problem is not support from industry, or the NIH, or a philanthropist. The problem is self-interest, which is not controlled by disclosures. Any person who starts his or her talk with "I have no disclosures" proves he or she is unaware of his or her biases. Because we are all biased. Acknowledging this truth is a start. So, eliminate that obfuscating statement, which only serves to cloud reality, and remind everyone about *caveat emptor.*

The well designed, well executed randomized controlled trial can be valid, but there is no more valid, relevant, and important piece of evidence than that coming from the person who says, "I hurt." Consider that now doctors pride themselves on "evidence-based" medicine. But all medical practice has always been based on evidence. The issue is the quality of the evidence, not the quantity.

Dr. Parke's article is reasoned, sound, and welcome, but—to my way to thinking—it circumvents the real issues.

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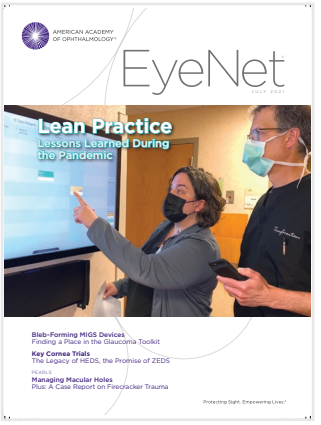
CME Content Should Be Industry-Free

In his July Current Perspective, David W. Parke II, MD, explains why the Office of the Inspector General has issued a rare Special Fraud Alert regarding industry-sponsored speaker programs. He writes, "Ophthalmologists, ophthalmic organizations, and ophthalmic industry must all continually self-monitor to retain the trust of those who depend upon us . . ." I suggest that if a physician accepts money from a company that he or she should not discuss that company's drugs or devices in talks or writings in CME programs. Stricter disclosure requirements have not helped.[1] We have become numb to the bias that disclosure warns us of. It is only useful to set up the tongue-in-cheek joke by those with no income from industry: "Sadly, I have no disclosures."



Some clinicians should have financial ties with industry and help create that new drug or vaccine. And give lectures. Just not drug- or device-related CME content. Will this result in a drying up of available experts and CME offerings? Hardly. Harvard led in creating the industry advertisement-free *Digital Journal of Ophthalmology.* The University of Iowa has given us hours of amazing cataract surgery videos, industry free. Leaders rise to the new expectations of these changing times, and ophthalmology can be a leader for other specialties. We can make industry-free CME talks our expectation, and the Academy's recommendation.

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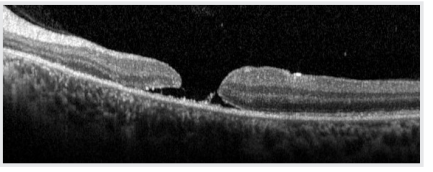
1 Horstman AA et al. *JAMA Ophthalmol.* 2019;137(5):523-530.

CORRECTION. In "Diagnosis and Management of Macular Holes" (Pearls, July), *EyeNet* incorrectly stated that Fig. 3A shows a detached posterior vitreous cortex. In fact, the patient had an attached posterior vitreous during the surgery, and an operative note clearly indicates the presence of the posterior vitreous attachment. The online version of the article at aao.org/eyenet/archive has been edited to exclude the comment about posterior vitreous status. *EyeNet* regrets the error and is grateful to J. Sebag, MD, FACS, FRCOphth, FARVO, for pointing it out.



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