



The Sunshine Act and the Academic Institution

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With the passage of the Sunshine Act, much discussion has been directed towards the creation of an atmosphere of transparency for healthcare consumers [1-3]. The law creates a public website detailing payment from pharmaceutical and medical device manufactures to both physicians and teaching hospitals. Financial relationships with industry are widespread in medical education facilities, coming in the form of consulting fees, gifts, speaker honoraria, and continuing medical education [4]. This may cause a potential conflict of interest in patient care. A major limitation of this law, however, may be its applicability to these academic facilities, especially those providing care to significantly underserved communities. Though 1 in 5 Americans does not use the internet [5] a group largely comprised of senior citizens, Spanish speakers, and low-income individuals [6] this group encompasses a large portion of patients seen in academic hospitals. Notably, these groups are significant consumers of healthcare, with low income non-seniors tending to have worse health than their higher-income counterparts [7]. While academic teaching hospitals fulfill the need to train future physicians, they also provide valuable healthcare to many underserved communities. Therefore, the discussion of potential conflicts of interest remains important in such facilities. The freedom of information made available to healthcare consumers should not be limited to those patients with the means of accessing such information. This creates a potentially discriminatory environment whereby patients with limited financial means are not provided the same amount of information to make informed decisions regarding their healthcare.

A method of informing these populations of physician and teaching hospital conflicts of interest remains crucial to ensure equitable patient awareness. To counteract such a potential limitation, we encourage the placement of written disclosures of potential conflicts of interest within waiting rooms or in registration materials within academic hospitals. In the end, the decision to read such materials remains the patients'. While it is unclear how many patients will do so, they should have the option regardless of their socioeconomic status.

References

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