Continuing Medical Edu-mercials

The last decade or two has witnessed an explosion of continuing medical education meetings, monographs, videotapes, DVDs and even grand rounds at prestigious institutions, sponsored by and paid for by the health care industry. In the United States, in order for physicians to receive continuing medical education (CME) credits for participation in such activities (which are necessary to maintain their medical licenses), the activity must be accredited by the Accreditation Council for Continuing Medical Education (ACCME). To be accredited by the ACCME, the educational activity must adhere to a strict set of rules insuring that, among other things, the design and content of the program are unbiased and reflect the opinions of the faculty members who are chosen by the organizers of the educational activity and not the commercial interest that pays for it.

That sounds pretty good, but you don't need to weigh a fat person to see that he is overweight and you don't need to apply the rules of the ACCME to determine whether the educational activity is "unbiased and reflects the opinions of the faculty." A random review of the stuff that came across my desk reveals the following. Most of the CME courses do, in fact, provide the "student" with the most modern and unbiased review about demographics, epidemiology, evaluation and diagnosis. However, when it comes to pathophysiology and treatment options, the landscape changes. In every instance that I encounter, bias creeps in, sometimes overt, sometimes subtle.

In a recent series of monographs about BPH (pardon the word) I was barraged with the notion that not prescribing a certain combination of drugs was tantamount to sentencing a 55 year old man to an operation that he otherwise wouldn't need. Stress incontinence, I was told, should be treated with a medication not yet available, and overactive bladder should be treated with one of 6 different look alike medications, each of which is superior to the other in some way.

Is there anything wrong with all this? Yes and no. Yes, there is something wrong with biased information being portrayed as unbiased. So far as I can see, the rules are in place to prevent this, but the individuals responsible for implementing them are either not doing their job properly or there are other forces overruling them. But, then again, we are all adults who (mostly) have the mental capacity to see through all of this. But still, there are lots of industry employees whose full time jobs are to try to make us change our minds.

What can you do? Complete the questionnaire that is given to you after you participate in a CME activity. There is always a place that asks you to rate the course or write a comment. It's one of the ACCME rules. Write a comment! If you think the program was biased, tell them. If they get enough comments, it may force the process to become more stringent.

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