AAPM Position Statement on Referral Sources and Conflicts of Interest

Background

Pain specialists often act as consultants to other parties. Regardless of the referral source, physicians should retain their primary professional duty to the patient. This duty may be compromised when the pain specialist is asked by the referral source to perform a procedure, such as a nerve block, that the pain specialist does not believe accords with the standard of care, or when the pain specialist is asked to depart from his or her normal practice (e.g., when the referral source "forbids" a consultation or referral with a psychologist). Ethical practice requires independent judgment to determine indications for any diagnostic test or potentially therapeutic procedure. This determination can be derived only from sufficient evaluation and examination of the patient, prior to the provision of a treatment.

Furthermore, because the onset of pain may result from accidental injury or other causes of trauma,[1] referrals to pain specialists may come from third-party sources such as attorneys or workers' compensation boards. In such instances, the pain specialist must exercise his or her best judgment and not accede to any unreasonable demands or pressures from third parties that might abridge standard practices or work against the patient's best interests.

Ethical Tenets

Economic pressures and incentives, and the desire to maintain good relationships with referral sources, should not compromise the pain specialist's primary responsibilities to the patient.

Recommendation

Pain specialists need to disclose any financial interest they have in their referrals to other facilities (e.g., a rehabilitation facility, gym, pharmacy, imaging facility, or surgicenter). The AMA's Current Opinions in its *Code of Medical Ethics* notes that "in general, physicians should not refer patients to a health care facility which is outside their office practice and at which they do not directly provide care or services when they have an investment interest in that facility. . . . The physician needs to have personal involvement with the provision of care on site."[2] An exception to the requirement of "personal involvement" is made "if there is a demonstrated need in the community for the facility and alternative financing is not available."[13] But even in these exceptional cases, full disclosure of an investment interest to the patient as well as provision of alternative facilities and assurances that the patient will not be treated differently if he or she chooses a different facility is recommended.[3]

Referral within an interdisciplinary practice, which is the standard of care in Pain Medicine, also poses potential conflicts: "When services are provided by more than one physician, each physician should submit his or her own bill to the patient and be compensated separately, if possible." [4] Financial arrangements, including those that pose potential conflicts of interest, should be clearly described and transparent to all parties.

References:

1. Cohen SP, Christo PJ, Moroz L. Pain medicine in trauma patients. *Am J Phys Med Rehab*. 2004;83:1-20.
2. Code of Medical Ethics, Opinions on Practice Matters, sec 8.032:181.
3. Code of Medical Ethics, Opinions on Practice Matters, sec 8.032:181.
4. *Code of Medical Ethics*, Opinions on Fees and Charges, sec 6.10:162-163.