# MAIL360

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***Response to "Orthopaedics and industry: an uneasy alliance?"***

*Dear Sir,*

I note with interest your article[1] on the relationship between orthopaedic surgeons and the medical devices industry. In recent years, the spotlight has shone into every area of this collaboration; contracts, clinical research, educational meetings, travel costs, the list goes on and although much of how the terms of these exchanges is conducted has changed, I would argue that the need for collaboration is as much integral to the future of orthopaedic treatment today as at any time in the past. Medical device companies now have the Advamed[2] and Eucomed[3] guidelines shaping every decision they make. Visibility of prices, contract details, payments, have never been more out in the open, and whilst unquestionably this is a good thing that protects all concerned, it is only a small part of the equation. In the UK alone, this collaboration has been responsible for many orthopaedic breakthroughs that have shaped treatment around the world. Will it dry up if the consensus is that a surgeon cannot enter into collaboration with a medical device manufacturer because of a perceived compromise for both parties?

There seems to me two points that can be lost in the current debate:

1. An environment in which the mere mention of collaboration is viewed with suspicion or derision has only one casualty and that must surely be innovation. In this case, everyone loses.
2. All concerned should understand that companies face more regulatory burden than ever before and this will continue to increase. At my own company, the testing of components is well beyond any required standard. Whilst this in itself cannot guarantee the prevention of problems occurring in the future, the hope is that it will reduce them considerably and all companies are committed to this effort.

Therefore it follows that new products to the market have to be released as "responsibly" as possible, backed up by thorough education, followed by trials, in some cases limited release, and all under the fullest scrutiny possible. The financial burden for companies following patients' progress for up to ten years is a massive commitment. However, there are concerns. Do UK orthopaedic centres have the capacity to facilitate the number of trials, multicentre or otherwise, that will be needed in the years to come to evaluate new products? The timeframes involved in running such trials could mean years of delay before benefits are realised. Ultimately by forming partnerships between industry and stakeholders across the healthcare spectrum we can work through these concerns and others as they arise. As a result of recent events it is clear that the partnership I have witnessed between industry and healthcare and its academic and regulatory bodies is better now than it has ever been. My fervent hope is that it is now part of the landscape rather than an event related must.

In the final analysis, continued constructive dialogue remains our strongest ally in meeting the challenges ahead as the industry as a whole continues to adapt and change.

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3. **No authors listed.** Eucomed Ethics and Compliance. http://www.eucomed.org/key-themes/ethics (date last accessed 27 April 2012).