## S4 Table: Summary of findings on interactions with device industry

<table>
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<tr>
<th>Study ID/Year</th>
<th>Participants and settings</th>
<th>Results</th>
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| Khan, 2007[1] | - Patients in the waiting area in orthopedic surgery clinic                              | **Attitudes towards the interactions:**  
- 94.3% thought doctors’ advisory role towards medical device manufacturers to would be beneficial to patients.  
- 66.5% believed that physicians should be compensated for this advisory role.  
- 72.7% wanted to know if the device being recommended by their physician was actually designed by him/her.  
- 89.4% believed that physicians should be allowed to recommend the use of a device that they helped design.  
**Attitudes towards possible ways to manage the interactions:**  
- 48.2% thought that physician-medical device manufacturer relationship should be regulated.  
- Entity that should be involved in regulating physician-medical device manufacturer relationship: physicians (32.2%); hospitals (20%); government (13.5%); no answer (34.3%).                                                                                                                                 |
| Funding not  | USA; N = 245; 51.0% female; average age: 55.5 ±14.5                                       | **Beliefs about their effects on quality of care:**  
- 55% believed that the source of medical research funding for a study would affect the quality of their care.  
**Attitudes towards the interactions:**  
- 91% felt that surgeon input is important for industry-funded research.  
- 67% felt that industry-funded and government-funded research could be equally honest and objective.  
**Attitudes towards possible ways to manage the interactions:**  
- 69% felt that surgeons should be allowed to perform research on products in which they have a financial interest as long as guidelines are set up to regulate potential conflict of interest.  
- 71.7% of respondents believe that a combination of the following entities should be involved in regulating surgeon-industry consulting relationship: government, hospitals or universities, medical company representatives, and medical professional societies. 34.1% stated that medical professional societies should have the most power in this regulation (43.3% not sure).  
- 30.4% think that medical company representatives should not be involved in regulating surgeon-industry consulting relationships (but 42.1% were not sure).                                                                                                                                 |
| reported      | N= 33.9% college graduates; 19.2% graduate/postgraduates                                  |                                                                                                                                                                                                                                                                                                                                             |
- 54% and 35% respectively of U.S. and Canadian patients were aware that: surgeons could have financial relationships with device manufacturers  
**Attitudes towards the interactions:**  
- Percentages of U.S and Canadian patients, respectively, who were worried about possible financial relationships between: their surgeon and industry (6% versus 6%); their surgeon and manufacturers (17% versus 22%).  
- U.S. patients and Canadian patients, respectively, who thought it was appropriate for their surgeon to: receive royalties for a patent on a product that the surgeon had designed (69% versus 66%); receive payments for offering advice to the company in their area of expertise (48% versus 53%); receive payments to give lectures on the company’s products (46% versus 53%); receive gifts from industry worth more than $100 (11% versus 13%); receive gifts from industry worth less $100 from a company (20% versus 18%); own shares in company that supplied their prosthesis (21% versus 22%)  
**Beliefs about their effects on quality of care:**  
- 76% of U.S. patients and 74% of Canadian patients felt their surgeon would make the best choices for their health, regardless of |
| Funding not   | USA; 2 weeks (date not reported)                                                          |                                                                                                                                                                                                                                                                                                                                             |
| reported      | N=501; 63.3% females; 46.9% aged 30-49, 26.1% aged 50-59, and 19.2% aged 60 and above;   |                                                                                                                                                                                                                                                                                                                                             |
|               | Education: 52% tech or 4-year college; 25.7% graduate                                      |                                                                                                                                                                                                                                                                                                                                             |
|               |                                                                                                                                                                                                                                                                                                                                 |
|               |                                                                                                                                                                                                                                                                                                                                 |
|               | **Awareness of the interactions of surgeons in general:**  
- 54% and 35% respectively of U.S. and Canadian patients were aware that: surgeons could have financial relationships with device manufacturers  
**Attitudes towards the interactions:**  
- Percentages of U.S and Canadian patients, respectively, who were worried about possible financial relationships between: their surgeon and industry (6% versus 6%); their surgeon and manufacturers (17% versus 22%).  
- U.S. patients and Canadian patients, respectively, who thought it was appropriate for their surgeon to: receive royalties for a patent on a product that the surgeon had designed (69% versus 66%); receive payments for offering advice to the company in their area of expertise (48% versus 53%); receive payments to give lectures on the company’s products (46% versus 53%); receive gifts from industry worth more than $100 (11% versus 13%); receive gifts from industry worth less $100 from a company (20% versus 18%); own shares in company that supplied their prosthesis (21% versus 22%)  
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| Camp, 2013[3] | Postoperative arthroplasty patients attending follow up hip and knee arthroplasty clinics  |                                                                                                                                                                                                                                                                                                                                             |
|               | USA and Canada; November 2010 to March 2011                                              |                                                                                                                                                                                                                                                                                                                                             |
|               | N= 503; 55% females for US; 59% females for Canada; age: 36% less than 60, 64% 60 and above for US; 30% less than 60, 69% 60 and above for Canada  
Education: US (51% some college or university degree, 30% graduate or professional degree); Canadians (51% some college or university degree, 20% |
| No external   |                                                                                                                                                                                                                                                                                                                                 |
| funding      |                                                                                                                                                                                                                                                                                                                                 |
| sources      |                                                                                                                                                                                                                                                                                                                                 |
|               |                                                                                                                                                                                                                                                                                                                                 |
| Lieberman, 2013[4] | Patients (18 years old or older) scheduled for primary THA and TKA from the orthopedic practices of two joint arthroplasty specialists  
USA; September 2010 to September 2011  
N= 100; 66% female; mean age (SD): 63 (±13.3)  
Education: 49% college; 20% Master’s or Doctoral degree | Awareness of the interactions of surgeons in general:  
- 47% were aware of financial conflict of interests related to clinical research.  
- 13% had already received information regarding financial conflict of interests from a surgeon.  
Attitudes towards the interactions:  
- Respondents who were either not concerned or minimally concerned about: their surgeon’s potential FCOI (81%); institutional FCOI (79%).  
- 51% indicated that if their surgeon had developed a prosthesis used in their surgery, they would be more willing to have this surgeon perform the operation (43% were neutral).  
- Respondents who would be less likely to be operated on by surgeons if: they had developed a prosthesis used in their surgery (14%); they received revenue from a company (40%); if he or she has a stock in a company (44%).  
- 43% of patients were concerned if the surgeon was paid by a company that manufactured a product used in surgery.  
Beliefs about their effects on trust:  
- 24% indicated they would trust a surgeon less if he or she had FCOI (44% disagreed).  
Attitudes towards possible ways to manage the interactions:  
- 55% believed that surgeons should make patients aware of FCOI. |
| --- | --- | --- |
USA; 2 weeks (no data)  
N= 610; 63.3% females; 42.8% aged 30-49, 31% aged 50-59, 21% aged> 60  
Education: 54.8% technical school college; 24.6% graduate school | Attitudes towards the interactions:  
- 82% felt it is ethical for surgeons to work with companies as consultants to design/improve health-care products/devices  
Beliefs about their effects on quality of care:  
- Respondents who believed that their care will be worse if: their surgeon is a consultant to help design/improve a surgical device (19.5%); royalties are paid to the surgeon when he/she uses the product (39.2%); royalties are paid to the surgeon only for devices that other surgeons use (24.6%).  
Attitudes towards possible ways to manage the interactions:  
- Respondents who felt that their surgeons should disclose consulting relationships: to all patients (61.6%); only to patients receiving the device (91.1%).  
- 64.3% believe that a combination of entities including government, hospitals, universities, medical company representatives, and medical professional societies should be involved in regulating surgeon-industry consulting relationship, with 34.9% stating that medical professional societies should have the most power in this regulation.  
- 44.9% think that medical company representatives should not be involved in regulating surgeon-industry consulting relationships (the majority were not sure). |
References


