Position on Conflicts of Interest in digital health

ACHI wishes to remind its fellows (and clinicians at large), that digital health raises the same conflicts as in other areas of medical development, and that *any conflict or material interest should be declared to patients/participants at the time of recommending an intervention*. We would remind all practitioners of their primary duty to their patients/participants as providers of care, and that this primary duty overrides any other considerations in their clinical decision making.

The rise of the clinician entrepreneur in recent times has brought with it much promise, but also many challenges. One such challenge is the potential conflict of interest (COI) confronting such individuals if they are also actively providing care, or making decisions that affect care, to individuals or groups of patients. This is not limited to clinicians, but includes members of the College who are health bureaucrats, administrators, etc, and who have an interest (including potentially conflicting interests) and how they make or contribute to the best decision for the organisation that provides healthcare and related services to patients, and their families and carers.

Let us consider some example scenarios to illustrate the issue:

In the first scenario, you're a practising clinician and you receive money from a drug company for work you have done for them. It would be widely accepted that you would put aside other considerations and focus on the efficacy of all the drugs at hand, their side effect profiles, and the specifics of the patient in that clinical scenario to arrive at a prescribing decision. If, considering all that, you then recommend or prescribe a drug (made by the same company) for one of your patients, it would also be widely accepted that you therefore have a conflict of interest that needs declaration and management.

In the second scenario you're a health bureaucrat and you receive money from an implant manufacturer for work you have done for them, assisting with design and marketing strategies. It would again be widely accepted that you would put aside other considerations and focus on the appropriateness and availability of all the implants at hand, any known complications of their use, and declare any interests when making or advising a hospital on purchasing decisions.

The third scenario is one many clinicians may now be confronting. In it you are a practising clinician and you receive money from a software vendor (they make patient facing apps) for work you have done for them (or you may even have built an app yourself). You then

recommend to one of your patients that they sign up to use an app (made by that same vendor). We argue that this third scenario is no different from the first two. You again have an obligation to consider which, of all the possible apps, is most appropriate to support the care of the patient based on their specific needs and the evidence around the available apps. If such a decision is made (to recommend "your app" or one you have or will benefit from), then again, this conflict needs to be specifically raised with the patient and managed.

This statement was authored by ACHI Fellows in September 2017