I read with interest Mr. Aicher’s editorial in the *Aesthetic Surgery Journal*, and wanted to echo and share some of my thoughts and concerns on this new government mandate. Approximately 2 years ago the Centers for Medicare & Medicaid Services (CMS) was tasked by the federal government to oversee and report all payments made to health care providers, owing to concerns that payments from the pharmaceutical industry and medical device companies would influence which medicines or medical devices are used or prescribed to patients. The information from the first phase of this report was recently released.

In 2005, the Department of Justice sued 5 leading medical device companies, citing inducement of product use through consulting relationships designed to encourage physicians to select their products. These lawsuits, for the most part, have deterred physicians from engaging in this unethical practice; however, the national government has increased its oversight and has directed the CMS to monitor this activity. The CMS created this department to:

- Encourage transparency in reporting financial ties
- Reveal the nature and extent of relationships
- Prevent inappropriate influence on research, education, and clinical decision making
- Avoid conflicts of interest that can compromise clinical integrity and patient care
- Minimize risk of increased health care costs

Of these goals, specifically within the context of aesthetic medicine and plastic surgery, the first 2 have been addressed by the American Society for Aesthetic Plastic Surgery (ASAPS) and American Society of Plastic Surgeons (ASPS). Of the remaining 3, it is my opinion that the federal government may not be the best body to hold physicians to any accountability and will fall substantially short of their goals, as there is no consensus, or any specific details on how to achieve these goals. In addition, no accurate detailed information or accounting is provided by the CMS on what the payments are actually for, and the data are incomplete, because some surgeons may dispute any or all of the amounts, significantly delaying or confounding the data.

Money that a practice has received for clinical research is essentially a pass-through. A practice is paid to administer clinical studies to identify if current US Food and Drug Administration–approved devices have any new applications or benefit for our patients. The individuals involved in research understand the time and expense required in such research. In my case, of the overall amount of consulting dollars reported, approximately one-third to one-half is in this research category.

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Secondly, the monies may include payment for the sale or licensing of medical devices developed by the physician. These funds do not constitute consulting income. In my case, this money represents approximately one-third of the reported totals.

The third area represents actual consulting dollars. These amounts include monies paid for teaching at educational venues and, for me, represent about one-third of my over-all compensation. At least one-third of this compensation is for travel and other expenses related to the educational event.

Medical consulting is not necessarily a profitable venture for most surgeons. Corporations compensate us at approximately one-fifth to one-tenth of the income we would generate if we remained in our practices seeing patients or operating. So why do we do it? We all have various reasons. Personally, I love it! Although it makes no real financial sense for me to be a consultant, there are many nonfinancial benefits, and I learn a great deal from my colleagues, which makes me a better surgeon. I believe the vast majority of key opinion leaders and educators have high levels of integrity and select products and make surgical decisions on the basis of outcome data, always striving for the best results for their patients.

No major medical device breakthrough has been achieved without the collaboration of physicians and corporations. The physician identifies the need and industry provides the funding. As plastic surgeons, we are in the unique position to see problems and challenges daily that cause complications or limit the best possible outcomes for our patients. Bringing a new device to the market requires years and tens of millions of dollars in development and regulatory expenses. Physicians are an integral step in this process as the individuals who develop, assess, test, evaluate, and study all new devices. Without this rigorous assessment, there is no avenue for a medical device or a drug to enter the marketplace and be clinically relevant. Without the collaboration between physicians and industry, modern medicine would not exist in its present form. A major potential negative outcome of this act would be to stifle product development and innovation.4

Corporations want to work with surgeons who have the most experience with a technique or medical device. Critical to this discussion is the timing at which a surgeon becomes a consultant. In my case, I had performed more than 300 augmentations with the Style 410 implant before I began any affiliation with the company.5

It is our individual integrity, our accountability to our colleagues, and our professional societies that are instrumental in helping us navigate our corporate–physician relationships.4,4 I strongly believe that the vast majority of my plastic surgical colleagues will not compromise the care of their patients for any monetary compensation. We work to the best of our abilities, using the devices or drugs we believe will obtain the best outcome, regardless of the company providing the product, to achieve the best result possible, every single time. The patient is always number 1. I agree with, understand, and appreciate the importance of transparency, disclosures, and potential conflicts of interest. I hope in the future that the CMS will require the itemization and categorization of all reported remuneration. It is extremely misleading to consolidate the funds for travel or other costs that the physician does not directly receive, for research that is paid to the patient or to administer a study, or for monies received for selling or licensing medical devices or products that the surgeon has developed.

It is important for our patients and for the general public to understand that medical consulting is not always a profitable enterprise for physicians. The individuals who are involved with industry undertake consulting activities because they have expertise and experience to offer and wish to contribute to the advancement of medical care.

Disclosures
Dr Bengtson is a paid consultant for Allergan, Inc. (Irvine, California) and LifeCell/KCI, Inc. (Branchburg, New Jersey). He is a lead investigator for the Natrelle Style 410 Cohesive Gel Implant Studies-Core and Continued Access (Allergan, Inc.) and a prior investigator for the Allergan Responsive Gel and Mentor (Santa Barbara, California) Gel Core and Adjunct Studies. He is the owner of multiple medical patents and devices including Hydra-Soft (Sun-Medical, Grand Rapids, MI) and the Implant Selector Tool (Allergan Medical, Irvine CA).

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