

Eating Our Children - Why Continue To Attack Memorial Sloan Kettering?



By *Chuck Dinerstein* — December 11, 2018



Memorial Sloan Kettering at the turn of last century [1]

Memorial Sloan Kettering (MSK) is one of the world's great hospitals, and the poster child and now punching bag for mainstream media bent on eliminating all conflicts of interest, except for their own. I've written before about [MSK's problems](#) [2], but the continued attack by the sanctimonious (that is too harsh, let me substitute self-satisfied) on MSK seems more like eating our young rather than spreading sunlight and discovery.

The latest is a piece in Stat on the relationship of MSK to other health systems and partners. Here's the gist:

- MSK has formed provider relationships with Hackensack Meridian a New Jersey health system, increasing MSK's patient pool and extending their brand name expertise to Hackensack
- MSK collates patient genomic data and their health records to analyze their results and provide better care.
- MSK does not have the expertise to do the nuts and bolts of data collating, so they outsource the work to an outside start-up Cota, in which they own a minimal stake.
- Cota was founded by a member of Hackensack's staff and a negotiator in the MSK-Hackensack provider agreements.
- Cota sells the best practices they uncover to other clients, and MSK gets a piece of the revenue.

So where is the conflict of interest? Here is Stat's take:

"Hospitals nationwide are entering into contracts with private technology companies to help analyze their data and make better decisions about the care of patients. The details of those deals, and the amount of money flowing back and forth are seldom publicized, and hospitals are largely free to craft them as they see fit."

Stat's bioethical expert says that these relationships are in a "grey area" and is concerned about institutions "...treating things like patient tissue or data as properties or assets..." a concern I [share](#) [3]. But the context of these activities is crucial in framing any ethical concerns, and I believe that the thought that "money flowing" occurs cancels any good results or intentions. Let's look again at the actions since the intent is more difficult to know.

The agreement to provide expertise to a health system in another state increases MSK's influence, provided them with more data. It expanded the knowledge of a health system serving a large community outside of MSK's catchment area. And patients will get better-informed care. No conflicts there.

MSK collates their health care and genomic data. So, they are attempting to find new patterns in their work. Isn't that just what we want? Looking at our results, modifying them to improve, that is how our thinking evolves.

MSK has hired an outside source to do the heavy lifting on analysis. MSK's expertise is cancer, not data collating or even data entry. Doing work where you have no expertise results in frustration, less efficiency at your "real" job and often a poorer outcome. It is the same mistake we made requiring physicians to fill in all those little boxes and checks in the EHR, our expertise is in care, not data entry. It is common for a business to outsource work they cannot do or that others can do better. But is that any more an ethical concern than when Stat and ProPublica collaborate, after all, isn't that just a way for ProPublica's investigative expertise to use Stat's expertise in media?

MSK says the bidding process included many companies and that they awarded it to Cota on the merits. But wait, they knew Cota's founder that has to be wrong, and it certainly sounds like crony capitalism. But ProPublica's first editor was the former managing editor of the Wall Street Journal – do you believe he didn't know any of the reporters he hired? Or Stat's current executive editor, do you think he was unknown to the Boston Globe, Stat's owner? And should we be concerned that Stat is headquartered in the Boston Globe's headquarters? The answer in every case is no, so why do we believe MSK's actions are tainted – because they are seeking to monetize their work in a new way. And to be fair, it is not the innovation that taints; it is the smell of money.

If MSK simply completed the analysis and published their protocols in a peer-reviewed journal, we would all be congratulating them on their contribution to "best-practices;" raising the bar, lifting care for everyone. But because they want to get some payment and perhaps even to show a profit, they are tarnished. But data doesn't analyze itself and don't the people that do the work

deserve to be compensated? The folks at ProPublica and Stat are compensated, no one is asking them to do their “good works” for free.

I believe that our genomic and healthcare data is ours. But it only has value to my physicians and me. When you take a lot of data and do analysis, you create information, and it is the information, not the data that has value. MSK paid Cota, an alchemist fee, to transform data into information. If you create information from many sources over time you develop wisdom, knowing how to find the information and how to use it. That is the greatest asset of MSK, their experience in transforming data into information; they are wise. Does MSK have a right to ask for support in becoming wiser or should that just be their uncompensated job? Stat publishes excellent stories every day, for free. But if you want their wisdom, their “in-depth” analysis you need to subscribe to Stat+, which is available for \$300 annually. Why is the thought about glass houses and stones coming to mind?

Source: Top cancer center’s business deals created a web of conflicts, say ethics experts [Stat](#) ^[4]

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[2] <https://www.acsh.org/news/2018/09/19/dr-baselgas-really-really-bad-day-13416>

[3] <https://www.acsh.org/news/2018/11/01/do-you-own-your-healthcare-data-not-according-government-or-healthcare-businesses-13565>

[4] https://www.statnews.com/2018/12/06/memorial-sloan-kettering-web-of-conflicts/?utm_source=STAT+Newsletters&utm_campaign=aee73122e4-

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