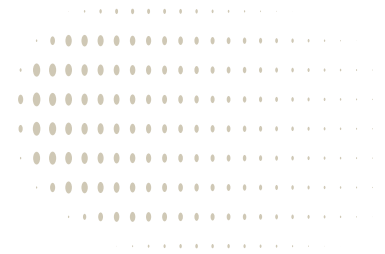


Conflict of Interest Between Health Care and Finances in 2025

Saniea F. Majid MD, FACS, FASMBS, DABOM.
President ASMBS Foundation d/b/a TREO Foundation
Past President NJ –ASMBS
CEO- Weight Loss and Wellness Center



Disclosure

Advisory Board for JnJ Med tech.

Balancing Patient Care, Ethics, and Economics

Introduction

- Healthcare is both a mission-driven service and a multi-trillion-dollar industry
- Core tension: Patient well-being vs. Financial sustainability
- Why it matters in 2025: rising costs, private equity growth, AI adoption





Patient Care vs. Profitability

- Hospitals prioritize profitable services over community needs
- Drug pricing often maximizes ROI over access
- Example: GLP-1 medications for obesity/diabetes

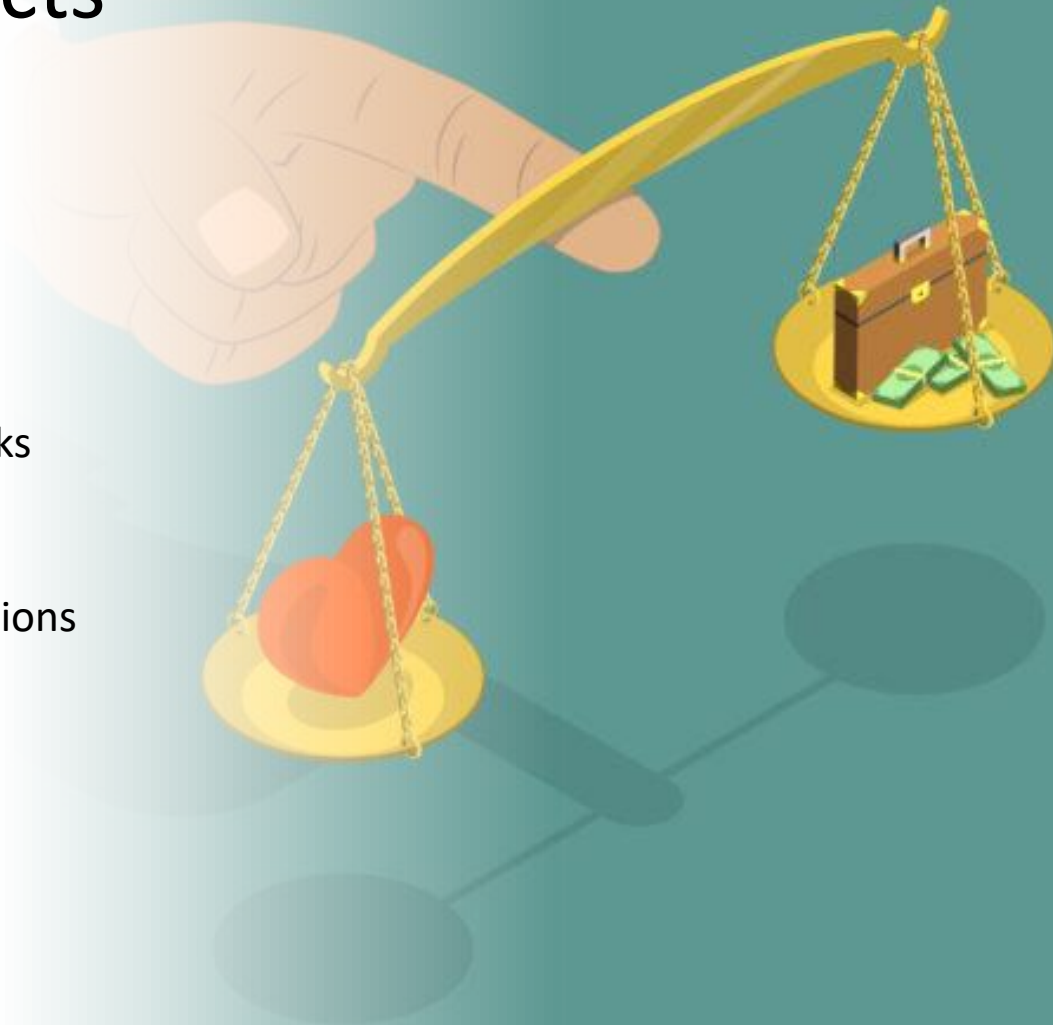


Insurance & Access

- Insurers minimize payouts; providers maximize billing
- Patients caught between denials and costs
- Costly treatments often denied despite medical need

Physician- Level Conflicts

- Fee-for-service incentivizes more tests/procedures
- Value-based care risks undertreatment
- Physician ownership stakes can bias decisions



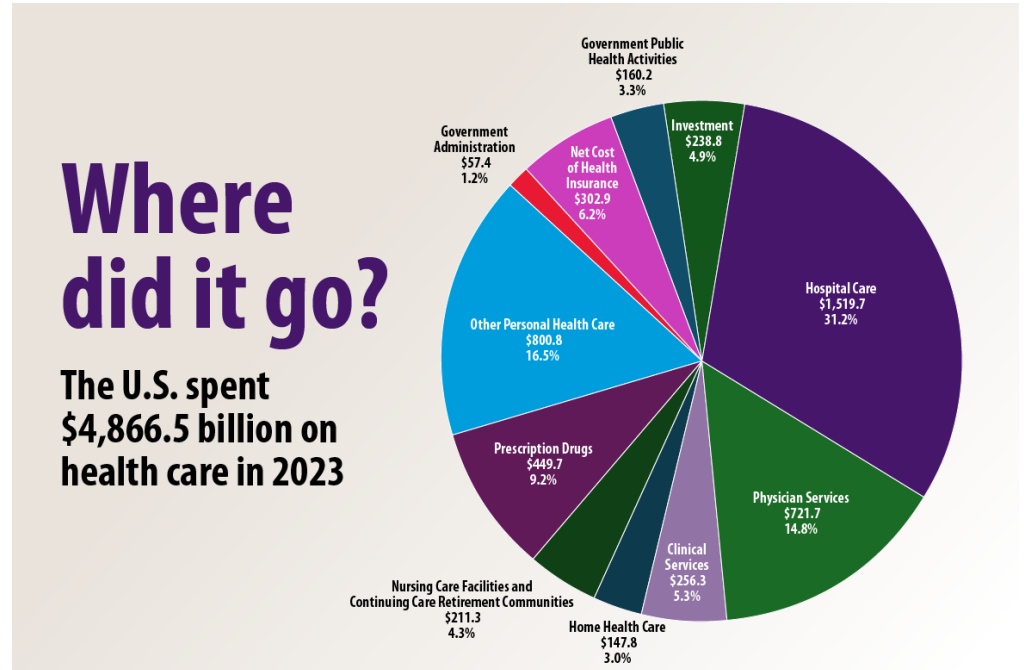
Technology & AI Conflicts

- AI used to cut costs, risk of bias
- Health data monetized as financial asset
- Innovation vs. exploitation



Public Health vs. Market Pressures

- Preventive care underfunded compared to acute care
- Market prioritizes high-margin procedures
- Population health suffers long-term



The Core Ethical Conflict

Medicine: 'Do no harm'
& equity

Finance: maximize
returns

Are patients customers
or people with a right to
care?

Why it matters.

Ann Surg. 2018 July ; 268(1): 86–92. doi:10.1097/SLA.0000000000002420.

Assessment of Conflicts of Interest in Robotic Surgical Studies: Validating author's declarations with the Open Payments Database

Sunil V. Patel, MD, MSc^{1,2,3}, David Yu, MD¹, Basheer Elsolh, MD², Ben M. Goldacre, MD, MSc³, and Garrett M. Nash, MD, MPH

¹Division of General Surgery, Kingston General Hospital, Kingston, Canada

²School of Medicine, Queen's University, Kingston, Canada

³Centre for Evidence Based Medicine, University of Oxford, Oxford, UK

⁴Department of Surgery, Colorectal Surgery Service, Memorial Sloan Kettering Cancer Center, New York, NY

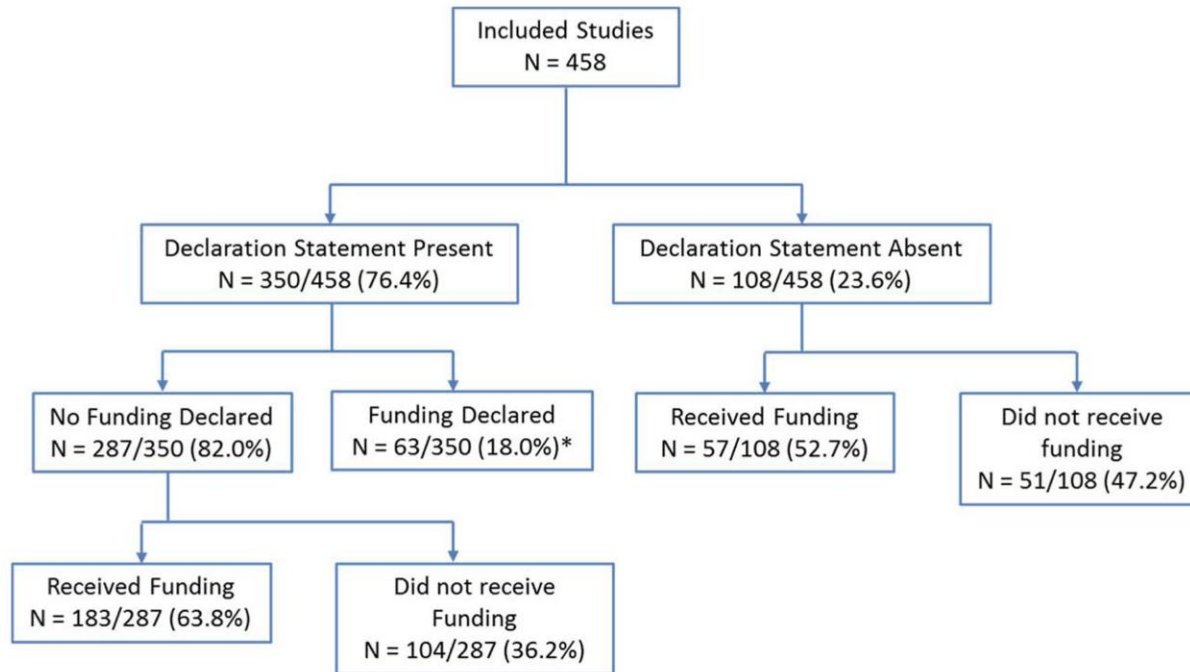


Figure 2.

Study payments, by declaration statement

*5 Studies declared funding, which was not found in the “Open Payments” Database

- High rates of undeclared payments.
- Only 20.9% of studies with a conflict of interest declared it in a conflict of interest statement.
- Only 18.1% of authors who received payments, declared it.



The Reality

- The finance vs. ethics battle will persist.
- Financial drivers are deeply embedded.
- Conflicts cannot be eliminated entirely.
- Best approach: acknowledge, monitor, and minimize harm.

Path Forward

- Transparency in financial relationships- declare the amount received.
- Policy reforms: drug pricing, insurance accountability.
- Align incentives toward outcomes, not volume.
- Role of philanthropy & advocacy.

Conclusion

- Conflict must be managed, not ignored
- Future depends on aligning ethics, economics, equity
- Quote: 'The true measure of a healthcare system is how it serves its most vulnerable, not its most profitable.'

Thank you.

majid@weightlossandwellnesscenter.com

[www.weightlossandwellnesscenter](http://www.weightlossandwellnesscenter.com)



**WEIGHT LOSS AND
WELLNESS CENTER**
METABOLIC & DIABETES SURGERY



 **MORPH WITH MAJID**
TRANSFORM TO YOUR BEST SELF