PharmAware

Creating professional + ethical doctors

The interaction between the pharmaceutical industry and healthcare professionals

A PharmAware Resource

Here we analyse the intricacies that surround the intimate relationship that exists between Big Pharma and Healthcare Professionals

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The pharmaceutical industry has a historically intimate relationship with the medical profession. It has played a vital role in the advancement of medical care, and continues to drive medical innovation and improvements in patient satisfaction.
There is continuing debate amongst industry representatives and healthcare professionals about the state of interactions between the healthcare professionals and the pharmaceutical industry. Many believe doctors are putting their professionalism on the line by becoming too cosy with the industry, and that this is resulting in the loss of patient trust, and suboptimal patient care.
Unfortunately despite their rhetoric, pharmaceutical companies don't always have patients' welfare as their highest concern. They are also obliged to make a profit for their shareholders. In 2005, a report by the House of Commons' Health Committee "The influence of the pharmaceutical industry" [1], outlines these concerns. In its conclusion it states:

> *"[The pharmaceutical industry's] ability to put the health of the nation consistently before the needs and expectations of its shareholders may be questioned. The evidence to this inquiry indicated that, in recent years, large pharmaceutical companies have become ever more focused on a marketing-based approach."*
> *You can find the report* here

The World Health Organisation and Health Action International Europe published a report on pharmaceutical promotion. Members of PharmAware conducted a literature review of the impact of interaction with the pharmaceutical industry.
In addition, we prepared a discussion paper for the BMA.

There are several ways in which the marketing of drugs may be potentially harmful:
1) Interaction with drug representatives within hospitals
2) Post-graduation education
3) Ghostwriting
Here we analyse these different problems

1. Drug Reps

The information provided by drug companies is often inaccurate. In a study appearing in JAMA, a pharmacist sat in the front row of 13 conferences given by drug companies and tape-recorded the claims made about their drugs [2]. On evaluation, 11% of the 103 statements made were inaccurate, and 100% of these errors were favourable to the company's drug. Only 26% of doctors at the conference could recall a single inaccurate statement.
Biased marketing increases inappropriate prescribing, increasing costs within the NHS and preventing patients from receiving optimal treatment. Numerous studies demonstrate this.

1) A study in 1996 showed that there is a positive correlation found between physician cost of prescribing and perceived credibility of information provided by drug reps, and also with the frequency of use of reps as an information source [3].
2) In another study, two groups were compared; one who had attended a drug-company lead grand round on Lyme Disease, and one who had not. A questionnaire

handed to the two groups showed a distinctly larger percentage of those who attended the talk would have prescribed the drug promoted by the company when it was not indicated, or when a cheaper but as effective alternative was available [4].

3) Another example is the ALLHAT study. Its aim was to discover anti-hypertensive drug was the most effective. The result was that the cheapest and oldest group of drugs, the diuretics, were the most effective, even though the most expensive and newest class, the calcium channel blockers, were the most heavily marketed. The first-line prescription of these patented drugs therefore wasted the NHS's budget, and meant that patients weren't getting the most effective treatment, which was generic diuretics [5].

The cost of marketing is added to the prices of drugs, which the NHS therefore then has to pay for. Accepting freebies therefore encourages companies to continue producing these items, and means accepting and colluding with the high costs of drugs.

Drugs are most heavily marketed when they first come onto the market, at a time when relatively little is known about their safety. Examples of over-exuberant prescribing due to enormous marketing campaigns are Vioxx, which led to increased risks of strokes and heart attacks, and Seroxat, which increased the number of young people attempting suicide.

The process of accepting free gifts has become so normalised that many medical staff feel a sense of entitlement - that these gifts are part of the usual reward for performing a demanding job. The danger of accepting drug company perks is that this too leads to a sense of obligation. Most people, in fact, find the thought of being 'free-loaders' distasteful. If a doctor has spent years accepting free gifts, there will be a desire to give something back, even if it is subconscious. Seeing a drug rep, for example, seems an easy and painless way to pay back the favour. From the very first free pen received at medical school, the way has been paved to influence a doctor's attitudes and behaviour.

Whilst most doctors would accept that free gifts are unnecessary, and a rather a 'perk' of the job, they would justify seeing drug reps in order to be educated about new treatments. It is often argued that the average doctor does not have time to trawl through the internet reading every single paper written on a new drug. But surely the biased summary presented by a drug rep is no substitute? There are far better solutions, such as the monthly Drugs and Therapeutics Bulletin, which is independent of the pharmaceutical industry, and has the purpose of providing informed and unbiased assessments of drugs. This includes efficacy, safety and cost comparisons with existing treatments; recommendations on whether or how the drug should be used and its place in the management of disease. Increased awareness of resources such as this would lead doctors to be far better informed than relying on drug company promotion.

These articles in the BMJ from 2003 provide more detail about the interaction and ways to try to disentangle ourselves from industry.

A few scenarios that can be used to guide discussion about the interaction between reps and healthcare professionals are available from our website to download.

1: Grand Round
2: Doctor's orders
3: An Informed Patient
4: A Firm night out

2. Post-graduate education

A large proportion of post-graduate medical and other healthcare professional education is funded by the pharmaceutical industry. In 2003, more than half of the $1.4bn spent on accredited continuing medical education in the United States was funded from commercial sources, including drug companies and device manufacturers [6]. There are concerns are growing that the boundaries between education and promotion have become blurred and that the continuing support can lead to distortion of teaching topics, embellishing positive aspects of some interventions and influence doctor's prescribing habits [7], [8], [9], [10].

Pisacani provides an interesting overview of the possible methods to counteract potential harm.

He suggests:

- Ensuring sponsors don't have influence over content of events;
- Move away from providing conferences and towards small group education, based on local need;
- Create a national or local list of essential educational objectives for continuing medical education;
- Evaluate providers of education;
- Each health institution should dedicate a proportion of their budget for continuing medical education;
- Encourage the use of e-learning;
- Drug companies could be asked to contribute to a central fund with no direct relationship to individual institutions;
- Ask doctors to pay for their continued medical education.

3. Ghostwriting

Ghostwriting is the process of a person writing a paper which is then accredited to someone else. This is of concern if a paper is written by a pharmaceutical industry representative and then accredited to an expert in the field by giving the research more clout. This practice is becoming to be more of a problem in medical literature. A case study in JAMA in 2008 alleged that employees of Merck commissioned someone to write articles on rofecoxib which were then accredited them to external academically affiliated doctors [11]. PLoS Medicine have recently constructed an archive of documents showing Wyeth undertaking a similar practice to increase the use of hormone replacement therapy in menopausal women [12].

Some other interesting articles to read if you have the time:

1. The Haunting of Medical Journals: How Ghostwriting Sold "HRT"
2. Ghostwriting and Academic Medicine
3. What do medical students think about pharmaceutical promotion?
4. ABPI: the brains behind BigPharma? with information about the close relationship between ABPI and UK government and how they have managed to influence British policy *Available from our website as a separate resource
5. Bitter pills for Pharma - BMJ 2010, 341, c5095
6. Rosiglitazone and the need for a new drug safety agency BMJ 2010 341, c5283

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12. Rosiglitazone - what went wrong BMJ, 11/9/10
13. How to dance with porcupines: rules and guidelines on doctors' relations with drug companies BMJ 31/5/03
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18. University of Pennsylvania policy
19. Stanford policy