

Evolution

The first two years of medical school were quick, painful, and thrilling. Our professors packed in content like boiling stew in a pot, bubbling fiercely, on the verge of spilling over. The acronyms became words, the words became mechanisms, the mechanisms became impossible solutions for the complexities of illness. And in the blink of an eye, we stood bewildered on the medicine wards with our short white coat pockets groaning from the weight of drug glossaries, pda's, and pocket-book guides.

It was at this moment most of us were introduced to the pharmaceutical machine in all its glory, in all its gore. "Free lunch," the mantra for various lunchtime talks during our preclinical years, struck a very appreciative cord for students in debt. "Free lunch," the thinly concealed vehicle for a pharm company's drug promotion, was also clearly regarded by many of our superiors as a calculating move. I expected to embrace a comprehensive education in the current controversies of the pharmaceutical company and physician dynamic.

The education took on a much more convoluted form from what I had expected. It lurched me towards the free sushi offered by one rep at a primary care clinic, hurled me back against one attending's comment that he no longer associated himself with anything pharm-related, then landed me squarely in the position of dispensing the proffered samples to grateful patients. I could see that the divide in the issues was set not only between the corporations and the medical community; it was also drawn, however vaguely, between the physicians themselves. Where would my learning come from, and how could I find it?

I regarded the reps cautiously. Their impeccable grooming, strict composes and easy smiles were, in my mind, all part of a greater marketing strategy by which I would not be won. The lunches were easy enough to disregard; the pens, papers and mugs joined the clutter from previous ploys. The presentations were well-delivered, so encouraging, and so supportive of *whatever* the good doctor chose to comment on or question. But it was the free samples that confused me. These drugs were simultaneously stained, both by corporate excess, and by tears of relief - from the mother of a patient with uncontrollable seizures and even more uncontrollable poverty.

As the weeks went on, I became sure of this: the customary end-of-visit goody bags contained samples of drugs that could be life-saving to a patient. They were promising medications, the sweet success of the pharm companies. But would they overshadow equally effective, less expensive options? Would the opportunity to use the medications *at no cost* for two, three, or four weeks in the long run outweigh the significant increase in a monthly co-pay over an equally viable, generic option? And worst - had my clinician educators been fooled by the aggressive marketing tactics, falling back on medications which had been presented to them the night before over a perfectly grilled steak?

Maybe I went into this in a completely wrong fashion. My education would come not from a standard curriculum, but from telling experiences. A taste of the rep's pasta lunch, a look at the clock hand passing a whole round before the doctor was free to return to his patients, the shock of opening the wrong door and encountering an entire walk-in closet of samples, and the absence of the polished reps with their miniature boxes on the floors of the hospital. Maybe this was an area where, in a way, I was supposed to teach myself. Not just about how to interact with the reps and whether to accept their lunches or take their samples. But back - all the way back - to what had passed so quickly in our preclinical years. When the mechanisms were all we had to know, and the treatments matched the illness for what it could do. It would be a beautiful evolution of an education, continually learning pharmacology well into our fifth, tenth, twentieth year of practice through the vast literature of randomized controlled trials, prospective cohort studies, case-controlled experiments. By keeping up with this education, there would be no need for the biased presentations and lavish meals; there would be no room for the subliminal promotions. There would only be our knowledge of pharmaceuticals, an organized process by which we would choose the medications, and the evidence-based treatment of our patients' illnesses.