

“Excuse me!” I said frustrated as I reached over the piles of paperwork, loads of propaganda and laptop computer sprawled out on the counter, nearly tripping over the gigantic wheeled briefcase on the floor. The drug representative stood there perched with an electronic signature pad in one hand and a logo-sporting pen in the other. She smiled apologetically and excused herself, however barely moved out of fear of losing her post when the doctor came out of the exam room. Working in a medical office, scenarios such as these repeated on a daily basis. From drug representatives simply being in the way in the office to misleading physicians about drug information, drug representatives have been implicated as a pestilence on the medical field. I enjoy a free pen or even a free meal from time to time as much as the next person, but I can’t help but wonder how much this is costing the patients, both financially and physically. Drug representatives are more than willing to educate physicians and other medical staff about their drugs, but how much do they really know? How many physicians take time to educate themselves about which medication will better serve the patients, instead of prescribing whatever the last drug representative was peddling? As a future physician the answers to these questions will have an enormous influence over how I chose to treat my patients.

Without insurance it would be virtually impossible for the majority of the United States population to afford their medications. Unfortunately, this is true for some people who have insurance as well. As an undergraduate at Arizona State University a representative from a pharmaceutical company came to talk to us about the allocation of money within the company. He informed us that the majority of the money is spent on researching new drugs and that the profit margin is actually relatively narrow. From the looks on the faces of my classmates, I wasn’t the only person who had trouble believing this. While I understand that research is very costly and time consuming, I don’t believe that the cost of advertising, including within doctor’s offices, should be ignored. The pharmaceutical industry was number one in Fortune 500 rankings as most profitable industry from 1991 to 2001. In the office in which I work I have seen numerous gifts including free lunches, free dinners, digital cameras, candy, bottles of exotic wines and untold miscellaneous pens and gadgets bearing the name of various pharmaceutical companies. I myself have even been taken out to an expensive dinner to learn how to inject and psoriasis medication that would have taken less than five minutes to do inside the office. Advertising is a must for any company, but the problem emerges when physicians begin to pay more attention to the word of mouth of drug representatives and free gifts than their years of medical training.

The ill effects of a misinformed physician on a patient’s health are obvious. Drug representatives are educated on their product, on how to sell the product and how to be professional. They are not, however, educated in pharmacology or medicine and yet some physicians take what they have to say almost as if they had the same training. Gwen Olson, a former drug representative for McNeil Pharmaceutical Co., wrote a book called *OB/GYN Confession of an Rx Drug Pusher ; God’s Call to Loving Arms*. In her book she provides anecdotes of her fifteen years of experience with physicians. She explains that she personally had misled physicians in regards to statistics about the safety and efficacy of various pharmaceuticals, and suggests that this type of behavior was encouraged by McNeil Pharmaceutical Co. She also states that part of her training as a drug representative included how to manipulate physicians into agreeing to use their product by catering to their individual personality types. Physicians who are amiable were thought to agree with anything, while the approach for physicians who seemed to be more like “driver” personality types consisted of acting as if they were just there to talk to them and leading physicians to believe that all decisions were their own. She even states that during her time she had provided lunch at morbidity and mortality conferences, in the very cases that she believed were the direct result of the misuse of the pharmaceuticals she was representing.

How well a drug representative knows their product or how convincing a salesperson a drug representative is, the bottom line is that it shouldn't matter. The care of the patient is the product of the relationship between the physician and the patient. Many times in the office in which I work I have seen drugs prescribed that are not ideal for the patient, either for an overpriced drug that can be easily substituted for a generic, or for drugs that carry too many adverse reactions for the patient. It is the physician's responsibility to address issues such as these with his or her patients. Drug representatives can be a useful tool, providing samples and information about the product, however, it falls upon the doctor to be the one who is educated about medications and what is best for the patient. As a physician I hope to never lose site of this fact, regardless of how many free dinners are shoveled my way.