

“The sanctity of the patient-physician relationship”

There is no such thing as a free lunch. Pharmaceutical industry expensive meals, five-star travel, cash and gifts on doctors for one reason: to encourage them to prescribe their drugs or make favorable decisions. The standard response from the medical profession is that doctors have sufficient clinical objectivity — and personal integrity — not to be so swayed. My experience and the evidence appear not to say as much.

On behalf of the next generation of physicians I apologize that profits have come before patients in this country. I’m sorry that we have left our seniors with a situation which they have difficulty navigating and accessing life saving medications. I’m sorry that the profession has seen our clinical judgment go for sale. I’m sorry that are professionalism has been called into question by the public. And I’m sorry our patients are suffering.

The good news is that the movement has a promising future. We have seen marketing practices curtailed, we have seen smaller gifts, federal and state disclosure legislation and we have even seen industry interaction policies instituted in medical centers and departments across the country. We have been fortunate to have significant leadership from publications such as The Truth Behind Drug Companies, Hooked, Powerful Medicines and numerous others. In addition individuals like Dr. Avorn, Dr. Angell, Dr. Goodman, Dr. DeAngelis, and countless others have really been champions on this issue often using evidence to point out the influence of industry on medical education and prescribing practices. Over the past few years students have been incredible drivers in the Pharm-Free movement beginning with the American Medical Student Association (AMSA). Students all over the country are mobilizing at their institutions to develop industry interaction and conflict of interest policies and that gets me fired up and ready to go.

The implications for patient and drug safety within the context of education are very real. Hospital and office reps account for over \$5 billion in marketing expenditures. The “education” provided is shown in nearly every published journal article to be biased (and physicians only detect errors a minority of the time) through both mistruths and an imbalanced review of other literature and products. Moreover, it breeds a culture of entitlement among physicians that corrodes medical professionalism. There is now overwhelming evidence that interactions with drug representatives do influence prescription habits of physicians in ways that sway them away from evidence-based medicine

I became particularly intrigued by the issue when I was a first year medical student in 2002 and I was spending time at one of our community health centers fulfilling our monthly clinical experience. It was there that I saw fourth year medical students running after the drug representatives who had come to talk with the physicians to ask if they could bring lunch to the office in the next week. Three years later, I saw the same situation but my repeated desire to say NO prompted discussion between my colleagues, myself, and mine attending. As a result more than half of the students that month decided to say NO as well and brought awareness to their colleagues and friends. What I saw was a culture of giving and receiving and entitlement. Shortly thereafter I attended an AMSA convention in Washington D.C. where we debated the issue in the House of Delegates. It was here that I learned about the AMSA Pharm-Free initiative which has inspired my work on this issue in the past, inspires it today, and will continue to inspire it in the future. The nation’s

physicians-in-training were debating whether or not AMSA should not accept financial contributions from Pharmaceuticals and medical device companies. This brought up the idea that this initiative teaches us to act with integrity, honesty, and accountability. Compassion, professionalism, and the best interests of patients shouldn't fly out the door once we leave medical school. Subsequently, I began to have further discussions with faculty at my institution, students, and sought out literature on the issue. One particular AMSA leader suggested the non-fiction book, *Hooked: Ethics, The Medical Profession, And The Pharmaceutical Industry*. I found the book to be an exceptional introduction to conflict of interest issues in medicine at every level and continued to make it an important part of my medical training as well as that of others.

My particular medical school is victim to industry influence and inadequate discussion provided throughout the curriculum around conflict of interest and industry influence in education and prescribing practices. Much of my education on this issue has been outside of my medical school but then used my education to bring informal educational opportunities to my medical school community.

The Vioxx scandal exposed the world of pharmaceutical marketing to physicians in a way that shocked our patients. Regardless, the issue of gifts has been known to physicians for years. There is overwhelming evidence that interactions with drug representatives do influence prescription habits of physicians in ways that sway them away from evidence-based medicine. Furthermore, the increasing entanglement may degrade the professionalism inherent in medicine. I have learned through my interactions and work on this issue that we need to use evidence-based medicine, and unbiased sources of information regarding pharmaceuticals, instead of carefully packaged advertising.

In recent years, the influx of drug reps into physician offices and hospitals has attracted the attention of both medical journals and the lay press. Major medical journals have dedicated entire issues to this topic.ⁱ The New York Times and Wall Street Journal have also covered this issue from different perspectives. Much published research has also been conducted in this area, nearly all of it concluding that the interactions between drug reps and physicians are not of benefit for their patients. The industry has put the profits before the people and this is become quite evident in their marketing and business practices.

The drug companies have been engaged in a “rep race” – each company, fearful of losing market share, has hired more drug representatives in order to detail more physicians. As a result, there are now 90,000 pharmaceutical representatives on the streets. The flooding of physicians' offices has resulted in fewer successful encounters: a representative actually meets with a physician only once in five attempts.ⁱⁱ

It can hardly come as a surprise that drug reps are biased toward their own products. When they make factually inaccurate statements, they always favor their products.ⁱⁱⁱ Many doctors claim to be able to sort out the bias, but is that actually true? Research indicates that prescribing habits of physicians exposed to pharmaceutical representatives do not follow the therapeutic guidelines established by expert panels.^{iv,v} Further, while resident doctors claim to be immune themselves, they also believe that the other physicians around them *are* influenced.^{vi} A prospective study tracking the prescribing habits of physicians graphically showed how interactions with drug companies do alter prescribing patterns.^{vii} Reducing

contact with drug representatives during residency training has a lasting impact on how the physicians view information provided by pharmaceutical companies.^{viii}

Many doctors claim that they don't even know what trade name is on their pen. However, patients *do* notice. Patients further believe that doctors are influenced by the drug company trinkets and trips.^{ix} Regardless of whether the physician is actually influenced, the perception of drug company interference damages the doctor-patient relationship. In an era when building rapport with patients is made more difficult by time constraints, why make it even harder by giving patients the impression that the physician has an established relationship with a drug company?

Gifts engender a culture of giving and receiving. This is why pharmaceutical companies provide pens, notepads, name badge holders, etc. Sociology has documented that recipients feel impelled to do something in return for the giver. However, this creates a conflict of interest: the desire to cure the patient versus the subconscious need to repay the drug company's generosity. While these two goals can be parallel, they often may not be. The sense of entitlement in medicine is also an issue and the marketing practices of industry play on this concept: students and resident physicians feel entitled to a good lunch and cool gadgets from the drug companies. Is there a sense of professionalism in this?

- The ubiquitous "Ask your doctor" television messages are a \$3.3 Billion direct-to-consumer effort to market disease conditions (a baffling concept) and to advocate for increased prescribing of patented medications.
- Samples account for \$16.4 billion in marketing. These products are designed to encourage physicians to prescribe patented drugs (often the only drugs provided by sample). Most insidious is that physicians commonly use these drugs in patients that cannot afford prescriptions. This can lead to "bait-and-switch" (when a cheaper drug must be found later) or result in unfilled prescriptions and cutting pills in half.
- Hospital and office reps account for over \$5 billion in marketing expenditures. The "education" provided is shown in nearly every published journal article to be biased (and physicians only detect errors a minority of the time) through both mistruths and an imbalanced review of other literature and products. Moreover, it breeds a culture of entitlement among physicians that corrodes medical professionalism.
- Physicians rely on medical journals for the best medical evidence. These journals, however, contain advertisements designed to shift prescribing practices toward more expensive drugs – often away from the evidence that the text of the journal may recommend. This \$400 million investment further conflates advertising and education.

Industry interactions with residents have received extensive attention in the literature. However, a recent survey of third-year medical students at eight U.S. medical schools suggests that these interactions occur much earlier in the training pipeline (Sierles, et al., 2005). Over 90% of the respondents were asked or required by a physician to attend at least one sponsored lunch. On average, each student reported one gift or sponsored activity a week. Around 80% of the students believed they were entitled to such gifts, but nearly 70% believed that such gifts would not affect their colleagues' practices. Despite the prevalence of drug company interactions with medical students, a national survey of student affairs deans

found that only 10% of the 99 respondents reported school-wide policies on these drug company interactions.

Training in critical appraisal of pharmaceutical promotion and prescribing practice is key, but so is the systemic diagnosis and prescription for change at the institutional level. From counter-detailing and policies governing drug company interactions to information technology tools and improvement in the way we teach pharmacology in medical schools, policy change requires much more than individuals. It is clear that undergraduate and graduate medical education need to be doing much more to bring awareness and action on this issue.

The AMSA Scorecard released in May 2007, ranks medical schools according to their pharmaceutical influence policies, is the first of its kind and provides students with important new information about their medical school choices. This is a tool for pre-medical students to decide which medical institutions continue to believe in professionalism and best interests of the patient as well as a tool for current students and residents to use as pushing a lever in institutional administrations to adopt conflict of interest policy. The results have been striking. Students have used the scorecard as a tool to begin the process, to peer pressure their institution into the process, and to bring shame upon unethical practices. I learned a lot about the influence of media on a change process. We have had regular communication from senior administrators at institutions asking how they can go pharm-free and what they should include in their curriculum. In fact, I have been able to use it as a tool to get the discussion started at my institution. There have been media pieces that speak about the media the scorecard has generated. We are particularly proud of this tool.

The Neurontin grant has provided the opportunity for significant ramp up in education in our country's healthcare centers and medical schools about conflict of interest. Role playing, how to critically appraise literature, and the influence of industry on education and prescribing practices have been the foundation. This is only the beginning of a journey to having curriculum in every medical school in this country address conflict of interest and industry influence in the next 2 years. The AAMC just released a report that suggests that institutions adopt conflict of interest policies. I think we can be vigilant in getting faculty to disclose their conflicts before a lecture. This along with the development of active taskforces and education can be a the start at many institutions that don't have policies.

The issue of disclosure has certainly prompted a controversy. Over the past few years I have learned quite a bit about the importance of disclosure legislation. An important Senate legislative piece that has been getting some attention is the physician payment sunshine act which sheds light on the issue. This piece would require that pharmaceutical and device manufacturers report gifts they give to physicians so that there is transparency. Who would say no to *transparency*? The evidence is clear. Physicians who had requested that drugs be added to the formulary interacted with drug companies more often than other physicians; for example, they were more likely to have accepted money from companies to attend or speak at educational symposia or to perform research (odds ratio [OR], 5.1)^x As we have seen from states that have tried it, like Vermont and Minnesota, a law like this could keep important decisions free of pharmaceutical industry influence.

Given what we know about the delicate nature of trust in medicine and the interaction between doctors and the pharmaceutical industry, the profession should encourage disclosure. Even though disclosure may not, in itself, reduce the frequency of unethical behavior or relationships, and may have no effect on public awareness, it is impossible to adequately identify, manage or prevent conflicts of interest if doctors, the bodies that represent them, and the industry groups with which they deal are not completely transparent about their interactions.

The physician-based marketing is offensive to me because the goal is to systematically confuse education with marketing. Drug reps are in the position of providing medical education—an outrageous scenario. The problem, however, lies not only with the drug industry, but also with the medical profession. Accepting gifts that can influence patient care is a clear conflict of interest; practicing ethical medicine requires a physician to seek out objective sources of information, rather than making decisions based on advertising and promotion.

Based on my experiences, knowledge, and discussions with my colleagues I can say this: Claims that the medical profession is not subject to influence, that the possibility of conflicts of interest arising in relationships between doctors and the pharmaceutical industry does not exist, and that disclosure requirements will lead to the collapse of continuing medical education are naïve, unfounded, inappropriate, and not supported by the existing body of evidence.

We are asking medical students, residents, physicians, and the allied health professions to take our pledge and not participate in the industry largesse. Collect journal advertisements to return to their publishers. “Liberate” pens from your hospital. Seek out sources like The Medical Letter which provides unbiased information about new drugs and therapeutic guidelines. Host your own evidence-based lunch with journal articles about industry interaction. Advocate inclusion industry interaction in your medical school curriculum. It is important that we work to keep our medical schools and teaching hospitals free of the influence of pharmaceutical companies and provide opportunities for continuing education about conflict of interest. Pharm-Free medical students become Pharm-Free doctors and that commitment to evidence-based medicine benefits our patients and our colleagues. Our clinical judgment isn’t for sale.

ⁱ *BMJ*. 2003;326:1155-1215.

ⁱⁱ Hensley, Scott. “As Drug-Sales Teams Multiply, Doctors Start to Tune Them Out.” *Wall Street Journal* 13 June 2003: A1.

ⁱⁱⁱ Ziegler MG, Lew P, Singer BC. The accuracy of drug information from pharmaceutical sales representatives. *JAMA*. 1995;273:1296-1298.

^{iv} Siegel D, Lopez J. Trends in antihypertensive drug use in the United States: Do the JNC V recommendations affect prescribing? Fifth Joint National Commission on the Detection, Evaluation, and Treatment of High Blood Pressure *JAMA*. 1997;278:1745-1748.

^v Chew LD, O’Young TS, Hazlet TK, Bradley KA, Maynard C, Lessler DS. A Physician Survey of the Effect of Drug Sample Availability on Physicians’ Behavior. *JGIM*. 2000;15:478.

^{vi} Steinman MA, Shlipak MG, McPhee SJ. Of principles and pens: attitudes and practices of medicine housestaff toward pharmaceutical industry promotions. *Am J Med* 2001 May;110(7):551-7.

^{vii} Orłowski JP and Wateska L. The effects of pharmaceutical firm enticements on physician prescribing patterns. *Chest*. 1992;102:270-273.

^{viii} McCormick BB, Tomlinson G, Brill-Edwards P, Detsky AS. Effect of restricting contact between pharmaceutical company representatives and internal medicine residents on posttraining attitudes and behavior. *JAMA* 2001; 286(16): 1994-1999

^{ix} Mainous III AG, Hueston WJ, Rich EC. Patient perceptions of physician acceptance of gifts from the pharmaceutical industry. *Arch Fam Med.* 4; 1995:335-9.

^x ChrenMM, LandefeldCS. Physicians' behavior and their interactions with drug companies. A controlled study of physicians who requested additions to a hospital drug formulary. *JAMA.* 1994 Mar 2;271(9):684-9.