

Student Essay Contest

Before I started medical school, I read a front-page story in the local newspaper highlighting a student at a medical school who packed lunch and tucked ballpoint pens into her white coat pockets daily in preparation for the hospital. She did this to avoid receiving anything from the pharmaceutical representatives she encountered on her rotations. Later this student went on to become national president of the American Medical Student Association (AMSA).

This was my first encounter with AMSA and its PharmFree Campaign. Its message of renewing patient trust in doctors by removing pharmaceutical influence and using evidence-based medicine was straightforward. Drug representatives pay frequent visits to physicians' offices to deliver drug company-labeled paraphernalia such as pens, pads, clocks, magnets, scissors, staplers, and other items. Additionally, they cater lunches and chat up the staff and doctors. These gifts seem small, but their implications are large. Giving someone a gift creates a relationship in which the recipient feels an obligation to reciprocate. The drug companies have used this concept to focus their marketing strategies. The issues are broader when one considers how the AMA sells lists of physician prescribing habits, the US is one of two countries that allow direct-to-consumer advertising, and the FDA is weak against the powerful pharmaceutical lobbyists.

I am not against pharmaceutical companies. My problem is that they spend so much money advertising the latest drugs or combinations of old drugs that are not necessarily the most cost-effective remedies to physicians and patients. A recent study demonstrated free medicine samples often are given to middle-class patients. After the free sample runs out, the doctor and patient have to decide whether to continue this expensive medicine or to switch to a cheaper and possibly more evidence-based choice. If I were the patient, I would certainly question why I was not started on the evidence-based alternative in the beginning.

However, the topic of physician-pharmaceutical conflicts-of-interests was rarely discussed in didactic lectures in medical school. There were far more opportunities to come into direct contact with pharmaceutical representatives. During my first clinical rotation on surgery, the chief resident called different drug representatives weekly to solicit lunches on Fridays. In the children's hospital we were taught to encourage new mothers to breastfeed, but we would eat lunches from formula representatives. The most activity I witnessed was during my family medicine rotation in a private suburban practice. Pharmaceutical representatives provided lunches daily for the staff and at least four or five daily would stop by for face time with the doctor.

It was challenging to turn down free food and eat my peanut-butter-and-jelly sandwich and apple lunches. Students are evaluated on their behavior and we were expected to attend these drug company-sponsored didactics featuring professors. I felt ethically conflicted about attending. My classmates were not necessarily so discerning. Frequently, they felt entitled to the freebies and could not understand why I would turn down anything free. Frequently, they walked the halls of the hospital with white coats bursting with pharmaceutically-branded pens, notepads, and identification badge holders. If my peers had trouble understanding my motives, the older

physicians and faculty were sometimes worse. One of my friend's attendings started receiving honoraria for speaking on behalf of a drug company.

After getting involved in AMSA, I have been spending the past couple of years trying to help more schools go PharmFree. We are supported in our efforts by groups such as AARP, Consumers Union, No Free Lunch, and the National Physicians Alliance. At my own school, a group of students is working towards getting our medical school to join the leading edge and adopt a policy banning gifts from pharmaceutical representatives, but faculty concerns involving lack of money to cover meals for residents and low employee morale are hindering progress. Yet, it has been exciting to see more and more medical schools and hospital systems adopting such policies and teaching physicians-in-training and support staff why.

Medicine is a very conservative field and slow to change, but being on conference calls with students from other schools, hearing their stories, brainstorming ways to help schools realize the significance of this conflict fuels my drive. With more published articles and news stories eroding the credibility of pharmaceutical companies, doctors cannot be tools of the industry and expect to be respected by their patients. I will be starting residency soon and hope to continue educating peers by packing my own lunches and pens.