

reViews

Personal views

Doctors must not be lapdogs to drug firms

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Last month I gave a talk at Presbyterian Hospital in Albuquerque, New Mexico, about the influence of the drug industry on continuing medical education. As usual, pharmaceutical companies contributed funds to the conference, and there was a small exhibition area with the usual monopoly of drug firms.

Immediately after my talk, one pharmaceutical company representative announced to a conference organiser that her company would no longer support the annual conference. Another packed up his exhibit and walked out. Other drug representatives were observed muttering angrily into their cell phones, which may, or may not, have been related to the near total exhibitor boycott the next day. Only one exhibitor showed up, prompting a physician friend of mine to remark, "Maybe he missed your talk."

I had been so thrilled to receive my first United States invitation (outside of my university) to speak about how pharmaceutical companies manipulate prescribing. OK, to be entirely accurate, I was invited to speak about herb-drug interactions. But my "buy one get one free" lecture offer was taken up, and the organisers arranged a debate with a sales representative on whether pharmaceutical companies should fund continuing medical education for physicians.

The drug representative who agreed to the debate later backed out on the advice of "legal." Despite having been offered equal time, this is the same person who announced that her company would not support future conferences.

My talk covered the costs of drugs, the costs of promoting drugs to doctors, the salaries of drug representatives, the funding of continuing medical education, and the connection between polypharmacy and adverse drug events. I also covered psychological profiling and monitoring of physicians,

including prescription tracking.

The audience of physicians, nurses, and allied health professionals seemed immensely interested—and acutely aware of the rarity of an occasion in which the relationship between medicine and the drug industry was questioned. Several physicians noted on their comment forms that the organisers were brave to address the subject. Some delegates even offered to pay higher registration fees in the future to offset the drug firms' defection.

However, the conference organisers were inclined to mollify the miffed companies, perhaps by explaining that my talk was important to prescribers. That will not work, of course, because the pharmaceutical firms are not interested in presenting information important to prescribers, unless it is also important to the drug industry. The suggestion that we need only soothe ruffled feathers gives drug representatives the status of offended friends. The notion that explaining our stand will buy forgiveness gives drug representatives the status of colleagues. Grovelling might work, says a colleague who used to be a drug rep. An apology, for example, could persuade drug companies to restore funding to the conference at Presbyterian—in exchange for, say, a promise never to invite me to speak again, and the inclusion in future talks of several speakers preferred by the drug companies.

Corporate support of continuing medical education courses, meals, and treats are not merely our just rewards for being hardworking, dedicated doctors. The illusion that the relationship between medicine and the drug industry is collegial, professional, and personal is carefully maintained by the drug industry, which actually views all transactions with physicians in finely calculated financial terms. Drug representatives are paid to be nice to us, as long as we cooperate, sustaining our market share of targeted drugs and limiting our continuing medical education lectures to messages that increase drug sales. This is an unspoken agreement, but no less clear for being covert.

The drug industry is happy to play the generous and genial uncle until physicians want to discuss subjects that are off limits, such as the benefits of diet or exercise, or the relationship between medicine and pharmaceutical companies. Any subject with the potential to reduce drug sales is anathema. Fair enough. He who pays the piper calls the tune. If we remain dependent on pharmaceutical companies for sponsoring continuing

medical education, then these courses will remain under the control of the drug industry. This control is not contractual, but it is enforced through psychological manipulation.

If corporate sponsorship of medical meetings is deemed indispensable, why limit sponsorship to pharmaceutical companies? Surely the manufacturers of cars, luggage, and travel services would pony up for the opportunity to sell their goods to physicians. Conference organisers could solicit sponsorship from firms that market practice management software, office furniture, or other business related goods. As a last resort, we physicians could actually pay for our continuing education, as do lawyers, accountants, business people, and aerobics teachers, to mention a few. Medicine must shed both its docility and the corporate leash. Let us not be a lapdog to the pharmaceutical industry. Rather than sitting contentedly in our master's lap, let us turn around and bite something tender. Freedom calls.