The ethics of physician-pharmaceutical company relationships

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An ethical physician will recognize that the profession demands of him integrity and dedication to its search for truth and its service to mankind . . . and will avoid advocacy of any product when he is identified as a member of the medical profession.[1]

Recently two seemingly unrelated events caused me to reflect on a problem that our profession has tended to ignore. The first was the resignation of a cabinet minister for taking a $250 000 loan that, despite the prime minister's conflict-of-interest guidelines, he failed to report. The second was a call from a pharmaceutical company representative offering me an all-expenses-paid trip to Europe to hear about a new drug that the firm plans to introduce in Canada. These events forced me to ask myself At what point does a physician's acceptance of a drug company's goodwill constitute a conflict of interest?

I do not pretend to know the answer to this question. Like most of my colleagues, I have accepted invitations to local drug-company-sponsored symposia over dinner or snacks, at which the firm had its products clearly in evidence. Occasionally — because of my expertise, I assume — I have been invited to speak at international conferences that are organized by physicians but sponsored by drug firms. Most medical meetings, in fact, rely heavily on such support. Somehow it was less easy to rationalize a fully paid trip to Europe just to hear about a new drug for the treatment of a disease for which I had no research pretensions. What is the pay-off of such a "rent-a-crowd" for the firm? Undoubtedly, those in the marketing department hope that I will develop warm feelings about the product and oblige them by prescribing it. Also, as an academic I might set the tone for acceptance of the drug by students, residents and colleagues. Deny as I might that such a trip would influence my teaching, an implied obligation is there that has not been reciprocated by the company's use of my scientific and professional expertise. Am I to repay the firm by helping it market the drug? Therein lies the conflict of interest.

Patients complain about the high cost of drugs. Many physicians agree that drugs are overprescribed and are concerned about the prevalence of side effects. The Ontario Drug Benefit Plan for the elderly is many times over budget, yet how many elderly people do we see who carry in a brown paper bag several bottles of pills for which the original indication is no longer clear? As doctors we must be concerned about how data from industry-funded clinical trials are used. Data that show that a drug is beneficial for one disease (e.g., peptic ulcer) are often used unjustifiably for another (e.g., nonulcer dyspepsia). Negative results of trials are seldom published; selective and spurious positive results frequently are. Such studies need to be balanced, and we risk our integrity if we do not press for full disclosure of results. We must remain free to critically assess the data.

On the other hand, the importance of pharmaceutical houses to modern medicine cannot be underestimated. Where would the treatment of peptic ulcer, congestive heart failure, hypertension and diabetes be today without the entrepreneurial spirit and expertise of international drug houses? Studies of the efficacy and safety of new drugs would be impossible without close cooperation between clinical investigators and the pharmaceutical industry. Other benefits include funding of projects not directly related to the drug study, as well as improved research methods and education programs for residents and practising physicians. Many of my colleagues go so far as to say that the drug companies are the only available sponsors of clinical research, since federal government sponsors are underfunded and seem to concentrate on

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laboratory research, and provincial programs are interested in health care delivery. Indeed, pharmaceutical houses provide the only research support for many academic physicians.

All of this brings us no closer to solving the conflict-of-interest problem. Yet it seems clear that we academic physicians need to develop guidelines to ensure that our conduct as "public figures" is beyond reproach. It must be manifestly clear that we recommend a drug to our colleagues, patients and students only because it is needed and because it is the safest, least expensive and most effective product available.

The recently announced *Code of Marketing Practices*[2] of the pharmaceutical industry seems a step in the right direction, but our profession needs its own guidelines. For example, clinical researchers and prescribing physicians might consider guidelines such as the following.

- Physicians participating in drug trials must insist on the right to publish the results, even if the data prove unfavourable.
- Results of drug trials should be published first in a peer-reviewed journal or book. They should not be submitted first to drug-company-sponsored publications or the "throw-away" medical press.
- Clinical researchers should insist that the results of uncontrolled studies not be quoted as facts, that the drawbacks and benefits of a drug be discussed equally and that the results of trials not be extrapolated to include indications for use beyond those justified by the data.
- There should be an "arm's-length" relationship between the sponsoring agency and the physicians organizing and participating in continuing education activities. In other words, physicians should control content and maintain "editorial autonomy".
- When a physician's expenses are paid by a firm or a firm has provided gifts or free samples the physician should be assured that there is no real or implied obligation to promote the firm's products.

In this age, when public figures must be seen to be above reproach, physicians and pharmaceutical houses must act and be seen to act in the public interest. Otherwise, we risk censure that we are a medical–industrial complex with ulterior motives.

References

1. *Code of Ethics*, Can Med Assoc, Ottawa, 1984
2. *Code of Marketing Practices*, Pharmaceutical Manufacturers Association of Canada, Ottawa, Feb 1988