Academic medicine and the pharmaceutical industry: a cautionary tale

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Résumé : L'auteur, qui est directeur du Programme de résidence en médecine interne de l'Université McMaster, examine les nouvelles lignes directrices interdisant aux résidents de se prévaloir d'avantages n'ayant pas trait à la formation, par exemple, les repas gratuits à l'occasion des séances d'information sur les médicaments organisées par l'industrie. Les nouvelles lignes directrices empêchent également les représentants de l'industrie de participer aux activités de formation des résidents. L'auteur traite de la réaction négative de l'industrie face à ces lignes directrices.

A response from the Pharmaceutical Manufacturers Association of Canada follows this article. — Ed.

The medical residency program at McMaster University recently adopted formal guidelines for interactions with the pharmaceutical industry. The guidelines, adopted after extensive debate by internal medicine residents and faculty, prohibit residents from receiving noneducational benefits (including lunches during drug briefings) from the industry, and exclude industry representatives from residents' educational events.[1]

The guidelines specify that if resources for educational activities are not readily available within the department, faculty members and residents can look for support from the pharmaceutical industry. If a company insists on participating in choosing the content of an educational event or having a industry representative attend, we refuse the funding. The Postgraduate Education Committee responsible for all residency programs at McMaster subsequently adopted similar guidelines.

To determine industry reaction to the guidelines, we polled 24 companies with whom the residency program had interacted. About half of the 18 companies that responded found the guidelines unacceptable and stated that funding for the program would decrease as a result. The other half found the guidelines acceptable.[1]

On May 20, 1992, a senior official of the marketing section of the Pharmaceutical Manufacturers Association of Canada (PMAC) visited me because I am director of the Residency Program in Internal Medicine. The initial discussion highlighted our different perspectives. The official then suggested that industry funding for not only educational activities but also research could be compromised by the guide-

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lines. I stated that this was a threat, and that threatening statements were unacceptable. The official denied that a threat had been made, and repeated a simile he had already presented: the interaction between academic medicine and the industry is like a marriage, and both partners have to compromise.

The day after the meeting I received a note from the official, who "sincerely hoped that the guidelines of McMaster can be brought much closer to the Canadian Medical Association guidelines both in spirit and form." This last hope was offered even though I had made it clear that the guidelines were not open to negotiation with the industry.

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This official also held a senior position with a Canadian subsidiary of a multinational drug company. The director of the General Internal Medicine Residency Subspecialty Program, Dr. David Sackett, had asked the company to sponsor research by residents. This official responded: "[Our company] has always had mutually beneficial relationships with many physicians and health care professionals in your institution. Recently, access to many of these key people has become limited, including the medical residents. Without this contact, it is very difficult for a partnership to develop. Consequently, it is not easy for [our company] to justify philanthropic donations to research when there is limited or no access to researchers, and no hand in the type of research project selected for support. Unfortunately, at this time we will have to decline your request."

Industry contacts soon told Sackett that the PMAC had an unwritten but official policy of "noncooperation with Guyatt" and that some of them saw the official's letter as an unfortunate flexing of muscles. Sackett's impression was that some companies still wanted to support educational events, but did not want this support to be construed as condoning the residency guidelines.

In a parallel development, the continuing education chairperson came under industry pressure. Attributing the guidelines to the institution (and thus to the continuing education program as well as the residency program), several companies indicated that if cooperation with the industry was not forthcoming, funds would be donated elsewhere. The chairperson eased the misunderstanding by explaining that the continuing education guidelines had not changed. The chairperson also sent a memo to a senior faculty administrator, identifying the serious effect the residency guidelines were having on his program's relationship with drug companies. He suggested that all educational programs adopt a uniform approach. Accompanying the memo were suggested guidelines for interaction with the industry; they sanctioned input from the industry in planning educational events, as well as much greater access to and opportunity for dialogue with physicians by industry representatives.

The administrator concurred that a more uniform policy across educational jurisdictions was desirable: "I share your concern that our relations with the drug industry are a bit like a marriage, when the relationship has to be nurtured to avoid the alternative of constant conflict. All of us endorse the general principle that we should not be held hostage by drug companies but we also have to recognize the hard fact that the drug companies are becoming increasingly the only likely source of external funds to support some of our educational operations."

I surmised that the activities of the senior industry official and the PMAC and the pressure that had been brought to bear on the continuing education chairperson represented drug industry attempts to intimidate the faculty leadership. In response to the senior official's rejection of funding, Sackett and I sent him a letter on June 8, 1992, stating that, as we understood it, he had withheld funding on the basis of the residency guidelines. We suggested that this was not in his company's or the industry's best interests, and that we would be happy to meet with him to discuss the issue further. When we had not received a reply by Aug. 11, Sackett sent another letter: "Because this letter, and your response to it, may receive rather wide distribution, I begin it with a chronology of the pertinent events."

The letter suggested that if there was no confirmation or refutation of his impression of a link between refusal of funding and the guidelines, Sackett would feel obligated to bring the issue forward to the Royal College of Physicians and Surgeons' Committee on Health and Public Policy, which he then chaired. The letter also asked for clarification of PMAC policy with respect to the guidelines.

On Aug. 24 the official responded: "My decision . . . to respond negatively to your request for funding of research projects was in no way linked to the new guidelines."

In subsequent correspondence,

Sackett and I asked the official to clarify the PMAC's attitude toward the guidelines. Ultimately, we explicitly asked if there were, or ever had been, PMAC policies to withhold funding because of the guidelines, or to refuse to cooperate with me in my role as director of the residency program. The reply came not from the senior official but from the president of the PMAC. It stated that there had never been any such PMAC policies.

I also felt compelled to deal with the continuing education chairperson's concerns about his deteriorating relationship with the drug industry. In a widely distributed memo addressed to the administrator, I first noted that the deleterious effect of the Department of Medicine guidelines suggested that the industry saw the guidelines interfering with its ability to exert influence on the attitudes of physicians-in-training. I suggested industry representatives believed that by putting pressure on organizers of another program, they may indirectly influence policies of the postgraduate training programs. I noted that if the administrator modified the guidelines, the industry's belief that it could indeed exert influence in this manner would be vindicated. I felt that proceeding in this way would be a major error. The administrator decided that given the current differences in attitudes and guidelines, there was little to be gained by attempting to develop a uniform policy.

Our residency program did not rely heavily on funding from industry, even before the guidelines. Overall, industry funding for the internal medicine residency program has remained more or less constant since the guidelines were adopted.

Discussion

There are lessons in this for both the drug industry and academic medical leaders. The industry must accept that we are in an era in which ethical standards of conduct for the medical profession are in flux. Many organizations have delineated standards of conduct that are quite different from practices that have become commonplace over the last decade.[2-4] Some physicians present compelling arguments suggesting that any industry gifts to physicians or physicians' organizations are a form of bribery.[5] This rigorous standard is currently the viewpoint of only a small minority, but that might change as this debate continues. According to this standard, our residency program guidelines are still too permissive.

The drug industry must let the discussion within the profession evolve. As this evolution proceeds, institutions and organizations will take different approaches to the issue. Industry attempts to influence the debate by intimidating those responsible for setting standards or guidelines will not serve its long-term interests. Attempts to intimidate provide ammunition for those who see the acceptance of any gifts as a breach of ethical standards.

Academic leaders considering policies that restrict industry donations and access to physicians and physicians-in-training will face the possibility of industry reprisals. During the internal debate that was part of our guidelines development, faculty members expressed concern about possible reductions of industry funding. Misguided industry representatives may exert subtle or overt pressure on academic leaders to refrain from instituting or enforcing restrictions on industry interaction with physicians. Academic leaders may be tempted to bow to this pressure.

However, academic leaders should note that the drug industry cannot carry out major reprisals because such moves would be too damaging to its image. Indeed, the entire reason for subsidizing educational programs is to present a picture of socially responsible and generous corporate bodies. Threats to withdraw support are a bluff that will evaporate if the bluff is called. Industry representatives realize that if they are seen trying to intimidate academic policymakers, they will provide too much ammunition to those they see as their enemies.

This is not to say that more subtle reprisals are not still possible. There may be many reasons to reduce funding, and excuses are easily found. But, industry has little to gain by restricting funding in a way that leaves uncertainty about the causal connection with faculty policies.

Ultimately, however, the most compelling reason to resist intimidation is that it is an abuse of power and influence. Succumbing to industry inducements, or the threat of withdrawal of these inducements, reinforces the behaviour and is likely to compromise our ability to make ethical stands in various areas.

The verdict about the appropriate ethical standards that should guide physicians and publicly funded institutions in their relationship with the drug industry is not yet in. Leaders of both academe and the industry must prevent intimidation from being a hidden or explicit factor in the ongoing debate.

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