

Physicians and the pharmaceutical industry

Bruce P. Squires, MD, PhD

Résumé : Le Dr Joel Lexchin souligne dans son étude des attitudes des médecins envers l'industrie pharmaceutique (voir les pages 1401 à 1407), que les interactions entre les deux groupes impliquent des problèmes d'éthique, de bien-fondé scientifique et de responsabilité sociale. Ces interactions comprennent les essais cliniques et la formation médicale continue et pourraient altérer le comportement du prescripteur. Traditionnellement, les sociétés pharmaceutiques ont joué un rôle important en médecine. Les médecins doivent toutefois veiller à ce que leurs pratiques soient basées sur la meilleure information possible et non sur la seule influence d'une institution commerciale.

In this issue (see pages 1401 to 1407) Dr. Joel Lexchin reports on his review of 36 selected articles published since 1977, originating in Australia, Canada, New Zealand, Britain and the United States, to determine the attitudes of physicians toward relationships with pharmaceutical firms and how often they collaborated with such firms. He also attempted to determine whether the funding by pharmaceutical firms affected the quality of clinical trials or the content of continuing medical education (CME). The ultimate question, of course, was whether physicians' associations with pharmaceutical firms affected their prescribing behaviour.

It is not surprising that physicians see pharmaceutical detailers frequently and participate in symposia, clinical trials and CME events sponsored by pharmaceutical firms. It is similarly not surprising that physicians recognize the potential for conflict of interest in their associations with such firms. What is surprising is that many physicians have convinced themselves that they are not influenced by such relationships.

Physicians are as susceptible as anyone else to obvious and less obvious forms of persuasion. Pharmaceu-

tical firms would hardly spend the amount of money they do on advertisements, symposia, consensus conferences or CME events unless they believed that their investments paid off in increased profits from the sale of products. But physicians cling to the mistaken belief that they are impervious to the persuasive messages from commercial organizations. On the one hand they indicate, as Lexchin notes, that they rank the quality of information from company-sponsored symposia and consensus conferences below that from seemingly less-biased sources; on the other hand, they frequently attend commercially sponsored programs and readily accept meals, drinks and other "innocuous" perks. Indeed, organized groups commonly solicit support from pharmaceutical companies for their functions.

Commercially sponsored clinical trials also prick physicians' consciences. Physicians are somewhat uneasy about accepting funds from firms to conduct clinical trials, especially if the trials are designed and coordinated by the firms; yet they still participate, rationalizing that the firms contribute positively to the development of new therapies. What say do the firms have, however, in the design of the trial? And who controls how the resulting manuscript is prepared — or even if it is prepared? Clearly, pharmaceutical firms likely do not want to submit for publication the results of a trial that reflect unfavourably on their products. How many physicians enter into a company-sponsored clinical trial with a written agreement that the results of the trial will be reported regardless?

The recent history of medicine in Canada has been marked by close collaboration between physicians and the pharmaceutical industry; how else, for example, could the large-scale production of insulin have been so quickly accomplished in the early 1920s without the support of a pharmaceutical firm? The close collaboration continues as it should. An important principle, however, is clearly stated in a CMA policy summary on the topic: "The pri-

Dr. Squires is editor-in-chief of CMA publications and CMAJ.

Reprint requests to: Dr. Bruce P. Squires, CMAJ, PO Box 8650, Ottawa, ON K1G 0G8

primary objective of professional interactions between physicians and the pharmaceutical industry should be the advancement of the health of Canadians rather than the private good of either physicians or industry.” The summary further stipulates that “the practising physician’s primary obligation is toward the patient. Relationships with industry are appropriate only if they do not affect the fiduciary nature of the physician–patient relationship. In particular, physicians should avoid any self-interest in their prescribing practices.”

The first step, I believe, in fulfilling this responsibility is for physicians to recognize that they are naturally susceptible to the persuasive actions of commerce. That done, they must then ensure that their selection of therapies is based on the best, objective information. When they attend a company-sponsored symposium or CME session they need to ensure that the program, content and speakers have been selected by coordinators who are completely independent from the sponsoring firm. Indeed, it would be wise to eschew programs that do not demonstrate their independence from the supporting agency or firm.

Conferences

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Dec. 17–18, 1993: 5th European Health Services Research Conference (cosponsored by the Netherlands School of Public Health)
Maastricht, the Netherlands
Mrs. Elita Zoer or Mrs. Joke Bosman, the Netherlands
Institute of Primary Health Care (NIVEL), PO Box 1568,
3500 BN Utrecht, the Netherlands

Jan. 19–22, 1994: Inhibition of Matrix Metalloproteinases: Therapeutic Potential (cosponsored by the Long Island Jewish Medical Center)
Tampa, Fla.
Geraldine Busacco, conference director, New York Academy of Sciences, 2 E 63rd St., New York, NY 10021; tel (212) 838-0230, fax (212) 838-5640

Jan. 23–24, 1994: Cancer — a Molecular Approach Symposium
Riyadh, Saudi Arabia
Official language: English
Ms. Lynn Reeves, conference coordinator, King Faisal Specialist Hospital and Research Centre, MBC 36,
PO Box 3354, Riyadh 11211, Saudi Arabia; tel 011-966-1-442-7238, fax 011-966-1-442-7237

Jan. 23–28, 1994: ICR '94 Singapore — 18th International Congress of Radiology
Singapore
Official language: English
Study credits available.

When participating in company-sponsored clinical trials physicians need to ensure that the trial is clinically relevant, ethically defensible, socially responsible and scientifically valid,¹ that the results of the trial will be made available to the professional and lay public on conclusion of the study and that the study has been approved by an appropriate ethics review board. They also must resist the temptation to enrol patients in clinical trials merely because they get paid for each enrolled patient.

It is not terribly difficult to be convinced that pharmaceutical companies have compelling and subtle tools to influence prescribing patterns. But ultimately physicians must review their own actions — conscious and unconscious — to ensure that their practices reflect the best available information that is objective and scientifically valid, not merely the persuasive powers of a commercial institution.

Reference

1. Physicians and the pharmaceutical industry. *Can Med Assoc J* 1992; 146: 388A–388C

18th ICR '94, Kent Ridge PO Box 1052, Singapore 9111,
Republic of Singapore; tel 011-65-776-1981, fax 011-65-776-2081

Feb. 18–20, 1994: American Academy of Pain Medicine — 1994 Annual Refresher Course and Conference
Orlando, Fla.
Cathy Crabbe, 1st Floor, 5700 Old Orchard Rd., Skokie, IL 60077-1057; tel (708) 966-9510, fax (708) 966-9418

Feb. 20–24, 1994: 49th Annual Meeting of the Medical Society of PanAmerican Doctors
Manzanillo, Mexico
Dr. J.R. Brummitt, program chairperson, Medical Society of PanAmerican Doctors, 91 Edgemont Estates Dr. NW,
Calgary, AB T3A 2M3; tel (403) 239-7790; after Dec. 1, 1993, tel (613) 966-4051

Feb. 22–25, 1994: Coronary Artery Spasm
New York
Geraldine Busacco, conference director, New York Academy of Sciences, 2 E 63rd St., New York, NY 10021; tel (212) 838-0230, fax (212) 838-5640

Feb. 22–26, 1994: The Impact of Families, Friends and Social Systems on Health — 5th Annual Conference of the *American Journal of Health Promotion*
Colorado Springs, Colo.
Trish McManaman, 200–1812 S Rochester Rd., Rochester Hills, MI 48307; tel (313) 650-9600, fax (313) 650-9602

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