# Drug Company—Physician Communication Challenged

MICHAEL McCarthy reports in the March 3, 2007 issue of *The Lancet* that The Pew Charitable Trusts are funding a major national effort to reduce "the influence of pharmaceutical-industry marketing on the prescribing practices of US doctors."

Physicians frequently complain about the imposition on their time by drug company detail men and women who seek to market Big Pharma products. For example, a doctor called me several years ago to discuss establishing a system of "pay for play" rates he proposed to charge to the detail men clamoring for attention in his waiting room; the revenues so obtained would be donated to charity to avoid running afoul of antireferral laws. I vetoed the idea—for obvious reasons!

By the same token, I have *no* recollection of any physician client calling me to protest the free meals and gifts he/she accepted from drug company representatives. Indeed, by strange coincidence, a restaurant I frequent occasionally for midweek degustations almost always has a table or two occupied by physicians (many of whom I know) and a bright-eyed, buttoned-down, fresh-faced individual who can be overheard pitching the benefits of a given ethical drug!

The Pew Trusts have put six million dollars on the table to fund The Prescription Project, the name given to the campaign, which will be led by a Boston consumer advocacy group that will partner with Columbia University's Institute of Medicine As A Profession (IMAP).

The purpose of The Prescription Project is to develop and "promote the implementation" of rules that will prohibit or at least sharply limit gifts or services from pharmaceutical companies to physicians, residents and students "even," Mr. McCarthy reports, declaring out of bounds such inexpensive items as pens, notepads and free drug samples.

The federal Government Accountability Office (GAO) estimates that Big Pharma doles out over $7.2 billion annually in its "direct-to-physician" and "direct-to-hospital" marketing. This does not include *gratis* samples delivered to health care providers retailing, according to the GAO, for about $16 billion annually.

The seeds for the Prescription Project appear to have been sown by an article in the January 25, 2006 issue of the *Journal of the American Medical Association* published by Dr. Troyen A. Brennan then of the Harvard Medical School, IMAP President Dr. David J. Rothman, who is also a professor of social medicine at Columbia and nine colleagues. In that paper, the authors state:

> The current influence of market incentives in the United States is posing extraordinary challenges to the principles of medical professionalism. Physicians' commitment to altruism, putting the interests of the patients first, scientific integrity, and an absence of bias in medical decision-making now regularly come up against financial conflicts of interest. Arguably, the most challenging and extensive of these conflicts emanate from relationships between physicians and pharmaceutical companies and medical device manufacturers.

Dr. Brennan and his coauthors pushed for a complete prohibition on goods and services gifts, and even quasigifts such as compensation for participation in on-line CME. The *JAMA* piece also proposed to exclude "anyone with financial relations with drug and device manufacturers from hospital and medical group drug formulary committees and purchasing committees."

In response to critics who might assert that erecting a *cordon sanitarare* around drug company beneficence might hamper educational funding, the *JAMA* paper offered up a centralized funding mechanism into which Big Pharma could contribute and from which hospitals and researchers could seek support—thereby sanitizing the contributions.

Is this sort of an approach sensible? Required? Does it trivialize insignificant gratuities, turn physicians into drug company monitors and patronize the medical profession with a lack of sophistication?

The arguments advanced by Dr. Brennan et al are compelling for any physician who believes in obtaining something for nothing but who fails to realize, that in the process, he can become sensitized to a financial nexus which, over time, generates a sense of familiarity and, perhaps, obligation. After all, if someone does something of benefit for you, and repeats the same conduct on a number of occasions, it is unreasonable to believe that you will not tilt in his direction, perhaps even without realizing you are doing so.

While hardly an empirical test, it is difficult to perceive that drug companies are making these billion dollar payments and incurring huge marketing expenditures if they were not achieving the results desired. To say that some, if not most, physicians are not impacted by these blandishments, even if true, is to beg the point. As long as a significant number of caregivers are being successfully wooed, doctors and their patients have cause for concern.

Dr. Thomas Stossel, a hematologist at Harvard Medical School, rejects The Prescription Project approach as trivializing professional relationships and states, "I'm not going to fall on my sword for pizzas and pens." Agreed, but what

about more significant contributions to one's Epicurean needs? What about travel to a clinical seminar?

Do the sorts of restrictions proposed by The Prescription Project wrongly characterize physicians as naifs whose personal judgments can be suborned by drug company reps for a nice dinner? Well, if the dinner is not all that important, there is no reason to fight to retain Big Pharma's ability to feed and entertain the medical profession. Moreover, spending time with drug representatives and the potential bias these encounters engender implicates larger social concerns, not just whether or not a technical conflict of interest is presented.

Is a prescription necessary at all or is watchful waiting a better choice? If medication is required, should a generic be explored before a name still under patent protection and sold at a very high price is prescribed? Judges are very careful about with whom they socialize even though, as anti-Prescription Project physicians maintain, their independence is not about to be purchased for the price of a meal. More importantly, the appearance of loss of independence, to the larger community by joining wining and dining missions by drug reps is at least as important a concern.

Physicians may not appreciate having their autonomy trammeled in this arena any more than the boundaries imposed by the managed care regimes are accepted. As in many other settings, however, failure to self-police the behavior of a group may provoke external limitations and regulations which will be extremely problematic; the profession will find it difficult to oppose these future restrictions if it does not deal with the challenge now.

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