

# Disentangling doctors and drug companies:

## Will New Zealand lead the way?

Ray Moynihan

Endings and beginnings are surely the most dramatic times in our lives. The loss of a loved one characterised by grief and sadness, the start of something new, rich with optimism and hope. Doctors all over the developed world are living through such a time, as their relationships with the makers of medical products are fundamentally renegotiated. But this ending carries no cause for grief, because what is dying is already well-rotten, and what is slowly replacing it can only be characterised as healthy.

The cosiness between doctors and drug companies has rightly become a global scandal, eroding the independence and corroding the legitimacy of the medical profession. Moreover, it is threatening the very trust at the heart of the healer-patient relationship.<sup>1</sup> From the misleading banter of the friendly sales rep, to the bought-off opinion leaders, from the free world trips to the distortions of sponsored scientific research, drug company influence in medicine is being exposed as ubiquitous and unhealthy.<sup>2</sup>

A few statistics are sobering: in the United States, drug companies sponsor more than 300 000 events every year for doctors; company funded clinical trials are roughly three times more likely to find favourable outcomes for the sponsor's drug, as compared to independently funded trials; drug companies spent close to a billion dollars on lobbying Washington DC congressmen over the past seven years, far more than most other industries.<sup>3</sup>

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Interactions that were once seen as perfectly ethical and innocuous – a pizza at lunchtime paid for by a pharmaceutical or device manufacturer – are now regarded as one corner of a vast web of interconnections and financial ties that ultimately harms prescribing behaviour and produces damaging conflicts of interest for doctors. Many within the most senior echelons of the global medical establishment have become convinced beyond doubt that the flows of money lubricating the entanglement of doctors and industry must be slowed or stopped.<sup>4</sup> *'The medical profession is being bought by the pharmaceutical industry'* explains Dr Arnold Relman, the former editor of the *New England Journal of Medicine*, *'not only in terms of the practice of medicine, but also in terms of teaching and research.'*

For those doctors who remain unconvinced that the status quo is fundamentally shifting, it pays to take a look at some of the harder edges of this debate about entanglement. In Italy many physicians have faced charges of being bribed, simply for accepting largesse that many doctors around the

world have accepted with relish for their entire careers – until now. In the United States, in a recent case, a number of senior specialists have been similarly disgraced, essentially for being bribed to prescribe, while the drug company involved was forced to pay back more than a billion dollars in fines to the US government.<sup>5</sup> And the heightened public scrutiny on physician-industry interactions is not just targeting drug companies.

In the last few months the federal authorities in the US have subpoenaed many of the world's largest surgical device manufacturers, demanding they hand over every detail of their financial arrangements with surgeons, surgical trainees and medical students. Financial ties that were once familiar within the world of medicine are fast appearing as very strange to those outside. As awareness of these cosy relationships permeates more widely within the public consciousness, outrage and government action will inevitably grow. The recent report from the British House of Commons Health Committee is utterly damning in its findings about the widespread and in-

appropriate influence of drug companies on every aspect of the world of medicine.<sup>6</sup> *'The consequences of lax oversight'* writes the parliamentary panel, *'is that the industry's influence has expanded and a number of practices have developed which act against the public interest.'*

Perhaps anticipating government action, many individuals and organisations in many nations are moving to wind back and even sever their ties with commercial players that might pose a threat to their independence and credibility. Inspired in part by the New York-based activist group 'No Free Lunch',<sup>7</sup> the 50 000 strong American Medical Student's Association now has a strict policy of saying no to all forms of financial ties – no free lunches, no paid speaking engagements, no organisational sponsorship. Less strict, but equally as significant are actions of the US-based Society of General Internal Medicine, which introduced a policy in 2002 restricting drug company funding to 10 per cent of the group's total annual budget. Similarly in Britain some doctors' groups now have policies limiting pharmaceutical funding as a proportion of their annual turnover.

In New Zealand, tentative changes are also afoot, signalling what can be seen as a slow shift towards disentanglement. While many doctors still attend drug company sponsored education, delivered by drug company sponsored specialists at drug company-sponsored conferences, other more independent alternatives are emerging on the national landscape. Several examples are noteworthy and encouraging.

This year's annual conference of the Royal New Zealand College of General Practitioners, where a version of this paper is being presented, will likely have drug company stalls

in the exhibit hall, but unlike previous years the major sponsors of this conference will most likely not include a drug company. While some may see such a move as pedantic, unnecessary, and ultimately worthless, others will see a symbolic attempt to wind back an unhealthy closeness between the GPs' peak national body, and the manufacturers of the drugs those GPs are supposed to be dispassionately prescribing.

In the United States at least one half of the billion dollars a year or more spent on Continuing Medical Education (CME) courses are funded directly by commercial interests, mainly drug companies. While in New Zealand private interests still underwrite much CME, at the Christchurch-based Independent Practitioner Association, the continuing medical education offerings to GPs are funded entirely from internal revenues, free of any commercial funding or influence. This organisation helps put a lie to the oft-heard claim that there is no alternative to corporate-funded education. Indeed, independently-funded seminars and workshops can often be run at a fraction of the cost of the lavish company-funded events, as many of the extras – notably expensive food and wine – become less important than the quality of the education being offered.

At the same time, some academic departments have opted to run their research programmes entirely free of drug company funding. For several years the Christchurch Department of General Practice at the University of Otago has had a policy of not accepting drug company funds for any research projects. While that creates challenges in terms of funding sources, it again demonstrates there is an alternative. Such innovative moves send a message to patients and the general

public that the medical profession is renegotiating its relations with industry, and is making genuine attempts to practise, educate and research with more independence.

Without doubt there are no easy ways of finding replacement sources of funding for organisations that seek to turn off the tap of pharma sponsorship. One group this author is involved with is the Association of Health Care Journalists, which represents around 800 medical journalists, mainly in the United States. Following a robust internal debate that group decided – among other initiatives – to trial a total ban on all forms of commercial for-profit advertising, sponsorship or support from companies selling health care products. As a result, paid speakers attending the association's annual conference are encouraged to share accommodation in order to save funds. Apart from some guests ending up being paired off with snorers (as occurred in my case following the very long plane trip from Sydney, Australia, to Chapel Hill, North Carolina), the policy is working well. (To be fair, the young Chicago reporter I was paired with was very affable, despite his occasional snoring).

There is no suggestion here that all interactions between the health care industry and the medical profession should end. Such a prospect would be absurd. Indeed dialogue and communication between the major stakeholders in health care is essential if the system and the public's health are to improve. But it matters who pays for the pizza. For too long drug companies have had to buy their friendships, and doctors have been far too ready to be bought. Thankfully, those days will likely soon be behind us. The question is, will New Zealand lead, or follow?

## References

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