

# PHYSICIAN-INDUSTRY INTERACTIONS: THERE IS NO SUCH THING AS A FREE LUNCH

## To the Editor:

Is there any such thing as a free lunch? Yes, “天下沒有(免費)白吃的午餐”. Most of us, physicians and specialists alike, deny that our professional integrity can be “bought” by something as trivial as a cup of coffee or a free lunch. We all neglect the problem of interactions between doctors and the pharmaceutical industry. Considerable evidence from the social sciences suggests that gifts of negligible value can influence the behavior of the recipient in ways that the recipient does not always realize [1]. Frequent general practitioner contact with drug industry representatives is strongly and independently associated with higher prescribing costs [2].

Retail spending on prescription drugs is increasing dramatically worldwide. For example, in the United States, there was an increase of 17.1% from the year 2000 to US\$154.5 billion in 2001. Spending is projected to exceed US\$500 billion by 2013 (US federal government statistics). Total spending on pharmaceutical promotion grew from US\$11.4 billion in 1996 to US\$29.9 billion in 2005. Although spending on direct-to-consumer advertising increased by 330% during that time, it accounted for only 14% of total promotional expenditures in 2005. Though the number of letters sent by the Food and Drug Administration (FDA) to pharmaceutical manufacturers regarding violations of drug-advertising regulations fell from 142 in 1997 to only 21 in 2006 [3], the practice of the pharmaceutical industry and companies of spending large amounts of money on buying lunches for physicians has been widespread. In August 2006, the *New York Times* ran an editorial decrying this practice and praising those few institutions that have wisely banned free lunches.

One problem remains: Who is paying for drug approvals? Who is using whom? Since 1992, the US has relied heavily on the pharmaceutical industry to pay the salaries of FDA scientists who review new drug applications. User fees now account for more than 40% of the budget of the FDA division that reviews new drug applications. In 2004, the public was shocked to learn that rofecoxib (Vioxx, Merck) could remain in widespread use for 5 years, even though the drug had been shown to nearly double the risk of myocardial infarction and stroke. Dr Avorn commented that, in regulatory policy, as in grand rounds, there is no such thing as a free lunch [4].

What is the nature of the interactions between doctors and the pharmaceutical industry? A questionnaire was sent to 397 members of the American College of Obstetricians and Gynecologists in 2003. The response rate was 55%. Most respondents thought it proper to accept gifts from pharmaceutical representatives, including drug samples (92%), an informational lunch (77%), an anatomic model (75%) or a well-paid consultantship (53%). A third (33%) of the respondents thought that their own decision to prescribe a drug would probably be influenced by accepting drug samples [5]. Was it really only a third of them? A national survey of 3,167 physicians in six other specialties was performed, also in 2003. The response rate was 52%. Most respondents had some type of relationship with the pharmaceutical industry (94%), such as receiving food in the workplace (83%) or receiving drug samples (78%). More than a third (35%) received reimbursements for costs associated with professional meetings or continuing medical education. More than a quarter (28%) received payments for consulting, giving lectures or enrolling patients in trials [6]. In 1990, the American Medical Association (AMA) policy addressed the ethical issues regarding the industry's gifts to physicians. Reimbursements for admission and travel to continuing medical education meetings and tickets to cultural and sporting events are clearly prohibited under the AMA code. The AMA called on pharmaceutical companies and physicians to abide by their respective codes of conduct and to neither offer nor accept inappropriate gifts for the benefit of patients and the public [7]. The physicians in the survey, who reported receiving reimbursements for costs of travel, time, meals, lodging or other personal expenses for attending meetings, were acting against the guidelines of the Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals, 2002 (new code, 2007). The Code states clearly that any industry support for conferences or courses should be provided indirectly through event organizers [8]. Now, we can get a picture of the relationships between the great profession and the forces of capitalism, or the profession of medicine and the pharmaceutical industry (or simply, doctors and drug companies). Sometimes, we forget about the third party, i.e. the patients.

What about the interactions between medical schools/students and the pharmaceutical industry? A questionnaire was sent to 723 students at Harvard Medical School in 2003, with an overall response rate of 58%. Twenty-six percent of respondents thought that it was inappropriate for medical students to accept gifts, 18% thought that the medical school curriculum should provide information about the subject, and 61% felt that they were not sufficiently well-informed on the subject [9]. A national survey of 1,143 third-year students at eight US medical schools, also in 2003, suggested that student experiences and attitudes as a group put them at risk for unrecognized influences by marketing efforts [10]. Medical education on this ethical subject seems to be urgently needed. Do we offer enough information to our medical students, doctors and specialists in Taiwan?

In response to “the high cost of free lunch” [11], Dr Rankin (a paid speaker for Warner Chilcott, Rockaway, NJ, USA) admitted that in the last 29 years, the number of pharmaceutical company-supplied lunches in his office had increased. He commented that “my employees are happy to eat the free meal”. He explained, “I spend 10 minutes with the drug representative in the office at any given time and eat the lunch they provide also. I do not believe that this has ever affected my prescription habits. I have, on occasion, changed my prescribing habits based on scientific information provided during these lunches, but this was based on the information, not on the lunch. My employees, who make no decisions as to the type of drugs written, save money by not buying their lunches that day and look at this as a benefit of their job.” [12] Dr Campbell made a very good suggestion: “The focus on solving the cost of the free lunch should be on teaching physicians how to make decisions based on objective data. Medical universities should develop meticulous guidelines that will allow for the provision of food, etc., by pharmaceutical companies when they seek contact with physicians to advertise their product. Teaching faculty and residents in training should receive education about ethics and decision making as it pertains to influence on prescribing practice.” [13] In conclusion, Drs Wall and Brown replied that the argument is often made that free samples benefit patients, but these samples are not “free”; the cost of sample medications is built into the marketing budgets of drug companies. Other abuses (e.g. speakers’ fees to physicians, direct-to-consumer advertising, off-campus social events, kickbacks to pharmacies, special deals for hospital formularies, etc.) do not undermine the conclusions of their article; rather, they underscore the fact that the pharmaceutical companies have enormous,

wide-ranging, powerful and worrisome influences on the practice of medicine [14]. D.A. Randall (a company-sponsored speaker training for Ketek, Sanofi-Aventis, Bridgewater, NJ, USA) with regard to sampling, said, “One byproduct of the physician–representative interaction is sampling. Although these involve more expensive drugs, it remains a real benefit for patients.” [14] Of course, any samples are not supposed to be resold. One hopes that physicians retain some academic skill when reviewing literature in journals and in maintaining healthy skepticism regarding studies provided by the pharmaceutical representatives. Although he admitted that he may be revealing his naivety, he felt that “if I can sort through nonstraightforward illnesses and difficult personalities of patients, I can select which medication to use” [15].

Acceptable industry gifts, as defined by the American College of Physicians’ guidelines on physician–industry gifts, include inexpensive gifts for office use (pens and calendars), low-cost gifts of an educational or patient care nature (such as textbooks), and modest refreshments [16]. The guidelines also say, “Ideally, physicians should not accept any promotional gifts or amenities, whatever their value or utility, if they have the ability to cloud professional judgment and compromise patient care.” PhRMA’s new code (April 18, 2007) governing industry–health care professional relationships also states clearly: “Interaction should not include entertainment.” Interaction should occur at a venue conducive to providing scientific or educational information. Specifically, this means no “dine and dash”, no entertainment, and no recreational events (e.g. sporting events or spa visits). Concerning medical education, “Companies can provide support to the conference sponsor but should not fund individual participants.” That means that a company should not pay an individual’s tuition but could provide support to the event sponsor. Concerning consultation, “Legitimate consulting or advisory arrangements are appropriate but token consulting arrangements should not be used to justify payments to health care professionals.” Finally, “Educational and practice-related items may be provided to health care professionals, but should be for the health care benefit of patients and of less-than-substantial value (\$100 or less). Items for the personal benefit of the health care professional should not be offered or distributed. In short, nothing should be offered or provided that would interfere with the independence of the health care professional’s prescribing practices.” Do we in Taiwan have the same definition of substantial value (\$100, about NT\$3,000, or less)? The World Medical Association’s statement concerning the relationship between physicians and commercial enterprises, approved in 2004,

indicated that physicians should not receive a gift from a commercial entity unless it is permitted by law and/or by the policy of their National Medical Association, and unless it conforms to the following conditions: (1) the gift is only of nominal value; (2) the gift is not in cash; (3) the gift, even one of nominal value, is not connected to any stipulation that the physician prescribes a certain medication, uses certain instruments or materials or refers patients to a certain facility. How many of us have noticed this? In 2006, the Medical Ethics Committee of the Department of Health, Taiwan, developed a statement concerning physician–industry relationships in Chinese, according to the World Medical Association’s policy of 2004. In 2008, the American College of Obstetricians and Gynecologists’ Committee on Ethics offered revised recommendations regarding relationships with industry to replace those of 2004 [17]. In summary, the committee’s opinion was that obstetricians’ and gynecologists’ relationships with industry should be structured in a manner that will enhance, rather than detract from, their obligations to their patients.

Are we going to set rules and guidelines on doctors’ relations with drug companies and learn how to dance with porcupines [18,19], or are we going to push for national legislature to enact laws and define what we do as professionals? Grande [20] commented that if physicians want prescriber profiling to end, they must act by urging state legislatures to enact laws similar to those in New Hampshire. Physicians should refuse to participate in marketing research that generates prescribing patterns [20].

Dr Robert Goodman (a general internist at Columbia University, New York City) established the No Free Lunch Association ([www.nofreelunch.org](http://www.nofreelunch.org)) in 1999. He encourages doctors not to accept gifts from the drug industry. The group wants doctors “to practice medicine on the basis of scientific evidence rather than on the basis of pharmaceutical promotion”. Members and supporters are physicians, pharmacists, dentists, nurse practitioners, physician assistants, medical ethicists, and others. Funding comes from membership fees, donations, and sales of products. There is no other outside funding. On September 14, 2005, the American Academy of Family Physicians (AAFP) said “yes” to McDonald’s booth, “yes” to free lunches, and “no” to No Free Lunch [21]. Seven days later, the AAFP changed its mind and said “yes” to No Free Lunch to exhibit at its annual meeting in the Moscone Center in San Francisco [22]. On March 27, 2006, the American College of Physicians also said “yes” to No Free Lunch to having a booth at its annual session in Philadelphia, and just about everything else [23]. I do not know if we shall experience a

similar situation in the future, and see this happen in Taiwan when we attend any annual meeting.

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