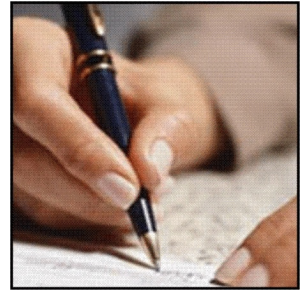


EDITORIAL

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# PHYSICIAN, HEAL THYSELF



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***Aeschylus, Prometheus Bound 473-475: Like a poor physician falling into sickness you despond and know not the remedies for your own disease.***

There is growing awareness in the ethical sections of the medical profession of the increasing and unwholesome influence of the pharmaceutical industry. There is sufficient objective<sup>1</sup> evidence to believe that this leads to undermining the professional integrity and scientific honesty of medicine.

Huge amounts are spent, basically on modifying prescription practices of physicians to suit the particular pharmaceutical firm making the investment. The process starts subtly. *Annals of Internal Medicine*<sup>2</sup> describes it as a process that “starts slowly and insidiously, like an addiction and can end up in influencing the very nature of medical decision making and practice.

It first appears harmless enough, a textbook here, a penlight there and progresses .. To night out on the town and all expenses paid educational symposia in lovely locales”. *Lancet*<sup>3</sup>, in a more recent editorial asks “ Just how tainted has medicine become?” and goes on to answer “Heavily, and damagingly so”.

Huge amounts are spent on buying medical opinion and preference and in the US, in the year 2000, over 15

billion dollars were spent on drug promotion, 84% of which was spent on doctors, this works out to \$10,000.00 per doctor per year<sup>4</sup>. As a matter of fact, more money is spent on promotional activity than on research by the pharmaceutical industry.

The gamut of influence varies, from persuading individual physicians to endorse and support the sale of a particular drug to influencing the results of research so that the outcome is favourable to the sponsor<sup>5</sup>.

## **THE PERCEPTION IN PAKISTAN**

In Pakistan where hardly any controls exist for enforcing medical ethics, the unholy matrimony between the pharmaceutical industry and unsuspecting or unscrupulous doctors wreaks havoc on patients and their families. *Pakistan Journal of Medical Science*<sup>6</sup> in its recent article outlines some of the cold hearted tactics used in promotion campaigns and sway physician opinion ... Referring to a guide published as a supplement in the May 2001 edition of *Pharmaceutical Marketing* which suggests to the pharmaceutical field force that .. “ marketers (should) identify opinion leaders instead of wasting money on those who have no

credibility with their peer”.

It identifies those who should be invested upon as physicians on the editorial boards, members of scientific committees, important professional societies and associations and representatives of national and international guidelines committees. To this list I should like to add physicians who write large numbers of prescriptions, regardless of their professional worth or academic standing.

The journal takes names and points out events that should be embarrassing to any ethical professional person; for example, the 13<sup>th</sup> national psychiatric conference held at Abbottabad in 1999 had 9 consecutive papers on a particular atypical drug.

The 17<sup>th</sup> Gastroenterology conference at Rawalpindi had over a dozen papers related to one drug and all speakers had been sponsored by one particular pharmaceutical company, the one that made the drug.

It is now fairly common place to have cars and even houses given as gifts to really successful practitioners and passports have to be re-issued before they expire because they run out of pages to affix visas and exit/entry stamps, all courtesy of the friendly neighborhood pharmaceutical.

Another thinly camouflaged marketing policy is to hold post marketing trials, euphemistically called “phase -2 trials”. Such studies involve drugs that are already approved and available. In exchange for enrolling patients in a “pseudo” study, physicians are compensated for their time, either based on a specific fee per patient enrolled, in the form of some equipment, or in the form of travel to meetings to discuss the findings.

The scientific benefits of these studies have been questioned. Results are seldom published and other means of surveillance are already available anyway. There are concerns that .. “these initiatives are simply designed to encourage the prescribing of a particular

drug. While most physicians will assert their independence from such influence, the fact that these initiatives continue to be offered seems to present evidence that they are effective in their intent<sup>7</sup>” of serving vested interests.

### WHAT CAN BE DONE?

Before we try to answer this question, a more important question needs to be answered at the policy maker’s level;

- Should anything be done?
- Are these practices really repugnant?
- Or is the writer just a frustrated physician left out in the cold?

If something is felt to be done then several methods come to mind that would make the relationship at least “less rewarding” to both parties. At the same time it should be accepted that pharmaceuticals and physicians are partners in patient care, in a manner of speaking and any solution should be cooperative rather adversarial or coercive.

An adversarial approach would doom any strategy to failure. It might be possible to engage pharmaceuticals and physician groups and arrive at an ethical convergence of interests and activities. The following methods come to mind;

- All offers to participate in foreign conferences and symposia should be routed through the institutions and not awarded to individuals, these should be processed just like any other fellowship.
- Those who go to attend foreign seminars and conferences, should demonstrate, by way of publications, their interest in academic medicine. Those unable to publish, should be restricted from very frequent foreign trips on the pretext of conference attendances. These are just lavish, all expense paid vacations in reality.
- Consensus clinical protocols should be devised and enforced for various clinical conditions and

a second physician should endorse prescription of expensive drugs if there are reasons for deviating from these protocols.

- An ethics committee should be formed, comprising of physicians, lay-persons and scientists of good repute and academic and research record. All trials should be approved by the ethics committee.
- Trials should be conducted under usual ethics where the pharmaceutical company should provide all the drugs used, all the testing material, go through an ethics committee and openly pay those who are conducting the trial.
- Under no circumstances, should the patient be made to pay for expensive drugs in the name of trials.
- All trials should result in a publication, within a stipulated time if not a publication at least a submission to a journal should be ensured within a defined time frame.
- Unfavorable evidence should be published as well as evidence in favour of the drug being tested.
- Seminar sponsors should have a limited presence in the scientific seminar rooms. No commercial slides should be shown during the seminar unless the seminar policy openly allows time for sponsors to present their commercial material.
- Doctors who present pre-fabricated slides should be condemned and censured effectively.

I know what I propose is difficult because there is a lot of money involved, matched by an equal amount or even more greed. An argument often given in favour of accepting, these favours is that “ pharmaceuticals have

funds for academic and scientific activities and if we do not make use of these funds someone else will”, this is flawed reasoning, and the same logic can be used to argue that drug pushers have free drugs at their disposal and if we don’t do drugs someone else will, there is no such thing as an altruistic business industry, the pharmaceuticals are a business and in the business of making money, all investments are assessed for expected returns and simple academic support is an unlikely motive. This realization and this acknowledgment alone will go a long way in cooling off the fervour of both the industry and the physicians involved in this shameful game.

## REFERENCES

1. **Ethics Manual (Fifth Edition)**. Lois Snyder JD and Cathy Leffler JD, for the Ethics and Human Rights Committee, American College of Physicians. *Ann Intern Med* 2005;142:560-582.
2. **Physicians and the Pharmaceutical Industry**. *Annals of Internal Medicine* 1990;112:624 [PMID 2327679].
3. **Editorial : Just how tainted has medicine become?** *Lancet* 2002;359:1167.
4. Wazana A. **Is a gift ever just a gift?** *JAMA* 2000; vol 290:1773.
5. **Association between industry funding and statistically significant pro-industry findings in medical and surgical randomized trials**. *CMAJ* Feb 17 2004;170(4).
6. Jawaid SA, Jafary MH. Relationship between the medical profession and the pharma industry. Need for greater scrutiny, transparency and accountability. *Pak J Med Sci* 2004; 20(4):283.
7. **Bulletin of the College of Physicians and Surgeons of Brunswick**. October 2002.

**“EARTH PROVIDES ENOUGH TO SATISFY EVERY MAN’S NEED, BUT NOT EVERY MAN’S GREED”**

Mahatma Gandhi

