

Gifts to Physicians from the Pharmaceutical Industry: An Ethical Analysis

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Gifts to physicians by the pharmaceutical industry pose numerous ethical questions. Although individual patients and physicians may benefit financially and educationally from certain gifts, the risk of bias resulting from such gifts makes them ethically challenging. After a brief description of the nature and scope of the practice of gift giving, this article examines major arguments for and against this practice. We then review the development of guidelines by professional societies, trade organizations, and government agencies. We conclude with a list of summary recommendations designed to help individual physicians, educators, and administrators engage in careful reflection and analysis and make sound ethical decisions about acceptance of gifts. [Ann Emerg Med. 2006;48:513-521.]

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INTRODUCTION

Physicians enter into a variety of relationships with pharmaceutical companies, including full-time employment, acceptance of financial support for clinical research and for continuing education programs, consultantships, appointment to industry-sponsored speakers' bureaus, and informal meetings with pharmaceutical sales representatives, among others. Of particular concern to physicians is the impact of these relationships on prescribing behaviors and professional responsibilities.

In a recent statement of principles addressing relationships with the pharmaceutical industry, for example, the Accreditation Council on Graduate Medical Education¹ has asserted that the responsibilities of pharmaceutical companies and physicians are irreconcilably different: "Benefits to patients result from services provided by both doctors and drug companies. Closer scrutiny, however, . . . reveals irreconcilable differences. [T]he responsibility of the pharmaceutical industry [is] to act in the best interests of its shareholders by maximizing their return on investment. In contrast, however, the altruism expected of medical professionals dictates that doctors put patients first. The doctor-patient relationship. . . is the foundation of

medical professionalism; the good of the patient must be preeminent."

This article will focus on the relationship between physicians and the pharmaceutical industry, specifically, the practice of the industry giving gifts to physicians. After a brief description of the current scope of this practice, the article will examine the moral arguments commonly offered for and against the practice. The article will then review the development of policies addressing this practice by medical professional societies, pharmaceutical trade organizations, and government agencies.

Scope of the Practice

It has been estimated that Americans now spend from \$160 to \$200 billion a year on prescription drugs. These revenues make the pharmaceutical industry one of the largest and most profitable industries in the United States.^{2,3} As the fastest growing component of the world's largest health care budget, prescription drug costs increased 15% from 2001 to 2002, a \$22 billion increase.⁴

The pharmaceutical industry invests heavily in promotion of its products. For example, in 2001, US pharmaceutical companies spent more than \$21 billion promoting the sale of prescription drugs.⁵ An estimated 84% of pharmaceutical marketing is directed toward physicians, including such items as

free samples, journal advertisements, and visits from sales representatives.

Pharmaceutical companies and their representatives offer physicians a variety of gifts. Inexpensive “reminder” items such as pens, notepads, and coffee mugs bearing the trade names of particular drug products are widely distributed and frequently seen in hospitals, clinics, and physician offices. Moderately priced gifts (valued at \$20 to \$100), such as reference tools, books, and meals, are also common. Expensive gifts such as tickets, trips, and large “honoraria” for participation in pharmaceutical-sponsored activities have become less common under the increased scrutiny of recent years but are still prevalent in some settings.

Interactions between physicians and pharmaceutical representatives occur frequently in clinical and educational environments in the United States.^{4,6} One recent study demonstrated a high prevalence of pharmaceutical advertising items found in white coats of resident physicians; 97% of 164 house officers studied carried at least 1 item with pharmaceutical insignia.⁷ Another recent study identified approximately 42 advertising items in clinical emergency departments (EDs) in the United States. The same study found significantly fewer items in departments with policies limiting contact with pharmaceutical representatives.⁸ Of note, despite years of attempts by some to discourage gift taking, a recent study of US medical students indicated that an overwhelming majority of students believed that they were entitled to gifts from drug companies.⁹ In fact, a vast majority (86%) of those who were troubled by gifts valued at \$50 or less had nevertheless accepted them.

Physicians vary greatly in individual approaches to gifts from industry. Although some readily accept a variety of gifts and some adopt a strict avoidance policy, many emergency physicians fall somewhere between these 2 extremes. They may accept gifts of modest value (such as pens and notepads) but avoid more costly gifts.^{6,10}

HISTORICAL BACKGROUND

Conflicts of interests have been a source of concern for physicians since the time of Hippocrates.¹¹ Interactions between physicians and pharmaceutical sales representatives were considered controversial as long ago as 1850.¹² For 4 decades, this subject has been a source of debate in the medical literature and in the halls of Congress.¹³

A body of literature on the subject began to accumulate in the 1970s.^{14–18} Two decades ago, Rawlins¹⁹ was among the first to take a strongly negative stance: “The relationship between the drug industry and the medical profession has become corrupt, resulting in a loss of public confidence. Causes are conventional drug promotion tactics and industry support of postgraduate medical education and research.” Lexchin,^{20,21} also an early critic, cited “gross excesses in all forms of pharmaceutical promotion” and advanced the claim that marketing causes higher drug prices, poor prescribing practices, and significant adverse effects on patients’ health. Lexchin²²

advocated the elimination of contact between physicians and pharmaceutical representatives. Adding to the growing chorus of critical voices were Freeman and Kaatz,²³ who in 1987 argued that influences by pharmaceutical sales representatives might negatively affect physicians’ prescribing decisions.

In 1989, Bricker²⁴ asserted that it is unethical for physicians to participate in practices that may result in loss of objectivity or any conflict of interest affecting patient care. Though he recognized many of the problems associated with gift giving and receiving, Bricker concluded that small personal gifts or samples may be acceptable.

ETHICAL ARGUMENTS DEFENDING THE PRACTICE OF GIVING AND ACCEPTING GIFTS

As noted above, although pharmaceutical representatives have given gifts to physicians for decades, the ethics of this practice did not evoke significant critical attention in the medical literature until the 1980s.^{23–25} In the ensuing years, many articles, policies, and guidelines have critically examined the giving and accepting of gifts and have proposed that it be limited or even abolished. However, there is widespread acceptance of this activity by practicing physicians, who presumably view it as morally permissible. This section will examine patient-centered and physician-centered arguments that are used to defend the practice and, in some cases, responses to those arguments.

Patient-Centered Arguments for Gifts

A central argument against gifts to physicians from the pharmaceutical industry is that this practice may have detrimental effects on patients, including nonoptimal treatment decisions and increased costs of care. Defenders of the practice also address patient interests, however, arguing that patients *benefit* in various direct and indirect ways from the practice. Patient-centered arguments for gifts typically focus on drug samples, the educational role of pharmaceutical representatives, and industry support for educational events and materials. Let us consider each of these topics in turn.

Drug Samples

In terms of their financial value, drug samples far outweigh any other type of gift to physicians from the pharmaceutical industry. The Kaiser Family Foundation reports that pharmaceutical companies gave drug samples to physicians with a retail value (though not cost) of \$16.4 billion in 2003.³ It might be argued that drug samples are not gifts to physicians at all but rather gifts to *patients* that are distributed by physicians. Drug samples provided to patients may benefit them in several ways. Samples may enable patients to begin a course of drug therapy immediately and to determine their ability to tolerate a drug before a prescription is filled for multiple doses. Especially for indigent patients, provision of drug samples may overcome significant financial obstacles to obtaining medication for their conditions.

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