



Uneasy subjects: Medical students' conflicts over the pharmaceutical industry



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ABSTRACT

In this article I report on an investigation of the pharmaceutical industry's influence in medical education. Findings are based on fifty semi-structured interviews with medical students in the United States and Canada conducted between 2010 and 2013. Participant responses support the survey-based literature demonstrating that there is clear and pervasive influence of the pharmaceutical industry in medical education. They also challenge the theory that medical students feel entitled to industry gifts and uncritically accept industry presence. I investigate how medical students who are critical of the pharmaceutical industry negotiate its presence in the course of their medical education. Findings suggest that these participants do not simply absorb industry presence, but interpret it and respond in complex ways. Participants were uncomfortable with industry influence throughout their medical training and found multifaceted ways to resist. They struggled with power relations in medical training and the prevailing notion that industry presence is a normal part of medical education. I argue that this pervasive norm of industry presence is located in neoliberal structural transformations within and outside both education and medicine. The idea that industry presence is normal and inevitable represents a challenge for students who are critical of industry.

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1. Introduction

The relationship between physicians and the pharmaceutical industry has been conflicted since the emergence of the industry. As early as the 1950s, physicians were being educated by pharmaceutical sales representatives, rating them the most important source of learning about new drugs (Podolsky and Greene, 2008: 831). Now, more than half the financial support for continuing medical education comes from commercial support (Podolsky and Greene, 2008), particularly from pharmaceutical companies or their independent subsidiaries (Greene, 2004). As Oldani (2004) has pointed out in his auto-ethnographical work on being a pharmaceutical industry representative, “the core of the pharmaceutical salesperson and prescription writing agent's (e.g., doctors, nurse practitioners, and physician's assistants) relationship relies on the exchange of gifts” (331). He is careful to note that the many practices and tactics of pharmaceutical reps involving gifts like pens, samples, meals, travel, etc., are interrelated and socially embedded, sometimes over decades (Oldani, 2004: 332). Fugh-Berman and Ahari (2007) have substantiated this contention with their work

on how pharmaceutical representatives “make friends and influence doctors” in the U.S. In a Canadian context, Joel Lexchin, Barbara Mintzes and colleagues have extensively addressed the close relationship between physicians and industry, demonstrating that pharmaceutical representatives present selected, usually positive information about their products to Canadian doctors (Lexchin, 1997) and that in both the U.S. and Canada, pharmaceutical sales representatives rarely give “minimally adequate safety information” to physicians (Mintzes et al., 2013). This is in a context in which the pharmaceutical industry has an increasingly powerful role in the production and dissemination of drugs; in turn resources in both the private sector and the university are directed towards producing the most profitable medications. That context is woven into the everyday experience of contemporary medical education. There is not a lot of sociological research on the practices and contours of the industry's presence in medical education. Aaron Kesselheim (2010) argues that there is remarkably little data on the effect of student–industry interactions, apart from small surveys indicating that these interactions are associated with positive attitudes about industry marketing and skepticism about its negative consequences. Kesselheim et al. (2010, 2011, 2013), among other influential physicians (Abramson, 2004; Angell 2004, Avorn 2008, Brody, 2007; Kassirer 2005), have criticized the pharmaceutical

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industry, demonstrating that there are important debates taking place about the role of industry in medicine and medical education. A careful analysis of how students articulate their experiences of industry presence can provide insight into how these interactions are forged through medical training, and how objections to industry are taking shape amongst a new generation of physicians. This investigation attempts to fill a gap in the literature by paying attention to how a particular group of medical students interpret and respond to industry influence.

2. Literature review

There is a considerable amount of empirical data quantifying medical students' exposure to and perspectives on pharmaceutical marketing practices (Austad et al., 2011). This research has taken place almost exclusively in the fields of medicine and medical education and has relied almost exclusively on surveys. In a review of the literature reporting on these surveys of student–industry interaction, Austad et al. (2011) argue that there is substantial contact with pharmaceutical marketing throughout medical education, and this is associated with medical students' positive attitudes about marketing and skepticism about negative implications of these interactions. Most students in the clinical years reported having accepted a lunch or snack provided by the pharmaceutical industry and contact with industry increased over the course of medical school (Austad et al., 2011: 3). Students attitudes were “variable and occasionally contradictory” (Austad et al., 2011: 3). In most studies the majority of students in clinical training found it ethically permissible for medical students to accept gifts from drug manufacturers, while a minority of pre-clinical students felt this way (Austad et al., 2011: 6).

There are a few studies from the U.S. that suggest there are changes afoot. Hyman et al. (2007) found that a minority of 418 medical students from Harvard in 2003–2004 believed it was appropriate for medical students to accept gifts from pharmaceutical companies. This difference might reflect political organizing on the subject of conflict of interest at Harvard University. Harvard has been a pioneer of student-led reflection on the problems with industry influence in medical education. A study at Northwest Academic Medical Centre (Misra et al., 2010) revealed that of 58 surveys completed by faculty psychiatrists and psychiatric trainees, two thirds did not agree that pharmaceutical reps have an important teaching role. Fifty-three per cent of trainees agreed that pharmaceutical reps should be restricted from making presentations on campus (Misra et al., 2010). The frequency of industry interactions seems to remain high (90 per cent had attended an industry sponsored event in the previous year) but the skepticism is more common than in the results of earlier reviews of the literature (Sierles et al., 2005). The authors of the study at Northwest Academic Medical Centre suggest this is because medical residents recent years have trained during a time when major medical organizations have issued cautionary guidelines and position statements, and campuses have received media attention for banning pharmaceutical industry presence” (Misra et al., 2010: 102). Thus this article suggests that there has been a shift in the past decade regarding attitudes of medical students. My investigation attends to that apparent shift with the more interpretive tools of qualitative research.

Only a few theorists have written about the social processes involved in medical students' acceptance of industry gifts. In Kassirer's (2005) *On the Take* he notes that interns and residents develop a ‘siege’ mentality focused on the stress of their demanding 80 h weeks: “Within this mind-set they are susceptible to a narrow set of desires: more sleep, more encouragement, a few hours of relaxation, a little kindness, and free, accessible food. Drug

company representatives appreciate these vulnerabilities and needs, and step in to help” (11–12). His analysis fits with Howard Brody's *Hooked: Ethics, the Medical Profession, and the Pharmaceutical Industry* (2007), which deals with medical education and industry more extensively. Brody says for first year students, the gifts should appear noble – a textbook or medical instrument (Brody, 2007). Later, the industry can appeal to the students' self-interest but with gifts with low monetary value (pizza and sandwiches at lunch). When the student reaches clinical rotation they follow the lead of the residents in deciding what is acceptable or not (Brody, 2007). More expensive means and trinkets are introduced, and the industry is able to “up the ante by imperceptible degrees” (Brody, 2007: 193). All the while they are conveying their appreciation for how hard the student works, how relatively innocent the gifts are, and how much the students should feel entitled to the gifts: “The end result of this slow process of acculturation is a practitioner who eagerly seeks contacts with pharmaceutical sales reps, eagerly accepts their gifts, never feels ethical unease about this state of affairs, and feels fully entitled to whatever is received” (Brody, 2007: 193). Brody suggests that all of this constitutes the ‘culture of entitlement,’ where before physicians even begin their research careers, they are persuaded that they are entitled to gifts from the pharmaceutical industry, and that these gifts pose no threat to their values (192). This entitlement theory speculates more on the motivations of industry than the experiences of students, and risks presenting students as ‘cultural dopes.’ My investigation offers insight into how substantial contact with pharmaceutical marketing throughout medical education is associated with these medical students' attitudes about industry influence. In exploring students' ethical, moral and professional deliberations over this dilemma, I consider not only medical students' agency, but the way that the social and political context of medical education produces challenges for the expression of agency.

3. Neoliberalism as common sense

Neoliberalism is a program of accumulation that gives power to owners of multinational corporations through economic policies associated with innovation, trade liberalization, reduced government spending on public services and decreased state restrictions on labor, health and environmental protections. This contradictory and historically contingent context has had a role in the transformation of both the university and medicine, involving corporatization, marketization and privatization of knowledge that are key features of the neoliberal Knowledge Economy. In the ideal Knowledge Economy, promoted by governments in the United States, Canada, and elsewhere since the 1980s, corporations work closely with the state, placing emphasis on individuals as economic actors. Universities are increasingly seen as sources of industrial innovation. National science policies encourage private investment in science and university–industry partnerships by strengthening intellectual property rights and decreasing public funding. Through these mechanisms researchers are encouraged to turn their innovations into marketable products – a process termed the commercialization of research. This took place in the United States in the late 1970s, culminating in the 1980 Bayh-Dole Act which enabled universities and their researchers to patent discoveries resulting from federally-funded research. Corporate support for academic research escalated as a result. These trends were replicated in Canada in the late 1980s, when the federal government came to view the drug companies as key to economic growth, and began freezing or cutting funds for medical research, leaving the door open for the pharmaceutical industry to fill the funding gap (Polster, 2000). Partly because of these changes the pharmaceutical

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