Ethics - Why all the Fuss?

By Dr Robert Jackson

Let me present an overview or highlights of some of the driving forces behind the glut of articles appearing in the medical press on ethics, with considerable emphasis on the role of pharmaceutical companies. Many of these articles also mention, as background noise, the widespread angst in other areas by the medical profession. There is no way I can review in detail all these articles but I have referenced them and they are easily available.

Physician angst

No matter what yardstick you use, the fee-for-service payments appropriate for the 10-year professional training of physicians has lost touch with reality. Those comparable professionals not paid by the public purse, such as veterinarians or dentists, can and do keep up with fees for services which enables them to have a reasonable income.

Add to this the regulatory non-paid demands on time, and the intellectual effort required. These come from hospital accreditation boards, Royal College of Physicians and Surgeons and College of Family Practice Continuing competence programs, licensing bodies (provincial colleges) and universities. The university requirements seem at times to be particularly and unnecessarily demanding, especially as regards promotion or in obtaining audits or monies for one’s division or department.

One has also to consider the ever increasing luxury of medical meetings. For some reason the medical profession deems it necessary to have always the very best in food and accommodation.

So what choice does the average physician make?

He tends to perform more of those procedures which pay more, and less of those that pay less.

He retires from those organizations (or does as little as is necessary to maintain his position) which put excessive demands on his time.

He increases the time he spends on those services which are not covered by the public purse. Some may be cosmetic, some fulfill other unmet medical needs such as obesity and physiotherapy, and others do consultant jobs in the ever-growing medical bureaucracy.

All of this is aggravated by a shocking shortage of hands-on clinical physicians and the increasing demand for those left in the trenches.

To this soup we add the cost of drugs (and the ever-increasing demand for them)

Why are they so expensive? Many reasons. It takes a lot more money than it used to do to develop a drug. They are more sophisticated, more complicated and there are many more regulations, all of which increases the cost. There are fewer investigative studies being done by non-partisan universities and government institutions. There is the expense of marketing, since the drug companies are in business to make a profit. So the need to sell a drug becomes very important.

Guess what happens when we add these two items together? The drug companies know that physicians are under stress; the drug companies know that they have to sell their expensive drugs. The drug companies step in with money and expertise and communication skills to help physicians and, by the way, sell drugs. The drug companies support CME meetings, research, clinical trials, journal clubs, noon seminars and so on. This includes subsidizing physicians, and perhaps the physicians will use their drugs - or at least maybe present favourable results so they can persuade other physicians to prescribe their drugs.

So we should not be surprised when we read the following items:

The commercial support for continuing medical education (CME) in the United States was 302 million in 1998; and 971 million in 2003.
The Accreditation Council for CME in the United States has developed and approved in 2004 rigid “standards to ensure
the independence of CME activities”. Details for the following six standards are given - independence, resolution of
personal conflicts of interest, appropriate use of commercial support, management of commercial promotion, content and
format without commercial bias and disclosure relevant to potential commercial bias. The implication is that unless their
standards are followed, the CME effort will not be accredited. The standards are quite strict.

In an article entitled “Doctors and Drug Companies” in the NEJM in 2004, Blumenthal writes that three items have
renewed attention to the relationship between companies and doctors. These are: drugs are expensive - in the U.S.A.
162.4 billion in 2002, drug manufacturers have been convicted of crimes relating to their marketing of drugs and the
increasing recognition by both drug companies and physicians that all is not well in their relationship. There is a
discussion of these items under the following headings: the nature and extent of the relationship, consequences of the
relationship, effort to manage relationship, future development.

Specialities also get into the act, e.g

Mitchell Sams and Irwin Freedberg, in 2000, wrote on The Dermatology Industry Interface: defining the boundaries. They
found and discussed the following dominant issues: giving and receiving of gifts, conduct of clinical trials, appearance of
advertisements in professional journals, CME programs and education grants to societies and departments, and drug
sampling.

David Goldbloom’s writing in the Bulletin of the Canadian Psychiatric Association, in October 2003, on Physician and the
Pharmaceutical Industry, describes the complex relationship between physicians and drug companies and makes a plea
for discussion and debate.

Our own organization has an eight-page document entitled Rules for Industry Sponsored Sanctions by CDA, a three-page
document on CDA sponsorship Guidelines, a six-page document on Rules of Engagement (referring to industry
sponsorship of CDA activities), and a CDA Annual Conference Policy on Faculty Disclosure of Potential Conflicts of
Interest.

Statement from the University of Ottawa about residents and their reaction with drug representatives which says in part
“residents and faculty will meet with representatives of industry by appointment only. A staff physician must be present...”.

And the world Medical Association launched in January, a 119 page WMA Ethics Manual which has been distributed to
medical journals and medical schools throughout the world.

What are Ethics, anyway? Ethics are “the science of morals, the rules of conduct recognized in certain limited
departments of human life.” (OED) Morals are “of or pertaining to the distinction between right and wrong, or good and
evil, in relation to actions, volitions or character.” (OED) Ethics are one of the five pillars of professionalism. These are:

1. commitment to one’s patients (including informed decisions and supporting equal medical care for all);
2. high ethical standards;
3. possession and development of special knowledge and skills;
4. self-governance and accountability; and
5. education of students."

It is interesting that the present situation on ethics has also revived discussions on medical professionalism in general.
The basic article on the subject was put out by the American College of Physicians. Recently the Canadian Journal of
Ophthalmology had a lead editorial entitled “The Charter of Medical Professionalism...”

This article, commissioned by the CDA Ethics Committee, hopefully has given CDA members some background; will
explain why and how the CDA and its members are involved; and what, if anything, can and should be done.

Articles on specific topics will appear in the February and June issues of the Bulletin.

We hope these articles will help set the stage for more discussion at the AGM in Winnipeg in 2006.

Comments are always welcome.
References


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