From the President’s Desk
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An Ethical Debate: Deciding the Right Rx for Physicians and the Pharmaceutical Industry

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The professional conduct of physicians has long been a topic of debate, even well before Hippocrates was born. Both our understanding of professional ethics and our pursuit of its principles have evolved a fair bit, as evident by changing practice standards over centuries. Consider that from around 1726 to 1686 BCE, in Mesopotamia, physicians could be severely punished for failure to treat a patient successfully—their hands were chopped off if a noble died under their care; if a slave died, they were obliged to buy a new one [1].

In Western medicine, the American Medical Association had developed a code of ethics by 1847, but dissension and disagreement began to percolate by the late 1800s. The definition of medical ethics became more contentious as questions surfaced about advertising, promotions, fee adjustments and even racial discrimination [1]. The debate has continued over the past century and led to more changes in how medicine governs itself.

As our profession and the context in which we work continue to evolve, so too do the standards that aim to keep us on course in such a shifting and increasingly challenging climate. Today, an important focus of medical ethics is the changing dynamics of the relationship between healthcare professionals and the pharmaceutical industry.

Defining a mutually-beneficial relationship
Certainly the necessary exchange between medicine and industry must be managed scrupulously to uphold the ethical standards to which each profession is sworn. Ultimately, it’s our relationship with patients we must make sure to respect and manage appropriately, because patients act in good faith when placing their trust in our professional competence, judgement and discretion.

But let’s first assume that pharmaceutical companies aren’t willfully participating in activities that could sully their reputation—no one courts bad PR. Many of the activities that some perceive to be morally fuzzy, such as free lunches, drug samples and educational sessions, are actually common, governed by the Rx&D code of ethics and ultimately benefit the patient. While some view interactions between physicians and the pharmaceutical industry as an unsavory, clandestine type of relationship, they may be failing to see both the necessity and benefits related to it.

Part of physicians’ commitment to patient care includes continuing education with the aim of maintaining professional competency by upgrading skills and knowledge in step with medical advances and evolving patient needs—and often, industry is willing to fund such opportunities.

Industry-supported research, as another example, is an increasingly common occurrence in these lean economic times where scientists often lack sufficient financial backing from government. And sometimes, even in a universal healthcare system, the only way patients can afford to take advantage of newer therapies is to take part in clinical trials. Meanwhile, patient support programs, also funded by pharmaceutical companies, help patients understand and manage their condition and medication, which also encourages compliance. I think many would agree that’s a win-win situation for everyone, since the patient receives extra information and counselling outside what a doctor could usually provide in a brief visit.

Balancing trust and doubt
A common charge is that drug companies present physicians with biased, promotional materials. It’s unfortunate that this thinking undermines any positive contributions the pharmaceutical industry makes to medicine, while also questioning the ability of physicians to use proper discretion. Physicians do value information provided by industry, but they aren’t relying exclusively on one source of information. A 2011 survey of over 500 U.S. physicians by KRC Research (which was supported by the Pharmaceutical Research and Manufacturers of America) found that “nearly eight out of 10 physicians view pharmaceutical research companies and their sales representatives as useful sources of information on prescription medicines” [2, 3].
In addition, surveyed physicians reported that they use a number of different sources to keep informed about medicines besides biopharmaceutical representatives and company-sponsored peer education programs, which include continuing medical education courses, peer-reviewed medical journals and colleagues. Moreover, although industry may influence medical practices, there’s a balance of power in that doctors also influence industry by providing feedback about medications, clinical research findings and education sessions.

Good patient outcomes are the litmus test of our ability to capitalize on therapeutic advances that the pharmaceutical industry can offer. There’s no point, I’m sure many colleagues would agree, in prescribing a medication that’s too expensive for a patient when another will do; that requires inconvenient dosing, which will undoubtedly challenge compliance; or that’s rife with side effects, also leading to non-compliance and possibly serious health effects. I think we all know that our prescribing decisions weigh these factors, which cannot be outweighed by the promise of free pens or lunch.

Writing and rewriting the rules
Concerns may exist about the relationship between physicians and pharmaceutical industry, but fixing it doesn’t require stopping all contact. One wouldn’t permanently shut down a road after a traffic accident, but instead reflect on how hazards could be better managed to prevent such events, such as putting in more clearly visible signage, adding controlled lights or repairing potholes. Likewise, there are ways to do preventive maintenance in terms of our relationship with the pharmaceutical industry, things that help to spell out rules and steer both parties safely when our paths intersect.

The Royal College of Physicians and Surgeons of Canada, for one, has been drafting a new set of standards to address members’ concerns about sponsorship and co-development. They aim to better define the role of commercial providers of continuing professional development (CPD), including pharmaceutical companies, medical supply companies, medical communication and education companies and other for-profit organizations. It’s not an overhaul of the College’s accreditation standards, but a process to lend clarity and consistency to the terms used to define relationships across different types of CPD-provider organizations, says Dr. Craig Campbell, Executive Director, Office of Professional Affairs, at the College. The goal, he says, is a “clear and comprehensive” national standard governing the role of commercial supporters of continuing professional development activities, which will spell out what a sponsor can and cannot do within the accreditation standards. A draft of the standards will be available for review and feedback by CPD providers later this year.

In the U.S., more drastic measures are underway that may further denigrate the physician-pharma relationship, as well as reducing public trust. As the Sunshine Act—legislation that requires industry to publicly disclose any financial compensation to physicians—is nearly finalized and ready to pass, the greatest fear for both industry and physicians isn’t scrutiny itself, but probably the sheer logistical nightmare that tracking and reporting every activity requires. This ambitious legislation has also highlighted a contentious point for many—will disclosure change any negative behaviour? Where conflicts of interest may come into play, physicians are already professionally bound to public disclosure, as well as proper discretion in how they deal with such events. Likewise, industry is bound by its own code of ethics to act appropriately in its dealings with healthcare professionals.

Keeping our promise to patients
At the end of the day, we should recognize that our goals as physicians and industry may be different but not opposed. We pledge our loyalty to patients, while industry is obligated to its shareholders. But our goals do intersect as far as servicing the patients’ best interests.

Through self-regulation and a code of ethics, the medical profession has emerged from the last century a more ethical profession—casting out snake oil salesmen and other quacks to provide legitimate medicine. We should give the benefit of the doubt to the pharmaceutical industry that its own efforts to promote ethical conduct and act in the interest of the best science and the best care for patients have not been vastly unlike our own struggle to separate the wheat from the chaff.

As Rx&D outlines in its guidelines for stakeholder relations, “The goal of such relationships is to ensure positive health outcomes for Canadian
patients; a well-managed, sustainable health care system; economic prosperity for Canada; and the pursuit of excellence in research.” [4] And to make sure everyone is on track (and the same track) with these principles, the industry organization has a code of ethics that include guiding principles for collaborative partnership, namely equality, mutual respect, independence, consistency and transparency [4].

Conveying a likeminded message, the recent charter of the Association of Faculties of Medicine of Canada states that professionalism is at the heart of medicine’s contract with society, which means “placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health.” [5] The charter continues to drill the point that the patient must always come first, and that nothing should interfere with that: “Market forces, societal pressures, and administrative exigencies must not compromise this principle” [5].

In all codes of ethics, charters and guidelines, what seems to be a commonly cited principle is to place the health and well-being of patients above everything else. All other principles are derived from efforts to help fortify this unshakeable commitment to patient care. If we all agree to stick to mantra “Patients come first,” and repeat it loudly and often, we can continue to immerse ourselves in common goals for the greater good, which was the original spirit of creating a medical code of ethics.

References:


