EDITORIAL

Health Care Professionals and the Pharmaceutical Industry

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In certain professions, such as journalism or law, the revelation of a serious problem usually triggers a chain of events. Had the problem not come to light, these events would never have ensued. In many cases, the situation would have remained hidden or simply gone unnoticed. The rules of good governance advise anticipating these types of crises to avoid having others judge actions that could have been prevented.

It is unsurprising, therefore, that warning bells have sounded in the health care industry as certain books,[1] journal articles,[2-4] and other sources of information have attracted the interest of the mass media. The charge is that certain "pharmaceutical companies" have resorted to unethical marketing tactics to increase sales. These abuses occur in the everyday interactions between industry, health care professionals, and government. Even the controversial North American film director, Michael Moore, has joined the crusade and is filming a documentary that will raise public awareness and scrutiny of this situation. Many are now wondering what has happened in recent years to provoke so much debate and so many articles on this topic. At the highest levels of management at the pharmaceutical companies, concern has grown and the industry has reacted diligently by developing codes of ethics in numerous countries, although their application has been rather variable.

In January 2004, Farmaindustria—the pharmaceutical industry's trade association in Spain—created the Code of Practice Surveillance Unit to supervise the pharmaceutical industry's participation in events organized by scientific societies. This supervisory unit is guided by the "Spanish Code of Practice for the Promotion of Medicines," which is the code of principles for professionalism and responsibility that Farmaindustria, as a self-regulating organization, has developed and promised to follow when promoting drugs. The code's objective, it should be pointed out, is to help "strengthen confidence in the pharmaceutical industry."

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The Spanish code was drafted in the autumn of 2003 and in January 2004 it was definitively named the "Code of Practice for the Promotion of Medicines: Scientific Meetings." This text was never issued outside the industry; nevertheless, several scientific societies obtained copies by indirect means. The text caused great displeasure among some professionals, mostly because the medical societies that organize scientific meetings were never consulted or informed, as might have been expected.

However, this is a matter of ethics, which, let us remember, concerns morals. This is not, therefore, a legal question, but rather a personal one that depends on each individual's own sense of morality.[5] In general, these codes bear very little relation to the applicable laws in each country. Code violations are difficult to monitor and even more difficult to punish fairly. Companies, whether they belong to the pharmaceutical industry or the aeronautical industry, do not lose their ethical values. Rather, it is individuals who misplace them.[6] Pharmaceutical companies have the obligation and the opportunity to inform doctors about their products and to give them accurate opinions and objective recommendations. Medications can offer great health benefits provided they are chosen for appropriate situations. However, selecting the correct treatment requires proper information, which, if available, would eliminate the information gap that currently exists between health care professionals and the end consumer—patients, that is. The gap is currently large. Detailed product information packets are a convenience for health caregivers, but improper dissemination of this information represents a serious weak link in the therapeutic chain.[7-9]

Nevertheless, independent information is difficult to obtain given the limited resources of health care systems. As a result, pharmaceutical companies, who sponsor most clinical research studies, have become the main providers of information, both to professionals and the general public. This is what marketing professionals call "making noise," a practice that runs the risk of becoming the beginning and end of the communication process if better and more efficient methods of dialogue and communication among all parties are not developed.

Paradoxically, few doctors have a real understanding of the pharmaceutical industry. Abassi and Smith[2] mention that all the new drugs created in the last 60 years were developed and manufactured by pharmaceutical companies. The pharmaceutical industry is immensely powerful, they add: it is among the most profitable industries, is truly global, and has close ties to politicians, especially in the United States of America. Medicine, in comparison, is disorganized, as those authors affirm. Once a medication has been approved and launched, most of the marketing budget for new products is spent on sales promotion, according to one source.[1] Companies spend more than 30% of their revenue on marketing and management. An enormous amount is also spent on research and development, although significant tax reductions are granted to subsidize these expenses. Reported profits of the largest companies show that the pharmaceutical industry is among the most profitable. In the USA, the profit margin ranged from 19% to 25% in the 1990s. Moreover, the many mergers that have occurred in recent years have resulted in large savings due to relatively lower research and administrative expenses and fewer sales representatives.

A company's social responsibility is to create wealth. However, this mission is sometimes truncated when overly ambitious executives arrive and attempt to earn fast money,[6] for example by rushing new medications to market. As a result, the drug enters the marketplace without undergoing adequate testing. Even so—because the product launch is accompanied by a powerful marketing campaign—it is not unusual for it to sell successfully. The problems arise later, when the drug must be taken off the market because of dangerous side-effects or lack of effectiveness.[10] Drug recalls may result in large monetary losses to the company and create a negative image that is difficult to correct. Moreover, events such as these provide evidence that the decision to prescribe these novel drugs is increasingly influenced by pharmaceutical companies. Meetings with sales representatives and sales drives —generally presented as informational or educational meetings—are among the most common means of influencing prescribing habits.[2] As a result, health care professionals are more likely to prescribe new drugs than to advise lifestyle changes, thereby encouraging the practice of acquiescing to patient demand for "medication without counseling."

However, to be fair, we must try to understand the doctor's predicament: he is neglected by the Ministry of Health which, in most cases in Spain, occupies the position of "the boss." A common complaint is lack of dialogue with coordinators, directors, and managers. Moreover, over the last 30 years, opportunities for continuing education and professional development have been nonexistent or, at best, minimal. Good job security—excepting the thousands of doctors in residency programs anxiously awaiting job offers in the public health care system—has removed the normal social mobility associated with promotions and other incentives that help to alleviate discontent.[11] In the rest of the Western world, completing training in a medical specialty is the first step in the process of economic and professional advancement whereas, in Spain, this has become a dead-end street for many of our colleagues. The enormous debts that burden the system have made the government wary of the cost of pharmaceuticals and, therefore, focused on reducing these expenses. The government attempts, on one hand, to lower prices and limit spending on drugs. At the same time, however, new medications—whose effectiveness may be comparable to existing drugs, although the price is often more than double—are approved even as doctors are, paradoxically, pressured to prescribe generic drugs instead of these "new" medications.

Nor should we overlook the organizational culture of the health care system in which medical professionals are immersed. In this culture participants are encouraged to pass problems on to others while the government also tries to avoid taking responsibility. In such a system, the Ministry of Health makes genuinely peculiar authorizations and leaves doctors to resolve the problems. Members of this culture are also implicated in this general dynamic, as they tend to believe that "someone else" is responsible for taking action. This is the case, for example, for the problems of heavy caseloads, long waiting lists, and the aggressiveness of some patients. In large organizations, problems are not solved, they are transferred.[11]

Given such a situation, it is unsurprising that the physician, demotivated by his "bosses," welcomes a friendly word, a meal, or a pleasant trip from the "friendly sales representative," who is extremely skilled at lubricating the relationship between seller and buyer —in this case, the doctor with his ability to prescribe medications. Inevitably, however, even professionals with a strong ethical base begin to waiver as they are subjected to these legitimate practices of persuasion. They may react by thinking, "I work hard, am underpaid, and receive little recognition." It is hard not to be persuaded by a warm smile or a gift and a bit of admiration—and so they think, "Why not accept it?" What is, in principle, a small concession, ends up becoming, over time, a habit that causes any doubts about the propriety of such behavior to blur and eventually disappear.

The various medical societies representing specialized areas of medicine are also involved in relations between doctors and pharmaceutical companies. These societies have come to fill a gap in the system and their influence now extends to both their own members and the pharmaceutical industry. It is within these societies that a doctor finds his research, teaching, and organizational work recognized. Professional societies seek a doctor's collaboration in producing books, journals, and conferences. The excellent scientific work performed by these societies (the Spanish Society of Pulmonology and Thoracic Surgery—SEPAR—is an example) has increased greatly in the last 15 years. Moreover, these societies have taken over activities—such as providing

ongoing training, publishing scientific journals and books, and awarding research grants—that were once offered elsewhere. In these organizations, we doctors have found not only a meeting place for professionals with similar interests, but also new friendships that go beyond the confines of the profession. All these achievements have been possible thanks to the significant and generous collaboration of the pharmaceutical industry, which sponsors national and regional conferences, symposiums, publications, and grants. By sponsoring such activities, with the blessing of government, the pharmaceutical industry has been able to increase its status and, thereby, better promote its products. All of this is, in principle, proper and ethical; however, depending on who is involved, pressure—at times difficult to avoid—may result in some drugs being over promoted. Opinion leaders play an important role in this regard and must recognize their ethical obligation to avoid speaking 2 different languages: the scientific language of prestigious journals and a language interspersed with personal opinions when speaking directly to clinical practicioners.[12,13]

Many of the scientific meetings organized by professional societies or directly by the pharmaceutical industry are events with a high level of scientific and ethical rigor. These conferences are characterized by long days and minimal leisure-time activities and because they are held on the weekend attendees must be absent from home and family. Many other meetings, although scientifically valid and having an adequate number of work hours, leave room for a certain amount of criticism if judged from a strict ethical viewpoint because of the social program that occupies free time. Finally, there are meetings whose purpose is clearly unethical, with no or—at best—minimal scientific activity that is used to justify trips to tourist destinations. This last type of meeting should, from an ethical standpoint, disappear.

Therefore, although we need not develop codes of ethics whose purpose is to condemn doctors and industry, we cannot ignore reform and measures must undoubtedly be taken. Farmaindustria has been one of the first to react—to be sure, without consulting or informing other parties. Together we should try to reach a balance in which doctors can expect to receive information, research, education, and support for professional organizations and attendance at congresses sponsored by pharmaceutical companies while, at the same time, avoiding an unhealthy relationship.

Providing more information about the way the pharmaceutical industry works—in terms of its objectives, methods, and challenges—is undeniably the best way to improve the industry's image.[14] By doing this and also developing a more agile health care system—one that will permit internal promotion and recognition—we will have taken a giant step towards enhancing the attractiveness of the stage on which medical professionals practice their profession. And towards this end the professional scientific societies play an important role.

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