Winds of change: growing demands for transparency in the relationship between doctors and the pharmaceutical industry

Ian R Gough, Ian Dickinson, Guy Maddern, Michael Grigg and David J Hillis

To the Editor: Mitchell raises issues that strongly reflect on the professional standing of the medical profession.[1] His particular focus is on the pharmaceutical industry, and on much needed changes as highlighted by Medicines Australia.[2] Similar concerns exist in the medical technology industry where the transparency of relationships is becoming increasingly important.

Mitchell highlights the fact that self-regulation by the medical profession has been largely ineffective.[1] In this day of international corporate activity in the delivery of health care, the declaration of the Hippocratic Oath is no longer sufficient. The Royal Australasian College of Surgeons (RACS) published a code of conduct in 2006.[3] This has been supplemented recently by the code of conduct of the Australian Medical Council.[4] Separately, the Medical

Technology Association of Australia has published its guidelines for industry groups.[5] However, the dominant criticism of these documents is that compliance is voluntary.

The RACS believes it is critical that the profession takes leadership in this complex issue to ensure that trust is maintained in the patient–doctor relationship. Consequently, we have recently expanded our code of conduct with a comprehensive policy dealing with interactions with the medical technology and pharmaceutical industries.[6] We are introducing a sanctions policy to strengthen compliance. If there is a breach of the guidelines, the fellow or trainee concerned will need to confirm ongoing adherence to the RACS code of conduct. If there is a repeat offence, then cause will need to be given as to why the fellow should not have his or her fellowship removed or the trainee should not be dismissed from the training program.

As professionals, these issues of integrity, transparency and trust are fundamental. The doctor–patient relationship must be our primary focus, and should not be violated by any perceived or real conflict of interest.

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Competing interests: Michael Grigg represented the Royal Australasian College of Surgeons at the Medical Technology Association of Australia (MTAA) Conference in Sydney in 2008 and the MTAA paid his airfare to attend.

1 Mitchell PB. Winds of change: growing demands for transparency in the relationship between doctors and the pharmaceutical industry. *Med J Aust* 2009; 191: 273-275.
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Iain S Pratt, Clare L Hughes and Terry J Slevin

To the Editor: There is no doubt that the relationship between doctors and the pharmaceutical industry, described by Mitchell,[1] is a complex one. Mitchell states that: "There are few, if any, analogies for the relationship between the medical profession and the pharmaceutical industry".[1] We contend that, as medical professionals are to the pharmaceutical industry, nutritional health professionals are to the food industry.

Nutritional health professionals, like medical professionals, span the health care spectrum — from research and public health to tertiary care — and include doctors, dietitians, nutritionists and nurses.

The food industry is more expansive than the pharmaceutical industry, encompassing primary producers, manufacturers, retailers and parts of the pharmaceutical industry. Some definitions include alcohol as part of the food industry. As well as this difference in magnitude, there are other substantial differences between the pharmaceutical and food industries.

Contact between the food industry and health professionals is ubiquitous and unavoidable, but lacks the oversight provided by the, albeit voluntary, Medicines Australia code of conduct.[2] It is unrealistic to suggest that health professionals should be completely divorced from the food industry. The alcohol industry is, however, the exception.[3] Appropriate engagement between health professionals and the food industry has the potential to improve population health.[4] Product reformulation (to improve the nutrient profile, such as reducing salt or fat content) and repackaging (to make smaller portions) are examples of successful partnerships between health professionals and the food industry.

The food industry must work with health professionals to respond to consumer demand for healthier foods. Yet many of these foods are still of questionable nutritional quality, or of benefit only in very specific cases. Medications, on the other hand, must be proven before they enter the market.

Finally, the food industry is able to advertise directly to the public and use health professionals to promote their products. This creates opportunities for endorsement — perceived or otherwise — of specific foods or brands by key opinion leaders, like doctors or sporting icons, who have varying degrees of nutritional expertise but are nevertheless viewed by the public as credible.

Increasing rates of obesity legitimately prompt greater scrutiny of food industry activity.

Analogous to the relationship between the pharmaceutical industry and doctors, it is equally necessary to "... expeditiously formalise a relationship of integrity and transparency..." between health professionals and the food industry.[1] A code of conduct, equivalent to that of Medicines Australia, may be a necessary next step.

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Richard Kelly Barnes

To the Editor: In his article on the relationship between doctors and the pharmaceutical industry, Mitchell highlights moves to bring about greater transparency.[1] While such moves are important, they do not go nearly far enough.

Mitchell states that "it is not the relationship between medical practitioners and the pharmaceutical industry per se that is the problem, but how that relationship is enacted".[1]

I disagree. The marketing activities of pharmaceutical companies are often justified by reference to the role that they play in the development of new medications, summarised in the statement "we need them". In fact, the vast majority of the world's most valuable medications were discovered and, in most cases, developed without pharmaceutical company involvement. Even recent advances, such as 3-hydroxy-3-methylglutaryl-coenzyme A (HMG-CoA) reductase inhibitors, originated with the brilliant

work of researchers in the basic biological sciences.[2]

The progression from discovery to the development, testing and approval of a new drug does require large investments by pharmaceutical companies, but they do this for commercial reasons, in the hope of delivering profits to their shareholders. Naturally, they endeavour to promote their products and maximise their profits. As Mitchell outlines, their means include gifts, honoraria, sponsorship of events, "key opinion leaders" and "ghost writing".[1] As Mitchell also outlines, it is well established that all these manoeuvres are effective in altering doctors' prescribing practices.[1]

Mitchell recommends that "we go down the route of disclosure of earnings from industry".[1] But is transparency enough? Is it enough to read that the keynote speaker at a symposium received an honorarium from a pharmaceutical company? Is it enough to know that delegates' meals, entertainment or travel were paid for by a pharmaceutical company? Is it enough to know that your pen was provided by the manufacturer of X? (Isn't that why the company's name is written on it?)

The fact that we need pharmaceutical companies to develop new drugs does not justify any of these activities, all intended to influence our decisions about whether and when to use their products. The fact that pharmaceutical companies cannot advertise or sell directly to their customers (ie, patients) in no way justifies marketing through intermediaries (ie, doctors and pharmacists).

The recent report of the Association of American Medical Colleges is clear and forthright in proscribing many of these activities.[3] Mitchell summarises their recommendations nicely, so I am surprised and disappointed that he does not go on to recommend proscription himself, rather than just transparency.

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