EDITORIAL

‘Nice guys, your reps, right?’

It was just a few weeks ago (on 11 June) when the World Health Organisation’s (WHO) official declaration of the influenza A/H1N1 pandemic ‘celebrated’ its first anniversary. On that day Margaret Chan, the director general of the WHO announced that ‘on the assessment of the evidence of leading influenza experts, virologists and public health officials the scientific criteria for an influenza pandemic have been met.’ Meanwhile a joint investigation by Deborah Cohen, features editor of the British Medical Journal and Philip Carter, a journalist at the Bureau of Investigative Journalism has uncovered that leading scientists advising the organization on planning for an influenza pandemic ‘had done paid work for pharmaceutical firms that stood to gain from the guidance they were preparing’ and that these conflicts of interest have never been publicly disclosed by WHO. Moreover, WHO took down inquiries into its handling of the pandemic (which brought countries to buy and stock antivirals and vaccines for billions of Euros) as ‘conspiracy theories’ (1).

You might assume that such recurring events of complicity of pharmaceutical companies and some doctors, scientists, authors and journal owners happen a long way off primary care. Far wrong! In fact, it ranges from biasing politicians and manipulating publications including guidelines to influencing the prescription behaviour of general practitioners (GPs) (2,3). The last strategy involves mainly pharmaceutical sales representatives (PSR; shortly: drug reps) visiting and communicating with GPs, giving gifts and offering dinner invitations. It has repeatedly been shown that gifts of even trivial monetary value ‘impart a sense of obligation that conflicts with the provider’s primary responsibility’ to his or her patients (4).

In Germany, Lieb and Brandtö nies (5) have just published a survey among 100 physicians from neurology/psychiatry, general practice, and cardiology to assess the kind of contacts between drug reps and doctors. Of all participants 77% were visited by the sales representatives at least once a week. Only 6% considered themselves to be often or always influenced, while 21% believed this of their colleagues. Although the physicians did not believe that drug reps’ visits and drug company-sponsored educational events delivered objective information, more than half of them would regret the cessation of these visits, because ‘PSRs give practical prescribing information, offer support for continuing medical education, and provide pharmaceutical samples.’

This paper is not the first of its kind. Almost 30 years ago Jerry Avorn and his colleagues interviewed a random sample of primary care physicians in the greater Boston area (6). They asked about two index drugs whose pharmacologic effects have been shown by controlled studies to be minimal or not significantly different from over-the-counter preparations, but which were heavily advertised as being effective. While being clearly swayed by the advertising campaign to change their prescribing behaviour only a few physicians considered themselves to be susceptible to external, non-scientific influence.

GPs that frequently see drug reps tend to prescribe irrationally and produce higher cost than their counterparts (7). This behaviour and the misjudgement...
of their own susceptibility to commercial influence seem to be widespread and are certainly not confined to a few countries. Besides Germany or the US (8) it has been seen in the UK (7), the Netherlands (9), Portugal (10), Turkey (11), even Tunisia (12), to name just a few examples.

What can and what should be done? Avorn and his group were the first to devise a series of academically-based ‘un-advertisements’ to re-educate physicians in the pharmacology of certain commonly-used medications. A Cochrane Review assessing this approach (‘academic detailing’) concluded that educational outreach visits ‘alone or when combined with other interventions have effects on prescribing that are relatively consistent and small, but potentially important’ (13). It seems, however, that no perfect cookbook recipe to change doctors’ behaviour has been found until today.

I still believe that GPs are amenable to arguments. Moreover, to be clear, the argument—as Brody has phrased it (14)—is not that ‘pharmaceutical companies and reps are evil but that their interests often are at odds with those of our patients’. It is more our problem, not so much theirs, because without our collaborative activity these conflicts would most probably not occur.

The final message to be conveyed is that the predictable pressure of our closest ally, namely our patients, is not an idle threat. If the public will discover the whole extent of ethical problems in doctors-industry relationship their trust in their personal doctors will be acutely jeopardized. When our number one reputation among all professionals will come down, it might be too late to escape.

Michael M. Kochen
Professor of General Practice
Editor,
mkochen@gwdg.de

References