Professional Conferences, Unprofessional Conduct

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Anyone who says that drug company duchessing of doctor's carries no influence is joking, astonishingly naive, or deliberately trying to mislead.

-Ray Moynihan

Introduction

In an ever changing world of medicine, continuing medical education (CME) programmes are considered an inescapable requirement. More than half of all professional conferences and CMEs are organised with the help of sponsorship from pharmaceutical companies and device manufacturers [1]. With increasing sponsorship, the venue and character of these conferences has significantly transformed [2]. CMEs that were earlier organised austere by medical colleges on their campus are now organised by private practitioners in seven star hotels and even on luxury liners. Sponsors therefore have a major say in selection of topics to be discussed and speakers to be invited. Unbiased knowledge cannot be imparted in this scenario [3].

Perils of Hobnobbing with Pharmaceutical Sponsorship

In recent years, the interests of medical profession and those of pharmaceutical industry have become intertwined like never before [4]. The fact however is that two parties involved in this relationship have sharp conflicts of interests [5]. The primary interest of a doctor is his/ her patient's welfare, followed by community welfare, medical education, and medical research. Advancement of his career and personal comforts/ luxuries are his secondary and acquisitive interests. In contrast, pharmaceutical industry has only one interest – 'Profits!' The industry spends over 150000 crore rupees (approximately \$ 30 billion)/ year on drug promotions in United States alone. It has been estimated that expenditure per physician is over 15 lakhs rupees

(US \$ 30000) in this activity [6]. With so much money on the table, we have an obligation to be clear about 'what is for sale here!' A simple answer pops out Doctor's integrity and his patients' best interests [7].

What is Pharmaceutical Industry's Strategy?

If one had to approach a doctor with a sales pitch, "Think cutting edge, don't think appropriate!" it would be wise to approach him in a conference rather than his chamber. It is in the conferences that doctors let their hair down and behave like students. The basic mantra is that 'Food, flattery and friendship can get anything done.' So, promotional information is fed in the guise of scientifically published data. Published and presented data is easily controlled by manipulating what is published, and what is presented in conferences. Some background tactics are explained below:

- (a) Every doctor is familiar with pharmaceutical representatives presenting him/ her small gifts when you visit their stall in a conference. What doctors fail to realise is that these minor gifts will alter their prescribing habits in favour of drug names printed on the gift [8].
- (b) Industry often pressurises the publishers of professional journals to accelerate or retard publication of scientific papers to suit their commercial interests [9]. The makers of antidepressants like 'Prozac' and 'Paxil' never published the results of about a third of the drug trials conducted to win government approval, misleading doctors and consumers about the drugs' true effectiveness [7]. An analysis of all trials funded by the pharmaceutical industry pitting five new antipsychotic drugs against one another were analysed and it was noted that 90% showed that the best drug was the one made by the company funding the study [10,11].
- (c) Clinical practice guidelines issued by professional bodies can be doctored. It has been noticed that 60

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to 90% of practice guideline developers have a financial relationship with a company that makes a product addressed by those guidelines [12]. A recent example is that of erythropoietin use. National Kidney Foundation formulated guidelines for anaemia management in Chronic Kidney Disease patients in 2006. Most leading experts of the initiative were consultants to companies manufacturing erythropoietin. Guidelines recommended erythropoietin use at levels higher than warranted by scientific evidence. It was found to significantly increase the risk of death, myocardial infarction, congestive heart failure, and stroke [13,14].

- (d) Pharmaceutical companies pay “Ghost-writers” to draft papers with favourable opinion about their drugs and get them published under the name of known academic figures in reputed journals [15,16]. It has been shown that nearly half of the best designed, peer-reviewed scientific papers published in the world’s top medical journals misrepresent the actual findings of the research [17]. The “spin doctors” writing the papers find a way to show treatments works, when in fact, it doesn’t [18]. To get approval from FDA, Glaxo Smith Kline (GSK), the manufacturer of rosiglitazone, suppressed early information that the drug could cause congestive heart failure and myocardial infarction [19]. Similar is the story of a cox-2 inhibitor Vioxx (Merck) and alosetron (again GSK) [11,20].
- (e) Use “Key opinion leaders”: Pharmaceutical companies identify academically respected doctors and pay them a handsome amount for delivering one “scientific” speech with a hidden message [21].
- (f) Drug companies extensively support travel of doctors to conferences. Such travel support significantly changes the prescribing behaviour of practitioners. A physician who accepts money to travel to a symposium is up to ten times more likely to prescribe that company’s drugs after such travel than before and approximately eight times more likely to prescribe that drug than a physician who does not [8].
- (g) These days drug companies don’t just promote pills, they also promote the diseases to go with them. This is done by “Creation” of new medical disorders or by giving an old condition a ‘makeover’ [22]. Social Phobia was marketed as Social Anxiety Disorder in the US in early 2000s, to promote excessive drug prescribing. This habit has also been named “Disease-mongering” and there are several examples of such behaviour. Sexual difficulties are being portrayed as medical disorder in order to sell

long-term testosterone therapy, which according to leading researchers, may also raise the risk of heart disease [23].

- (h) In India drug companies organise registration stalls, travel, accommodation of the faculty and delegates alike, entertainment programmes and local sight-seeing tours for the visiting delegates. Organisers of recent APICON 2010, Jaipur (Physicians’ largest National conference) had to issue a request to pharmaceutical companies to refrain from organising the tours that interfere with doctors’ participation in such events [24]. Many practitioners in India treat conferences as paid holiday, which they visit with their entire family. Conference brochures also mainly highlight tourist information. Most doctors attending the conferences show no interest in the academic programme, while long queues form outside the stalls of pharmaceutical companies distributing ‘freebies’, and many such academic events turn out to be mere entertainment festivals [25]. Students and residents are possibly the most vulnerable group [26,27].

What? Influenced by Industry? Not Me!

Thus a lot of evidence has accumulated to show that CMEs profit the sponsors much more than it helps doctors, [6,28] and that pharmaceutical industry promotes use of drugs for unapproved off label indications [29,30]. Most practitioners rely completely on these conferences for their medical information. They fail to identify wrong claims of sponsored speakers and later engage in non-rational prescribing behaviour [31,32]. Most doctors are actually unaware of their their own vulnerability [33].

Doctors sincerely believe that they are not influenced by such sponsorship and that little or no real harm will arise from free pizza, pens, or other trinkets provided by drug representative [2]. This ignorance of doctors was brought out in a survey where doctors responded with following statements to question of ‘effect of industry sponsorship.’

- (a) *“I don’t worry about it; I barely interact with the industry”*: A majority of these doctors (90% of both staff and residents) were found to be using of Pharmaceutical promotional material [34,35].
- (b) *“It won’t affect me”*: 18 studies examined the effect of interaction on the knowledge, attitudes and prescribing practice of physicians. All showed preference, and rapid prescription of a new drug over a more established one [31,36].
- (c) *“What’s the worry? I never remember the name of the sponsor”*: All cultures teach us norms that obligate us to repay in kind what we have received. Even if you do not remember the interaction, the

pharmaceutical representatives are clever enough to leave with you branded reminders pens, mugs, bags etc. Meals at conferences, paid travel to attend conferences, and subsidy of CME, establish similar indebtedness in your subconscious. Subconscious uneasiness leads to change in prescribing practice [37,38].

- (d) *“If it affects me, it’ll only be in the brand I chose—they’re all the same”*: Nearly 80% of such doctors prescribed more expensive brand, with no added advantage over cheaper alternatives, (Where cheaper alternatives were better studied and reportedly safe) [25,39].
- (e) *“I can always tell what’s true and what’s hype”*: 85 randomly picked physicians were surveyed, who believed drug advertising and conferences had little effect on them. Further probing displayed beliefs consistent with irrational claims of the pharmaceutical industry in 71% cases [38,40].
- (f) *“I can tell what will influence me”*: 20 physicians who attended an all-expenses paid conference trip were studied. 95% believed they could not be influenced by this benefit, but all believed some other doctor in the trip would be. And there was a 5-10 fold increase in the rate of prescribing of the sponsor’s drug after the event [41].

Is There an Alternative?

A Parliamentary Inquiry in Britain found that “The (Pharma) industry’s influence has expanded and a number of (wrong) practices have developed which act against the public interest” [42]. Most doctors tend to blame pharmaceutical industry for promoting drugs in ingenious ways, but it is obviously not right to blame the industry for everything that is wrong in the current situation [43]. A gun manufacturer cannot be held responsible for murder, finally it is the man who fires the gun!

Having understood that CMEs heavily influence prescribing habits, many academic medical centres have now started adopting new policies to create firewalls between faculty and industry influences [12]. Strict guidelines are being framed for pharmaceutical company representative interactions with residents [44,45].

Macy Foundation Report of 2007 suggested that CME organizers “should not accept any commercial support from pharmaceutical companies” and “Faculty of academic health centers should not serve as paid spokespersons for pharmaceuticals....” [5]. The American Association of Medical Colleges have also decided to ban all gifts, free meals, travel to meetings, and payment for CME by pharmaceutical industry [46].

They also recommend that in place of free samples to physicians, pharmaceutical companies may provide vouchers for low-income patients to get free medicine. They further recommend that faculty should not serve as sponsored speakers. The institutions that have already implemented these measures include Yale University, University of Michigan, University of Pennsylvania, Stanford University, University of California-Davis, Memorial Sloan-Kettering Cancer Center, Massachusetts General Hospital and several others [29].

Everyone agrees additional checks are required on doctors, but there has been disagreement about whether voluntary codes are sufficient or mandatory rules are needed. Medical Council of India has come out with a new code of ethics. The impact of these rules will be seen in the near future [47]. BMJ, a reputed medical journal devoted a whole issue (31 May 2003) on the theme “Time to untangle doctors from drug companies” highlighting the fact that luxuries that we enjoy at the conferences ultimately compromise our primary ethical obligation to patients [48].

What Armed Forces Can Do!

Armed Forces Medical Services need to rationalize the way conferences are held so that the influence of pharmaceutical industry in affecting prescribing behaviour is minimized. Service arranges for its medical officers to attend at least one civilian conference at government expense and also arranges many in-house CMEs for updating the knowledge of medical officers. Organisers of service CMEs should avoid sponsorship by pharmaceutical companies and device manufacturers and manage conferences within training grants. One may take additional help from academic institutions such as UGC, MCI, NBE, ICMR and other academic bodies.

Cost of conducting a CME can be drastically reduced by cutting frills. Publication of brochures, souvenir and CME books can easily be replaced by online dissemination of information to save expenses. The tendency to make CMEs and conferences an occasion to impress superiors by display of opulence as a measure of organisational skills, should be curbed. Elaborate inauguration programme to felicitate the VIPs can be done away with. An inaugural address by the chief guest or key note address by an eminent professional is all that is required for inauguration. Practice of presenting bouquets to VIPs, singing devotional songs and showering words of praise on each other wastes precious time of hundreds of delegates who come to learn medicine. Doing away with conference bags, gifts, high tea, banquet and entertainment programmes will allow them to organise conferences within resources already

available. In place of spending most of their time and energy on 'hospitality,' the organisers will do well to display their skill in making the training programme innovative, interactive and engaging.

A part of the conference time should be converted to evolving evidence based consensus guidelines for Armed Forces. In superspeciality CMEs one session should be dedicated to "Armed Forces Study Group" meeting on that superspeciality where guidelines for the Armed Forces can be formulated and consensus guidelines prepared for suggestions to the office of the DGAFMS on procurement of drugs and equipment for modernization.

In conclusion, what we believe and the decisions we make can be subtly but heavily influenced by bias introduced during conferences by influences of pharmaceutical industries. We may see ourselves as wise sophisticates who are too clever to be tricked by marketing ploys, but everyone else (and there is hard evidence to prove it) sees us as cheap fools when we accept pharmaceutical sponsorship [4]. Because the clinical stakes for our patients are so high, and because the healthcare costs are slipping out of reach for normal man, medical profession will need to move beyond having vendors provide for its luxuries or pay for its education. The transition will be challenging for a time, but everyone including our patients will benefit from it.

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