

Doctors, drug companies, and gifts

Arthur Schafer, Winnipeg

Three years ago, the American drug industry adopted a new voluntary code of conduct, pledging to terminate its practice of lavishing gifts on doctors. The Canadian drug industry has now decided to follow this lead. However, from dramatic testimony before the U.S. Senate, we learn that despite the guidelines, Big Pharma continues to invite doctors to exotic resorts, all expenses paid.

Most patients don't much care whether their doctor is treated to a round of golf or free travel. They are confident that you would always put their interests first, ahead of any material benefits you might derive from prescribing the company's drugs.

Most doctors are similarly convinced of their own rectitude. If you are a typical Canadian or American doctor you would bristle at the suggestion that your professional judgement could be influenced by company gifts. Whether the gifts are trinkets, such as pens, or more substantial, such as tickets to watch the Blue Bombers or the Royal Winnipeg Ballet, you confidently believe that you would never alter your prescribing choices in order to curry drug company favour. Even free travel wouldn't bias your judgement: "I can't be bought for a trip to Paris", you will insist.

So, if doctors, patients and drug companies are all happy, do we really need new guidelines which restrict expensive gifts to individual physicians?

Actually, we need even stricter guidelines. Empirical evidence shows that both doctors and patients are naive in their assessment of the biasing potential of gifts. Drug companies employ the world's most sophisticated marketing experts. What they understand is that even apparently trivial gifts can influence doctors' judgement and, subsequently, their behaviour. If the companies spend millions of promotional dollars distributing trinkets to docs and sponsoring "educational" events, it's because this investment pays big-time dividends in increased sales.

It's a major goal of pharmaceutical salespeople to establish a close rapport with "their" doctors. Alliances are forged and cemented primarily by a constant flow of gifts, large and small – free samples, pens, Frisbees, food, clothes, books, luggage, crystal bowls, tickets, money and expensive travel. The list is virtually endless.

From the time they are residents in training, the shower of coffee mugs and free pizza, pen lights and expensive textbooks, teaches the young doctors that accepting gifts from the drug industry is a normal part of professional life. Medical school is where it begins, but scarcely where it ends. The "gift economy", whether in the setting of the hospital or your doctor's office, on the golf course or in the restaurant wins the rep a lot of "face time" with docs and establishes a genuine bond between them.

From the company's perspective the social fabric of doctor-industry exchanges exists to generate unnecessary or inappropriate prescriptions. When the drug rep becomes your "pal" or "buddy" this commitment can generate serious risks and side-effects for patients. Keep in mind that when the published evidence shows that a new drug is significantly better for patients than what currently exists, it doesn't need to be heavily promoted. Often, however, the new drug differs only slightly from older well-established drugs which have come off-patent, but is vastly more expensive for the patients. It is no coincidence that the most rapidly escalating costs in our health care system are for pharmaceutical products.

Of course, very few doctors would *intentionally* prescribe inappropriate or inferior drugs for their patients. But studies demonstrate clearly that when doctors have been treated to a round of golf or a fine dinner they are much more likely to prescribe the products of the company which paid for these treats, even when scientific evidence points in a different direction.

In a curious way, doctors themselves half-recognize this moral problem. One recent study showed that more than 80% of medical residents surveyed recognized that their colleagues were inappropriately influenced by industry promotions. With exquisite self-deception, however, 61% denied that their own practice was in any way influenced. That is, doctors can see the dangers of bias in their colleagues' judgement, even when they are purblind to the danger that their own judgement can also be compromised.

Physician bias is almost always unconscious and unintentional. Its effect is morally insidious, however, because it can easily result in serious harm to patients. To honour their vow - "The life and health of my patient will be my first consideration" - doctors must conscientiously avoid making themselves beholden to companies, whose *raison d'etre*, profitability, is potentially at odds with the needs of patients.

Here's a non-medical example of how conflicts of interest can unconsciously bias one's judgement. When volunteer research subjects are invited to divide money between themselves and another person, their notion of fairness is highly plastic. Subjects told that they had worked more productively than the other person quickly decide that they deserve more pay. After all, they reason, those who work better deserve greater reward. But when subjects are informed that the other person has worked more productively than the subjects are drawn strongly to the view that an equal distribution would be fairest. In other words, the manner in which individuals see the world tends to be influenced, unconsciously, by their self-interest.

Nor is self-interest the only biasing factor at play when doctors accept gifts. Much of social life is based upon reciprocity. When we accept gifts, even piddly gifts, we make ourselves beholden to the gift-giver. The need to return kindness for kindness is a basic motivator in every human society. None of us is immune. Thus, every gift from a drug rep to a doctor comes with strings attached. Strings that pull the doctor away from her professional commitment.

Under pressure from critics, the Canadian drug industry is modifying its code of conduct. Only modest gifts will now be permitted. We know, however, that voluntary codes have failed in the U.S. Clearly, something much tougher is needed. We need the Canadian medical profession to bite the hand that feeds it, by requiring that its members buy their own meals and pay for their own green fees and travel. The moral cost of the free lunch is too high.

Professor Schafer is Director of the Centre for Professional and Applied Ethics, at the University of Manitoba. His article, "Biomedical conflicts of interest" is published by The Journal of Medical Ethics. Schafer@cc.umanitoba.ca