Doctors, drug companies and free lunches: a clinical tutor’s view

As National Health Service (NHS) funding is redirected towards management, the pharmaceutical companies are being regarded as milch cows by doctors: if not for themselves, then for their departments and health centres.

This led me to consider the influence of pharmaceutical companies on prescribing habits over the past five decades, and gradually a pattern of palindromic decadence emerged.

The sixties, the middle period of these five decades, was a period of increasing therapeutic caution. It followed two decades of enthusiasm engendered by drug marvels, and was preceded by 20 years of commercially induced profligate prescribing. To complete the symmetry of the palindrome, these five decades are prefaced by a period of learning extending from the dawn of time, and followed by the future which begins now.

The early phase

In the beginning, communal man elected healers with innate or divinely bestowed interventional skills. *Primum non nocere* was a good working principle. Reassurance was, and is, the safest remedy for most ills. But some effective drugs did emerge—initially drugs of addiction: alcohol, opium, caffeine, nicotine, cocaine. Later, experiments brought new drug benefits, but with improvements in drug effectiveness came the recognition of drug dangers.

The marvelling phase

The forties and fifties were heralded by antibacterial sulphonamides, then enthralled by the miracle of penicillin. The magic of penicillin overwhelmed a century of developing caution; no double blind placebo controlled randomised trial was needed to prove the wonder. But the antituberculosis actions of streptomycin, para-aminosalicylic acid and isoniazid were confirmed by the first reported randomised controlled drug trials.

Other drug developments during these two therapeutically innovative decades included steroids, diuretics, oral hypoglycaemic agents, antimalarials, antidepressants and many other new and active therapeutic drugs.

The cautionary phase

The sixties were the sobering decade. The unique teratogenic effect of thalidomide stilled the too readily prescribing pen. Substandard varieties of many drugs were produced and sold less expensively—the public and the profession learnt of this when pharmacists were prosecuted, not for dispensing substandard drugs but for claiming reimbursement at standard rather than cheaper rates.

Double-blind, placebo controlled trials were introduced and unexpected placebo responses were found, eg in angina pectoris when long acting coronary vasodilator drugs were shown to be no better than placebos.

The profligate phase

In the past two decades drug prescription and costs have soared exponentially. Some of this increase reflects good practice as pharmaceutical companies introduced useful, albeit costly, drugs. But marketing has become more important than development and production and much of the increased cost is not from innovative therapy but from expensive substitutes for established drugs. What has overcome the innate conservatism of the medical establishment, and the wisdom gained as experience tempered enthusiasm?

Clinical meetings at lunch time used to be provisioned by cheddar cheese and cream crackers washed down with hospital coffee, often in a smoke filled room with coughing patients. Postgraduate and continuing medical education has come to rely increasingly on support from the pharmaceutical industry. The doctor decides disbursement among the competing companies and receives benefit from them. The NHS pays for the drugs.

Pharmaceutical companies deserve praise for successes which have improved the lot of humanity and of the attending physician. Their innovative brilliance would go for nought were it not for their marketing skills on which their profits, their research and development, their survival depends (an interesting marketing/educational tactic leads to most knowledge of a drug’s unwanted effects coming from competitors).

The future

The new *British National Formulary* has been the best single initiative in the past decade. Combined with the NHS limited drug list, and hospital/practice formularies, safety, precision and hence cost-effectiveness of

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prescribing should increase. The Drugs and Therapeutics Bulletin is a welcome adjuvant.
Against all this are ranged the formidable talents and resources of the pharmaceutical industry. Aware of the difficulties of controlling legal activities by regulation rather than taxation, I feel nevertheless that a divorce between drug houses and medical education could be effected by manipulating the Postgraduate Education Allowance, aided perhaps by European directives. But tutors would find it difficult to maintain the hospitality, if not the academic qualities of meetings. Are we prostituting our medical registration and prescribing privileges?
Should not the enthusiasm be for the meeting, its content and collegiality, and not for the company's lunch, which is not really free?

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