Earlier this year, a Minnesota-based operator of hospitals and clinics collected 20 shopping carts of drug company trinkets and shipped them to the west African nation of Cameroon. The idea for the roundup emanated from SMDC Health System’s own marketing department after an internal team of physicians drew up new ethics guidelines that banned staff from accepting gifts from drug companies or using items adorned with their logos.

For each branded item staff surrendered in a program called “The Clean Sweep Initiative,” staff were entered into a prize draw for vacuum cleaners, sweepers and home-organizing services. An astonishing 18,718 pens, mugs, clocks, tote bags, notepads and other items were collected from SMDC’s 4 hospitals and 17 clinics in Minnesota and Wisconsin.

The trinket roundup is part of a growing movement in the United States to end the cozy relationships between doctors and the pharmaceutical and medical devices industries. Among those spearheading the drive is the Boston, Massachusetts–based non-profit organization, The Prescription Project, a $6 million campaign funded by the Pew Charitable Trusts, which grew out of an article decrying the financial ties between doctors and drugmakers after research indicated that even cheap gifts can influence prescribing decisions (JAMA 2006;295:429-430).

The pharmaceutical industry spends nearly US$30 billion in the United States on marketing annually, including more than US$18 billion on drug samples and US$7.2 billion on gifts for doctors. “If people understand this,” says Prescription Project Executive Director Rob Restuccia, “they get outraged by it.” A 2007 survey found that 94% of physicians have relationships with drug companies, but many still believe they are immune to influence (N Engl J Med 2007;357:507-508).

Although the Midwest roundup of drug company trinkets wasn’t hatched

**News**

**Pens, mugs, clocks, notepads and other handouts**

“Clean sweep” initiative ships industry goodies to the Cameroon

Concerned that health care workers are walking an ethical tightrope, a United States–based health organization has banned staff from accepting handouts from the pharmaceutical and medical devices industries.
rate their policies from Yale, Stanford, Memorial Sloan Kettering and others.

Further impetus for change will likely be forthcoming if, as expected, the Association of American Medical Colleges’ executive-council formally adopts recommendations that its 129 member medical schools and teaching hospitals adopt a zero-tolerance approach to industry handouts (“CMAJ 2008;178[13]:1651-52”).

The pressure on physicians to renounce the goodies is only expected to escalate. Already, the National Physicians Alliance has unveiled an “Unbranded Doctor” campaign, calling on doctors to push back against drug marketing. It offers “Unbranded Doctor” coffee mugs, T-shirts and other items to replace drug company giveaways.

Legislators, meanwhile, are starting to express concern about the effect of drug industry largesse on patient care and costs. Building on disclosure laws in Minnesota, Maine, Vermont and West Virginia, proposed Physician Payments Sunshine Act bills in the House and Senate would require drug makers to publicly disclose gifts and payments to doctors.

Restuccia, who recently received a call from a man worried about receiving a particular pacemaker pushed by his doctor, now wonders about his own mother, who, in her later years, received the artificial Ewald knee, developed by Dr. Frederick Ewald, with the surgery performed by Ewald himself. “At the time, I thought it was great. Now, I wonder, ‘Was there a better knee? Why did she get this one?’” As patients become better informed, physicians can expect more such questions, he warns.

SMDC Health System chose to send its branded trinkets, including clipboards and hold patient charts, to the Evangelical Lutheran Church of Cameroon, which operates 3 hospitals and other clinics, because the advertised drugs are largely unavailable there. SMDC has sent supplies to, and its branded trinkets, including clipboards and hold patient charts, to the church’s flagship hospital for more than a decade. “They were putting patient charts up with a thumbtack,” said spokesperson Kim Kaiser. “Even though these items seem inconsequen-

tial to us, they are very valued.” Two other US health systems are considering similar roundups, said Dr. Kenneth Irons, SMDC’s chief of community clinics. — Janet Rae Brooks, Salt Lake City, Utah

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News briefs

MRI study: Great Britain’s Health Protection Agency has announced that it will undertake a major epidemiological study on adverse health effects from high static field Magnetic Resonance Imaging machines, particularly with regard to the impact on healthcare workers who operate the machines. “MRI scanning has some undoubted benefits in medicine, especially as an aid to accurate clinical diagnosis. However we need to bear in mind that the magnetic fields produced by the machines are quite substantial and that these fields are increasing in order to achieve improved clarity of image,” stated agency Chairman Sir William Stewart.

Diagnostically elusive: The US National Institutes of Health has unveiled a pilot clinical research project aimed at improved disease management for patients with “mysterious conditions that have long eluded diagnosis.” The pilot will take 100 patients per year (rarediseases.info.nih.gov). “A small number of patients suffer from symptoms that do not corresponded to known conditions, making their care and treatment extraordinarily difficult,” said NIH Director Dr. Elias A. Zerhouni.

Second look: The Alberta Cancer Board today it will re-examine its 2006 study which concluded there isn’t a higher incidence of blood, colon, bile-duct and liver cancers in Fort Chipewyan, a small community downstream from Alberta’s oilsands projects, than in other parts of the province. Residents and physician Dr. John O’Connor (“CMAJ 2008;178[12]:1529) have long postulated a link between higher rates of cancer and the development of the tar sands.

Sequential Organ Failure Assessment score, measuring levels of such factors as oxygenation, platelets, bilirubin and consciousness. Application of the algorithm would essentially preclude such groups as the elderly, the demented, the badly burned and severe trauma victims from receiving care. A pair of Canadian physicians, Dr. Michael Christian and Dr. Randy Wax, sat on the task force and earlier helped craft a similar algorithm for flu pandemics in Canada (“CMAJ 2006;175:1377-81).

Website launch: Médecins Sans Frontières has launched a free website compiling research based on the work of its volunteer physicians. The website (www.fieldresearch.msf.org) has more than 350 articles, many previously published in peer-reviewed medical journals, on topics such as malaria, tuberculosis, refugee health and emergency medical care.

Recruiting: The Global Health Workforce Alliance has unveiled guidelines for providing incentives for the retention and recruitment of health professionals (www.who.int). The wide-ranging guidelines cover such financial incentives as tax waivers, insurance and allowances (housing, clothing, daycare, etc.), as well as non-financial incentives, such as flexible hours and career development programs. Largely a com-