Industry handouts: enough is enough

An erstwhile government campaign once urged youngsters to “just say no” to street drugs. In an effort to combat the perception that medical education has become largely tainted by the influence of the pharmaceutical and medical devices industries, an Association of American Medical Colleges task force argues that medical schools and teaching hospitals should adopt a similar zero-tolerance approach to industry handouts and simply forbear junkets to exotic resorts, financial payments, sumptuous meals, golf club memberships and even such innocuous goodies as the proverbial donut and coffee.

The association’s executive council will decide June 15–17, 2008, whether to formally adopt the task force’s recommendations and then commence twisting arms among the nation’s 129 medical schools to adopt and implement policies aimed at dissipating what many call the “ubiquitous” presence of industry in most facets of medical education.

Although the association has neither a carrot nor a stick to compel medical colleges to adopt policies reflecting the task force recommendations, Chief Scientific Officer Dr. David Korn says it will use what influence it has to “persuade” schools and hospitals to clean up their local acts. Already, several schools, including Yale, Stanford, Pennsylvania, Vanderbilt, Pittsburgh and the University of California at Davis, have adopted partial policies forbidding faculty or residents from accepting cash, gifts or free lunches from industry. “But they’re all different. Some address certain of these areas less firmly or even, not mention them at all.”

The widespread public perception that industry payments are influencing therapeutic decisions and that physicians are getting “kickbacks and bribes” to use specific drugs or devices “are really undermining the professionalism of the medical profession,” says Korn, adding that various studies have indicated that “huge amounts of money ... in the low billions of dollars, several billions of dollars each year” are now being effectively shelled out by industry for continuing medical education in an effort to influence therapeutic decisions.

“On top of that, there’s entirely separate accounting for the freebies, the meals, the trips, the golf clubs, the this, the that. I believe that those direct promotional expenses, to the medical profession, are the largest promotional expense of the industry, in aggregate. It’s greater than direct-to-consumer advertising. It’s greater than print advertising. The biggest chunk of the marketing budget is direct-to-physician interactions.”

The final report of the Task Force on Industry Funding of Medical Education, headed by former Merck president Roy Vagelos, packed with an array of industry heavyweights and released Apr. 27, 2008, argues that industry handouts have helped to create an insidious “sense of entitlement,” if not an outright reliance on graft within the medical profession, while compromising the core principles of medical professionalism: “autonomy, objectivity, and altruism.”

Industry involvement in medical education should be strictly limited and constantly supervised, says the task force, which was created in 2006 to craft principles by which medical schools and teaching hospitals could “manage industry giving practices and financial support” for medical education.

According to the task force, prohibitions and policies that academic medical centres should adopt include:

• a ban of gifts from industry to physicians, staff or students, whether cash, textbooks or anatomical models, whether on-site or off-site
• central collection, management and distribution of free pharmaceutical samples, industry funds for continuing medical education programs and scholarship monies. (The task force stopped well short of saying that doctors should pay the full cost of their own continuing education, however, urging only that institutions audit content and quality, including course materials, to ensure compliance with standards of the Accreditation Council for Continuing Medical Education.)
• restricted access to patients and patient care areas on the part of industry representatives
• limitations on industry-run educational sessions about their products. Such sessions should only occur at the invitation of the school or hospital and only in “faculty-supervised structured group settings,” so as to provide students with training about appropriate interactions with industry, using a curriculum that is focused on “evidence-based decision making” and informed by “a scientific understanding of the biasing effects of influence and reciprocity on professional decision-making.”
• limitations on faculty and staff’s ability to participate in industry-sponsored programs, including speakers’ bureaus. (But the task force stopped short of prohibiting involvement in speakers’ bureaus, which generously compensate doctors for promoting the benefits of products. Rather, it urged that schools “strongly discourage” faculty from participating.)
• prohibitions on attending unaccredited industry events and accepting payments or personal gifts for attendance
news

professionals and students are ethical in their relationships with both healthcare companies are now “careful to ensure that Johnson said in a statement that com-

ceutical Research and Manufacturers of America Senior Vice President Ken

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ents. Kevin Sharer (Amgen) said he was “not in a position to endorse the text” of the report but supported its “explicit recommendations.”

Three of the task force’s 30 mem-

bers did not sign on to all of its recom-

mendations. Jeffrey B. Kindler (Pfizer) and Sidney Taurel (Lilly) agreed with all but the recommendation encouraging participation in industry speakers bu-

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Association of Faculties of Medicine of Canada Vice President, Government Relations and External Affairs Irving Gold says that no national guidelines or overarching policy framework exists in Canada comparable to that proposed for the United States. Individual Cana-

dian medical faculties have their own policies and there is widespread varia-

tion across the country in terms of atti-

dudes and policies towards industry handouts, Gold says. No effort has been made to compile a compendium of policies existing within Canadian schools, nor an effort made to develop a national policy framework or guide-

lines. — Wayne Kondro, CMAJ

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