

The doctor – pharmaceutical company relationship

BY JAMES POWLES

‘Which drug rep is taking us out tonight?’ We have heard this phrase uttered at conferences since meetings began, but as Dylan said ‘*those times they are a changing*’ thanks to the Association of the British Pharmaceutical Industry (ABPI) and their Code of Practice.

The pharmaceutical industry’s relationship with doctors continues to be under significant scrutiny with major penalties for those breaking the rules and reps facing dismissal. Due to the competitive nature of the business it is common practice for companies to ‘dob in’ their rivals for apparent malpractice so ‘the walls have ears’ making everyone very aware of what they are doing. The total pharmaceutical payments to healthcare professionals last year in the UK was £38.5M. From next year companies will be required to reveal the amount of sponsorship they have given to individually named doctors, who could also be potentially subject to scrutiny courtesy of the Bribery Act 2011. The obvious aim is to avoid any bias, intentional or not, when deciding what is best for your patients and this can only be applauded.

Quick quiz

Can a pharmaceutical company pay for:

- Q** A donation to the hospital educational fund if you use their drug preferentially?
- A** No – any financial incentive to prescribe a certain drug, no matter how tenuous the link is, will get you / the company in *The Daily Mail* newspaper in no time... and someone will be sacked.
- Q** Transportation costs to a meeting as speaker?
- A** Yes, and in certain cases delegates too.
- Q** First / business class airfares?
- A** No – economy only, although you can pay for your own upgrade.
- Q** Lunch at a meeting?
- A** Yes and no. Certain situations aren’t allowed.

Q A dance from Tiffany at ‘Madame ZaZa’s Emporium for the Sophisticated Gentleman’?

A If Dr Tiffany Nobra PhD is the brilliant lead researcher in the trial that your patients are involved in and it was actually a ‘business dance’... No, sorry, they definitely can’t!

Q Sponsoring an ENT conference at The Belfry Hotel?

A No – against the rules to provide sponsorship in a venue which is synonymous with sporting entertainment even if not golfing!

There is also a slight difference between pharmaceutical and equipment companies. Equipment companies have a little more flexibility in what they can do, however they are increasingly following the same code of practice as pharmaceutical companies.

“...but as Dylan said ‘*those times they are a changing*’.”

Are the changes good?

- Ensuring drugs are prescribed on a purely clinical basis (Marks and Spencer v Tesco sandwiches: we’re only human).
- The company with the biggest pockets will no longer have an unfair advantage hopefully allowing the most appropriate product for your patients to shine through.

- It’s a business so any money spent is recuperated in the final product price.

Or bad?

- The medical profession does need to be educated about new products to enable effective decision making. Will restricting pharmaceutical’s support of the education process make dissemination of knowledge more challenging and what effect may this have on research which has traditionally been more reliant on some form of industry support?
- Could doctors’ formal CPD be affected? £10.8m was spent by industry on UK doctors to attend conferences alone last year. Potentially reducing financial support of the conferences themselves (including travel expenses, etc) will mean delegate fees will increase. Many educational fora for all healthcare personnel have relied on pharmaceutical support over the years (room hire etc) so one can theorise about the ability to provide affordable CPD in the future (and discuss what CPD we actually need?). Let’s get really controversial and ask whether we need to go on conference at all or can we e-learn the BACO experience in the comfort of your own ‘hot-desk in the portakabin’?

How can doctors and pharmaceutical work together?

The focus now for pharmaceutical companies is to work with doctors as a partnership, with patient care very firmly at the centre of activities.

Most pharmaceutical companies have active medical divisions, in which most of

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the team are either medically qualified or have a PhD. These departments have many functions, one of which is to develop projects often in conjunction with NHS doctors, looking at the patient pathway and identifying areas to support doctors in improving their patients' care.

The larger companies then have the

national and international infrastructure (and finances) to share best practice and roll out projects within the UK or internationally. If you have a specific area of interest or idea that would benefit from support you could contact the pharmaceutical companies in those therapy areas and see whether they can offer anything appropriate e.g. financial / practical support for a Investigator Initiated Study (i.e. your study), becoming a trial site for a Pharmaceutical Led Study (i.e. their study), or simply requesting the medical information department to send relevant clinical papers.

The future?

The rules will become stricter and stricter. All interactions between pharmaceutical and healthcare professionals will be transparent and in the public domain with stiffer penalties for transgressions. The overriding laudable aim of all the changes is to enable the most appropriate

products to succeed and the development of more collaborative relationships between doctors and pharmaceutical companies for the benefit of the patient. Undoubtedly there has been abuse of the system from both sides in the past and change is required but we also need to think about the potential consequences for education and research and adapt accordingly.



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Declaration of competing interests

Dr Powles' wife works as a doctor for a major pharmaceutical company