

Editorial

Pens

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Since January, Pharmaceutical Research and Manufacturers of America (PhRMA) guidelines have prohibited pharmaceutical companies from giving out pens, among other items, to physicians.¹ Although I have not missed the pens, I take offense at the insinuations of the ban, as I believe it is outrageous to presume that a physician's prescribing habits will be motivated by the presentation of a pen.

As a medical student, perhaps receipt of a free pen seems like a cute novelty. In real-world practice, a pen is an inconsequential item, especially with the amount of charting that a physician does in one day. I still have pens from medical school, some for drugs I never prescribed. But receiving pens has never influenced my prescribing habits.

A recent article in the *Archives of Internal Medicine* reported on a comparative study of third- and fourth-year medical students in 2 US medical schools, one allowing and the other not allowing pharmaceutical marketing exposure.² The authors concluded, "Subtle exposure to small pharmaceutical promotional items influences implicit attitudes toward marketed products among medical students. We observed a reversal of this effect in the setting of restrictive policies and more negative school-level attitudes toward marketing."² To assume the attitudes of fourth-year medical students would affect long-term prescribing and presume that prescribing is affected by pen-based gifting is not supported by current studies.

On the flip side, positive attitudes toward specific medications could potentially benefit patients and motivate their acceptance and usage of a prescription. Furthermore, the medication assessed by Grande et al² (atorvastatin) is a medication that has extensive literature in support of its usage versus the competitor (simvastatin, for which there is a generic) in specialized settings (eg, after myocardial infarction or for patients requiring a >50% reduction in their low-density lipoprotein cholesterol), which might have affected fourth-year medical student attitudes but was not included as a potential source of bias in the

study.^{3,4} The *New York Times* picked up this article, stating that physicians' attitudes were altered by gifts.⁵ It is unfair to extrapolate from student attitudes to presume a later effect on prescribing habits. Fourth-year medical students have to undergo extensive training prior to licensure and practice and are not reflective of the real world practice of medicine.

From my personal observations, the pens I received last year had become more lightweight, poorly constructed, and contained far less ink than pens from 10 years prior. Pens I received from pharmaceutical representatives last year rarely made it through a busy clinic without the ink running out. The newer pens also required more pressure to write and therefore caused hand cramping. In the past 5 years, I have rarely known what pen I am using or carrying. If a patient, mostly those younger than 5 years, commented on the pretty colors of my pen, I had to look down to know what I was holding. In reality, the pen I used was not a reflection of active pharmaceutical marketing and I never really noted what the pen said.

When I think about the guidelines issued by the PhRMA regarding pens, I wonder why anyone would spend their time thinking a physician with a \$300,000- to \$400,000-valued education and years of continuing medical education could be bought for 5 cents or less. A nickel for your thoughts?

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