

There Is No Such Thing as a Free Lunch Developing Policies on Pharmaceutical Industry Support

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The Department of Family Medicine at the University of North Carolina holds a "Critical Debate" each month in which important clinical and ethical issues are debated and voted on by the faculty and residents. In light of recent publicity about the potentially improper influence of pharmaceutical companies on physicians and on medical education,¹⁻⁷ we decided to use a Critical Debate to launch a review of our departmental policy, which allowed pharmaceutical representatives to set up displays and give a 5-minute presentation in return for providing lunch for conferences.

The Debate

MODERATOR: The question for debate today is, "Should our department allow pharmaceutical companies to buy lunches for conferences?" A coin flip has determined that Dr Frey would argue the affirmative and Dr Goldstein the negative. Lunch was purchased by a faculty member from a caterer. The initial faculty and resident vote on whether to accept pharmaceutical company sponsorship of departmental lunches was: 12 for, 7 against, and 10 abstaining.

DR FREY: As everyone knows, there is no such thing as a free lunch. The question is whether the cost justifies the lunch. I take the position that lunches sponsored by pharmaceutical companies are unobtrusive and work to the betterment of our educational programs and our patients.

We work within a free enterprise system, and the pharmaceutical industry is embedded in this system. Marketing plays a key role in the process by providing information to consumers. Some people question

whether our system markets what people need or what people are made to believe they need, but this is not the case in medicine. There is no question that people need what pharmaceutical companies market. Therefore, I agree with the American Medical Association (AMA), the representative body for most physicians in the country, that pharmaceutical marketing can be, and most often is, ethical.

Senator Kennedy has complained that consumers are financing drug marketing, but consumers carry the costs of marketing for every industry. For instance, while watching the Super Bowl, one watches many beer commercials, which cost millions of dollars. The cost of these commercials must be translated in some way into the cost of the product. To single out the pharmaceutical industry for expensive promotions is unfair.

The positive effects of the pharmaceutical industry on our everyday lives should be stressed. First of all, there is the effect that the industry has on medical education. The journals we read—from *The New England Journal of Medicine* to the *American Family Physician*—are supported to a great extent by pharmaceutical advertising.⁸ Pharmaceutical companies help us get information about research, education, and patient care.⁹ Second, virtually all the conferences we attend, such as the American Academy of Family Physicians (AAFP) and the Society of Teachers of Family Medicine (STFM), rely heavily on pharmaceutical industry support for their programs. Finally, our foundations—the STFM Foundation, the AAFP Foundation, The Family Foundation of America—all depend on corporate donations.

Patients also benefit. In our Family Practice Center, many physicians use free samples that have been donated by pharmaceutical companies. In many cases, low-income patients would not be able to get needed medications without such samples. Drug detailing also helps keep physicians up to date. As family physicians, there are many subjects we need to keep abreast of, and pharma-

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ceutical representatives can be an efficient way of learning new information.

Finally, drug marketing helps the progress of science. Pharmaceutical companies plow profits back into research and development. In countries that have a controlled pharmaceutical industry, such as in Scandinavia, research and development is almost nonexistent, and the group of drugs to choose from is small.

DR GOLDSTEIN: My position is that physicians should have their patients' best interests foremost in their minds. If we honestly believe that accepting lunch money and a 5-minute talk is best for our patients, then we should do it.

We should remember that pharmaceutical companies themselves believe that detailing is the most efficient means of increasing sales of their products. One third of the industry's promotional budget is allocated to detailing: \$5 billion a year in promotions in general and \$165 million for freebies and other such gifts.¹⁰ There are four basic questions to consider about this massive effort:

1. Are we being told the whole story? A recent article in the *Journal of the American Medical Association (JAMA)* on a common dermatologic problem and medication led to a dramatic increase in sales for the product described in the article. The original article was based on only 40 subjects, many of whom experienced substantial side effects. In addition, the black and white before-and-after photographs were done with different techniques and were of different quality.¹¹ Moreover, in a recent article in *JAMA*, both practicing physicians and residents gave pharmaceutical representatives low marks for knowledge and credibility.¹²

2. Does pharmaceutical advertising really affect us? Few doctors accept that they themselves have been influenced. They believe that they are untouched by detailing, and that they can enjoy a company's generosity without prescribing its products inappropriately. The bottom line, however, is that companies would not subsidize marketing methods unless they were rewarding. What the companies are after is suggested in a recent study which found that with one to two contacts per month by pharmaceutical representatives, one fourth of medical school faculty and one third of residents may have changed their prescribing habits.¹³

3. Are free lunches and other gifts really free? A recent discussion on the ethics of gift-giving behaviors emphasizes that physicians do have an ethical responsibility to be respectful to persons detailing drugs, but they do not have an obligation to accept any gifts. Accepting personal gifts entails the establishment of a personal relationship with the obligations that relationship entails.¹⁴ As a journal club coordinator elsewhere, I told representatives that they could distribute free informa-

tion but not give a talk before lunch. Some representatives were offended and withdrew their support, proving that nothing is really free.

4. Finally, what are the implications for our patients? We all hear of family members who have been given third-generation cephalosporins instead of amoxicillin without sufficient reason. As one patient succinctly stated it, "I expect my physician to prescribe my drugs based on one simple criterion, that the drug be the best for me in my particular situation. If I learned that my physician has chosen a drug based mainly on promotional efforts of the manufacturer, I'd consider him or her in serious conflict with the professional obligation on which the physician-patient relationship is based."⁴

My basic conclusion is that there must be a more effective way to learn about drugs than detailing at lunch. During residency, each resident will have at least 300 visits from a pharmaceutical representative, assuming an average of two visits per week, 50 weeks per year, over 3 years. In 1988, the Food and Drug Administration approved 17 new drugs. Only four were considered to be important therapeutic gains. How many visits does it take to learn about four drugs? We should spend our valuable time learning about the four new drugs per year that may influence our practice and avoid the ethical risks of accepting lunch money.

Discussion

DR A: Physicians are among the highest paid people in the country, and residents earn more than the average American. Dr Frey, why should we get free lunches?

DR FREY: The pharmaceutical industry gives us the tools with which we cure patients, and this work has to go on. In every industry, the way this work goes on is to inform consumers, who in this case are the physicians.

DR B: Conference attendance varies directly with the serving of food. Dr Goldstein, isn't this an example of an educational benefit of pharmaceutical company support of lunch?

DR GOLDSTEIN: There is no doubt that lunch improves attendance at conferences—but dinner improves my attendance at home in the evening! There is no proof that pharmaceutical sponsorship of meals is what gets people to come to a conference. The broader issue is responsibility for what is said at the conferences. Pharmaceutical sponsorship may allow individuals who are not on the faculty to take control of the curriculum, particularly if faculty do not choose the topics, do not make sure that the information presented is accurate, or do not provide rebuttals.

DR C (PharmD): Whatever we decide about

lunches, we will still have the larger ethical question of free samples. Dr Frey, in this light, you as a faculty member are not very important to the pharmaceutical companies. Residents are the key targets; the prescribing habits they develop here may be carried into a lifetime of practice.

DR FREY: You and I take on the responsibility to educate residents about the appropriate use of drugs. So, if a free lunch influences residents, it is not through any insidious actions of the pharmaceutical industry but the failure of our educational processes.

DR D: To follow up, last year, as part of an audit of care of hyperlipidemia, we found five cases over a 3-month period in which a cholesterol lowering drug was prescribed on the basis of a single total cholesterol value between 240 mg/dL and 300 mg/dL. The pharmaceutical company detailing this drug has funded at least one conference each month, with most of their educational promotion devoted to the drug treatment of hyperlipidemia. Is the inappropriate use of cholesterol lowering drugs in our practice just a coincidence?

DR FREY: That situation is not a result of a lack of ethics in the pharmaceutical industry, but, rather, our failure as physicians and as teachers to follow appropriate guidelines for treatment.

MODERATOR: Dr Goldstein, where is the money for lunches going to come from? Pizza and drinks for 25 to 30 people cost about \$75; bag lunches approach \$150 to \$200. Assuming we provided three to four lunches a week over the whole year, that amounts to \$20,000 to \$25,000, which does not include the time and effort spent in arranging, setting up, and clearing away the meals, which we currently require the pharmaceutical representatives to do. Today's meal cost \$133.00; but even after soliciting money in the announcements for this debate, in the lunch line, and at the beginning of the conference, we have received only \$59 in donations. So where will we get the \$25,000 from?

DR GOLDSTEIN: There are three choices. We could set up a general educational fund to which pharmaceutical companies donate and establish strict criteria for the use of the money, we could have a cafeteria here in the

building where people could buy lunch, or, like most Americans, we could bring our own lunch.

MODERATOR: This concludes our critical debate about pharmaceutical company support of lunches. The final vote on this issue is 12 for, 11 against, and 6 abstaining. As we have seen, this issue is complex and touches on many different aspects of residency training and clinical care. Our department, like others around the country, is dependent on pharmaceutical companies for the support of educational activities, and this support has grown gradually in recent years, often in attempts to increase attendance at conferences. This discussion highlights the need for physicians and their academic organizations to review their policies and decide whether they should be changed.

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