

Marketing Illness and Cure: Ethics of Relations with Pharmacological Industry

Farouk Lotaief and Dr. Yasser Abdel Razek

Institute of Psychiatry, Ain Shams University, Cairo, Egypt

ABSTRACT

The relationship between health care professionals and drug companies is a complex relationship. The widespread commercialization of health and the increasing focus on health issues in the media have created a climate of apprehension, insecurity, and alarm about ethics. It is interestingly noticed that the rate of diagnosis of disorders increased very much after promotion of new drugs for such disorders. Moreover, psychiatrists are accused by increasingly turning normal people into patients. This debate has focused attention on what some have named "disease-mongering"; taking something that is within normal bounds and labeling it a disease needing pharmaceutical treatment and widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments. There is evidence that drug-marketing techniques affect doctors' prescribing practices. The study of prescribing behavior helps pharmaceutical companies to improve their marketing strategies by understanding issues such as; the psychology of how physicians think, feel, reason, and select between different alternatives. Speakers with pharmacological companies can be slowly seduced into questionable behaviors such as making pumped up claims of drugs effectiveness. It is surely the time to truly open our eyes to these issues to allow drug promotion with a balance to detect and treat only suffering cases. It is extremely important to take formal, publicly announced decisions to reduce financial reliance on the pharmaceutical industry. The ethical issues surrounding relationships with the pharmaceutical industry must be included in medical students and postgraduate training programs. We need a code of ethics aims to support an environment in which the general public can be confident that prescription and usage of drugs is performed according to the properties of each drug and needs of the patients. Hospitality offered in connection with scientific events may not lay down conditions for obligation on behalf of the healthcare professional to prescribe a specific product. The speakers should always maintain professional autonomy and commitment to the scientific method. Speakers and opinion leaders should not accept to take part in events sponsored from pharmacological companies if felt themselves forced to present controversial data on behalf of the company. We urge drug companies to be physician friendly, yet also "patient-aware". We should focus on helping our patients who struggle with illness, and we're proud of the progress we've made with pharmacological industry in addressing their needs during the last years.

Current Psychiatry; Vol. 17, No. 2, 2010: 41-48

INTRODUCTION

Twisted together like the snake and the stick, pharmacological companies and physicians have become entangled in a web of controversial interactions¹. As national and international drug bills rise at rates that exceed those of inflation and with the society's heightened consciousness of health, these interactions are attracting increasing public and academic attention. The relationship between health care professionals and drug companies is a complex relationship. The widespread commercialization of health and the increasing focus on health issues in the media have created a climate of apprehension, insecurity and alarm about ethics². However in many countries, an important part of medical training is funded by pharmacological companies as scientific meetings, conferences, journals and medical books. Not only training but, also research which is an important source of new

information is funded by pharmacological companies. Also, many physicians have found the resources available from many medical reps useful and time-saving. The fact that drug industry interactions can affect doctors' clinical practice is not necessarily a bad thing, since it could be through these interactions that doctors become more aware of the legitimate benefits of some drugs³. So, it is a dilemma and a controversial topic that we have to explore in all aspects.

Disease mongering and Attitude change:

A lot of firms surrounding us are trying all the time to play with our attitudes toward their benefits. Attitude is a preplanned tendency to behave in a certain way. Marketing for anything is directed to make an attitude with the product

whatever its competency. These mental games are played by all marketers all over the world including the pharmaceutical companies. But to what extent physicians are insightful for such games and to what extent patients and their families and the society are accepting these games in medicine.

It is interestingly noticed that the rate of diagnosis of disorders increased very much after promotion of new drugs for such disorders⁴. We noticed this with Depression and OCD at 1990s, Alzheimer's disease and Erectile dysfunction at late 1990s, Social phobia at 2000s, Fibromyalgia 2005 and Restless leg syndrome at 2007. This observation may be due to better awareness and may be due to a lot of other factors. In addition to drug promotion, the industry seeks to alter our prescribing patterns by other means. These means may include "illness promotion" to encourage more people to seek new treatments⁵. Many authors say "it is surprisingly easy for patients to persuade doctors to prescribe medications, especially for unfamiliar conditions". Moreover, psychiatrists are accused by increasingly turning normal people into patients. For example shy people have social phobia and requiring psychotropic drugs. Hyperactive boys have attention deficit disorder and need amphetamines. A few nights of restlessness calls for sleeping pills. The ordinary experiences of life become a diagnosis, which makes healthy people feel like they're sick⁴. A lot of money can be made from healthy people who believe they are sick. This debate has focused attention on what some have named "disease-mongering"; taking something that is within normal bounds and labeling it a disease needing pharmaceutical treatment and widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments¹. The argument the pharmaceutical industry is always making is that this is patient education "this is an under-diagnosed condition and 'we're just trying to raise awareness". What are they doing! Do they do marketing for illness or marketing for the cure?

Size of the problem

Pharmaceutical industry has marked growth in the size, power and influence. In USA, it is estimated that industry spends about \$21,000 per year per practicing doctor on drug promotion⁶. There is evidence that drug-marketing techniques affect doctors' prescribing practices. It affects the trust required in the doctor-patient relationship. Most doctors see industry representatives regularly. Physician interactions with pharmaceutical representatives were generally endorsed, began in medical school and continued at a rate of about 4 times per month⁷. More frequent contact is linked to unnecessary prescribing and to increased use of new drugs⁸. Meetings with pharmaceutical representatives were associated with requests by physicians for adding the drugs to the hospital formulary and changes in prescribing practice⁹. Attending presentations given by pharmaceutical representative speakers and accepting funding for travel or lodging for industry sponsored symposia were associated with increased rates of non rational prescribing. This increase can be seen for the next months⁹.

Most doctors deny that gifts from the industry influence their prescribing. The number of gifts received correlates with the belief that seeing representatives does not influence prescribing⁵. The pharmaceutical industry has learnt to influence our prescribing behavior indirectly and uses "opinion leaders" from within the profession to promote its products.

Moreover, a lot of educational materials that comes to our hands are biased in favor of the funder's product. If you observe the articles published in international journals, you will find the fingerprints of the industry elsewhere. There is clear evidence of publication bias, selective publication, selective reporting, intelligent phrasing of data and a lot of statistical games. That's why physicians need to recognize that they are affected by drug marketing and take steps to maintain their independence.

Psychological marketing

Remember, people don't buy drugs because they want them, but because they think they will relief some of their pains and symptoms. The study of consumers helps pharmaceutical companies to improve their marketing strategies by understanding issues such as, the psychology of how consumers think, feel, reason and select between different alternatives, how they are influenced by their environment and how motivation and decision strategies differ between different products. The question here is who is the consumer of the drug? He/she is the patient or the doctor or both. What are probably they are buying or prescribing? We may think we're prescribing drugs, we don't know what we're really prescribing! Do we think really we prescribe antidepressants or antipsychotics? Gillette knows that it doesn't sell blades. It sells clean shaves. Revlon knows it doesn't sell nail polish. It sells romance¹⁰. Antipsychotics manufacturers sell safety and security to the family, sell reintegration to society, sell functional life and sell vivid emotions. Antidepressant manufacturers sell the life you deserve. Actually they sell satisfaction to physicians, patients and families. We should accept that the pharmaceutical industry has legitimate rights to promote their products⁵. The problem is the passivity of consumers in most of times and the naiveté of physicians and/or their unwillingness to accept the issue. Medical representatives are highly trained in marketing and sales techniques and they know exactly how to sell satisfaction while physicians don't have enough training to deal with advanced marketing and sales techniques used by medical representatives⁷.

Peer selling

It occurs when a pharmaceutical manufacturer engages physicians to conduct an event that directly focuses on its own products and is designed to enhance the sale of those products¹¹. Speakers can be slowly seduced into questionable behaviors such as making pumped up claims of drugs effectiveness while failing to give full weight to side effects¹². This form of participation would reasonably

be seen as being in contradiction with the profession's ethics. Peer selling, as understood in this sense, differs from the sort of situation in which a pharmaceutical manufacturer provides funds to CME organizers to sponsor an educational event on a specific condition or on specific products. In the latter case, the control and structure of the CME event lies in the hands of the CME organizers. Even though the products may be the focus of such event, the arms-length nature of the sponsorship by the manufacturer and the fact that the control and structure of the event lie in the hands of the CME organizers, remove it from any contradiction with ethics. Speaker who engaged in peer selling process is a drug rep with an MD and a cog in the marketing machine¹². We respect drug reps and we believe they have to promote and sell their products, they have to be faithful to their companies and shareholders but we don't expect our colleagues from psychiatrists to sell products and we are much concerned about many international professional leaders being in denial about the influence of the pharmaceutical industry on their talks and presentations.

What can we do?

It is surely the time to truly open our eyes to these issues to allow for drug promotion with a balance to detect and treat only suffering cases and preventing drug abuse by others. Many medical associations around the world have published guidelines on this issue but we doubt most of their members have read them¹³. The primary objective of any relation with pharmacological industry should be the advancement of the health of our patients rather than the private good of either physicians or industry. Taking formal, publicly announced decisions to reduce financial reliance on the pharmaceutical industry in all areas. We suggest that the pharmaceutical pseudo-educational dollar be bypassed by a major expansion in government funding for CME and research. We should clearly distinguish between education, training and product promotion. The ultimate decision on the organization, content and choice of CME activities shall lay in the hands of the physician organizers not the industry. Relationships with industry are appropriate only if they do not affect the nature of the physician-patient relationship. Every effort should be made to use generic names rather than trade names in the course of CME activities. The provision of regularly updated, easily accessible treatment guidelines would help to decrease our reliance on the industry for information on appropriate treatment¹⁴. Developing and policing procedures for identifying and dealing with conflicts of interest is very important. The ethical issues surrounding relationships with the pharmaceutical industry must be included in medical student and postgraduate training programs. Responsible bodies (medical boards, medical colleges and professional associations) should critically review their codes of ethics and take whatever steps are available to them to enforce these codes⁵. Physicians should not dispense drugs for material gain unless they can demonstrate that these cannot be provided within a reasonable distance by an appropriate other party. Practicing physicians should not accept a fee from pharmaceutical manufacturers in exchange for seeing them or prescribing. Physicians should make sure

that they do not exploit their patients for any reason and should exercise extreme caution in publicly endorsing any particular commercial product and "when referring their patients to institutions or services in which they have a direct financial interest. They should provide full disclosure of such interests¹⁵.

In the Middle East, our professional bodies simply do not have the power or support to enforce codes of ethics so with respect to many practical suggestions to address the negative influence of the pharmaceutical industry, we suggest that reliance on our profession alone to substantially improve the situation, although laudable and appropriate, is too optimistic given the gross denial by our colleagues that there is an issue. We need cooperation and efforts from all concerned parties including the pharmacological companies.

The pharmaceutical industry has had sufficient awareness of public opinion to see the need to strengthen its code of ethics. Code of ethics aims to support an environment in which the general public can be confident that prescription and usage of drugs is performed according to the properties of each drug and needs of the patients. Also it encourages reasonable use without exaggeration of properties of the drug.

The relationship between physicians and industry must always be in keeping with the fundamental ethical principles that govern social interactions in general and respect the fundamental values of Arab society.

Ethics of participation in research with Industry

The participation of physicians in industry-sponsored research activities should always be preceded by formal approval of the project by an appropriate ethics review body. The project should also be subjected to an ethical evaluation by that body upon its completion. It is ethically acceptable for physicians to receive remuneration for participation in approved research studies only if the participation exceeds their normal practice pattern. Parameters such as time expenditure and complexity of the study may be relevant considerations for such remuneration¹⁵. Patient participation in research studies shall occur only with the full, informed and competent consent of the patient. The physician has an obligation to ensure that the patient is fully aware that the physician's concern for the patient's welfare doesn't depend on the patient's participation in the study. Also, the patient should be informed of available alternatives if he/she refused to participate in the study. Patients have the right to withdraw themselves from the study at any time and return to the alternative therapies indicated¹¹.

Attending meetings sponsored from Industry

Travel arrangements and venues for industry sponsored CME activities should be appropriate. Hospitality offered in connection with scientific events, shall be limited to travel, meal, accommodation and registration fees. Hospitality may be extended only to healthcare professionals who are specialized in the field of the event. No hospitality shall be

offered to accompanying persons. All forms of hospitality extended to healthcare professionals must be reasonable and be strictly limited to the main purpose of the event. As a rule, the hospitality should not exceed what the healthcare professionals would normally be prepared to pay for themselves¹⁶. The arrival of the healthcare professional to the venue of the event should not be earlier than a twenty-four hour period prior to its beginning and the departure shall be not later than a twenty-four hour period after its ending. Subsidies for hospitality should not be accepted outside of modest meals or social events that are held as part of a conference or meeting. The maximum permissible limits for hospitality are economy class flight tickets, hotel accommodation and registration. Hospitality may not lay down conditions for obligation on behalf of the healthcare professional to prescribe or to encourage prescription of a specific product¹⁷. Business class tickets are allowed only in long distance flights. The expenses of healthcare professionals related to the event sponsored or organized by the company shall be covered by bank transfers, by checks or postal order, on the grounds of primary supporting documents of the expenses made¹⁵.

Gifts from pharmacological companies

Practicing physicians should not accept personal gifts from the pharmaceutical industry or similar bodies. No gift, financial advantage or benefits in kind can be offered provided or promised to a healthcare professional as an inducement to prescribe a medicinal product¹⁸. Practicing physicians may accept symbolic gifts appropriate to their area of practice. Gifts may be offered, supplied or promised to healthcare professionals only if they are inexpensive in value¹⁹.

Recommendations for Pharmacological companies

The companies conducting promotion and advertising should be responsible for their actions and for the content of the promotional and advertising materials which is expected to be accurate, objective and complied with the summary of the product approved. It is prohibited to promote or advertise a medicinal product or a therapeutic indication of a particular product prior to the grant of the marketing authorization. The information in promotional and advertising materials must be based on up-to-date analyses of data, substantiated by scientifically valid evidence and must not mislead or create wrong impression¹⁸. Promotion and advertising must be accurate, balanced, fair, objective and sufficiently complete in order to give opportunity for the recipient to form his/her own opinion about the therapeutic value of the drug concerned. Promotion and advertisement must encourage reasonable use of the drug by presenting it objectively without exaggeration of its properties¹⁶. The statements should not suggest that a given medicinal product or active substance have any special merits, qualities or characteristics, unless this could be substantiated. Promotion and advertisements should not contain claims that the product has no adverse effects, toxic hazards or risk of addiction or dependency. Promotion and advertisements should be directed only to those healthcare

professionals for whom there is a substantiated assumption that the information contained is of interest to them¹⁵.

Advertisements and promotion are misleading if promotion and advertisement attribute to a medicinal product a therapeutic effect or efficiency which the product does not have and when promotion and advertisements contain claims that the treatment with this particular product will be surely successful.

Companies should continuously provide training and education to the medical sales representatives. Oral statements of medical sales representatives should not violate the written code of ethics¹⁷. The frequency, duration and the time of interviews arranged at the healthcare professional, as well as the manner of conducting them, should not cause inconvenience to the healthcare professional.

Industry, opinion leaders and speakers

In this environment apprehension and insecurity, it becomes even more important for companies developing new treatments to work with the most influential healthcare professionals or opinion leaders. However, concerns remain that these interactions will bias opinion and compromise patient care³. The worry is that subconscious influence has an insidious effect on clinical practice. In the era of the globalization, with the explosion of social networking and open access, expert opinion is increasingly diluted by opinions from any and all who wish to express a view. Furthermore, opinion leaders are extremely capable of expressing their views, focusing on the right decision for patients and maintaining their independence. This is what makes them opinion leaders.

Speakers and chairpersons at scientific events may accept reasonable honoraria and reimbursement for travel, lodging and meal expenses. The amount of fees is determined in correspondence with significance of the event (of regional or national character), the academic status of the lecturer and the form and duration of the presentation¹⁵. The speaker should always maintain professional autonomy, independence and commitment to the scientific method. Speakers and opinion leaders should not accept to take part in events sponsored from pharmacological companies if felt themselves forced to present controversial data on behalf of the company to promote or to encourage prescription of a specific product¹¹.

CONCLUSION

The pharmaceutical industry employs an array of sophisticated interventions to alter prescribers' behavior. The least we can do is to recognize their existence and study their impact. On the basis of that evidence, further responses and safeguards can be developed.

The reality is much more complex: neither medicine nor industry can realize their true value independently of one another. Both have a role in the advancement and delivery of health care. The solution is not to exclude the industry but to

accept that it has a role and to more precisely define that role to minimize suspicion and misunderstanding. It is not in the interest of the industry to have its products used incorrectly or in the wrong patients. If all the concerned parties can operate within transparent frameworks, then there is much benefit to be gained on all sides. However, even with perfect transparency, problems will remain because ethical values are subjective and different from person to another.

We urge drug companies to work hardly with physicians and be physician friendly, yet also patient-aware is important. Drug companies and physicians should focus together on helping patients who struggle with illness and should be proud of the progress they've made in addressing the needs of patients during the last years. We should remind ourselves of our responsibilities to protect ourselves and our patients from slick marketing.

REFERENCES

1. Moynihan R. Who pays for the pizza? Redefining the relationships between doctors and drug companies. 1: Entanglement. *BMJ* 2003 May 31;326(7400):1189-92.
2. Barsky AJ. The paradox of health. *N.Engl.J.Med.* 1988 Feb 18;318(7):414-8.
3. Buckwell C. Should the drug industry work with key opinion leaders? Yes. *BMJ* 2008;336:1404.
4. Stein R. Marketing the illness and the cure? 2006 May 30; A03. Washington Post.
5. Breen KJ. The medical profession and the pharmaceutical industry: When will we open our eyes? *Med.J.Aust.* 2004 Apr 19;180(8):409-10.
6. Wheatland FT. Consumers and drug companies: The Scorpion's Tale? *Health Issues* 2006;87:7-10.
7. Wazana A. Physicians and the pharmaceutical industry: Is a gift ever just a gift? *JAMA* 2000 Jan 19;283(3):373-80.
8. Peay MY and Peay ER. The role of commercial sources in the adoption of a new drug. *Soc.Sci.Med.* 1988;26(12):1183-9.
9. Watkins C, Moore L, Harvey I, Carthy P, Robinson E, and Brawn R. Characteristics of general practitioners who frequently see drug industry representatives: National cross sectional study. *BMJ* 2003 May 31;326(7400):1178-9.
10. Witt GA. How To increase your sales using a psychological marketing strategy. Available: <http://www.marketingpsychology.com/psychmktprobpg.htm>, 2008.
11. The College of Physicians of Ontario. MD relations with drug companies. Available: <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1832>. Accessed 2008.
12. Lenzer J and Brownlee S. Doctor takes "March of shame" to atone for drug company payments. *BMJ* 2008;336(7634):20-1.
13. Woodruff T, Graudins LV, Masters S, and Capolingua R. The medical profession and the pharmaceutical industry: When will we open our eyes? (multiple letters) [2]. *Med.J.Aust.* 2004;181(8):458-9.
14. Orlowski JP and Wateska L. The effects of pharmaceutical firm enticements on physician prescribing patterns. There's no such thing as a free lunch. *Chest* 1992 Jul;102(1):270-3.
15. Australian Medical Association. The AMA code of ethics. . Accessed <http://www.ama.com.au/web.nsf/doc/WEEN-5WW598>, 2008.
16. Kerridge IH and McPhee JR. Ethical and legal issues at the interface of complementary and conventional medicine. *Med.J.Aus.* 2004;181(3):164-6.
17. Royal Australasian College of Physicians. Ethical guidelines in the relationship between physicians and the pharmaceutical industry. Available: www.racp.edu.au/public/Ethical_guide_pharm.pdf, 2009.
18. Therapeutic Goods Administration. Therapeutic goods advertising code. Available: <http://www.tga.gov.au/advert/tgac.htm>, 2009.
19. Graudins L. Concerns about commercialism [1] (multiple letters). *Aus.J.Pharm.* 2003;84(997):255.

Corresponding Author:

Prof. Farouk Lotaief
Professor of Psychiatry
Institute of psychiatry
Aim Shams University
E-mail: flotaief@yahoo.com