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Drug Company Gifts To Physicians: Harmless Perks?

by Stan Jones

On The Take: How Medicine’s Complicity with Big Business Can Endanger Your Health
by Jerome P. Kassirer
(New York: Oxford University Press, 2004), 288 pp., $26

Jerome Kassirer’s book is about how pharmaceutical and device manufacturers pour money into the many cracks and joints in our complex medical care system to influence physicians to prescribe and use their products. Kassirer’s concern—in fact, his conviction—is that this “marketing” money undermines the physician’s primary professional duty to put the interest of the patient first.

The author—a professor at the Tufts and Yale Schools of Medicine and former editor of the New England Journal of Medicine—asserts that these companies employ 87,000 drug salesmen and invest enough in this marketing effort to pay $30,000 to every practicing physician in the country. He describes how this money has found its way into the medical associations, journals, and labs in academic research institutions, in grants of tens and hundreds of thousands, even millions of dollars. He also describes how these dollars flow to individual physicians in the form of expensive gifts, free dinners at the best restaurants, free vacations, consulting fees, and honoraria for speaking to other physicians at fancy restaurants or continuing medical education (CME) lectures at desirable resorts or for writing articles, commentaries, or editorials for medical journals (often written by the company). The gifts begin small and get bigger as the breadth of the physician’s reputation and usefulness to the company’s marketing effort grows (just like endorsements by football players or movie stars). The book contains the kind of bill of particulars one would expect at a legal proceeding or a congressional hearing. It includes practice guideline and evidence-based medicine committee cases, with names and dates from published reports and from the author’s interviews and conversations.

Two bottom-line questions seem to arise from this documentation: Do these payments subtly or overtly “bias” physicians or medical institutions to compromise the basic professional obligation to “put the interests of the patient first,” and, How many physicians accept these payments? Kassirer is convinced that the payments “produce financial conflicts” that “threaten patient care, taint medical information, and raise costs” and that “create deception, impair physicians’ judgment, and reduce their willingness to be their patients’ advocates” (p. 192). He backs up this contention with the following arguments: (1) Would companies spend a total of $21 billion (yes, that is “billion”) on marketing, of which 88 percent is aimed at physicians, without evidence showing that it pays off in increased sales and profits? (2) Won’t tens and even hundreds of thousands of dollars a year in income compromise at least some professionals? (Kassirer reminds us of the income pressure on physicians these days from managed care and

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liability insurance.) (3) The author cites studies showing, for example, that physicians’ use of a particular drug increases two- to threefold after attendance at drug company–sponsored symposia and that gifts and money often rouse powerful psychological needs to reciprocate.

(4) He also cites physician jargon that refers to a colleague as a “whore” of the drug company for taking payments or gifts or, conversely, as a “sucker” for not taking his or her share, as a kind of backhanded acknowledgment that the gifts are effective.

Kassirer does not clearly establish how many physicians are biased or prompted to produce “tainted information” by these payments or how far the “taint” penetrates medical practice. But he contends that payments seem to be so much a part of the everyday fabric of many physicians’ schedules and revenue streams, that it is difficult today to assemble a group of physicians to conduct evidence-based medicine reviews without including some who are receiving such payments. He also asserts that even one well-credentialed physician who allows his or her bias to “taint” practice guidelines can affect the actions of thousands of physicians.

Is Kassirer’s case convincing? He does repeatedly note physicians’ vehement insistence that their professionalism is beyond being tainted by these gifts and money and the usefulness of such things as free samples and gifts to medical associations and institutions. Physicians can also argue that the various companies’ gifts and payments tend to cancel one another out: No one has an advantage, but no one can drop out for fear of losing—sort of a cold-war stalemate.

But can the average patient believe that professional conscience will protect him or her in the face of such “big money”? For this patient/reviewer, the answer is “no”: It is hard to believe that the gifts do not bias physicians, even if the bias consists of thinking first of a drug whose name the physician has just heard from a drug company rep or that the company has supplied for the physician’s sample cabinet, rather than other drugs in the same class that might be less costly for the patient. In their pervasiveness and size, drug company payments to physicians rival or exceed anything I have seen before in my political, corporate, and nonprofit work. The amount of money at stake is well beyond what any professional group of which I have been part would consider “harmless.”

Regardless of how many physicians are actually biased, patients’ trust in their physicians is gravely undermined by the belief that bias is likely there. Given patients’ profound need to trust their physicians and physicians’ need to gain patients’ trust to practice their profession at its best, medicine is taking very high-stakes chances in accepting drug company payments and gifts. It is a great stain on the medical profession that it has allowed these gifts and payments to go so far.

After looking at legal and ethical standards for lawyers and journalists, Kassirer offers a detailed list of steps to better protect patients and the medical profession. They boil down to divestiture or public disclosure as required by more stringent medical institution and government guidelines, in a way that is thoughtfully tailored to the special circumstances of each institution and physician.

These steps are not unreasonable. If patients are not convinced that they can trust their physicians completely to look out for them, then they need to be better equipped to look out for themselves—or even to get a little government help.