# An Ethical Framework for Clinician/Industry Interactions

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### Author Disclosure

• Over the past 3 years, I have received \$5000-10,000 per year from the AstraZeneca speakers bureau for promotional programs on quetiapine.

## Outline

- - Background
    - Economic issues in research, marketing and healthcare costs
    - Reasons for interactions with industry
  - Ethical framework
    - Goals and practices of medicine and industry
    - Types of interactions contracts, marketing, gifts
    - Factors in clinical decision-making
    - Sources of bias
    - Self-serving bias

## Outline

- Practical applications
  - AMA guidelines
  - Other guidelines and regulations FDA, ACCME, PhRMA
  - Peer review

• Case scenarios

## Major Teaching Points

- Understand the role of the pharmaceutical industry in medicine
- Be familiar with APA guidelines for physician-industry contacts
- Be able to characterize the various types of interactions between physicians and the pharmaceutical industry
- Recognize sources of bias and how to overcome them
- Discuss an ethical framework in which to evaluate physician interactions with industry

## Readings

- Lexchin J. Interactions between physicians and the pharmaceutical industry: What does the literature say? Can Med Assoc J 149:1401-07; 1993
- Rosner F. Pharmaceutical industry support for continuing medical education programs: A review of current ethical guidelines. Mt. Sinai J Med 62:427-63; 1995
- Wazana A. Physicians and the Pharmaceutical Industry: Is a gift ever just a gift? JAMA 283:373-80; 2000
- Dubovsky AN, Dubovsky SL. Psychotropic Drug Prescriber's Survival Guide: Ethical Mental Health Treatment in the Age of Big Pharma. Norton, 2007

- 1. Which of the following statements regarding the pharmaceutical industry is true?
  - a. Drugs represent about 10% of healthcare costs
  - b. Less than 5% of total pharmaceutical costs are expended on research and development
  - c. Drug costs have been stable over the past 10 years
  - d. Nearly 50% of drug sales are expended on sales and drug promotion
  - e. Profit margins in the pharmaceutical industry tend to be low

- 2. Which of the following statements regarding FDA regulations is true?
  - a. They govern physicians' use of drugs
  - b. They prohibit physicians from accepting gifts of more than \$100 from industry
  - c. They prohibit "off label" promotion of drugs
  - d. They require disclosure of negative drug trials
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- 3. Which of the following statements regarding AMA guidelines is true?
  - a. They are binding on all AMA members
  - b. They prohibit physicians from accepting gifts of more than minimal value from industry
  - c. They permit "off label" prescription of drugs
  - d. They require disclosure of industry relationships to patients
  - e. They prohibit industry from sponsoring CME programs

- 4. Empirical studies demonstrate which of the following?
  - a. Physicians are good judges of their own biases
  - b. Small gifts, such as pens, have minimal impact on physicians' prescribing practices
  - c. Most marketing materials are accurate and objective
  - d. Industry representatives are excellent sources of objective information about medications
  - e. Sponsorship strongly predicts outcome in published research studies

- 5. Which of the following has been shown to overcome self-serving bias?
  - a. Development of extensive clinical experience
  - b. Role-playing exercises
  - c. Disclosure of financial interests
  - d. Familiarity with peer-reviewed literature
  - e. Use of personal insight and self-awareness

#### **Clinician-Industry Interaction**

# Background

Pharmaceutical Sales and Costs (2004)

- \$243.8 billion total sales
- \$38.8 billion (15.9% of total sales) spent on research and development
- Drugs represent 10.7% of total US healthcare costs
- Drug costs have risen at the same rate as total healthcare costs over the past 10 years

Pharmaceutical Research and Manufacturers of America (PhRMA) Kaiser Family Foundation

Promotional Costs (2001)

• \$15.7 billion = 12.9% of sales (PhRMA)

VS

• \$27 billion = 22% of sales (www.nofreelunch.org)

Why the difference?

Unrestricted education grants and free samples were not included in the PhRMA estimate

Are Medicines Too Expensive?

- Research and development costs are high
- A single lawsuit can be catastrophic
- Patent protection is time-limited

Are Medicines Too Expensive?

but

• Pharmaceutical stocks are considered among the most profitable and consistent investments available

Are Medicines Too Expensive?

but

 High profitability is essential for the maintenance of an aggressive research and development program

## Why Do We Do It?

Contacts with industry are unavoidable

- Physician Desk Reference
- Prescription of proprietary drugs
- Sponsorship of professional meetings
- Advertisements in professional journals
- Response to academic activity

## Why Do We Do It?

Contacts with industry are desirable

- Sponsorship of educational programs
- Sponsorship of professional organizations
- Sponsorship of research
- Notification of product availability
- Exposure to proprietary information
- Academic input into research and marketing

#### But...

Industry's priorities differ from those of clinical and academic medicine

Is it possible to benefit from industry contacts without compromising the integrity of clinical and academic medicine? 

## An Ethical Framework

## **Ethical Duties**

### Clinical and Academic Medicine

- Beneficence
- Integrity
- Social justice

#### **Medical Industry**

- Integrity
- Legality
- Fiscal responsibility

## **Primary Aims**

**Clinical Medicine** 

- Patient benefit
- Societal benefit

**Academic Medicine** 

 Acquisition and dissemination of knowledge

Medical Industry • Financial gain

### **Positive Practices**

Clinical Medicine •

- Patient treatment
- Physician-patient relationship

Academic Medicine • Research

• Education

Medical Industry

- Development of safe and effective treatments
  - Sponsorship of education
- Sponsorship of research

### **Negative Practices**

Clinical Medicine • Paternalism

- Boundary violations
- Incompetent practice
- Financial concerns
- Academic Medicine Career development
  - Medical Industry Marketing bias in research and education
    - Excessive profits

## Oversight

Clinical Medicine

Professional standards
Moderate government regulation

#### Academic Medicine

- Academic standards
- Minimal government regulation
- Medical Industry Extensive government regulation

#### **Contract Services**

- Scientific advisory boards
- Marketing advisory boards
- Speakers bureaus
- Research design, participation, and publication

#### **Contract Services**

- Promotional Talk \$500-5000
- Grand Rounds \$500-5000
- National Advisory Meeting \$1000-5000
- APA Symposium \$3500

#### **Educational Programs**

- Unrestricted education/research grants
- Industry-sponsored symposia
- Patient education materials
- Journal sponsorship

Marketing Contacts

- Physician detailing
- Speakers Bureau presentations
- Advertisements

## Physician Detailing

- Marketing representative meets individually with a physician
- Only FDA-approved materials may be shared and FDA indications discussed
- Branded gifts may be offered
- Free samples may be provided
- Requests for proprietary information will be passed on to the company's scientific liaison

## Physician Detailing

#### **Positive Aspects**

- Latest FDA indications and warnings are highlighted
- Patients may benefit from free samples

#### Negative Aspects

- Marketing information is highly biased
- Gifts (including samples) may inappropriately influence physicians' judgment

#### **Speakers Bureau Presentations**

- Presentation by a physician on contract with a pharmaceutical company
- Usually in conjunction with a lunch or dinner
- May only deal with FDA indications; all slides and the speaker's script must be FDA approved
- Includes review of efficacy and safety data for the drug and indication

#### **Speakers Bureau Presentations**

#### **Positive Aspects**

- Includes detailed review of efficacy and safety data
- FDA "fair balance" rule requires as much attention to safety as to efficacy

#### Negative Aspects

- Associated meal may bias participants
- Speakers' personal opinions are difficult to regulate

#### Advertisements

- Advertising in professional journals and at meetings targets physicians
- Higher quality journals group ads at the beginning and end of the issue, separate from scientific papers
- Professional organizations are encouraged to separate advertising booths from the rest of the meeting
- Direct-to-consumer advertising targets potential patients
- FDA requires "fair balance" in DTC advertising

#### Advertising

#### **Positive Aspects**

- Alerts physicians to new products
- Pays for publication and organization costs
- May increase patient awareness of illness and treatment

#### Negative Aspects

- Usually receives only cursory reading
- Includes superficial data on efficacy and safety
- May encourage unrealistic patient expectations

# Marketing and Clinical Practice

Factors in clinical decision-making

- Evidence-based clinical data
- Clinical experience
- Nonclinical complicating factors (self-serving bias)
  - financial reward
  - academic interest

# Marketing and Clinical Practice

Legitimate marketing factors

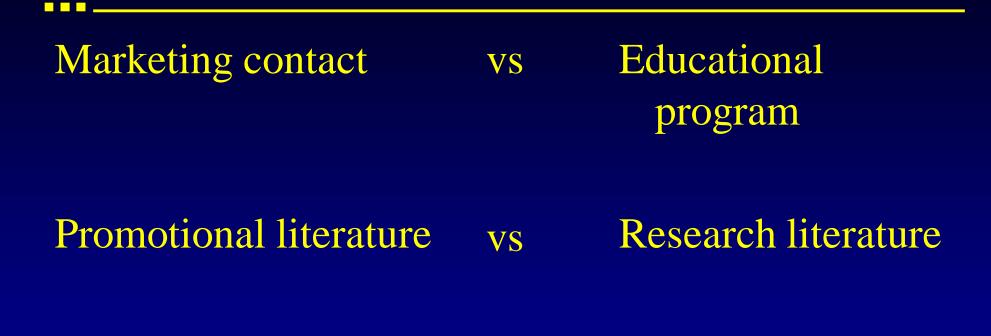
- Notification of availability
- Clinical trials data
- Cumulative experience data
- Cost effectiveness data

# Marketing and Clinical Practice

Illegitimate marketing factors

- Personal relationship with physician
- Incentives to decision-makers
- Gifts

#### **Confusion of Boundaries**



Contract service vs Gift

#### Major Dangers

- Clinical compromise
- Research bias

• Academic corruption

# **Clinical Compromise**

- Inaccurate or biased information
- Biased clinical judgment
  - Financial incentive
  - Receipt of gifts
  - Personal relationship with pharmaceutical representative

# **Physician Bias**

A substantial body of empirical studies shows that:

- Even small gifts influence physicians' practices
- Physicians have poor insight into their own biases
- Marketing materials are highly biased
- Industry representatives vary widely in reliability and expertise

# **Physician Bias**

Self-serving Bias

- We tend to make judgments that serve our own interests
- We believe these judgments to be objective and balanced
- Disclosure is not sufficient to overcome this bias (and may even make it worse)

# **Physician Bias**

Self-serving Bias

- Effective remedies include
  - Peer review
  - Role playing (i.e., assuming the role of other interested parties, such as patients, payors, or competitors)
  - Changing reward systems

#### **Research Bias**

- Sponsorship strongly predicts outcome in industry-sponsored research
- Research questions can be framed to favor a specific outcome
- Data can be framed to accentuate specific outcomes
- Some study results may not be disclosed (now limited by FDA regulations and some journal requirements)

# Academic Corruption

- Selective input into research
- Research driven by financial incentive
- Education biased by financial incentive
- Industry support of favorable opinions

#### **Clinician-Industry Interaction**

#### 

# **Practical Applications**

#### **Peer Review**

- Publications, posters, and slide sets may be reviewed by recognized experts in the field to ensure that:
  - Appropriate scientific methods were employed
  - Defensible conclusions were reached
  - Bias is avoided in reporting results

#### **Peer Review**

- Clinical practice may benefit from peer review in the form of:
  - Individual case discussion
  - Chart reviews
  - Comparison of practice data to peer norms

# Disclosure

- Financial incentives creating real or apparent conflicts should be fully disclosed in order to:
  - Allow patients or audience members to evaluate the objectivity of a recommendation
  - Encourage the disclosing physician to exercise care in making recommendations
  - Encourage the disclosing physician to carefully consider the ramifications of contractual arrangements with industry

# Disclosure

- Standard disclosure includes:
  - Existence of a relationship
  - Name of the company involved
  - Nature of the relationship (eg, speakers bureau, advisory board)

# Disclosure

- Higher level disclosure includes:
  - Name of drugs or devices promoted
  - Amount of money involved
  - Percent of income derived from the activity

# **AMA Ethical Guidelines**

- Any gift should benefit patients
- Gifts should be of minimal value and related to the physician's work
- No gifts should be accepted with strings attached

# **AMA Ethical Guidelines**

- Support for legitimate conferences or meetings (including faculty honoraria) is permissible
- Subsidies for individual physicians to attend meetings are not permissible
- Scholarships for residents and fellows must be assigned by the training program

# **PhRMA Ethical Guidelines**

- Dinner programs should be limited to a "modest" meal, without guests
- CME programs should be planned and conducted by academic and clinical centers
- Consultants must provide legitimate services for reasonable fees
- Speakers' training may include reimbursement for time, travel, and expenses

# **PhRMA Ethical Guidelines**

- Scholarships should be for major scientific and clinical conferences, and should be awarded by the sponsoring academic institution
- Gifts should be of modest value (<\$100), and should benefit the physician's practice
- No gift, scholarship, or contract should compromise the clinician or academician's independence of decision making

# **FDA Guidelines**

- All marketing materials must be FDA approved, and information shared during marketing contacts may not exceed the boundaries of approved packaging information
- Sponsored speakers may answer questions, but may not initiate or perpetuate discussion of "off-label" drug uses

# **FDA Guidelines**

- Sponsored speakers may only discuss information derived from accepted research methods or recognized expert consensus opinion
- Research studies involving a competitor's drug must follow packaging guidelines for the drug

ACCME Guidelines for CME Programs

- Potential or perceived conflicts of interest regarding the topic of the presentation must be disclosed
- Presentations must include specific learning objectives
- The speaker's qualifications must be appropriate to the topic covered

# Recommendations for Professional Medical Associations

- No more than 25% of an association's total budget should be derived from industry
- Oversight committees should monitor industrysponsored education programs or find alternative funding
- No gifts or industry-labeled items should be included with registration materials for association meetings

# Recommendations for Professional Medical Associations

- Advertising booths should be in a separate area, not in the obligate path to a scientific or educational session
- Associations should not endorse, facilitate, or accept funding for satellite symposia sponsored by industry
- Industry funding of research, fellowships, and training programs must be administered by the professional association without industry input

# Recommendations for Professional Medical Associations

- Groups that develop practice guidelines must be independent of actual or perceived industry influence
- Associations must have clear regulations governing industry advertising in their journals
- Officers of associations should be conflict-free during their tenure
- Associations should educate their members regarding conflict of interest

# What We Can Do

- Observe AMA and other guidelines
- Be clear about the nature of our interactions with industry
- Disclose everything
- Limit gifts and personal contacts

# What We Can Do

- Use peer review and consultation to detect diagnostic and therapeutic "drift"
- Be aware of sponsorship of research and educational programs
- There is no substitute for constant attention to personal integrity and professional rigor

During a detail visit by a pharmaceutical representative, a psychiatrist is congratulated on being the top prescriber of the company's product in that area. In recognition of this, the psychiatrist is given a gift certificate for dinner at a popular restaurant.

- What AMA guidelines apply to this situation?
- What ethical issues are involved?

An academic psychiatrist with an interest in antidepressant medications is offered \$1000 to speak at a symposium on treatment of depression.

• What ethical issues must be considered if

a. the symposium is sponsored by an unrestricted education grant to the hosting institution?

b. the symposium is industry-sponsored?

A psychiatrist is invited by a pharmaceutical representative to hear a speaker at a popular restaurant. Afterward, attendees are invited to a performance of an award-winning stage production.

- What AMA guidelines apply to this situation?
- What ethical issues are involved?

A psychiatrist is invited to participate in a national advisory board for a pharmaceutical company. The meeting is for one day at a major hotel in San Francisco. The psychiatrist will be paid a \$1000 honorarium for participation.

- What AMA guidelines apply to this situation?
- What ethical issues are involved?

A psychiatrist is invited to attend a CME conference in Hawaii at the expense of a pharmaceutical company. The meeting includes two hours of workshops each morning for three days.

- What AMA guidelines apply to this situation?
- What ethical issues are involved?

A psychiatrist attends a dinner talk on a new antipsychotic medication with which he is unfamiliar. The next day he prescribes the medication for a newly diagnosed schizophrenic patient.

- What ethical issues are involved?
- What legitimate marketing factors may be involved?
- What illegitimate factors may by involved?

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#### Pre- and Post-test Answers

