Imagine you are on trial for a serious crime and that if convicted you will be sentenced to serve time in a prison run by a for-profit corporation. (There are such prisons in the United States (US).) Now, imagine that your lawyer, who is supposed to represent your best interests, has had her continuing legal education paid for by the same for-profit corporation that runs the prison. How confident are you that your lawyer will actually represent your best interests? This is essentially the situation that patients face when doctors have their continuing medical education (CME) paid for by pharmaceutical companies. The latest figures on company sponsorship give some cause for hope – in 2010 in the US, industry funded 31% of CME compared to 48% in 2007 [1] – but we should not feel complacent about the situation. Industry continues to fund thousands of events for doctors around the world. In Australia from April 1 to September 30, 2011 companies represented by Medicines Australia, the organization for the brand-name industry, spent over $40 million (AUS) on 18,000 events attended by 423,000 people, primarily doctors, with over $18 million of the total going on hospitality [2].

Concerns about company funded CME are not something new. They have their roots as far back as the late 1950s and early 1960s when over 4000 new drugs were brought onto the American market and an estimated 70 cents of every dollar spent on prescription medicines was going for drugs that had not existed 10 years previously [3]. The CME required to keep pace with this enormous increase in the number of new drugs came with a significant cost and pharmaceutical companies were willing to fill the void despite caution from editorials in journals such as JAMA: “The principal source of financial support must come from within the medical profession. Financing often determines control, and control must remain in the hands of the profession” [4]. A more contemporary editorial in the CMAJ echoed this same message: “It is time to stop the pharma-driven ‘free lunch’ approach and place our continuing medical education system firmly in the hands of unbiased and qualified people, not corporations whose main concern is the bottom line” [5].

However, this message of caution does not seem to have been heard by many doctors. Surveys have generally shown that they have a positive attitude towards commercially sponsored CME. Seventy percent of Norwegian general practitioners agreed completely that commercial courses kept high standards [6]. Similarly, industry meetings in Australia were judged to be of good to excellent quality by 81% of generalists, 79% of internists and 87% of psychiatrists [7]. Although many doctors recognize that there might be a conflict of interest (COI) in attending CME paid for by industry most naively think that they will not be affected by that COI [8]. A before and after study of hospital doctors’ prescribing showed just how naive doctors can be. It found a dramatic increase in the use of drugs featured at pharmaceutical company symposia despite the fact that before going off to attend the conference the doctors involved did not believe that their prescribing practices would be influenced by their attendance [9].

It also appears that commercial sponsorship has a significant limiting effect on the number of topics covered in CME events. One paper compared talks developed by Harvard Medical School independent of any commercial influence and pharmaceutical company-funded symposia [10]. The 221 Harvard talks covered 133 topics while the 103 symposia focused on 30 topics, most of which were linked to recently approved new therapeutic agents sold by the funders. Drug therapy was the central topic in 27% of the Harvard talks compared to 66% of the symposia. Both types of courses were highly rated by attendees.

Bowman analyzed the content of two CME events in relation to their source of funding [11]. Both courses were given at a university that had policy guidelines that required the course content to be controlled by the institution. Despite this requirement, in both courses there was a bias in favour of the drug made by the sponsoring company as compared to equally effective drugs made by other companies and more importantly prescribing patterns were influenced by this bias [12]. Content advertised as independent of industry influence may in fact be heavily influenced by industry. A series of leaked e-mails from HealthEd, a popular Australian provider of CME, showed the company asking Sanofi-Aventis “Could you please suggest a couple of speakers for our scientific committee’s approval?” In another case a company representative asks HealthEd to “determine the speaker’s opinion re: Tramal as I would like to ensure he positions it appropriately” [13].

As bad as things may be in developed countries, they are much worse in the developing world where independent medical information is hard to come by and companies provide most of the CME that doctors get. The chief pharmacist at the Kenyatta National Hospital in Nairobi described how companies organize CME courses in his country: “Sponsorship of CMEs at institutional/professional organizational level (they get a guest speaker, topic of their choice, pay for coffee/tea and snacks) this partnering with an institution/professional association endorses the company. Development of resource centres (rent for space, purchase of computers and necessary software, subscriptions...
for journals) for professional association – quite a noble idea, but...?”[14]. A Nepalese medical student observed that “medical conferences … are strongly dominated by the pharmaceutical industry. Often, companies organize parties for doctors in which a continuing medical education topic is followed by a lavish cocktail dinner—but often the educational part is absent … Pharmaceutical companies also sponsor the activities of medical students (such sponsoring can take the form of sports matches, publications, and parties)” [15].

Out of all of the professions medicine is unique in that its practitioners actively ask for-profit corporations to pay for their education. It appears that doctors feel a sense of entitlement for this support, a hypothesis that was tested in an elegant trial designed to elicit how doctors rationalize their behavior. When residents (registrars) were reminded about the “sacrifices” that they made in order to become doctors their acceptance of industry-sponsored gifts increased and it increased even further when it was suggested to them that their sacrifices were an appropriate rational for accepting gifts [16]. A recent survey in the US showed that, although 88% of 770 US health professionals believed that commercial support introduces bias, 58% of them would not be willing to pay higher fees to decrease or eliminate commercial support [17].

The occasional company seems willing to cut back on its sponsorship of CME [18] but the head of Medicines Australia defends the practice of companies offering suggestions for speakers at CME events [13]. The Code of Practice from the International Federation of Pharmaceutical Manufacturers & Associations, the de facto marketing code in many developing countries, is hardly reassuring about CME. The 2012 revision to the code does not ban companies from suggesting speakers or supplying them with slides and does not require the disclosure of commercial sponsorship [19].

The situation in developed countries is changing, albeit slowly. A survey in 6 European countries showed that industry sponsorship of CME is allowed in all countries but Norway. Although limits are imposed on promotion during the CME events it is not clear what controls are placed on industry influence on the content [20]. In the US, the Oregon Academy of Family Physicians no longer accepts any type of pharmaceutical industry grants for its CME activities [21] and the House of Delegates of the American Medical Association voted that “when possible,” CME activities should be free of industry sponsorship [1]. In developing countries progress will be even more difficult but with the help of the international community it should be possible. The World Medical Association (WMA) has a policy about the relationship between physicians and commercial enterprises [22] and should work with national medical associations to ensure that their policies are at least as stringent as the one from the WMA.

The Criteria for Medicinal Drug Promotion from the World Health Organization (WHO) has three clauses covering symposia and other scientific meetings [23]. Unfortunately, at present WHO is doing little to encourage drug regulatory authorities to use these criteria but various non-governmental organizations are pushing WHO to engage with national authorities to use the criteria as a model template in the same way that the Model List of Essential Medicines is used. Finally, some journal publishers are already making their publications available at a reduced cost or free to practitioners in low income countries. This practice should be expanded to help practitioners reduce their dependency on the pharmaceutical industry for current information about therapeutics.

The reliance of health professionals on industry-funded CME is more likely to happen in the absence of the provision of independent CME and medicines information. Some governments are funding independent CME and may also provide incentives to general practitioners to participate in independent educational activities. In Australia, the National Prescribing Service (NPS) provides educational activities that bring continuing professional development (CPD) points. These activities also qualify for the Quality Prescribing Initiative (QPI) of the Practice Incentives Program run by Australian Medicare. QPI provides financial rewards to general practices for participation in NPS educational activities. In many countries, there are bulletins and journals on drugs and therapeutics that are financially and intellectually independent of the pharmaceutical industry and are grouped under the umbrella of the International Society of Drug Bulletins (ISDB) (http://www.isdbweb.org/).

ISDB currently has 54 full and 24 associated members spread over all continents. Some of the educational activities organised by these journals can qualify for CPD points such as the monthly reading test and thematic educational activities organised by the French independent journal, la Revue Prescrire. Academic detailing that aims to provide noncommercial information through face to face meetings with prescribers has been utilized in Australia, France, Canada, the United Kingdom and several states of the US (http://www.rxfacts.org/). Unfortunately, the provision of independent CME is less likely to happen in developing countries because of the lack of resources.

As the father of Canadian national health insurance used to say “Courage; my friends, ‘tis not too late to build a better world.”

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