IS A GIFT EVER JUST A GIFT?
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Marketing Code Authority
Compliance and Ethics: Central to your Business or on the Periphery?
Agenda

- What is direct sponsorship?
- Global trends & status in South Africa
- What do patients expect?
- The HCPs perspective
- To be....
- Or not to be...
- Pragmatic solutions & the future
Direct & Indirect sponsorship
Global trends

- Norway
- US
- France
- Others
Brussels, 15 October 2014 – The Executive Committee of the European Diagnostics Manufacturers Association (EDMA) and the Board of the European Medical Technology Industry Association (Eucomed), both members of MedTech Europe, in a continuous effort to reinforce their respective Codes of Ethical Business Practice today announce their recommendation to members to phase out by 1 January 2018 direct industry sponsorship of healthcare professionals (HCPs) to third-party organised conferences.
Global trends and status

- Sensitivity over the perception of companies funding attendance at international educational meetings
- Stopping sponsorship? Implications for developing countries?
South African stance – MCA

Rationale = valid, cogent & transparent
Educational programme
Hospitality, Travel & Venue
No standalone entertainment / spouses
Cost & perception
Patients expect transparency in HCP/industry relationships

- 906 patients from 3 GP rooms in Sydney in 2007
- 76% were unaware of any relationship their doctor may have with pharmaceutical companies
- 71% patients wanted to know if their doctor obtained any benefits in cash or kind from the pharmaceutical industry
- 61% sponsorship to attend conferences
- 84% agreed that disclosure of competing interests by doctors is important
- 80% patients stated that they would have more confidence in their doctor's decisions if interests were fully disclosed with strong support for verbal disclosure during the consultation

Patients expect transparency in doctors' relationships with the pharmaceutical industry.
Tattersall MH1
HCPs’ perspective

- HCPs have a negative perception of industry yet they readily partake in interactions and are influenced by them.

- All expense paid trip – 20 HCPs interviewed, none felt they would be influenced, yet prescriptions of sponsored Rx significantly increased.

- 538 studies: “Attending sponsored CME events and accepting funding for travel or lodging for educational symposia were associated with increased prescription rates of the sponsor’s medication.

- Attending presentations given by pharmaceutical representative speakers was also associated with nonrational prescribing”

- Physician requests to add the company’s drug to hospital formularies increased by >300% especially when honoraria are received.

Interactions between physicians and the pharmaceutical industry – what does the literature say, Joe Lexchin, Can Med Assoc Journal 1993, 149 (10)

- Physicians and the pharmaceutical industry: is a gift ever just a gift?, Wazana A1.
HCPs’ perspective

- A postal questionnaire – 622 hospital doctors and 515 general practitioners (GPs) working in Edinburgh
- 50% industry funded
- 30% would not have attended unless funded
- <20% of the doctors were self-funded
- 86% thought that it did not create a bias in their own drug selection
- Hospital doctors and GPs had similar views on conflict of interest and bias

Do doctors rely on pharmaceutical industry funding to attend conferences and do they perceive that this creates a bias in their drug selection? Results from a questionnaire survey.

*Rutledge P*, *Crookes D*, *McKinstry B*, *Maxwell SR*

Not unusual for drug company to nominate a speaker/s

Ultimately the congress committee approves the speaker – independence of medical education is not compromised

Another form of bias
Can the subconscious obligation for reciprocation that exists when gifts are offered and accepted be fully negated?
Research in social science demonstrates that the recipient of a gift feels a sense of obligation that is often subconscious

- Even when funding is unrestricted, the content favours the sponsor’s product
- Few dispute that the bias introduced by industry involvement in CME affects physician prescribing

CPMCID: PMC4131951, Industry involvement in continuing medical education, Time to say no, an Fam Physician. 2014 Aug; 60(8): 694–696, Sheryl Spithoff
Many doctors recognise the potential for the industry to influence their prescribing habits, few recognise that they themselves are susceptible.

If CME for doctors is going to rely on pharmaceutical industry funding in the future:

- more explicit codes of conduct
- policy, education & behavioral economics in explaining commercial relationships

Niteesh K. Choudhry, From the Division of Pharmacoepidemiology and Pharmacoeconomics, Department of Medicine, Brigham and Women’s Hospital and Harvard Medical School, Boston, Mass. Correspondence to Jerry Avorn, MD, Chief, Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women’s Hospital and Harvard Medical School
Why should this practice continue?

- Societal responsibility to educate professionals & service to patients
- CPD & HPCSA encourages supporting less resourced areas
- Cultural differences
- Subsidise costs

Lakartidningen, 2003 Mar 13;100(11):952-5, [The "to be or not to be" of the scientific congresses. Reduced resources and virtual meetings hit against pleasure-trips].
1. Economic constraints (macroenvironment)
2. Marketing masquerading as education

Prospective controlled studies and evaluations on the resulting changes in prescribing patterns are needed. Guidelines for HCPs alone are not sufficient (CMA guidelines still resulted in commercial bias) – actively promote guidelines in public forums, seek other solutions to eradicate undue industry influence.

Wazana A. Physicians and the pharmaceutical industry: is a gift ever just a gift? JAMA 2000;283:373-80
Pragmatic solutions

- Disclosure versus disentanglement – greater transparency on the invisible sponsor influence
- Redefine the relationship between physicians, patients, and the medical industry
  - regulating pharmaceutical companies to declare / ban all gifts
  - clinicians to carefully declare potential conflicts of interest or to provide pro bono advice without accepting industry sponsorship
  - gifts and payments from industry to academic physicians to be coordinated by an independent review committee
  - journals should only allow reviews, editorials, guidelines and opinion pieces to be written by those without significant conflicts of interest

Are self-regulation and declaration of conflict of interest still the benchmark for relationships between physicians and industry?
### Pragmatic solutions

1. Blind trust – Blumenthal & HealthySkepticism – monies will be less for a general educational pool vs product-specific programmes
2. Tax payer (France levies companies 1.6% CME tax)
3. Effective control mechanisms e.g. Company policy; regulations; consensus frameworks for ethical collaboration
4. Public funded academic detailing programmes
5. HCPs self-pay / co-pay for congresses
6. Minimise extravaganza of congresses
7. Digital platforms
The cusp of change

- Look the Trojan horse on the eye - is conflict of interest in the patients’ best interest?
- Global move towards transparency
  - Multinationals in developing countries have to take into account developing country context:
  - Role of Pharma in CME and funding of educational activities
  - Role of complementary /alternative medicines and impact on policy changes
  - Impact on Codes in Africa
  - Resourcing of regulators
  - Evolution of market, including healthcare professionals, in terms of transparency
- More independent education or greater transparency
- Of equal importance, stricter self-regulation measures for indirect sponsorship
Thank You

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