

# Relationship between physicians and Pharmaceutical representatives ; Characteristics and consequences

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# Conflict of interest

- **None.**
- **Great thanks to all references used in this talk esp. the great presentation by Kishore Kumar Ubrangala „Physician –Pharma Interaction” , 2010**



# Learning objectives

Upon completion of this event, attendees will have:

- ❖ Enhanced knowledge of the complex influential relationship that might develop between physicians and drug companies.
- ❖ Awareness of the serious ethical dilemmas that develop because of this relationship.
- ❖ Skills to prevent & manage such ethical dilemmas worldwide & in our Saudi medical culture.



# Case 1

- Do you believe that accepting promotions/gifts from PRs will influence your informed decision regarding use of certain medications/ surgical instruments?
  - A. Almost surely
  - B. probably
  - C. Not sure
  - D. Probably not
  - E. Absolutely not



## Case 2

- As a medical resident trainee, you have been invited by a drug representative to attend an updated course about diabetes mellitus pharmacological management next summer. The attendants of this course will be Saudi physicians .It will be sponsored & organized exclusively by this drug company in a resort in Turkey. Will you agree to go?
  - A. Yes
  - B. No
  - C. I don't know.



## Case 3

- As a senior medical consultant, you were offered a sponsorship to go to the American medical association annual meeting on the summer of this year. You asked the drug representative to provide extra sponsorship slots for other consultants in your department. He apologized that such expensive sponsorship could be offered only to a few carefully selected senior consultants. Will you agree to go?
  - A. Yes
  - B. No
  - C. I don't know



## Case 4

- Do you believe that the decisions of other physicians , regarding use of certain medications/ surgical instruments, will be influenced when they accept PRs' promotions/gifts ?
  - A. Almost surely
  - B. probably
  - C. Not sure
  - D. Probably not
  - E. Absolutely not

# Case of Mr. Ahmed

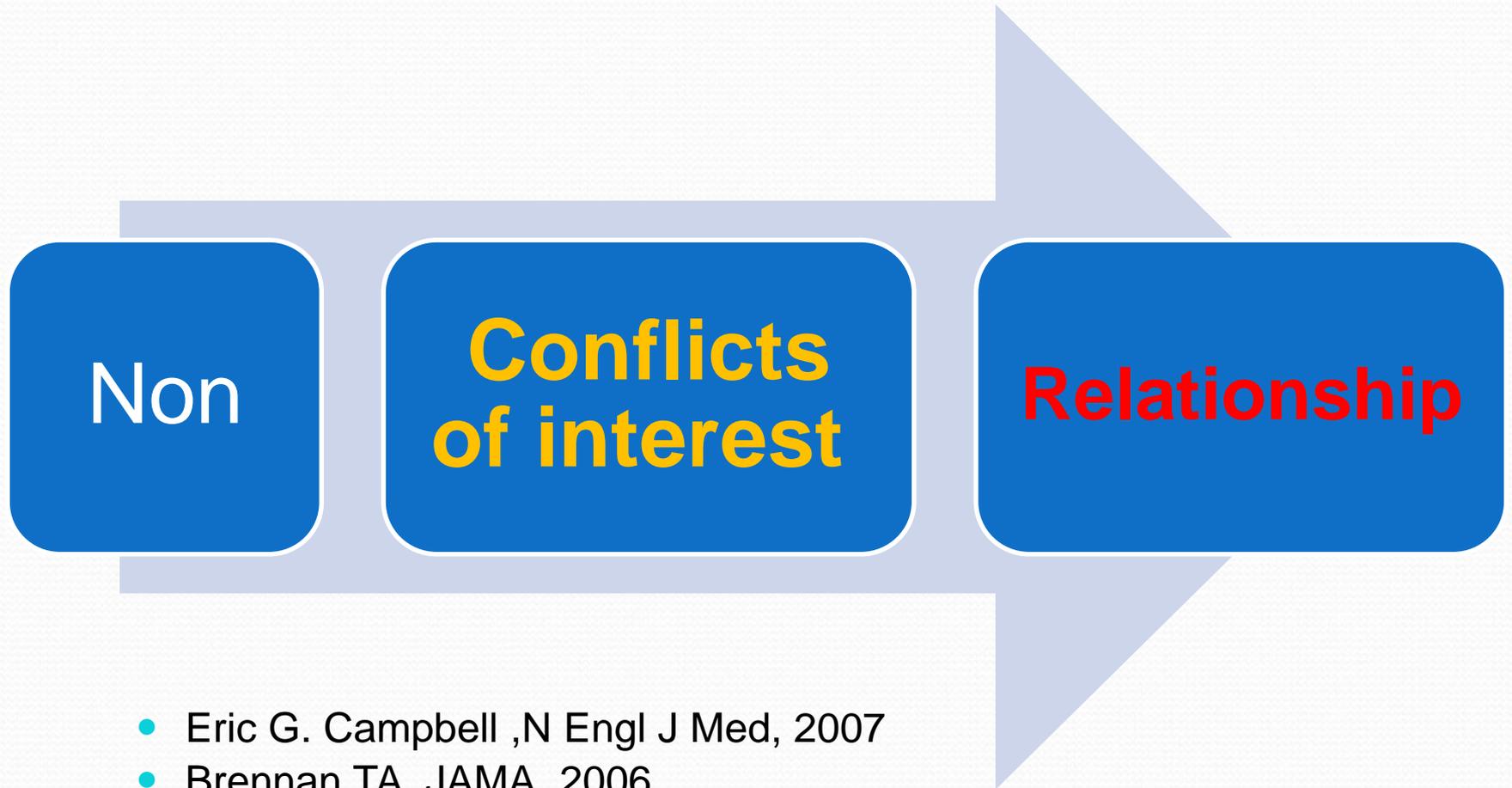


- Mr. Ahmed is 48 years old married male, father of four kids & lives in in a rented apartment in a rural area in SA.
- Works as a security officer with 3000 SR salary.
- He is regularly followed up for last 15 years in a mental hospital, diagnosed with schizophrenia and stabilized on an antipsychotic medication.
- His brother brought him to a private clinic in Riyadh for second opinion.
- After 10 minutes interview, his medication was switched to a newer atypical antipsychotics costing him 800 SR per month.
- In follow-up visit, his primary psychiatrist was not around !!!!

Therefore, he was seen by another psychiatrist, who switched him back to his old medication and advised him to continue follow-up in his previous mental hospital.



# Spectrum of the relationship



- Eric G. Campbell ,N Engl J Med, 2007
- Brennan TA, JAMA, 2006



# Outline of the talk

- Types & prevalence of interactions between physicians and Pharmaceutical representatives.
- Consequences of such interactions.
- Results of the Saudi Arabia study.
- Do we need more strict regulations?



## Types of interactions with the industry

- **Gifts**, including meals.
- **conferences**, including online activities.
- **Travel to meetings** or scholarships
- Participation in **speakers bureaus**.
- **Ghostwriting** services.
- Drug **samples**.
- **Grants** for research projects.
- **Consulting** relationships.

- References of this presentation are:

-Some slides were excerpted from :Kishore Kumar Ubrangala ,Physician –Pharma Interaction” , 2010.

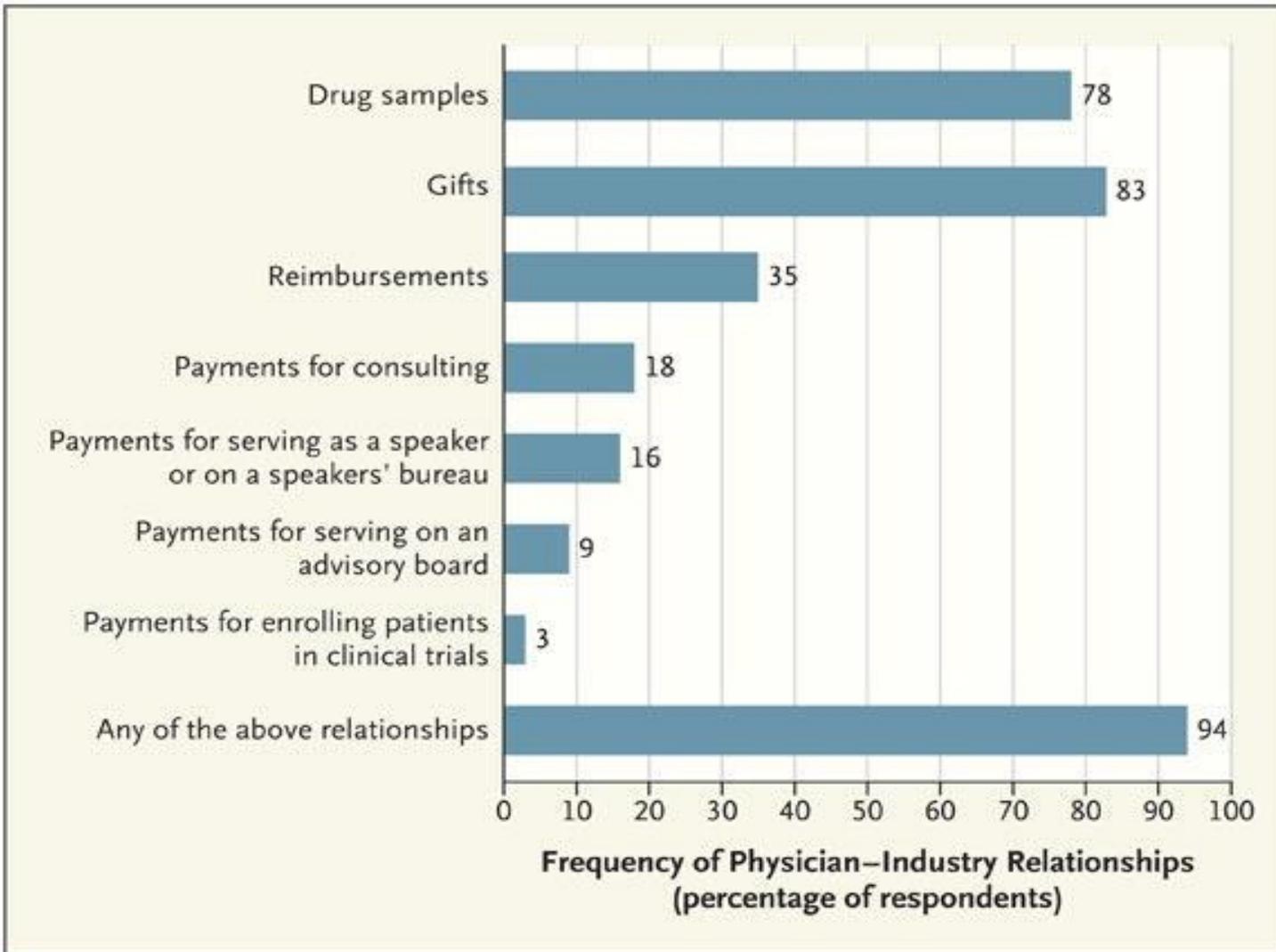
- Others, including systematic reviews like:

-Brennan TA, Health industry practices that create conflicts of interest: a policy proposal for academic medical centers. JAMA 2006

# Prevalence of interactions between physicians and pharmaceutical sales representatives



- Around 90% prevalence of interactions between physicians and pharmaceutical sales representatives (PRs) have been reported in many studies worldwide.
- Campbell EG, Rao SR, et al. Physician professionalism and changes in physician-industry relationships from 2004 to 2009. *Arch Intern Med* 2010
- Saito S. Japanese practicing physicians' relationships with pharmaceutical representatives: a national survey. *PLoS One* 2010
- Racha Fadlallah, et al., Extent of physician–pharmaceutical industry interactions in low- and middle-income countries: a systematic review, *European Journal of Public Health*, 2018,



Campbell EG,. A national survey of physician-industry relationships.N Engl J Med 2007

# Promotional spending on prescription drugs



\*90% of the \$ >20 billions marketing budget is directed at physicians, despite a dramatic increase in direct-to-consumer advertising.

- Source: NIHCM, 2001

\*Some drug companies spend almost twice as much money for advertising and marketing compared to what they spend for research.



*adapted from*  
**Budget Analysis, US Department of Commerce, 2004**

Drug	Amount	Cost of Ingredients	Consumer Price	Percent Markup
Celebrex	100 tabs	\$0.60	\$130.27	21,712%

The average make up of these drugs was 78.416% times the cost.. Who is taking this money.....Physicians !!!

Zestril	100 tabs	\$3.20	\$89.89	2,809%
Paxil	100 tabs	\$7.60	\$220.27	2,898%
Zithromax	100 tabs	\$18.78	\$1,482.19	7,892%
Prevacid	100 tabs	\$1.01	\$44.77	4,433%
Zocor	40 mg	\$8.63	\$350.27	4,059%
Prolosec	20 mg	\$0.52	\$360.97	69,417%
Zoloft	50 mg	\$1.75	\$206.87	11,821%
<b>Average</b>				<b>78.416%</b>



# Myth of Full Disclosures.

**X** Disclosure of financial conflicts is sufficient to satisfy the need to protect patients' interests.

- physicians differ in what they consider to be a conflict, accuracy is uncertain,
- Recipients of information are not expert.
- Disclosure may be used to “sanitize” a problematic situation.

- Dana J,. A social science perspective on gifts to physicians from industry. *JAMA*. 2003

# Myth of the Small Gifts



**X** Small gifts do not significantly influence physician behaviour:

- ❑ The impulse to reciprocate for even small gifts is a powerful influence on people's behaviour.
- ❑ The rate of drug prescriptions by physicians increases substantially after they see sales representatives, attend company supported symposia, or accept samples.

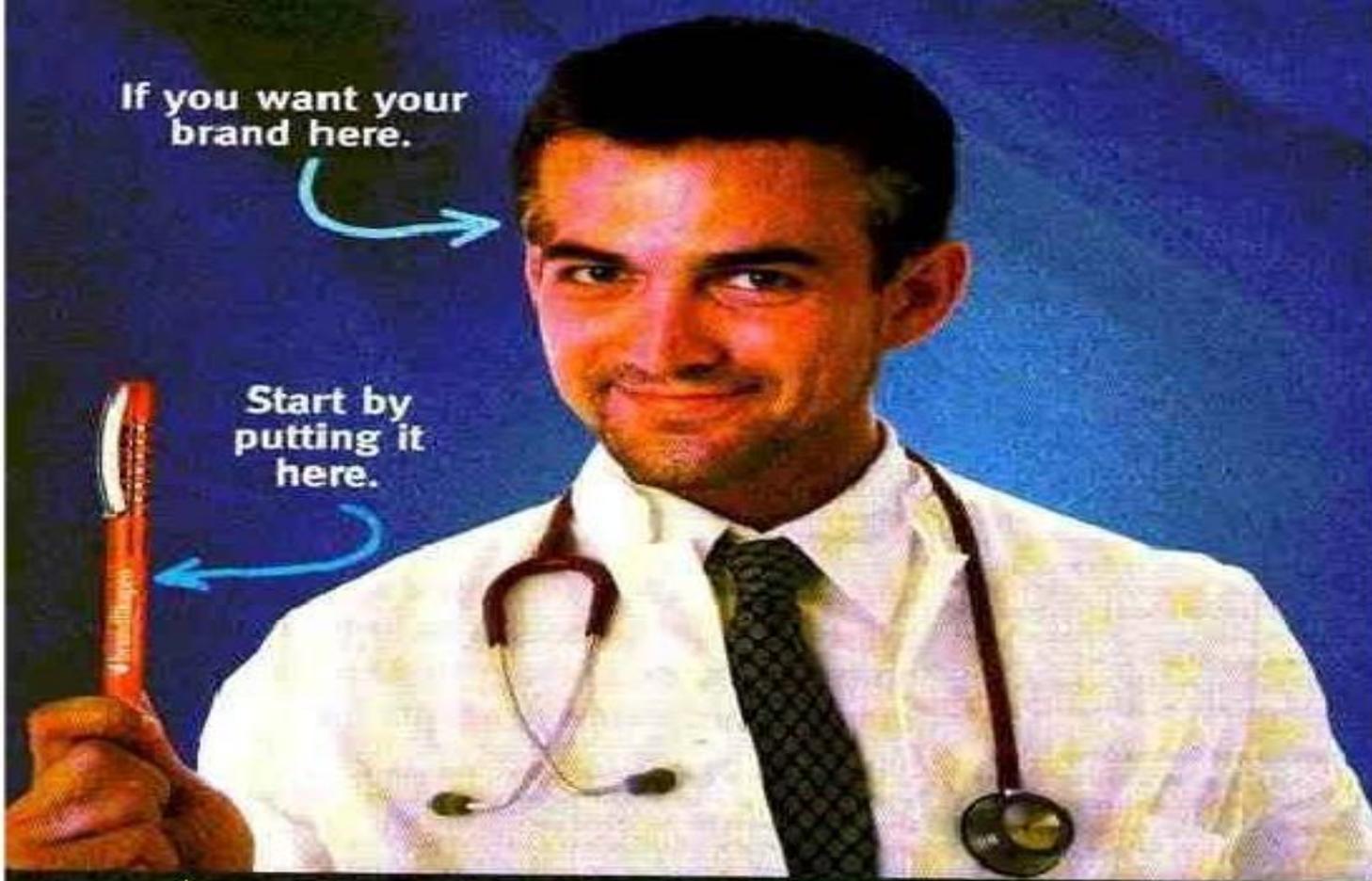
- Lurie N,. Pharmaceutical representatives in academic medical centers .J of Intern Med. 1990
- Dana J,. A social science perspective on gifts to physicians from industry. JAMA. 2003
- Wazana A. Physicians and the pharmaceutical industry: is a gift ever just a gift? JAMA. 2000
- Brax H, et al. Association between physicians' interaction with pharmaceutical companies and their clinical practices: A systematic review and meta-analysis. *PLoS One*. 2017



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# Theory of unique vulnerability



- Other physicians but NOT me will be affected negatively by industry relationships.

- Chren MM. Interactions between physicians and drug company representatives. Am J Med 1999

# Free samples, are they harmless?



- Samples influence residents' prescribing practices.
- More likely to write new prescriptions for heavily advertised drugs
- Less likely to write:
  - Unadvertised drugs.
  - Over the counter drugs
- Adair, RF, Holgrem, LH. Do drug samples influence resident prescribing practice? A randomized trial, The American Journal of Medicine. 2005.■



## Can conference travel (sponsored ) affect prescribing rate?

- ❑ 4-10 fold increase in prescribing rate after the conference.
- ❑ Increases **Formulary requests** of **low-value** newer medications.



# Systematic reviews

Systematic reviews of tons of studies worldwide showed that different physicians' interactions with pharmaceutical industries were associated with:

- Non-rational drug prescription,
  - Frequent prescription of expensive medications,
  - Formulary requests of medications that seldom consider the important advantages over the existing ones.
- Wazana A. Physicians and the pharmaceutical industry: is a gift ever just a gift? *JAMA*. 2000
  - Brax H, et al. Association between physicians' interaction with pharmaceutical companies and their clinical practices: A systematic review and meta-analysis. *PLoS One*. 2017

# Islamic perspective



## هدايا العمال غلول

استعمل رسول الله صلى الله عليه وسلم رجلا من الأسد يقال له ابن اللتبية على الصدقة فلما قدم قال هذا لكم وهذا لي أهدي لي قال فقام رسول الله صلى الله عليه وسلم على المنبر فحمد الله وأثنى عليه وقال ما بال عامل أبعثه فيقول هذا لكم وهذا أهدي لي أفلا قعد في بيت أبيه أو في بيت أمه حتى ينظر أيهدى إليه أم لا والذي نفس محمد بيده لا ينال أحد منكم منها شيئا إلا جاء به يوم القيامة يحمله على عنقه بعير له رغاء أو بقرة لها خوار أو شاة تيعر ثم رفع يديه حتى رأينا عفرتي إبطيه ثم قال اللهم هل بلغت مرتين ” رواه مسلم

# Serious consequences of the relationship



- Prescription of **an expensive brand-name drugs**.
- **↑↑ off-label use** of medications.
- **Premature** adoption of **novel treatments**.
- **↓↓evidence-based** practice.
- **Formulary requests** of **low-value** newer medications.
- Reinforce **a culture of entitlement** among physicians, which could limit their ability to honestly acknowledge and manage the potential negative effects of these relationships.
- Eric G. Campbell, Doctors and Drug Companies — Scrutinizing Influential Relationships N Engl J Med 2007
- Wazana A. Physicians and the pharmaceutical industry: is a gift ever just a gift? JAMA. 2000

# Reputation of doctors?!!!



- The 1976 Gallup Poll in the US concluded that doctors were **first** in the public's perception of honesty and ethics
- Currently they are **4<sup>th</sup> – 5<sup>th</sup>**.
- **What about Saudi Arabia?!!**

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**شركات الأدوية والأطباء**

عماد جرحار

وهجت تلبية الطب في جامعة دارقرا، قيودا مفعمة حتى العلاقة بين طوائفها الأكاديمية والفرحات الصلابة في صناعة الأدوية والأجهزة الطبية، ويعزب على النهج الجيدة ينتج حتى أخطاء الثبات الطبية قيون الهيايا والبيات، وذلك فرتت حتى العاملين فيها الإبلاغ ببقا صا بطورته من أعمال جراء تطاهم، حيميا.

وما أخرجنا نحن هنا إلى أن تقوم بإجراء معال، نه أصبح منظر متلوب فرقة الأدوية التي يعمل فنتقة مسوماتيت، ويجلس مع المتطرين في كل حيدة مكرفا، وشكته واحد من العرض مع فرق واحد، هو أنه لا ينظر طويلتا حتى يرون نه بالتحول، وطبعاً لا أيا، ويصفون لعرضاهم الأدوية التي يقدم الوكيل لتطبيق حجات منها، ولكن الأطباء الذين يجتهدون معها معروفون، وأنت تعرفه من ثفرة الأدوية التي يشتريها لك حده أي طارو يعرضك، وأحب أجه، وتنتها أوبة كيميا الطبيب ججوزيا مع شركات الأدوية.

ولا أرمي كيب تمنع هذه المعارسة، وثيك تالكه من أن جميع الأدوية التي وهجت لنا تحتاجها قليلاً وليس ممن سيك أمانتا سور أن تتوكل على الله حتى طريقة فة من حيداه وبتوكل على الله، أما الأطباء فترتبه لشمارهم، حسن أن صيفله يوماً ما وحاسبهم.

تواصلنا الموضوع

تعليقات الموضوع

إعدادات الصفحة لا حصر من رأي الرياض الإلكترونية ولا يعمل كإستشارة طبية حاد حاد، ويعمل كإشارة استشارة عامة فقط ولا تتولى مسؤولية

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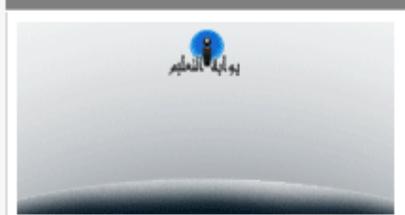
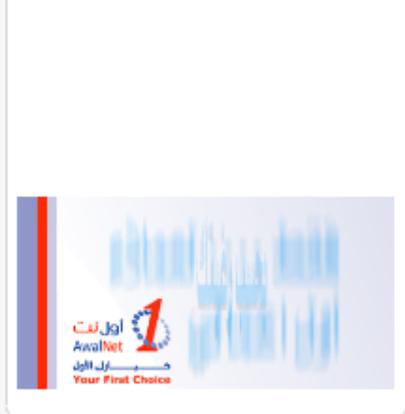
**هل تريد أن تزيد من دخلك الشهري؟**



**محمد المطيري**  
رجل أعمال مستقل، 44

أنا أعمل ساعات طويلة يومياً، على مدار الأسبوع من أجل تأمين دخل جيد لي ولعائلتي... ولأن سوق العمل...

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وبالرغم من أن تلك الممارسات لا يمكن أن تعمم أو تشكك في نزاهة جميع الأطباء والصيادلة الذين ما زالوا يدينون لشرف المهنة، إلا أن تنافس بعض شركات الأدوية والذي يتبع أحيانا طرقا غير شريفة خصوصا وهم يروجون لأدوية متماثلة طيبا ولكن يسوقونها تجاريا بأساليب ملتوية.



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Item			
	510	3.0	1530.0
	4040	1.5	6060.0
	710	1.0	710.0
	200	1.0	200.0
	820	4.0	3280.0
	253	4.0	1012.0
	300		0.0
		4.0	0.0
	250	4.0	1000.0
		2.0	0.0
	700	2.0	1400.0
	232	4.0	928.0
	30	7.0	210.0
	834	7.0	5838.0
	180	5.0	900.0
<b>Total</b>			23068.0

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VITRITE GIFTS

Invoice No

Serial	Org-Name	Date												
			Q	SR	Q	SR	Q	SR	Q	SR	Q	SR	SR	
		2010/01/01		0		0	50	150	100	675	50	338	1163	4001010
		2010/01/01		0	30	90		0		0	200	1350	1440	40010754
		2010/01/01	20	60	20	60	20	60	140	945	100	675	1800	40006078
		2010/01/01		0					55	392	38	243	635	40010910
		2010/01/01		0						0	38	257	257	40010857
		2010/01/01		0					100	675	100	675	1350	40010615
		2010/01/01		0					40	270		0	270	110154
		2010/01/01		0							25	169	169	107816
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مطوية  
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 ولم تجد من يقبل

كاد  
 سجدوا لله سجدة الذنوب  
 سجدوا لله سجدة الذنوب

# نظام مزاولة المهن الصحية



- يحظر على الممارس الصحي طلب عمولة أو مكافأة أو قبولها أو أخذها، كما يحظر عليه الحصول على أي منفعة لقاء الترويج، أو الالتزام بوصف أدوية أو أجهزة أو توجيه المرضى إلى صيدلية معينة، أو مستشفى أو مختبر محدد، أو ما في حكم ذلك.

- اللائحة:

- يحظر على الممارس الصحي الحصول على أي منفعة مادية أو عينية من شركات الأدوية أو التجهيزات الطبية بقصد الترويج أو التسويق، ودفع المريض تجاه منتج محدد أو خدمة محددة لغير مصلحة المريض.
- \*\*يعاقب بغرامة لا تزيد على خمسين ألف ريال.**

- يجب أن يستهدف العمل الطبي دائماً مصلحة المريض، وعلى الممارس الصحي أن يبذل جهده لكل مريض.

- اللائحة:

- يجب على الممارس الصحي أن لا يقوم بأي عمل طبي لا يحقق فائدة للمريض حتى ولو لم يترتب ضرر عليه مثل وصف أدوية أو فحوص لا لزوم لها أو تنويم المريض إذا كانت حالته لا تستدعي ذلك.
- \*\*مع عدم الإخلال بأي عقوبة أشد منصوص عليها في أنظمة أخرى، يعاقب بالسجن مدة لا تتجاوز ستة أشهر، وبغرامة لا تزيد عن مائة ألف ريال، أو بإحدى هاتين العقوبتين.**

- نظام مزاولة المهن الصحية الصادر بالمرسوم الملكي رقم (م/ 59 ) وتاريخ 4-11-1426هـ، ولائحته التنفيذية الصادرة بالقرار الوزاري رقم (4080489) وتاريخ 2-1-1439هـ.

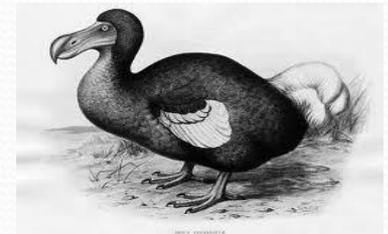


How drug representatives  
classify doctors?!!!

# Once the doctor's motivation is clear, it's much easier to sell a new drug



- **Bunnies are doctors who care most about their patients.**
- **Sheep want to keep up with other doctors.**
- **Dodos are those who are burnt out.**
- **Wolves care most about money.**
- Dr. Peter Mansfield, 'Healthy Skepticism'





# Ex-reps speak out...

- “The essence of pharmaceutical gifting...is ‘bribes that aren’t considered bribes.’”
- During training, I was told, when you’re out to dinner with a doctor, “The physician is eating with a friend. You are eating with a client”. Shahram Ahari\*
- In Saudi Arabia, “we used to label some doctors the 1000 SR doctor...by the first gift that opened the doors” !!!!!

# Interactions between physicians and pharmaceutical sales representatives in Saudi Arabia

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**BACKGROUND AND OBJECTIVES:** Interaction between physicians and pharmaceutical sales representative (PR) is a major component of the promotional activities by pharmaceutical companies. The lack of studies examining the magnitude of this interaction in Saudi Arabia is evident. The objective of this study is to estimate the magnitude and associated characteristics of physician-PR interaction



# Acceptance of pharmaceutical gifts

## *Variability by specialty and job rank in a Saudi healthcare setting*

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### ABSTRACT

الأهداف: استقصاء مدى التباين في حجم قبول الأطباء العاملين في السعودية لهدايا شركات الأدوية حسب نوعية تخصصاتهم أو رتبهم الوظيفية.

الطريقة: تم إجراء دراسة مقطعية بين شهري مارس ويوليو من عام 2012م في مناطق مختلفة من السعودية. وقد تم تصميم استبيان

stationary items such as pens and notepads (52.9%), free meals (37.8%), financial support to attend educational activities (33.3%), prepaid promotion cards/codes (7.1%), and funding research (5.8%). While there were no significant differences in the overall gift acceptance by job rank or specialty, there were significant differences in type-specific gift acceptance by job rank and specialty. There were some differences in the reasons behind gift acceptance by specialty and job rank.

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### Physicians' attitudes towards interaction with the pharmaceutical industry

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#### مواقف الأطباء من التفاعل مع صناعة المستحضرات الصيدلانية

فهد العصيمي، عبد العزيز القبايع، مهدي قاضي، عبد الله البهلال، ياسر عبد الكريم، محمد عبد الجبار، فيصل القحطاني

**الخلاصة:** يترتب على العلاقة بين الأطباء وصناعة المستحضرات الصيدلانية آثارٌ أخلاقيةٌ تتعلق برعاية المرضى. وقد تناولت هذه الدراسة معرفة الأطباء العاملين في المملكة العربية السعودية بصناعة المستحضرات الصيدلانية ومواقفهم منها، وارتباط ذلك بسلوكهم الفعلي. ففي دراسة مستعرضة أجريت عام 2012 تم إنشاء سلم (درجات) ذي 100 نقطة من سلم أسئلة ليكرت البالغ عددها 175 نقطة لتقييم المعارف والمواقف. وكان إجمالي الدرجات المحززة لـ 659 متشاركاً 63.1 (±8.5)، مع غالبية تحمل موقفاً إيجابياً بشكل عام. وكانت أعلى (أي: أفضل) الدرجات المحززة مرتبطة - إلى حد كبير - بعدم وجود تفاعل مع صناعة المستحضرات الصيدلانية ويفرض الهدايا الصيدلانية، وليس بالتربية المتعلقة بالأخلاقيات. وفي تحليل متعدد المتغيرات وُجد أن رفض الهدايا والدخل الإضافي والجنسية السعودية ظلت مرتبطة - بشكل مستقل - بإحراز أعلى الدرجات. عموماً، كانت هناك معرفة دون المستوى الأمثل وموقف إيجابي - بشكل عام - من صناعة المستحضرات الصيدلانية لدى هذه العينة من الأطباء في المملكة العربية السعودية.

**ABSTRACT** The relationship between physicians and the pharmaceutical industry has ethical implications for patient care. This study examined knowledge and attitudes towards the pharmaceutical industry, and associations with actual behaviour, among physicians working in Saudi Arabia. In a cross-sectional study in 2012, a 100-point score was created from 17 5-point Likert-scale questions to assess knowledge and attitudes. The overall score of 659 participants was 63.1 (SD 8.5), with a majority holding a generally positive attitude. Higher (i.e. better) scores were significantly associated with a lack of interactions with the pharmaceutical industry and with refusal of gifts but not with education about ethics. In multivariate analysis, refusing gifts, additional income and Saudi nationality remained independently associated with higher scores. Overall, there was suboptimal knowledge and a generally positive attitude towards the pharmaceutical industry among the sample of physicians in Saudi Arabia.

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# Interactions between Physicians and Pharmaceutical Representatives; Magnitude and Determinants in Saudi Arabia

Fahad Alosaimi; Abdulaziz Al-Kaabba; Mahdi Ghadi MD;

Yasir Alabdulkarim, Abdullah Albahlal, Mohammad Alabduljabbar, Faisal Alqahtani

- A total 663 participants completed the questionnaire.
- 72.9% of the participants reported interactions with PRs.
- 72.1 accepted (at least sometimes) the offered gifts by the PRs such as: stationary (55.7%), free drug samples (54.3%), free meals (37.7%), and sponsorship of educational activities (30.3%).
- The following characteristics were independently associated with Physicians-PRs interactions:
  - ❖ non-Saudi nationals, with a privilege of higher monthly wages,
  - ❖ Western medical education, working in a private hospital, being a specialist or registrar (rather than resident or intern),
  - ❖ working on a certain specialties (such as psychiatry and family medicine),

# The Knowledge and Attitude towards Pharmaceutical Industry and their Association with own Behavior among Physicians Working in Saudi Arabia



- The knowledge and attitude scores in the current study were transformed into 100-point scales for easy interpretation.
- The overall knowledge and attitude score was 63 with the majority holding generally positive attitude.
- **Higher (better) score was significantly associated** with lack of any interaction with pharmaceutical industry and **refusal of pharmaceutical gifts** but not ethical education. In multivariate analysis, only refusing gifts remain independently associated with higher score after adjusting for potential confounding variables.

# The Knowledge and Attitude towards Pharmaceutical Industry and their Association with own Behavior among Physicians Working in Saudi Arabia



- Although the majority of physicians (86%) in the current study did not find it ethical to accept pharmaceutical gifts, less than half of them supported banning pharmaceutical gifts and only a quarter support disclosing received gifts to their patients.
- Physicians tended to ignore the impact of accepting pharmaceutical gifts and detailing by PRs on their own clinical decisions.
- Interestingly, they also underestimated the influence on themselves compared to their colleagues. (Theory of unique vulnerability )
- Knowledge and attitude about interactions with pharmaceutical industry in the current study was not significantly associated with ethical education. Are lectures enough? !!



## **Attitudes and behaviours of physicians towards the relationship with the pharmaceutical industry in Saudi Arabia**

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### **Abstract**

**Background:** The relationship and interactions between physicians and the pharmaceutical industry can affect patient care. A physician's practice can be influenced by this relationship. It is believed that these interactions are common among doctors in Saudi Arabia.

**Aims:** This study was undertaken to assess the frequency of such relationships and physicians' attitudes and behaviours toward them.

**Methods:** This was a cross-sectional questionnaire survey completed by practicing physicians at four Saudi government and private tertiary care centres in Riyadh, Saudi Arabia. The questionnaire addressed the frequency of meetings with representatives of pharmaceutical companies (PRs) and of receiving gifts and considered the physicians' attitudes and behaviours towards PRs.

**Results:** A total of 300 completed questionnaires were obtained. Among the physicians surveyed, 223 (74.3%) met PRs one to three times per month. Up to 191 (64%) of physicians admitted receiving gifts. More than two thirds of physicians 192 (63%) have been invited to activities sponsored by pharmaceutical companies. Among the physicians, 239 (80%) agreed that PRs use promotional techniques in their approach and 251 (84%) of them stressed the need for expert physicians to attend presentations by PRs to correct the facts.

**Conclusion:** The frequent meetings between physicians and PRs and the use of promotional techniques by PRs are concerning. Future studies should assess the impact of this involvement on medical practice and drugs prescription in Saudi Arabia.

**Keywords:** Physicians; pharmaceuticals, physician, relationship, Saudi Arabia

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# We need more strict Regulations

Brennan TA, Health industry practices that create conflicts of interest: a policy proposal for academic medical centers. JAMA 2006



# Gifting ...Zero

## All gifts (zero dollar limit)

- **NO** free meals, payment for time for travel or time at meetings or payment for participation in online CME.



# Pharmaceutical Samples

- **No direct** provision of samples to physicians.
- It should be replaced by a system of vouchers for low-income patients or other arrangements that distance the company and its products from the physician.

## Drug Formularies

- Hospital committees overseeing purchases of drugs & medical devices should exclude physicians with any financial relationships with drug manufacturers.

# Continuing Medical Education



- **NO support allowed directly or indirectly** through a subsidiary agency **to** any SCFHS-accredited **program**.
- **Drug Manufacturers can contribute to a central repository** (eg, a designated office at an SCFHS), which, in turn, would disburse funds to SCFHS-approved programs.
- The amount of funds contributed and the eventual use of the funds should be posted on a publicly available Web site.



# Funds for Physician Travel

- **NO direct funding** is allowed.
- Pharmaceutical manufacturers can provide grants to a central office at the academic medical centers.
- That office could then disburse funds to faculty and training program directors.



# Consulting and Research Contracts.

- Consulting or honoraria for speaking should always take place with an explicit contract with specific deliverables, and the deliverables should be restricted to scientific issues, not marketing efforts.
- To promote scientific progress, AMCs should be able to accept grants for general support of research (no specific deliverable products) from pharmaceutical and device companies, provided that the **grants are not designated for use by specific individuals. As long as the institution stands between the individual investigator and the company making the grant**, the likelihood of undue influence is minimized but certainly not eliminated.
- To better ensure independence, scientific integrity, and full transparency, consulting agreements and unconditional grants should be posted on a publicly available Internet site, ideally at the academic institution.
- **Reduce Publication bias** by publishing high-quality studies regardless of novelty or unexciting results, and by publishing protocols or full-study data sets.



# Benefits of such regulations

- More **evidence-based** practice.
- **Expenditures** on prescription drugs might **decline**.
- **Increase** medical professionalism and **scientific integrity**.
- **Rules** would be **standardized**.
- **Reduce** the need for **external regulation** to safeguard against market-driven conflicts of interest.
- **Medical profession** will reaffirm very **publicly** its **commitment to put the interests of patients first**.
- Brennan TA, Health industry practices that create conflicts of interest: a policy proposal for academic medical centers. JAMA 2006



# Individual physicians can take some steps

- Recognizing that such relationships are designed to influence prescribing behaviour .
- Adhere to the guidelines established by the institutions in which they practice and the professional associations to which they belong.
- Bear in mind that the costs of industry dinners, trips, and other incentives are passed along to their patients in the form of higher drug prices.
- Educate others.....
- Eric G. Campbell ,Doctors and Drug Companies — Scrutinizing Influential Relationships,N Engl J Med 2007



# Recommendations for conferences in SA

- Each speaker should declare his conflict of interest at least in the last two years.
- Moreover, he should talk in an area that are free of bias.
- CME courses should be free of commercial bias.
- Promotional lectures should be declared clearly and not counted in CME hours.



# Challenges in Saudi Arabia

- Policy are loose and difficult to follow people who break them.
- Brief interviews of patients → ++drugs
- Scarce access to free, full text respected journals & few resources for continuing education.
- Others!!!!



# Four messages to go home

- **No free lunch.**
- **Each institution** needs **explicit guidelines** about PR interaction.
- We need **curriculum on conflict of interest**, interplay of MD-Pharma industry.
- **Every doctor need to reflect seriously** on his or her own attitudes and practices and arrive at mature and informed personal judgments.



# Case 1

- Do you believe that accepting promotions/gifts from PRs will influence your informed decision regarding use of certain medications/ surgical instruments?
  - A. Almost surely
  - B. probably
  - C. Not sure
  - D. Probably not
  - E. Absolutely not



## Case 2

- As a medical resident trainee, you have been invited by a drug representative to attend an updated course about diabetes mellitus pharmacological management next summer. The attendants of this course will be Saudi physicians .It will be sponsored & organized exclusively by this drug company in a resort in Turkey. Will you agree to go?
  - A. Yes
  - B. No
  - C. I don't know.



## Case 3

- As a senior medical consultant, you were offered a sponsorship to go to the American medical association annual meeting on the summer of this year. You asked the drug representative to provide extra sponsorship slots for other consultants in your department. He apologized that such expensive sponsorship could be offered only to a few carefully selected senior consultants. Will you agree to go?
  - A. Yes
  - B. No
  - C. I don't know



## Case 4

- Do you believe that the decisions of other physicians , regarding use of certain medications/ surgical instruments, will be influenced when they accept PRs' promotions/gifts ?
  - A. Almost surely
  - B. probably
  - C. Not sure
  - D. Probably not
  - E. Absolutely not



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- NO free lunch website:

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