Is the relationship between pharma and medical education on the rocks?

How much longer will medicine’s flagship educational events fly the colours of the drug industry, asks Ray Moynihan

In the heart of Manhattan Island one misty morning a few years back, I watched as hundreds of psychiatrists streamed into their flagship educational event, the annual congress. Even before arriving they were welcomed by giant advertising billboards on the streets outside, plastered with the name of a major sponsor, Pfizer, the biggest drug company in the world and the maker of Zoloft, the world’s top selling antidepressant. Once inside, their first port of call was the huge exhibition hall, where well dressed salespeople moved among the high tech booths and hypnotic neon, exchanging pleasantries with doctors lining up to play video games and win prizes. And then, of course, there were the sponsored educational sessions. That year—2004—psychiatrists learnt about bipolar disorder over breakfast at the Marriott Marquis Hotel, courtesy of Eli Lilly. Over lunch at the Grand Hyatt they studied maternal depression, thanks to GlaxoSmithKline, and for dinner it was generalised anxiety disorder in the grand ballroom of the Roosevelt Hotel, funded by Pfizer.

Although the educational flagships of many medical specialties proudly fly the colours of their drug company sponsors, psychiatry has long been suspected as being most entangled with industry; a suspicion that is confirmed by the world’s nascent disclosure regimes. In the small northeastern state of Vermont, where drug makers must now disclose payments to doctors, psychiatrists are the biggest recipients. In Australia, where the courts have forced the industry to disclose the details of every sponsored event, psychiatrists are “educated” with industry’s hospitality more often than any other subspecialty.

Growing anxiety
Increasingly anxious about the industry’s influence over their education a small group of psychiatrists in Australia has tried to wind back drug company sponsorship of their annual congress. Two years ago Malcolm Battersby, an associate professor of psychiatry at Flinders University in Adelaide, became convenor of a small organising committee that was charged with planning the 2009 congress of the Royal Australian and New Zealand College of Psychiatrists. Battersby practises at his associated teaching hospital, the Flinders Medical Centre, and is a former Harkness fellow in health policy. His organising committee’s key reform proposal was a modest one: they wanted to remove the rights to the naming of the congress from drug companies, replacing the lost income with sponsorship from public or not for profit sources.

“To me the congress is the symbol of psychiatry in the community, it’s our official public event, yet here we are parading ourselves arm in arm with drug companies,” says Battersby. At the 2008 congress, for which psychiatrists earn continuing professional development points by the hour, every major sponsor was a marketer of drugs. “This has the appearance of a marriage and the overt message to the community is ‘we are drugs,’” said Battersby. Apart from the problem of appearances, Battersby and his colleagues are concerned that patients are being harmed. “Psychiatrists are unwittingly influenced by pharmaceutical sponsorship of education, and the consequence is inappropriate prescribing and the harms that might arise,” he said.

Fundamentally incompatible
Although more than half of continuing education is sponsored by drug and device makers, good evidence about the effects of sponsorship is sparse. What evidence there is suggests that drug companies use accredited continuing medical education as part of marketing campaigns. Sponsors’ drugs can receive favourable treatment, and irrational prescribing may result. Notwithstanding the uncertainty in the evidence, calls for disentanglement are increasing. A special task force from the Association of American Medical Schools is demanding more separation between sponsors and a recent report from the Josiah Macy Foundation recommends a comprehensive ban on direct and indirect sponsorship of continuing education.

On the basis of a meeting of experts which she chaired for the Josiah Macy Foundation, Harvard professor Suzanne Fletcher writes that the responsibilities of for profit companies and health professionals were “fundamentally incompatible” and that bias “has become woven into the very fabric of continuing education.” Moreover, according to Fletcher’s report, “no amount of strengthening of the ‘firewall’ between commercial entities and the content and processes of continuing education can eliminate the potential for bias.” Her report went on to recommend a five year “phase-out” of all support from drug or medical device companies.
At about the same time as Fletcher’s recommendations were being prepared, a split was brewing in Australian psychiatry over the issue of industry’s sponsorship of its congress and its education. As Malcolm Battersby and his colleagues pushed ahead with their plans to seek non-drug sponsors for the naming rights at the 2009 congress, they won support from the South Australian branch of the national college. Importantly, the organising committee had also begun securing non-commercial sponsors to pay for the naming rights for the congress. But in April 2008, the federal council of the college met and decided to reject the reform plan, arguing that it was not in line with college policy to discriminate against or in favour of particular categories of sponsors. Battersby and some of his colleagues on the organising committee for the 2009 congress, including psychiatrist Jon Jureidini, resigned en masse from the organising committee.

“In my opinion the college got freaked by the possible consequences of offending the pharmaceutical industry—and it struggled to find a rationalisation for not allowing that to happen,” says Jureidini, senior child psychiatrist, associate professor at the University of Adelaide and chair of Healthy Skepticism, an advocacy group calling for an end to non-compliance with ethics and community relations, to advise it on the question of sponsorship. “We’re reviewing our sponsorship policy, including our relationship with industry,” says Kirkby, a professor of psychiatry at the University of Tasmania, adding that the issues are reviewed regularly by the college. Asked about his personal reaction to the giant drug displays that dominate his college’s flagship educational event, Kirkby said “It doesn’t register a great deal—all congresses have these sorts of displays. Whether that’s good, bad, or indifferent depends on your politics. Sponsorship is a major support for this activity.”

Sponsorship of educational events takes several forms, some more overt than others, making it difficult to know exactly what proportion of the total funding comes from pharmaceutical companies. Along with direct “naming rights,” there is renting of exhibition space, registration fees of the many drug company salespeople who attend, and companies subsidising the costs of individual psychiatrists by paying their registration fees or helping with travel and accommodation. In the case of the Australian congress, according to the college president the total costs are between A$2m (£970 000; €1.2m; $1.75m) and A$3m, with up to 10% covered by sponsorship from naming rights, and about another 10% from the renting of exhibition space.

Is it over? Whatever happens with the flagship educational events like the annual congress, and whether or not Suzanne Fletcher’s five year phase-out is widely adopted, a small group of hospital based psychiatrists in Adelaide have decided to institute their own ban on sponsorship, effective immediately. When Battersby was meeting with his dozen or so psychiatrist colleagues at the Flinders Medical Centre recently, the subject of sponsorship came up. A drug company had offered to send a visiting “key opinion leader” to the hospital to deliver an “educational” presentation about a drug. Without Battersby saying much, a discussion about sponsored education ensued, and the group ultimately decided to end all drug company sponsorship of psychiatric educational activities at their hospital. In mid-July, at a third meeting on the issue, the Flinders Medical Centre’s department of psychiatry agreed on the new policy. The frequency of the psychiatrists’ free lunches might decline, but the hope is there may be a commensurate reduction in the risk of irrational or inappropriate prescribing.

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See Editorial p 469, Analysis p 490
In the United States, commercial support for continuing medical education has grown steadily over the past decade. In 2006 it provided more than half, about $1.5bn (£0.75bn, €0.95bn) or 60%, of the income for educational programmes doctors must take to maintain their medical licences. Evidence shows that commercial support distorts what doctors learn.

In 2007 I chaired the Josiah Macy, Jr conference on Continuing Education in the Health Professions: Improving Healthcare Through Lifelong Learning (www.josiahmacyfoundation.org). A major recommendation emerging from the conference was that organisations providing accredited continuing education should not receive commercial support from drug or medical device companies.

The Macy report, from the conference, summarised the ethical concerns. Commercial support places doctors and nurses who teach continuing education activities in the untenable position of being paid, directly or indirectly, by the manufacturers of healthcare products about which they teach. Commercial entities have an obligation to make a profit for their shareholders and companies with billions of dollars at stake cannot be expected to be neutral or objective when assessing the benefits, harms, and cost effectiveness of their products. But an objective and neutral assessment of clinical management options is precisely what is needed in continuing education. The two responsibilities are fundamentally incompatible and create inescapable conflicts of interest.

Giving up commercial support for continuing education will not be easy; the Macy report suggested the process will take years. It will also take professional leadership. Already, there are stirrings. The Association of American Medical Colleges Task Force on Industry Funding of Medical Education recently proposed that companies be prohibited from offering free food or other gifts to doctors at academic medical centres. Although it is easy to criticise drug and medical device companies, the conflict of interest their support of continuing medical education creates is our problem. It is the responsibility of the health professions, ourselves, to solve it. We need to try to live up to the ideal of a noble profession, to be sure that the care of our patients is not being subverted, even subconsciously, for financial gain.

The Macy conference also concluded that doctors should learn in a way that maximises healthcare quality for patients. Most continuing medical education is conducted with lectures, but we have known for a long time this is not the best way to learn. A 1905 quote succinctly sums up the successful approach.

“Learning medicine is not fundamentally different from learning anything else. If one had 100 hours in which to learn to ride a horse or to speak in public, one might profitably spend perhaps an hour (in divided doses) in being told how to do it, four hours in watching a teacher do it, and the remaining 95 hours in practice, at first with close supervision, later under general oversight.”

Somehow, continuing medical education in the US has ignored this 95 hour “rule” and concentrated on lectures. Systematic reviews show that the results are not impressive. The Macy conference recommended that continuing medical education move from an emphasis on lectures (learning what to do), to focus on helping healthcare professionals measure and improve what they do in their practices (competence and performance). American specialty boards have begun to move in this direction. They have decided to require doctors who want recertification to complete practice improvement modules in which doctors review the care they deliver in their practices, compare the results with standards of excellence, and create a plan for improvement. The Accreditation Council for Continuing Medical Education in the US also updated its criteria to require that providers of continuing medical education analyse “changes in learners’ competence, performance, or patient outcomes” as a result of continuing medical education programmes.

Shifting the continuing medical education experience from dimly lit halls, with lectures delivered with numerous, complex Powerpoint slides, to practice based learning and improvement will require a large cultural change in the continuing medical education world.

Competing interests: SF reports potential conflicts of interest related to continuing education in the health professions because Harvard Medical School and Harvard Pilgrim Health Care are accredited continuing medical education providers, and because of honorariums from the American Board of Internal Medicine, Susan G. Komen Foundation, Research Triangle International, Josiah Macy, Jr Foundation, the Lancet, and several medical schools for visiting professorships. She receives royalties from Lippincott Williams & Wilkins, Wolters Kluwer, and UpToDate.

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END OF THE FREE LUNCH?

As one big drug company cuts spending on continuing education in the United States, Mark Gould assesses the implications for the United Kingdom

Doctors in the United States should brace themselves for a substantial decrease in conference dinners but a big increase in the quality of drug industry sponsored education. Responding to criticisms of the way that continuing medical education is funded by the drug industry and run by profit making, third party companies, Pfizer last month decided to cut education funding in 2008 from $80m to $60m (£43m to £32m; €55m to £41m). Its decision indicates a sea change in sponsorship of continuing education in the US that could have implications for the United Kingdom.

“Our analysis demonstrated that higher quality grants would increase the percent of funding that directly benefited learning while reducing expenditures on non-educational expenses like meals,” the company stated. By September it says some 90% of its funding will go into educational programmes run by academic institutions, hospitals, or medical societies.

In January, a report by the influential Manhattan based philanthropic institution, the Josiah Macy Foundation, went even further, concluding that drug manufacturers should not support continuing medical education. It says industry sponsorship affects the independence of doctors, invites bias, endangers professional commitment to evidence based learning, and promotes and endangers professional commitment to evidence based practice. The Josiah Macy Foundation, which is due to meet in October. “Industry sponsorship of that event is not insignificant, several tens of thousands of pounds. But they have no say in the programme or in the speakers or content of lectures. What benefit they get is a stand in the exhibition centre and the chance to run a fringe meeting as well as their names on publicity material.”

Dr Tiner feels that in future industry will contribute to a pool for educational funding held in postgraduate centres. Teachers and clinicians would dictate the conference subjects and speakers, with “the knock-on benefit being that industry may well have products in those specific areas.” He says it is difficult to compare the situations in the US and the UK, but he does not think there would be calls from academia or the BMA for blanket bans along the lines of those proposed by the Macy Foundation.

UK climate
In the UK around half of continuing medical education is industry funded, but the climate is changing as doctors move to setting their own learning agendas. Richard Tiner, the medical director of the Association of the British Pharmaceutical Industry says: “Pharma finances around half of all continuing professional development in the UK, but that is falling a bit as for example, [general] practices arrange their own continuing professional development, running journal clubs and so on.”

Despite the Macy report and Pfizer’s actions, Dr Tiner still thinks that the association’s code of practice, which has been in place in the UK for over 50 years, provides a stable framework for relations between doctors and the industry.

He points to the fact that the US has had a similar code of conduct, produced by the Pharmaceuticals Research and Manufacturers of America, only since 2002, and it is already being updated. (It will be relaunched in January when it will require doctors to show that approval from the General Medical Council’s revalidation procedure will require doctors to show that they have been taking part in continuing medical education. “At the moment quite

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Silvia Bonaccorso
a lot of that comes from courses and conferences that have been sponsored. If they are not sponsored would the number of conferences continue?"

An added incentive for continued industry sponsorship is the fact that many NHS organisations lost internal education funding a couple of years ago, when trusts were told to make financial savings halfway through the financial year.

“If NHS employers or NHS employees themselves were required to pay for their own [continuing education] they would have to be substantially reimbursed, but I can’t see education sponsorship disappearing completely.”

And he says that education programmes are not simply about selling your own product. “They are about reputation. We are in an evidence based industry, and we want to improve the education of healthcare professionals.”

But what of the perception of the industry, still seen by many as a malign, profit driven force? “I think a lot of doctors recognise the importance of the industry in developing new medicines. People understand the importance of research and development and that has got to be paid for. But there is also a huge amount of ignorance out there. And we need to get information out to healthcare professionals about drug development and research.”

However, Dr Tiner conceded that for some he represents “the dark side.” “I still get that to a certain extent. When I moved from the NHS some colleagues said that. But many thought that it was perfectly reasonable; we need the products these companies research and develop.”

So what would happen if there were a ban on sponsorship of continuing medical education or even tighter restrictions on drug advertising? “People always need to know about new products and are willing to see representatives.” And he also gives an example of the complex relations between UK health care and commerce. “Look at the BMJ. Would it continue to be published in the way that it is now if advertising was banned? Some colleges are happy to award continuing professional development points on the basis of reading journals such as the BMJ.”

**Future support**
Pfizer’s stated aim in cutting all funding to third party medical education communication companies is its commitment “to supporting CME [continuing medical education] and independent education initiatives that are most likely to improve patient health, and [it believes] that the likelihood of improving patient health increases when education is integrated with quality.

“This reflects the new vision for CME as a key strategy to address real practice concerns in the context of practice. Therefore, we believe that patients are best served when commercial support is provided to those organisations that are engaged in patient care or represent those who deliver patient care.”

Silvia Bonaccorso was a senior executive at multinational drug company Merck, Sharp, and Dohme before becoming an independent consultant. She agrees with Pfizer that industry is best placed to deliver education.

“The most critical objective of pharma sponsored continuing education is to provide full, thorough, and complete information about their medicines, including the side effects, to try to ensure correct use of them.”

She also says industry acts with greater urgency than official institutions, when accurate information must be disseminated quickly. “The internet explosion mandates that physicians have to be up to date, as electrons cannot distinguish between informed, thoughtful, and balanced postings and lunatic opinions that patients read and then ask about. The time needed for information dissemination has been shortened dramatically, and I have yet to see an official institution acting with speed to deal with education needs.”

With a nod to the urgent withdrawal in 2007 of Merck’s painkiller rofecoxib when it was linked to increased risk of stroke, she said: “The internet sites of the pharma companies were the most unbiased and fast sources of information for both doctors and patients.”

Ms Bonaccorso says that what is frustrating for the industry is that the recipients of continuing medical education, the medical societies, the academic institutions, and the scientific experts who speak at those sponsored education programmes are not willing to express their opinion on the value that the industry brings by sponsoring educational initiatives. “Or at least to speak up about their integrity and professional ability to differentiate a commercial pitch from a true valuable educational programme. Probably 70% of the cost of continuing education initiatives is tied one way or the other to pharma funding, and no government, health authority, or academic institution could assume that financial role. If pharma decided to stop all contributions overnight, not only continuing education but many medical congresses will risk extinction.”

Bureaucrats and politicians obviously “love the ‘central pot’ concept administered by them,” she says, but “I would ask them what makes them so sure that this will be an unbiased way of educating doctors? Anybody who has been to any major international congress can tell you that the same lecture on cardiovascular prevention will have a much larger audience at a company sponsored symposium with 500-900 attendees than at a regular congress session with 40 to 70.”

She says that the drug industry is “probably the most regulated industry in the world and the highest risk industry for any investment. The fact that 97% of the medicines that exist were discovered and developed in countries where commercial success is not considered a mortal sin should be an important sign that having the welfare of patients in mind is the only way to go.”

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