

YANKEE DOODLING **Douglas Kamerow**

No gifts, please, we're doctors

New recommendations from the US Institute of Medicine are broad and deep

When I began medical school in 1974 I was a fanatic about drug industry gifts to students. The drug companies gave us all manner of tools for doctors—reflex hammers, stethoscopes, the works, nicely branded with their logos—and I was one of the few who rejected them all. In particular I remember a set of beautifully illustrated books on anatomy, or maybe it was histology, that were actually required texts for one of our courses. I couldn't believe that the school would allow what I considered advertising into the curriculum.

Time passed, and I became less and less vigilant. By the time I was a resident I was enjoying pizza parties sponsored by the “detail men.” As a young GP I was happy to prowl the exhibits at meetings and pick up the ever more impressive gifts to be had for listening to a pitch for their latest blockbuster: a computer mouse, an engraved pen, lots of fancy small flashlights, and plenty of samples for personal use. The “detail men” were now mostly women and they were always happy to fix us up with some antibiotics or antacids for the family or a case of infant formula for the new baby at home. No quid pro quo, just happy to help out.

I was reminded of all of this while reading the press coverage about the new US Institute of Medicine report *Conflict of Interest in Medical Research, Education, and Practice* (www.iom.edu/CMS/3740/47464/65721.aspx). Most of the newspaper and television news stories on it focused on the report's recommendation that doctors no longer accept items of material value from drug and device companies. The *New York Times* called it a “scolding report” and a “stinging indictment of many of the most common means by which drug and device makers endear themselves to doctors.” It seems that the image of doctors stuffing their pockets with

trinkets particularly resonated with the public and the press.

But gifts are only one of many issues that the report covers. Although they are a big problem—companies still spend billions on them—the most impressive thing about the report is its breadth. As the title only begins to suggest, the committee evaluated and made recommendations about conflicts of interest in biomedical research, medical education, creation of clinical practice guidelines, medical practice, and medical institutions. And the recommended actions target everyone from medical students to deans, drug and device companies to the National Institutes of Health, practising doctors to medical societies, and the US Congress as well.

The report has depth as well as breadth. For instance, transparency in funding sources is an important beginning but not the end of what needs to be done. Simply disclosing conflicts is an “essential but insufficient element of policy.” Rather than the current practice of medical journals simply listing competing interests and then declaring victory, the report recommends that conflicts be prohibited or eliminated at every possible level. The primary interest of the activity—whether research integrity, medical education quality, or patient welfare—is not to be unduly influenced by secondary interests such as financial gain or professional advancement. So researchers who have financial interests in drugs or devices should not be allowed to participate in human research related to their interests. Academic staff should not present lectures sponsored by the industry; nor should they serve on guideline committees dealing with drugs or devices for which they have received consulting funds. And practising doctors should not attend courses sponsored by the industry or accept funds from drug companies to serve on speakers' bureaus.



“**Some doctors insist that samples are an important way to get needed drugs to needy patients. But evidence indicates that most samples are expensive brand name drugs that end up in the hands of patients who are not poor**”

The case of free distribution of drug samples to doctors is a particularly challenging one. Some doctors insist that these samples are an important way to get needed drugs to needy patients. When I was in practice we had a whole closet full of them. But what evidence there is indicates that most samples are in fact expensive brand name drugs that end up in the hands of patients who are not poor. They influence doctors' prescribing patterns and the types of refills requested by patients. That certainly squares with what happened to the drugs in our samples closet.

The US government has a role as well. The report recommends that it create a national reporting system for tracking industry payments to doctors that can be cross checked with doctors' declarations to journals, hospitals, and practices. The government could also require that all institutions establish policies on conflicts of interest and fund research on conflicts of interest.

Reports such as this from the Institute of Medicine come out all the time, and they vary widely in their influence. Usually they make a splash on launch and then quickly sink into obscurity. Very occasionally, as with the reports on medical errors and patient safety, they are hugely influential and literally change the medical world. It may be too much to hope that the report on conflicts of interest will have that much effect. But it covers an important problem comprehensively. It offers innovative as well as traditional recommendations. And if they were adopted, they just might make an important difference across research, education, and health care.

Douglas Kamerow is chief scientist, RTI International, and associate editor, *BMJ*
dkamerow@rti.org

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