Community Clinics in Clinical Pharmacology

Medical representatives

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DR SMITH: Like most general practitioners, my partners and I are visited by the representatives of drug firms once or twice each week. They are invariably pleasant people, and although we insist that they make an appointment it would seem a little rude to refuse to see them altogether. There are, however, many of them (one for every eight general practitioners), and we really don't have the knowledge to argue with them. In view of their impact on prescribing, are we sensible to continue seeing them?

DR BINNS: The pharmaceutical industry thinks of promotion as the final step in the process of drug development, and believes that it is illogical to deify research but denigrate promotion. The classical methods of promotion are the representatives, mailings, journal advertisements, and (recently) company-sponsored meetings. It is a reflection of the importance attached to representatives that about half of industry's promotional budget is spent on them. This means something like £25m a year, or about £1000 for each general practitioner. The industry is extremely cost-conscious and would not spend all this money if it could find a more economical method of communication. Most of the larger firms have 60-80 representatives who spend 5-10 minutes with each doctor and visit him about four times a year. A recent survey indicated that 97% of general practitioners saw representatives, and on average they had seen about five in the previous month.

Representatives are the only personal contact that most doctors have with the industry, so that they really do represent it. Although they used to be mainly pharmacists, they are now

usually technicians, nurses, or people with some other biomedical background. Personality is crucial: he (or she) must be presentable, courteous, intelligent, and articulate. He is self-confident, resilient, and not—as you may have noticed—beyond exploiting the knowledge that you probably feel rather sorry for him. It may make you uncomfortable to know that he almost certainly has a file on you but this spares you from promotion that is inappropriate to your particular interests.

The interview is not a casual chat. Your representative will have one or two main topics to discuss (plus one or two reminders), and although "canned" interviews are strictly forbidden he knows exactly what he wants to say—and how to put the message across. Indeed he has probably practised it on his friends, and he will support his claims with what evidence he has in one of those plastic folders. If you interrupt him he will quickly get back on to the tack like a sort of self-righting toy. There are certain limitations on what he can say. The claims he makes must accord with the data sheet, and the industry has agreed a code of practice with the BMA. Almost invariably, he will try to secure from you a commitment to prescribe his particular product, and to do this he will endeavour to overcome all your objections. If you criticise or question him he will probably have a stock answer ready, but if you floor him he will offer to refer the matter to his headquarters. When he does this you should ask if the medical information department in his firm is part of the medical department or part of the sales department—I think this matters.

What can you expect from a representative? You can expect him to be highly competent on his product, and to give a good, clear presentation. He should also be knowledgeable on his own firm's other products and, within limitations, on matters relating to clinical pharmacology and therapeutics generally. He should be frank about cost. He will convey back to his firm any information, queries, or reports of adverse drug reactions. In fact, this is a valuable source of such information for industry.

What you *cannot* expect the representative to be is disinterested. He is obviously going to present his product—whatever it is—in the best possible light. No one is completely unbiased (even medical teachers cannot support all the statements they make) so don't expect him to say anything that is directly contrary to the firm's interests—such as recommending some-

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body else's product. You are expected to use your experience and knowledge, and judge the case on its merits.

In the Sainsbury Survey carried out about ten years ago, it was said that about half the doctors would be prepared to adopt a drug on the basis of an interview with a representative. Although this depended to a considerable extent on whether it was just another steroid ointment or an important new compound, it was a high proportion. In making a decision about whether to use a new product, one needs to consider it in relation to other forms of treatment. This should include efficacy, toxicity, convenience, and cost. You should not, however, adopt a drug simply on the basis of an interview with a representative, but you should use him as one of your sources of information.

Obviously you will need to read about it and discuss it with your colleagues before making a final decision.

On the whole, I think that representatives do a conscientious job to the best of their ability in a system that is open to a great deal of abuse. If you disapprove strongly of anything that either he or his firm does, you should complain either to his managing director or to the Association of the British Pharmaceutical Industry because doing nothing implies tacit acceptance. When a company that sails close to the wind is seen to prosper, others will follow suit. Neither legal constraints nor codes of practice are fully effective controls. Doctors set the standard, and they are the arbiters of what is acceptable. As I once said in a letter to the *Lancet*, the profession gets the industry it deserves.

Reading for Pleasure

Forgetting the tedium

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My natural reaction on being invited to contribute to this series was to look again at earlier contributions. The result was merely fresh doubt about my ability—not so much to match such erudition as to write something which could appear under the same heading. Does no one admit to reading and enjoying in adult life such authors as C S Forester, or, Rider Haggard, or those works of Conan Doyle that were not devoted to the unlikely exploits of that slightly tedious detective? I certainly read all three repeatedly and with great pleasure, and I would be among the first to buy a new piece on Hornblower if such an undiscovered treasure existed. Those interests need in no way distract one from writings that inform more widely or penetrate human problems more deeply. I suspect we all have our secret enjoyments of this kind, but like to preserve a front of more elevated culture.

I do not need to extol the classics, which are there any time I can forget the tedium of all those erudite notes that engulfed Shakespeare as he used to be read at school. Shaw encompassed his own destruction with the prefaces, but then to me he is hardly a classic. Penguin Books made it all much easier and more inviting when they published paperback translations from Greek and Latin. At the other extreme, there are still a great many medical works that make pleasurable reading. So much of a doctor's reading is obligatory for him to keep abreast of change in his own specialty, or generally to make sure that that specialty is seen in perspective. It may be absorbing and stimulating for the purposes of one's own work, but it is a duty and all too often a dull one. There are many other books written about medicine and its history, or about related social services, that entertain and illumine.

An easy duty

It is less than 40 years since John Ryle moved from his regius chair at Cambridge to be the first professor of social medicine at Oxford. He was opening up medical appreciation of our co-operation with the other social services at a time when teachers of public health—concentrating on preparing post-graduate students for a statutory diploma—had not been able to do so. Since then, many sociologists and some economists have written about medicine, some of them with real insight. R M Titmuss's posthumously published lectures, *Social Policy*, and Brian Abel Smith's *Value for Money in Health Services* are perhaps the most enlivening and the easiest reading. There are writings by doctors, notably Basil Hetzel's *Health and Australian Society* and Henry Miller's *Medicine and Society*, which hold the reader, medical or not, in much the same way. Lalonde's *A New Perspective on the Health of Canadians* is more technical, but it has been such a stimulant to fresh thinking in every country, despite its mere 76 pages, that it must be seen as something apart from the mass of health-care books. The most chastening for us, girding at our current inconveniences, and yet of great interest and importance for the future, is WHO's soft cover collection of essays edited by Newell under the title *Health by the People*; it, too, is reading for pleasure.

Many doctors have written entertainingly of their own interests in medicine, but there is one group of short books which includes several outstanding essays anyone might read in an evening for pleasure. The Nuffield Provincial Hospitals Trust sponsors an annual fellowship in memory of Ernest Rock Carling. It has given us a few medical philosophical gems, of which Robert Platt's *Doctor and Patient*, Richard Doll's *Prevention of Cancer*, Cochrane's *Effectiveness and Efficiency*, and Dollery's recent *The End of an Age of Optimism* have appealed to me most.

History and archaeology

The great mass of available publications naturally has none of these medical overtones and in it we find most of our reading for pleasure. My own particular interests—extending over 60 years