

Spain to hear the benefits of a new benzodiazepine might seem quite "reasonable" to one doctor while a ballpoint pen advertising a diuretic will seem "unreasonable" to another. I think that the college may have underestimated the influence of so much promotion, failed to recognise that scrupulous as well as unscrupulous doctors are at risk, and produced a code that is castrated by the impossibility of definition.

Examples of excess have been visible to all in the past few years and served to prompt the college's report. The *Panorama* programme that the report quotes showed us doctors travelling to Venice on the Orient Express to hear news of a new non-steroidal anti-inflammatory drug, and a recent story in the newspapers detailed an ex-drug company representative's allegations of how doctors were bribed to enter patients into a scientifically bogus trial.<sup>2</sup> Oddly these sporadic reports in the media usually depict the drug companies rather than the doctors as the "baddies." The college's report, however, contains stories in which (anonymous) doctors are clearly the baddies. Many doctors, it seems, write to drug companies asking for funds to pay for foreign trips, and "one doctor even stated that unless his request was granted he would stop prescribing the company's products." Another group of doctors refused to attend a film unless it was "shown with a meal organised at a restaurant of their choice." On another occasion "physicians who all lived in one NHS region" went to a drug company meeting on a "Mediterranean island," which, as the college observes in restrained prose, "could not have the advantage of convenience."

So are a few doctors abusing the system and spoiling it for others, or are these practices widespread? The college report gives no idea of scale but implies that it is small. Mediterranean island trips are not, I suspect, common, but excessive hospitality is. For instance, the code of practice of the ABPI states that "entertainment or hospitality offered . . . should always be secondary to the main purpose of the meeting." Yet I have spoken to many meetings myself where my small "turn" (which could only in the loosest sense be described as educational) has clearly been secondary to the wining and dining offered by drug companies.

One point is thus that the immoderate may be more common than the college recognises. Another point is that the college may underestimate the effect of drug company promotion on doctors' thinking and prescribing. Scientific evidence on this issue is hard to come by, but such massive expenditure by the drug companies must have substantial influence. It is a similar argument to that over promotion of tobacco and alcohol; only in this case doctors tend to be on the other side. Of course, you could not find a doctor who says that he prescribes a drug because of the lunches given to him by the company, but it is equally hard to find a consumer who buys a certain brand of rum because of the tropical beaches used to advertise it. Yet marketing data, most of which are rarely made available, show that such promotions do influence sales of their products. Some general practitioners have suggested that the powerful influence of drug companies may be their main source of postgraduate education,<sup>3</sup> and bias—as every researcher knows—is subtle and pervasive.

Many of the committee's recommendations are hamstrung by the difficulty of definition. One inspired suggestion is that: "a useful criterion of acceptability may be 'Would you be willing to have these arrangements generally known?'" This useful concept acknowledges the important point that independence is in the eye of the beholder—whether you are seen to be independent is more important than whether you are, or think you are, independent. And at least to the *Guardian* reading public writing your prescriptions with a drug company pen and drinking even vin ordinaire at drug company expense are sure signs of dependence. The committee does say that it regrets that refreshment at meetings is so often sponsored by pharmaceutical companies and says that as a regular practice it "degrades" the profession. It calls on the Department of Health and Social Security to encourage health authorities to contribute to the support of meetings, but it seems to forget that doctors could pay for themselves. In the absence of a drug company to pay for lunch most doctors still eat.

The committee does better with its recommendations on controlling the content of meetings between doctors and drug company representatives. It recommends against ad hoc meetings and suggests that they should take place only by appointment. It also recommends that at promotional meetings there should always be present an expert capable of independently assessing the claims of the company. A further possibility would have been to suggest a clear system—like that operating in many Swedish hospitals—of determining in advance the scientific and educational value of what is to be presented.<sup>4</sup> The aim would be steadily to raise the quality of such meetings. Many drug companies would welcome such a scheme: they do not like dealing in an unseemly trade of ballpoint pens and Italian red wine—they want to make their case and be off.

The college has done well to raise this issue of the relationship between doctors and drug companies, which until now has been discussed more in the lay media than by doctors themselves; and it has produced some useful recommendations. But I believe that this report should be seen as the beginning rather than the end of a debate on how doctors relate to drug companies. A tougher and more specific code—even one with teeth—will eventually be needed.

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- 1 Royal College of Physicians. *The relationship between physicians and the pharmaceutical industry*. London: RCP, 1986.
- 2 Erlichman J. "GPs had cash for unethical testing" allegation. *Guardian* 1986 September 10:1.
- 3 Worthen DB. Prescribing influences: an overview. *British Journal of Medical Education* 1973;7:109-17.
- 4 Smith R. Doctors and the drug industry in Sweden. *Br Med J* 1985;290:448.

## Correction

### Hypoplastic anaemia and parvovirus infection

We regret that an error occurred in the title of this article by Dr D P Bentley (4 October, p 836)—hyperplastic was wrongly printed when hypoplastic was meant.