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VIEWS & REVIEWS

Margaret McCartney: Forever indebted to pharma—doctors must take control of our own education

Margaret McCartney *general practitioner, Glasgow*

As a student 20 years ago I failed to realise that the sandwiches at the lunchtime meetings were a lure, organised by the suited rep hovering at the back. Big pharma was ingrained throughout postgraduate education, and this continues even now. Every week I get invitations to local hotels with the offer of a buffet meal and a free talk from a local consultant, all organised and paid for by the drug industry.

But we know that doctors' exposure to pharma sponsored literature is associated with higher prescribing frequency, higher cost, or lower prescribing quality.¹ The money that industry spends on wooing doctors with free education is, of course, calculated to yield profitable returns.

Paying our own way would enable doctors to regain control. In recent years I've attended meetings in national conference venues that were packed with sponsors, such as device manufacturers or drug and clinical test companies. I've also attended conferences in smaller halls in the past year that had no commercial sponsorship; the venues were perhaps not as glamorous, but the costs were much the same. It's rare, but it's certainly possible.

A colleague told me that attendance plummeted when she decided to end the pharma sponsorship of an annual educational event and to charge doctors £40 each instead. Are we so culturally attached to free education that we don't care about the price? A £40 fee is hardly robbery, and free education is not worth the unwritten debt to sponsors.

At these events it's also often unclear what vested interests speakers have until they flash a slide at the start of their talks. We should insist on seeing a full declaration of potential conflicts and sponsors before we sign up.

By deciding what we need and what we would like to learn, we can set our own agenda rather than be the recipients of someone else's—for example, the pressing problems modern general practice faces from polypharmacy, multimorbidity, when to stop drugs and how to rationalise them, and how best to manage frailty.

Taking back our educational agenda means that we can insist on value for money. GPs are especially prone to educational events organised by the drug industry, with invited consultants whose extensive knowledge is scarcely relevant for the audience.

Like jumping into ice cold water—as I do regularly when I swim in the lochs and seas of Scotland—paying for education may at first feel uncomfortable. But it takes only a few seconds to feel good, and the post-swim glow lasts and lasts.

Doctors all want to advocate for patients, to be trusted and relied on. But the independence that this requires comes at a price. We need to get doctors' education under our control; there is no other option. We are going to have to start paying our own way.

Competing interests: I have read and understood the BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes Framework points. I'm a part time undergraduate tutor at the University of Glasgow. I've written two books and earn from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013 and am chair of its standing group on overdiagnosis. I have invested a small amount of money in a social enterprise, Who Made Your Pants?

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Follow Margaret on Twitter, @mgmtmccartney

1 Spurling G, Mansfield PR, Montgomery BD, et al. Information from pharmaceutical companies and the quality, quantity and cost of physicians prescribing: a systematic review. *PLoS Med* 2010;7:e1000352.

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