

The ethical issues around pharmaceutical company marketing

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The relationship between doctors and pharmaceutical companies has come under increased scrutiny of late. There is a concern that the increased emphasis by pharmaceutical companies on marketing their products to doctors creates potential conflicts of interest. This review examines this interaction and attempts to provide guidelines as to how this potential conflict of interest may be managed.

Marketing aims to categorise consumers into specific niches that can be directly targeted. The tactics of marketing are not benign and may be extremely pernicious. Herman and Chomsky have shown how in modern liberal societies marketing and public relations techniques can be used to create consensus.¹ Modern marketing techniques are able to limit debate while preserving the impression of freedom of choice.¹ Herman and Chomsky define this situation as the 'manufacturing of consent'. In many ways this reflects the relationship between the pharmaceutical industry and the medical profession. It has been estimated that in the USA pharmaceutical companies spend \$7.2 billion annually on marketing activities directed at doctors and provide doctors in the US with \$13 billion a year's worth of free drug samples. The industry spends about \$31 billion a year on the research and development of new drugs. This huge marketing budget suggests that marketing to doctors is highly rewarding for pharmaceutical companies.²⁻⁴

According to the investigative reporter Katharine Greider, the reported profits of the major large pharmaceutical companies in 2001 increased by over 30%.⁵ Greider reported that in 2001 the nine largest pharmaceutical companies generated \$30.6 billion in profit. This represented an 18.5% return on investment, which significantly eclipsed the median return on investment of most Fortune 500 companies, reported by Greider at 3.3%. She went on to report that senior executive salaries in the pharmaceutical industry are commensurate with this immense profitability. The top five pharmaceutical executives together earned more than \$183 million in 2001, and the top 25 pharmaceutical executives earned an average of \$6 million in 2000.⁵ The association of huge profits with significant expenditure on marketing implies that the more aggressively a company markets its products to doctors, the greater its profits. This creates a direct conflict of interest between a company seeking to maximise profit and doctors who are motivated by the best interests of patients. This review will describe the variety of marketing techniques used by pharmaceutical companies to target doctors and will examine proposed strategies to regulate the interaction between pharmaceutical companies and doctors.

Pharmaceutical industry marketing strategies

There are a number of strategies that may be used by the pharmaceutical industry to target doctors, ranging from the apparently innocuous to the overtly fraudulent.²⁻⁹

The visit from the industry representative

The most common form of marketing to doctors is the visit by the industry representative. This is a highly personal approach aimed at developing a relationship. The visit is usually accompanied by the distribution of advertisements and product information as well as small gifts and food.⁷

Drug samples

The distribution of free samples to doctors has been shown to increase the likelihood of the doctor prescribing that particular drug in the future.^{2,4,7}

Sponsoring of continuing medical education (CME)

Pharmaceutical companies often sponsor meetings designed to provide attendees with CME points. There will be a talk by a local expert followed by a meal during which the representative will be asked to say a few words about his/her product. Product banners are often on display. Setting up such meetings allows companies direct access to doctors. By paying for these at times lavish meetings the companies are in a strong position to subtly set the agenda and influence the direction of the talks.^{8,9}

The speaker's circuit

Doctors respond positively to information provided by peers. For this reason pharmaceutical companies value marketing done by physicians. In order to achieve this, pharmaceutical companies sponsor CME talks. The lavishness of the chosen venues, and the exact financial relationship between the company and the speakers, is a cause for concern. The latter is generally not made public. The speakers are initially invited to give talks about any topic they choose. As these speakers become more well known and their relationship with the company becomes more intimate, the company attempts to direct the topics and the talks to focus increasingly on a particular product. In extreme cases the company may even provide the slides for the proposed talks. These experts are referred to as 'key opinion leaders' or 'product champions' by the industry representatives.^{8,9}

Ghost writing

Ghost writing is a particularly deceptive form of marketing and is scientific fraud.³ A company will employ a ghost author to write an article on a drug on behalf of a well-known expert. The purported author of the piece may have had very little to do with its actual contents. The company hopes to use the well-known expert's

reputation to lend credibility to the published work, which may be subtly biased towards its product. In reality the article is marketing masquerading as scientific literature.

Sponsoring research

Many pharmaceutical companies sponsor research involving their products.^{3,6} This raises a conflict of interest, as the company has a vested interest in demonstrating the efficacy of its product. Such research may be biased in both design and reporting. Negative studies are frequently not reported. This selective emphasis on publishing benefits while playing down side-effects creates a publication bias. Even though data are not falsified, there may still be an intention to deceive as a negative outcome may undermine the commercial interests of the company that sponsored the study.

Consultants and advisors

Pharmaceutical companies may directly employ doctors as consultants. This is the most direct form of a conflict of interest, as the company formally employs the doctor.^{2,3}

The effect of marketing on the behaviour of medical practitioners

Many doctors do not accept that they can be directly influenced by marketing techniques.^{10,11} Several authors believe that doctors can maintain a balanced view of pharmaceutical company products and remain impartial. However, there is a growing body of evidence suggesting that marketing techniques directly affect prescribing practices. Visits from pharmaceutical representatives are highly effective in changing prescribing behaviour. Doctors motivating for the use of new products have often recently been visited by a representative marketing the product in question.¹²⁻²⁰ This has serious ethical implications for doctors. It undermines the doctor-patient relationship, as the patient can no longer be certain that the doctor is motivated purely by the patient's best interests. The relationship between pharmaceutical companies and the profession needs to be regulated. It is in the best interests of the profession for it to take active steps to maintain its independence and integrity by regulating the relationship between doctors and pharmaceutical companies.

Commentators have adopted a range of positions. These span the spectrum from the complete avoidance of all drug company relationships to the 'problem, what problem?' approach. There are calls for the establishment of a 'middle-ground' approach where the pharmaceutical industry and the profession work together to achieve common goals such as education and improved prescribing practices. Authors who take the middle-ground approach frequently point to the massive funding that pharmaceutical companies contribute to educational programmes and research.¹⁴ Removing all industry support for meetings and professional societies will undoubtedly leave a major financial deficit. There are a number of strategies that can be adopted to try to regulate the relationship between the industry and the profession.

Self-regulation and self-disclosure

This strategy relies on individuals honestly declaring their financial and other links to pharmaceutical companies when delivering a lecture or writing a paper.¹⁵⁻¹⁸ However, relying on individuals and companies to police themselves has been shown to be ineffective.

Research into the psychology of gift receipt and giving indicates that self-regulation will not satisfactorily protect the interests of patients.

Legislative approach

A legislative approach similar to that undertaken to limit the influence of tobacco and alcohol companies may be necessary.^{15,18-20} Legislation restricting the giving of gifts, especially those emblazoned with the company logo, access of drug representatives to doctors and putting disclaimers on drug company advertisements may be necessary in the same way as cigarette companies are required by legislation to put health warning labels on their products.

Educational efforts and grassroots activism

It is important to raise awareness of the issues around this problem. The American Medical Student Association (AMSA) launched the PharmFree Initiative in 2002. This is an educational campaign to encourage medical students to use unbiased evidence-based information and not rely on company-supplied information.²¹ Some of the other actions of PharmFree are aimed at generating public awareness. These include 'pen amnesty days' when pens previously distributed by the pharmaceutical companies are collected and returned, and pickets outside pharmaceutical company offices. Similar grassroots activism may be necessary in South Africa.

Conclusion

The marketing approach of the pharmaceutical companies is problematic, as it creates a direct conflict of interest between the companies and doctors. This relationship has become pervasive as pharmaceutical companies have invested heavily in marketing. Disentangling of this relationship is needed. However, it will not be easy. Attempts at self-regulation have been shown to be unsuccessful. Formal legislation may well be needed to ensure that the relationship between doctors and pharmaceutical companies is placed on the correct footing. It is in the interests of the profession that we are seen to be actively driving this process. If the profession fails to show leadership in dealing with this issue, it runs the risk of being perceived as part of the problem rather than part of the solution.

References

1. Herman ES, Chomsky N. *Manufacturing Consent: The Political Economy of the Mass Media*. UK: Vintage, 1998.
2. Kassirer JP. *On the Take. How Medicine's Complicity with Big Business can Endanger your Health*. New York: Oxford University Press; 2004.
3. Resnik DB. *The Price of Truth: How Money Affects the Norms of Science*. New York: Oxford University Press, 2007.
4. Godlee F. Doctors, patients, and the drug industry. *BMJ* 2009;338:b463.
5. AFL-CIO. What drug companies aren't telling YOU. http://www.aflcio.org/aboutus/thisistheaficio/publications/magazine/0503_bigfix.cfm?emlnk (accessed 1 June 2011).
6. Lexchin J, Bero LA, Djulbegovic B, Clark O. Pharmaceutical industry sponsorship and research outcome and quality: Systematic review. *BMJ* 2003;326:1167-1170.
7. Angell M. Relationships with the drug industry: Keep at arm's length. *BMJ* 2009;338:b222.
8. Moynihan R. Key opinion leaders: Independent experts or drug representatives in disguise? *BMJ* 2008;336:1402-1403.

9. Moynihan R. Doctors' education: The invisible influence of drug company sponsorship. *BMJ* 2008;336:416-417.
 10. Beran RG. Conflict of interests – criticising the critics. *Med Law* 2009;28(3):557-563.
 11. Beran RG. Doctors and pharmaceutical industry. *Med Law* 2009;28(3):541-555.
 12. Campbell EG, Gruen RL, Mountford J, et al. A national survey of physician-industry relationships. *N Engl J Med* 2007;356:1742-1750.
 13. Wazana A. Physicians and the pharmaceutical industry: Is a gift ever just a gift? *JAMA* 2000;283:373-380.
 14. Naik AD, Woofter AL, Skinner JM, Abraham NS. Pharmaceutical company influence on nonsteroidal anti-inflammatory drug prescribing behaviors. *Am J Manag Care* 2009;15(4):e9-15.
 15. D'Arcy E, Moynihan R. Can the relationship between doctors and drug companies ever be a healthy one? *PLoS Med* 2009;6(7):e1000075.
 16. Lexchin J. Interactions between physicians and the pharmaceutical industry: what does the literature say? *CMAJ* 1993;149(10):1401-1407.
 17. Rutledge P, Crookes D, McKinstry B, Maxwell SR. Do doctors rely on pharmaceutical industry funding to attend conferences and do they perceive that this creates a bias in their drug selection? Results from a questionnaire survey. *Pharmacoepidemiol Drug Saf* 2003;12(8):663-667.
 18. Fisher MA. Physicians and the pharmaceutical industry: a dysfunctional relationship. *Perspect Biol Med* 2003;46(2):254-272.
 19. Moynihan R. Who pays for the pizza? Redefining the relationships between doctors and drug companies. 1: Entanglement. *BMJ* 2003;326:1189-1192.
 20. Giannakakis IA, Ioannidis JP. Arabian nights – 1001 tales of how pharmaceutical companies cater to the material needs of doctors: case report. *BMJ* 2000;321:1563-1564.
 21. Moghimi Y. The 'PharmFree' campaign: Educating medical students about industry influence. *PLoS Med* 2006;3:e30.
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