

# Ethics in Drug Industry Relations. Opinion Poll of Family Physicians in Catalonia, Spain

Grup d'Ètica. Societat Catalana de Medicina Familiar i Comunitaria\* (Ethics Group, Catalanian Society of Family and Community Medicine).

**Objective.** To document the opinion of members of the Catalanian Society of Family and Community Medicine regarding the acceptance of gifts and other arrangements from the drug industry, and their influence on prescribing.

**Design.** Cross-sectional study with triangulation involving quantitative and qualitative methods.

**Setting.** Catalonia (northeastern Spain), June 2002.

**Participants.** Family physicians who were members of the Society and who had a known e-mail address.

**Main measures.** Standardized questionnaire. Quantitative and qualitative data analysis.

**Results.** The types of gifts and other arrangements that were considered ethically acceptable by the largest percentage of respondents were publicity items (82.5%), free samples (78.1%), and financial support for training activities (74.3%). Accepting direct economic compensation (2.2%), coverage of travel expenses (20.6%) or a free dinner (40.1%) was considered less ethical. More than 50% of the participants felt that accepting these arrangements did not influence their prescribing practices, and only 38.3% felt that economic compensation for prescribing a given medication did influence these practices. Arrangements by industry representatives that benefited professionalism, the center or the patients, but that did not represent any purely personal benefit, were considered acceptable. Participation by the industry in training events was accepted, although participants would prefer less industry involvement. Some participants described strategies to prevent gifts and other arrangements from influencing prescribing practices.

**Conclusions.** The percentage of members surveyed who considered that gifts from industry influenced prescribing was low, despite evidence to the contrary. A finding of note was that some professionals considered ethical certain types of relationships of questionable legality. Informants noted the need to initiate debate on this topic.

**Key words:** Qualitative design. Ethics. Gift. Pharmaceutical industry.

LA ÉTICA EN LA RELACIÓN CON LA INDUSTRIA FARMACÉUTICA. ENCUESTA DE OPINIÓN A MÉDICOS DE FAMILIA EN CATALUÑA

**Objetivo.** Conocer la opinión de los miembros de la Sociedad Catalana de Medicina Familiar y Comunitaria sobre la aceptación de ofertas de la industria farmacéutica y su influencia en la prescripción.

**Diseño.** Estudio transversal. Metodología triangular, cuantitativa-cualitativa.

**Emplazamiento.** Cataluña, junio 2002.

**Participantes.** Médicos de familia, miembros de la Sociedad Catalana, de los se disponía de dirección electrónica.

**Mediciones principales.** Cuestionario estandarizado. Análisis cuantitativo y cualitativo de los datos.

**Resultados.** Las ofertas que un porcentaje más elevado de encuestados considera ético aceptar son el material publicitario (82,5%), las muestras gratuitas (78,1%) y el pago de actividades formativas (74,3%). Es considerada menos ética la aceptación de compensación económica directa (2,2%), la invitación a un viaje (20,6%) y a una cena (40,1%). Más del 50% considera que aceptar estas ofertas no influye en la prescripción y sólo un 38,3% cree que la compensación económica por prescribir un determinado medicamento sí influye. Se consideran aceptables las ofertas de la industria que benefician a la profesionalidad, al centro y a los pacientes, pero no las que representan un beneficio puramente personal. Aceptan la participación de la industria en la formación, aunque les gustaría que las cosas fueran diferentes. Algunos señalan estrategias para evitar la influencia de las ofertas en la prescripción.

**Conclusiones.** El porcentaje de encuestados que considera que los regalos de la industria influyen en la prescripción es bajo, aunque la evidencia demuestra lo contrario. Llama la atención que algunos profesionales consideran éticas formas de relación de dudosa legalidad. La necesidad de abrir un debate sobre el tema es una demanda de los informantes.

**Palabras clave:** Grup d'Ètica. Societat Catalana de Medicina Familiar i Comunitaria.

Spanish version available at  
[www.atencionprimaria.com/60.038](http://www.atencionprimaria.com/60.038)

A commentary follow  
 this article  
 (pág. 13)

\*Members of the Ethics Group: Mònica Almiñana, Lluís Balagué, Carme de Castro, Maria José Fernández de Sanmamed, Carles Llor, Roser Marquet, Ramon Morera, Albert Planes, Miquel Reguant, and Marisa Rubio. The authors of this document wish to clarify explicitly that they will not make use of this manuscript as part of their CVs.

Correspondence:  
 Grupo de Ètica de la Sociedad Catalana. Societat Catalana de Medicina de Família y Comunitaria.  
 C/ Portaferrissa, 8, pal 1.ª. 08002 Barcelona. España.

Manuscript received 11 June, 2003.  
 Accepted for publication 7 January, 2004.

## Introduction

Few topics in medicine generate as much controversy as the relationship between practitioners of medicine and the drug industry. Pharmaceutical companies spend approximately 39% of their budget on marketing efforts, an amount that has direct repercussions on the price of their products<sup>1</sup> It is estimated that in the USA, the drug industry spends between 8000 and 13 000 euros annually on advertising per physician<sup>2,3</sup> Moreover, the substitution of newer drugs for familiar, safe products is estimated to account for as much as 75% of the increase in the cost of medications to the public health care system in Spain<sup>4</sup>

Drug prescribing should be based on available scientific criteria and on ethical principals of nonmaleficence (doing no harm), benefit, fairness and independence. Scientific evidence is the main criterion available to guarantee nonmaleficence, benefit and fairness. Appropriate prescribing should seek to achieve maximal effectiveness, minimum risk to the patient, minimal cost, and respect for the patient's choice. Despite these considerations, the most readily available source of drug information to the family physician is currently the drug industry itself. The economic resources spent by the industry on advertising its products in the lay press, mail campaigns, advertising in journals and other media, and on direct inducements aimed at professionals, explains part of their influence on prescribing practices.

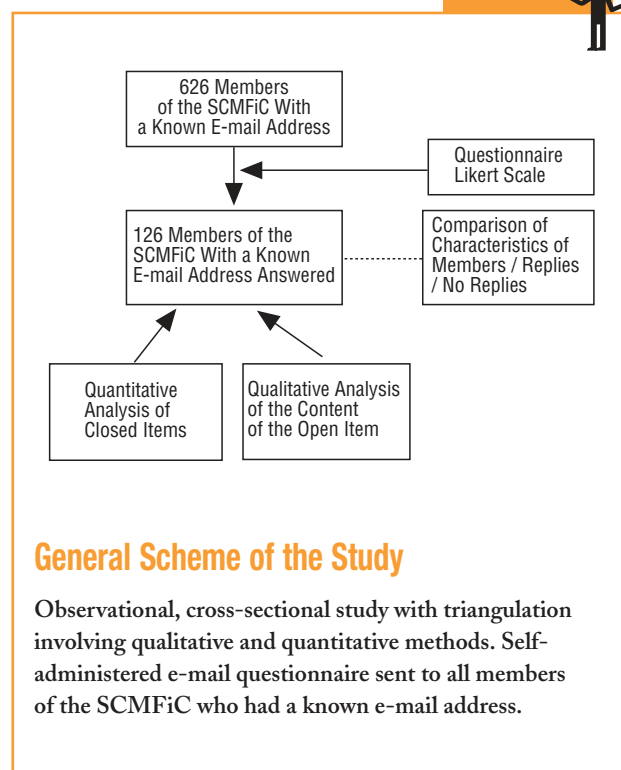
A number of studies have analyzed physicians' perceptions of the relationships established with drug companies and the ethical problems that can arise from these relations; however, none of these studies was done in Spain<sup>5-16</sup> In 2003 the Ethics Group of the Catalanian Society of Family and Community Medicine (SCMFiC) published a document that offered some reflections, from an ethical standpoint, on primary care physicians' relationship with the drug industry<sup>17</sup> The present study was carried out to document the opinions of members of the SCMFiC regarding individual relations with the drug industry, considerations on the ethics of accepting gifts or other arrangements from industry, and views on the possible influence of these arrangements on prescribing practices.

## Material and Methods

A cross-sectional, observational study was designed with triangulation, involving quantitative and qualitative methods. The results were enhanced by the way in which these three approaches complemented each other.

During the month of June 2002 all members of the SCMFiC with a known e-mail address were sent a questionnaire by e-mail regarding relationships with the drug industry. Of the

### Material and methods



### General Scheme of the Study

Observational, cross-sectional study with triangulation involving qualitative and quantitative methods. Self-administered e-mail questionnaire sent to all members of the SCMFiC who had a known e-mail address.

2521 members, 626 had a known e-mail address. Considering the usual rate of response for this type of postal or e-mail survey, we hoped to receive at least 95 responses, a number which would have allowed us to estimate 50% agreement with "acceptance of financial support from industry for training" with an alpha error of 0.05, a beta error of 0.20 and a precision of 0.10. Because the subject of the survey was considered sensitive, we did not resend the questionnaire or use telephone reminders to encourage participants to complete and return it. We also considered it inappropriate to use incentives for participation. A pilot study was done previously in a subgroup of SCMFiC members.

The questionnaire (annex available as supplementary material on line) asked participants to indicate their level of agreement or disagreement on a Likert scale with the ethicality of accepting different types of gifts offered by industry, and their perceptions of how these gifts influenced their prescribing practices. An open-ended item was included to solicit the participants' views about the topic in general.

Triangulation was used to analyze the responses: a quantitative approach for closed items, and a qualitative approach for text content produced in response to the open-ended item. Textual data were analyzed with the Atlas-ti program, which segmented texts into 27 codes that emerged from the discourse.

The survey formed part of ongoing research by the Ethics Group of the SCMFiC,<sup>17</sup> and priority was given to dissemination of the questionnaire to as many members as possible rather than to achieving a representative sample. Because of the interest of the results, we decided to prepare a manuscript for publication. Before the manuscript was submitted, we requested authorization from all participants.

## Results

### Quantitative Results

Of the 626 questionnaires sent, responses were received from a total of 162 members (25.9%), and of this number, 49 persons responded to the open-ended item. We excluded 25 questionnaires as incomplete. Therefore the quantitative results reported here reflect data from 137 questionnaires, and the qualitative results reflect text-based responses from 49 participants. As shown in Table 1, mean age of the members who responded to the survey was 39.6 years (34.92 years for all members) and 45.3% were men (29.5% for all members).

Detailed results are presented in Tables 2 and 3. The types of gifts and arrangements that the largest percentage of family physicians considered ethically acceptable were publicity items (82.5%), free drug samples (78.1%) and payment of registration fees for congresses or workshops (74.3%). In contrast, only 3 physicians considered it ethical to accept direct economic compensation in exchange for prescribing a certain number of packages of a drug (2.2%). An intermediate percentage of persons considered it ethical to accept a free dinner (40.1%) or a weekend trip to a pleasant destination (20.6%).

With regard to the possible influence of different types of gifts and other arrangements, we note that the highest percentages of respondents indicated that prescribing was likely to be influenced by direct economic compensation in exchange for prescribing a given product (38.3%), followed by payment of travel expenses (35.8%) and the donation of material for the center

(35%). The type of gift the lowest percentage of participants judged likely to influence prescribing was publicity items (10.9%).

### Qualitative Results

Ethical considerations of family physicians regarding their relationship with the drug industry. In general, informants considered their relationship with industry to be ethically acceptable when the results were beneficial and had favorable

**TABLE 1** Distribution by Age and Sex of Different Populations of SCMFIC Members (June 2002)\*

	No.	Age: Mean (95% CI)	Male Sex (95% CI) (%)
Members with an e-mail address	626	35.2 (34.6-35.2)	33.0 (29.4-36.6)
Members who completed the questionnaire correctly	137	39.6 (38.4-40.7)	45.3 (37.0-53.6)
Total members	2521	34.9	29.4

\*CI indicates confidence interval.

**TABLE 2** Ethical Considerations on Different Types of Gifts and Other Arrangements Offered by the Drug Industry, According to Family Physicians Who Completed the Questionnaire, June 2002

I Consider it Ethical Accept...	Agree Completely/ Agree No. (%)	Disagree/Disagree Completely No. (%)	Don't Know No. (%)
1. Drug samples	107 (78.1)	27 (19.7)	3 (2.2)
2. Publicity items (pens, notepads, etc)	113 (82.5)	21 (15.3)	3 (2.2)
3. Registration fees for congresses or workshops	101 (74.3)	34 (25.0)	1 (0.7)
4. Financial support for training	101 (73.7)	35 (25.6)	1 (0.7)
5. Material for the workplace	84 (61.7)	50 (36.8)	2 (1.5)
6. Free dinner	55 (40.1)	81 (59.1)	1 (0.7)
7. Economic compensation for prescribing	3 (2.2)	132 (97.1)	1 (0.7)
8. Expense-paid trip	28 (20.6)	107 (78.7)	1 (0.8)

The total number of usable responses for items 1, 2, 4, and 6 was 137, and the total for items 3, 5, 7, and 8 was 136.

**TABLE 3** Influence of Different Types of Gifts and Arrangements Offered by the Drug Industry Regarding Prescribing, According to Family Physicians Who Responded to the Questionnaire, June 2002

Influence on Prescribing...	Agree Completely/ Agree No. (%)	Disagree/Disagree Completely No. (%)	Don't Know No. (%)
1. Drug samples	22 (16.1)	115 (83.9)	0 (0.0)
2. Publicity items (pens, notepads, etc)	15 (11.00)	121 (88.3)	1 (0.7)
3. Registration fees for congresses or workshops	46 (34.1)	87 (64.4)	2 (1.5)
4. Financial support for training	39 (28.5)	93 (67.9)	5 (3.6)
5. Material for the workplace	48 (35.0)	87 (63.5)	2 (1.5)
6. Free dinner	34 (24.8)	103 (75.2)	0 (0.0)
7. Economic compensation for prescribing	51 (38.3)	73 (54.9)	9 (6.8)
8. Expense-paid trip	48 (35.8)	74 (55.2)	12 (9.0)

The total numbers of usable responses were 137 for items 1, 2, 4, 5, and 6, 135 for item 3, 134 for item 8, and 133 for item 7.

**TABLE 4** Examples of Responses in the Category “Ethical Considerations by Family Physicians Regarding their Relationship With the Drug Industry”

(R01) “I consider it ethical to accept assistance offered by the industry for our training or participation in congresses...but I don’t feel it is ethical to accept certain things that don’t have much to do with our training or professionalism.”
(R25) “I don’t consider personal benefit to be ethical, although I do consider the benefits ethical if they are negotiated by the whole team, who agrees to use the company’s products in exchange for material for the center as long as the products are recommended in prescribing guidelines or similar documents, and as long as the prescriptions are clinically indicated. I would not agree to a certain number of packages or to a certain amount of money to be spent.”
(R28) “There are things I don’t consider ethical but do anyway. It’s hard to maintain ethical behavior within this health service firm, with the managers we have.”
(R35) “Although I don’t consider many of the items ethical, I don’t mean to say that I haven’t taken part. But time and reflection make you increasingly critical.”
(R21) “The usual elements that form part of the commercial relationship between prescribers and the drug industry now (and I emphasize the word “usual”) seem to me to be much more acceptable ethically than the relationships between industry and the wholesalers and dispensing agencies (pharmacies). These relationships seem to me to be less legitimate and not just ethically censurable, but of questionable legality. In any case, a legal (not ethical) approach to the world of prescriber/industry relationships without taking into account industry/pharmacy relationships is, at the least, an exercise in hypocrisy and unfairness.”
(R36) “Is it ethical for scientific societies to use the drug industry to organize their congresses? Is it ethical to have so many national, regional, district, or local congresses? Who gains from all this? Is it ethical if, once the program committee of a congress has accepted an oral report or poster, the authors are not notified of acceptance unless they have already paid the registration fee? And if the committee accepts the talk or poster, why should the authors pay the fee anyway? If the drug industry didn’t cover the registration fees, would the congress be as “successful” in terms of the number of participants? All this moral hypocrisy is pathetic!”
(R32) “The need to “organize” the relationship with drug companies is becoming indispensable.”
(R34) “It’s about time we started talking openly about this topic.”
(R11) “I’ll look forward to your recommendations. I hope they reflect reality. Things in life are not all black and white—sometimes there are shades of gray.”

Numbers in parentheses identify the informant who provided each quote. For example, “(R01)” identifies the quote provided by informant number 01.

repercussions on professionalism, the center and their patients, but not when the physician obtained any purely personal benefit from the relationship. Nonetheless, even when the aim was to benefit professionalism, the center or the patients, the relationship was not considered ethical if the prescribing physician committed to prescribing certain products and changed his or her prescribing practices. Table 4 lists some of the comments participants offered in response to this item.

Although many professionals have particular conceptions as to what is ethical and what is unethical in their relationship with industry, it was noteworthy that several participants maintained a relationship they did not like and that led to conflicts, and sought arguments to justify their ambiguous position (R28 and R35 in Table 4).

Further indications of ambivalence toward these relationships were the annoyance and suppressed rage reflected in some responses, and the fact that some participants perceived certain items to call into question current relationships between family physicians and the drug industry while failing to raise similar questions about the attitudes of other collectives and institutions. Examples of this view are shown in table 4, R21 and R36.

These findings lead us to think that there is unease and a desire for change among the collective of family physicians regarding their relationship with industry. These attitudes crystallized in a call for more debate on this issue. Some participants expressed a wish for this debate to examine the issue realistically (Table 4, R32, R34, and R11).

Opinion regarding industry involvement in training. Most comments in response to the open-ended item made re-

ference to industry participation in training for family physicians. The number of responses and the intensity of emotion they reflected showed that this was the topic professionals were most concerned about. Our informants felt that training is necessary but the high cost of training activities makes them unaffordable unless they are sponsored. For this reason, and because of the lack of other sources of financing, many felt that industry participation in training activities was appropriate (Table 5, R18).

Many informants accepted industry participation in training, but wished things were different and felt that costs should come down, or that other entities should assume responsibility for sponsoring training events (Table 5, R37).

Many opinions reflected the view that health service firms had ceased to organize training activities for their professional staff. These responses reflected the belief that if the health service firms assumed responsibility for training, this might change the relationship with industry (Table 5, R03 and R02).

A few informants questioned the need for industry involvement in training, and mentioned the need for quality surveillance for training activities, suggesting that quality was not guaranteed when training was left in the hands of industry (Table 5, R17).

Opinion regarding leisure-time activities and gifts offered by the drug industry, and regarding economic compensation in exchange for prescriptions. Some persons did not consider it ethical to accept gifts, and distinguished clearly in terms of ethicality between accepting gifts and accepting

**TABLE 5** Examples of Responses in the Category "Opinion Regarding Industry Involvement in Training"

(R18) "I feel relationships with the drug industry are a source of income for family physicians that does not exist in other settings (for example, the health service we work for) and that make it possible for us to attend congresses or receive continuing education, activities which are usually not at all cheap."

(R37) "I feel it's unfortunate and inappropriate for training and congress attendance to be so closely linked to financial support from industry. But either the price of these activities comes down, or other sources of financing need to be found."

(R03) "Our training, the material at our centers, and congress registration fees should be financed by the health service firm we work for, since all this has a direct bearing on the quality of the services we provide."

(R02) "It's clear that we couldn't have most courses and congresses without economic support from the industry, since in the last few years our health service firm's budget for training primary care teams has been significantly cut, and right now our budget for in-service training and financial support for off-site training, etc., is less than half of what it was two years ago.[...] With this situation, if we want to maintain on-site training, our only option is to resort to the drug industry. We are teachers and feel that training is important, both for us and for our residents."

(R17) "With good books and prescription guidelines, why do we need to be visited by drug company representatives during working hours? Personally, I decided some time ago to stop meeting with industry sales representatives and free up this time (about 40 minutes a day) for patient care. What's missing is the question, "Do you consider it ethical for patients to wait during your office hours while drug company representatives make their sale?" Those who want to meet the reps should do so during coffee breaks or after office hours. I can bear witness to the fact that you can live a perfectly happy life, with fewer distractions, if you don't see drug company reps."

Numbers in parentheses identify the informant who provided each quote. For example, "(R18)" identifies the quote provided by informant number 18.

**TABLE 6** Examples of Responses in the Category "Opinion Regarding Leisure-Time Activities and Gifts Offered by the Drug Industry and Economic Compensation in Exchange for Prescribing"

(R06) "If the need to examine many of the issues the questionnaire raises (congresses, all sorts of material items, attending workshops and symposia) were accepted by managers and by the health service firms that hire us, it would no longer make sense for industry to get involved. The strictly leisure-time activities are an entirely different thing altogether."

(R37) "I have received invitations but have declined them because I don't feel it's really appropriate and besides, it's a type of relationship that doesn't concern me or interest me. I think that in many cases, the drug industry, with their invitations to travel and stay at nice hotels, makes it possible for doctors to enjoy the status they think they deserve but that they can't afford on their salary."

(R44) "In fact, I've never been in that situation, since I always turn down all these types of offers even when they are more or less covert (trials for drug effectiveness or tolerance, etc). I think some offers are bribes, pure and simple."

Numbers in parentheses identify the informant who provided each quote. For example, "(R06)" identifies the quote provided by informant number 6.

**TABLE 7** Examples of Responses in the Category "Opinion of Family Physicians Regarding the Influence on Prescribing of the Type of Relationship With the Drug Industry"

(R31) "Accepting material items or anything from the drug industry has consequences that need to be accepted and understood, since they are not harmless. It's very clear to me that all the publicity strategies they use are influential and can make you lose your sense of what's best for the patient. Even seeing a pen in the pocket of a colleague's lab coat has consequences. In the world of non-health-related business, where the people's health is not at stake, gifts are accepted given that the consequences of choosing one client over another do not have the significant repercussions they have on our work."

(R18) "Aside from that, being invited to dinner or being given any old doodad as a gift does NOT affect my prescribing, because the criteria my choice of medication is based on are usually different: scientific evidence, efficacy, cost-effectiveness."

(R29) "One thing that goes on at all levels is that you tend to favor whatever you're most familiar with. Why should I prescribe a generic if the brand name product costs the same or less, and if besides, I know the sales representative, he's been nice to me (not from an economic point of view, but in the professional relationship between us), and he's not using strategies on me to capture my business and increase prescriptions of his product?"

(R38) "In general, what I'd like to say is that help from industry with material for the center or with the registration fee for some course or congress does not necessarily have to obligate you to them, as long as the professional makes this clear before accepting it."

(R02) "If we want to hold on to training at our centers, our only option is to resort to the drug industry. This does not mean that we should go ahead and use a certain industry product. What we do is diversify training through a number of firms, preferably firms with generic products."

Numbers in parentheses identify the informant who provided each quote. For example, "(R31)" identifies the quote provided by informant number 31.

financial support for training events. Others considered ethicality to depend on the value and type of gift and the degree of the prescriber's commitment to the industry. Table 6 lists some of the responses regarding this issue.

Some informants noted that accepting gifts allowed family physicians to accord themselves the status they felt they deserved but lacked (Table 6, R37).

Discussion  
Key points



### What Is Known About the Subject

- The drug industry is estimated to spend between 8000 and 13 000 euros annually on advertising per physician in the USA. There is evidence of the influence of gifts, free samples, payment for training activities and satellite symposia on physicians' prescribing practices.
- The substitution of new drugs for older ones is estimated to account for up to 75% of the increase in the cost of medications to the public health system in Spain.

### What This Study Contributes

- Most family physicians consider gifts from industry that benefit professionalism, the center or the patients to be ethically acceptable, but not gifts that represent any purely personal benefit.
- Family physicians feel that accepting gifts or other arrangements from the drug industry has little influence on prescribing.
- Family physicians expressed disquiet and a desire for change in their relationships with industry, and felt that further debate among family physicians is needed.

Participants considered economic compensation in exchange for a commitment to prescribe the company's products as bribery, and as ethically unacceptable. Some professionals had received offers of this type but had declined them (Table 6, R44).

Opinion of family physicians regarding the influence of the type of relationship with the drug industry on prescribing. Several colleagues were convinced that the relationship with industry influenced prescribing. Their concern over this issue led them to reject all offers of gifts or other arrangements from pharmaceutical firms (Table 7). Other participants, in contrast, believed themselves to be uninfluenced by their relationship with industry and even by the acceptance of gifts. If they admitted to being influenced by gifts, they felt it was appropriate to give something to the drug firm in return (Table 7, R18 and R29).

Some felt that the influence could be avoided if the professional's attitude toward the drug industry was clear-cut. Among the strategies they noted to avoid influence were 1) making the bounds of their commitment clear before accepting financial support; 2) diversifying the sources of financial support among different drug companies; and 3)

refusing individual negotiations in favor of institution-based negotiations (Table 7, R38 and R02).

## Discussion

The ethicality of physicians' relationships with industry is a highly current topic that causes concern among members of the SCMFIC and creates dissonance between professionals' opinions and the scientific evidence.

One important limitation of this study is concerned with external validity. The results of this study are not representative of all members of the SCMFIC, but nonetheless are important, we feel, because they reflect the opinions of one sector of the membership. In addition, the findings provide some knowledge of physicians' attitudes, a subject that has previously remained unstudied among family physicians in Spain.

The selection bias caused by surveying only those members with a known e-mail address and by the low response rate led to overrepresentation of older family physicians and men (Table 1), and probably of members who belong to working groups and who are among the more active members of the society. Overrepresentation of these members is important, especially if we recall that a Canadian study found that it was younger residents who considered it ethical to accept gifts from industry.<sup>12</sup> However, we feel that the most important limitation of our study is the low response rate, despite the fact that this survey attained the highest response rate of all SCMFIC e-mail surveys to date.

Self-administered questionnaires distributed by e-mail have a number of well-known advantages (low cost and availability to larger numbers of respondents), but their main drawback is their low response rate compared to other types of survey<sup>18,19</sup>. An analysis of the selection bias and non-response bias in our study suggests that our participants were mainly those professionals whose awareness of the issue and motivation to respond were greatest. Our results therefore reflect the views of professionals who have spent some time reflecting upon their relationships with industry. A majority of informants considered it ethical to accept publicity items, free drug samples and financial support for training. In contrast, most considered it unethical to accept a free dinner, an expense-paid trip, or direct economic compensation in return for prescribing a certain drug. Nonetheless, a nonnegligible percentage of participants considered it ethical to accept these latter types of gifts, despite the fact that they are illegal. In this connection current Spanish law regarding prescription drugs expressly prohibits health professionals involved in prescribing from accepting any direct or indirect offer of any incentive, reward or gift from persons with any direct or indirect interest in the production, manufacture and sale of drugs<sup>20</sup>. Our qualitative findings reveal that the discrepancies between attitudes and practices arise mainly from the belief

that it is ethical to accept gifts that benefit professionalism, the center or the patients, but not gifts that involve any personal benefit to the physician.

Perhaps the most noteworthy of our findings is that despite evidence to the contrary, the percentage of members who believed that accepting gifts or other arrangements influenced their prescribing practices was low.<sup>21</sup> The highest percentage of persons who considered gifts to influence their prescribing associated this influence with direct payment in exchange for prescribing a certain product, payment of travel expenses, material donated to the workplace, and financial support for training. Interestingly, few participants felt that accepting a free dinner influenced their prescribing practices. In this connection, earlier studies showed conclusively that the gifts that influence prescribing most strongly are donations of free samples, continuing medical education events paid for by industry, and financial support for trips to conferences and meetings.<sup>14,21</sup> Other studies have also reported that physicians underestimate the influence of industry on prescribing. A Canadian study found that of 200 authors who participated in the writing of clinical practice guidelines, 87% admitted to financial ties with the drug industry, and 93% stated that these ties did not affect their recommendations in the guidelines. However, they felt that such ties did influence their colleagues.<sup>16</sup> Patients, in contrast, perceived relationships with the drug industry to have a clear influence on prescriptions written by their physician: 70% felt that gifts influenced prescribing, and 64% felt that these gifts increased the cost of medication.<sup>22</sup> Patients felt it was acceptable for drug sales representatives to give physicians free samples, but not to pay for a meal, cover travel expenses, or give them infant formulas for their children.

Two further elements stood out in our analysis of the comments in response to the open-ended questionnaire item. Several respondents called for efforts to stimulate debate regarding the relationships between family physicians and the drug industry, and urged colleagues to initiate such a debate. In addition, participants noted the unease and ambivalence among members of this collective with regard to their relationships with the drug industry.

## References

- Martín S. Ética de la prescripción. Conflictos del médico con el paciente, la entidad gestora y la industria farmacéutica. *Med Clin (Barc)* 2001;116:299-306.
- Randall T. Kennedy hearings say no more free lunch –or much else– from drug firms. *JAMA* 1991;265:440-2.
- Westfall JM, McCabe J, Nicholas RA. Personal use of drug samples by physicians and office staff. *JAMA* 1997;278:141-3.
- Puig J. Reptes en la gestió de la prestació farmacèutica. *Fulls Econòmics* 1999;33:6-13.
- Lexchin J. Interactions between physicians and the pharmaceutical industry: what does the literature say? *CMAJ* 1993; 149:1401-7.
- Chren MM, Landefeld CS. Physicians' behavior and their interactions with drug companies. A controlled study of physicians who requested additions to a hospital drug formulary. *JAMA* 1994;271:648-9.
- Gibbons RV, Landry FJ, Blouch DL, Jones DL, Williams FK, Lucey CR, et al. A comparison of physicians' "and patients" attitudes toward pharmaceutical industry gifts. *J Gen Intern Med* 1998;13:151-4.
- Armstrong D, Reyburn H, Jones R. A study of general practitioners' reasons for changing their prescribing behaviour. *BMJ* 1996;312:949-52.
- Allery LA, Owen PA, Robling MR. Why general practitioners and consultants change their clinical practice: a critical incident study. *BMJ* 1997;314:870-4.
- Orlowski JP, Wateska L. The effects of pharmaceutical firm enticements on physician prescribing patterns. There's no such thing as a free lunch. *Chest* 1992;102:270-3.
- Wolfe SM. Why do American drug companies spend more than \$12 billion a year pushing drugs? Is it education or promotion? Characteristics of materials distributed by drug companies: four points of view. *J Gen Intern Med* 1996;11:637-9.
- Hodges B. Interactions with the pharmaceutical industry: experiences and attitudes of psychiatry residents, interns and clerks. *CMAJ* 1995;153:553-9.
- Caudill TS, Johnson MS, Rich EC, McKinney WP. Physicians, pharmaceutical sales representatives, and the cost of prescribing. *Arch Fam Med* 1996;5:201-6.
- Wazana A. Gifts to physicians from the pharmaceutical industry. *JAMA* 2000;283:2655-8.
- Chren MM. Interactions between physicians and drug company representatives. *Am J Med* 1999;107:182-3.
- Choudhry NK, Stelfox HT, Detsky AS. Relationships between authors of clinical practice guidelines and the pharmaceutical industry. *JAMA* 2002;287:612-7.
- Grup d'Ètica de la Societat Catalana de Medicina de Família. Relacions dels Metges de Família amb la Indústria Farmacèutica. *Butlletí Soc Cat Med Fam* 2003;21:(Supl 1):1-24. Disponible en: [www.scmfic.org/acrobat/cast\\_industria.pdf](http://www.scmfic.org/acrobat/cast_industria.pdf)
- Argimón JM, Jiménez J. Cuestionarios. In: Argimón JM, Jiménez J, editors. *Métodos de investigación aplicados a la atención primaria de salud*. Barcelona: Doyma, 1991; p. 135-48.
- McAvoy BR, Kaner EF. General practice postal surveys: a questionnaire too far? *BMJ* 1996;313:732-3.
- Ministerio de Sanidad y Consumo. Ley del Medicamento. *Boletín Oficial del Estado*. 22 de diciembre de 1990, n.º 306.
- Moynahan R. Who pays for the pizza? Redefining the relationships between doctors and drug companies. 1: entanglement. *BMJ* 2003;326:1189-92.
- Blake RL Jr, Early EK. Patients's attitudes about gifts to physicians from pharmaceutical companies. *J Am Board Fam Pract* 1995;8:457-64.

COMMENTARY

## Something's moving

R. Altisent

Centro de Salud Actur Sur. Instituto de Bioética y Ciencias de la Salud, Área de Medicina Legal de la Facultad de Medicina de Zaragoza, Zaragoza, Spain.

The present study of the ethicality of relationships with the drug industry, by the Ethics Group of the Catalanian Society of Family and Community Medicine (SCMFiC), provides results that are both relevant and revealing. The data are relevant because of the scarcity of reliable information on the state of opinion among Spanish physicians regarding drug industry relations. In addition, the results are revealing because they show that among physicians, awareness of the need to face changes and debate these issues openly is growing. This is evidence that things are finally moving in the right direction in this sensitive issue. In 1998 I helped to organize a roundtable discussion to debate ethical issues surrounding the drug industry-physician relationship. At that time this was clearly a pioneering initiative, and organizing the event was an experience that deserves study because of the reactions it elicited from different participants. There was reticence, fear, mistrust and skepticism regarding the usefulness of the event. "Too many particulars will escape adequate attention," it was said. Of all the attitudes expressed, the one I found most disquieting was the call for "sensibleness" by many physicians who advised against meddling in the issue: "We'll be better off if we don't pull the tiger's tail." It was clear who the tiger was, and in fact the tiger ended up taking a seat at the roundtable and discussing the issue openly without too many problems.

The authors note the limitations of their study unequivocally with regard to drawing conclusions representative of the entire collective of SCMFiC members. Nevertheless, the value of the knowledge they provide is considerable in view of the need for debate.

A majority of those surveyed were of the opinion that there are no objections to receiving publicity materials. This is consistent with the social acceptance of the concept of publicity in all ambits of consumption. In other words, there are no objections to receiving information that has been embellished to a certain degree, supplied directly by the seller of medications in honest competition with other drug suppliers. Medications have joined consumer culture, and it is perhaps for this reason why we should examine what it means for a drug to be financed by the public system. It is clear that freedom of prescribing is one thing, whereas financing prescriptions is quite another, but physicians should not be subjected to inappropri-

### Key Points

- There is a need for structural reform based on a pact between physicians, the pharmaceutical industry and the health administration. A fourth party—citizens—should also be involved.
- The time may have arrived to consider innovative proposals for reducing—in a way that does not lead to a significant decline in profitability—part of the 30%-40% proportion of sales profits the drug industry spends on advertising.
- It is clear that professional awareness of this many-faceted issue is increasing among physicians. The SCMFiC should be congratulated for setting an example of how to face this issue squarely.

ate pressures in such a sensitive issue. It is startling that the health administration discourages prescribing certain drugs of low therapeutic usefulness rather than ceasing to underwrite their cost to the public health system. This makes the physician-patient relationship vulnerable to pressures that politicians do not wish to face squarely and responsibly.

The drug industry has a legitimate desire to continue making money, and this sharpens the senses of sight, smell and opportunity. The idea that physicians maintain relationships with the drug industry that are not always entirely transparent is beginning to take root in public opinion. For whatever motive, the drug industry in Spain has taken firm steps in the right direction, as exemplified by the recent creation by Farmaindustria, the industry's trade group, of an oversight office intended to ensure compliance with the new Code of Good Practice in the Promotion of Drugs. This is good news, and it is hoped that the code of good practice does not go the way of the recommendations set down in the 1990 Drug Law, which have been ignored in practice by the health administration.



The health administrations, for their part, have also been reluctant to grab the big cat by the tail, at least first-hand, and have opted lately for low-profile tactics such as directives approved by some regional governments to regulate contacts between drug sales representatives and physicians. These regulations, based as they are on guidelines handed down from above, are unrealistic and will never be effective within the medical community.

Most of the physicians surveyed by the SCMFIC Ethics Group are convinced that it is ethically appropriate to accept gifts and other arrangements from the drug industry that enhance professionalism. An analysis of this issue would be an interesting topic for ethics research aimed at defining clearly where the boundary lies between conditions under which it is and is not morally appropriate to accept certain types of gifts, even though they may be accepted with the best of intentions. Most participants were of the opinion that accepting these gifts does not influence their prescribing practices, a perception that can be considered odd (to say the least) despite the fact that it is apparently universal.

The pithy comments provided by participating physicians in response to the open-ended question are significant, and probably reflect opinions held by large sectors of the community of family physicians. However, the respondents seem to be drawn from among those who are most sensitive to the problem and most critical of the status quo. The authors warn us that the respondents are somewhat older than the mean age of SCMFIC members, which may make their responses less representative of the entire membership. Nevertheless, the fact that the group of members with an active e-mail address is likely to comprise the most dynamic participants as well as those with leadership qualities makes this study especially valuable with a view to future developments in this field.

Although this is not the place for extensive commentary, it is worth noting that remarks by some physicians reflect the feeling (tinged, in some cases, with resentment) that the health administration has been hesitant to involve itself in continuing education, and has left this in the hands of the drug industry. Among the rather dramatic comments was this one: "There are things I don't consider ethical but do anyway. It's hard to maintain ethical behavior within this health service firm, with the managers we have."

In any case, the issue comprises opinions from all angles within all three of the sectors originally involved, i.e., physicians, the drug industry and health administrations. Generalizations are obviously unfair, but the need is patently clear for structural reform based on a pact between these three sectors, and ideally involving a fourth party, i.e., citizens. At the top levels of administration there is full agreement regarding the need for reforms to be negotiated between all sectors; however, it is discouraging to watch the years go by without any one sector making the first move.

The time may have arrived to consider innovative proposals for reducing—in a way that does not lead to a significant decline in profitability—part of the 30%–40% proportion of sales profits the drug industry spends on advertising. But first, there are two issues that will need to be dealt with:

*a)* Financial support for continuing medical education and the attendant business interests that surround training events, keeping in mind that the salaries of Spanish physicians are among the lowest in Europe.

*b)* The drug industry's extensive sales network, which requires reform in a way that preserves as many jobs as possible.

It is up to economic and political science to investigate the viability, repercussions and side effects of reforms of this nature, but the gains in terms of social benefits, in my opinion, would be great.

These ideas may sound like economics-fiction within the current context of globalization, but the art of politics is presumably intended to meet such challenges. While we mull over these issues, we might at least aim in the short term to adopt measures that ensure maximum transparency in our relations with the drug industry.

Professional awareness among physicians is a many-faceted issue in which things are clearly beginning to move. The SCMFIC is to be congratulated for setting an example of how to face the issue squarely, both in this study and in its earlier initiatives, which include guidelines, advice on declaring conflicts of interest, and organization of the National Congress of Family and Community Medicine in Barcelona. These are achievements the Society's members have reason to be proud of.

ANEX

The Questionnaire

The aim is to determine what our views are as family physicians regarding our relationships with the drug industry. This questionnaire was designed by the Catalanian Society of Family Medicine. Please complete it and return it to the Society.

Instructions: Please indicate your level of agreement or disagreement with each of the following statements.

1a. I consider it ethical to accept free drug samples from the drug industry.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
1b. Accepting free samples from the drug industry clearly influences my prescribing.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
2a. I consider it ethical to accept publicity items (for example, pens, notepads, etc) from the drug industry.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
2b. Accepting publicity items (for example, pens, notepads, etc) from the drug industry clearly influences my prescribing.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
3a. I consider it ethical to accept financial support for registration fees for congresses or workshops from the drug industry.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
3b. Financial support for registration fees for congresses or workshops from the drug industry clearly influences my prescribing.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
4a. I consider it ethical to accept financial support for continuing education courses from the drug industry.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
4b. Financial support for continuing education courses from the drug industry clearly influences my prescribing.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
5a. I consider it ethical to receive compensation in the form of materials for the workplace (for example, computers, books, stethoscopes, etc) from the drug industry.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
5b. Compensation in the form of materials for the workplace (for example, computers, books, stethoscopes, etc) from the drug industry clearly influences my prescribing.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
6a. I consider it ethical for the drug industry to pay for a dinner at a good restaurant (during a congress, for example).	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
6b. Being the guest of the drug industry for dinner at a good restaurant (during a congress, for example) clearly influences my prescribing.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
7a. I consider it ethical to receive direct economic compensation from the drug industry in exchange for prescribing a certain number of packages of a given product.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
7b. Receiving direct economic compensation from the drug industry in exchange for prescribing a certain number of packages of a given product clearly influences my subsequent prescribing.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
8a. I consider it ethical for the drug industry to pay my expenses for a weekend trip to a pleasant destination (to attend a promotional talk, for example).	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
8b. Payment by the drug industry of my expenses for a weekend trip to a pleasant destination clearly influences my prescribing.	<input type="radio"/> Disagree completely	<input type="radio"/> Disagree	<input type="radio"/> Agree	<input type="radio"/> Agree completely	<input type="radio"/> Don't know
9. What is your date of birth?.....					
10. Sex:	<input type="radio"/> Women	<input type="radio"/> Man			
11. Comments .....					