



# Redefining the relationship

## Ethical prescribing in a pharmaceutical world

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When a young Dr Tom Laughlin of Moncton, NB, was aspiring to be a physician, there were fewer than 1000 entries in the *Compendium of Pharmaceuticals and Specialties*. According to Health Canada, there are now more than 22 000 pharmaceutical products, 42 000 natural health products, and 50 000 medical devices on the market.<sup>1</sup>

Along with surgery, surely the advances in drug treatments for so many human ailments have been the triumphs of modern medicine. How often does a visit to the family doctor end with a prescription? Quite often in my practice, as I'm sure in yours.

### Anxiety of influence

Keeping abreast of advances in therapeutics is a considerable challenge for those of us in the generalist specialty of family medicine. The pharmaceutical manufacturers, as part of their sales effort, subsidize educational opportunities for family physicians. Our interactions with them are governed by the Canadian Medical Association "Guidelines for Physicians in Interactions with Industry"<sup>2</sup> to prevent us from being unduly swayed in our prescribing by marketing. Nevertheless, the influence that manufacturers have on us might be considerable.

Some family physicians are very uncomfortable with this relationship and take steps to minimize and avoid contact with drug manufacturers' sales representatives. For example, the Department of Family Medicine at Queen's University in Kingston, Ont, has recently adopted a policy banning pharmaceutical sampling.

### Money matters

The profits made by drug companies are also a matter of concern. Dennis Hemus of Invermere, BC, a patient with multiple myeloma, has, as a result of persistent effort, successfully had the Patented Medicines Prices Review Board review the price of thalidomide. This drug, used 40 years ago as an antiemetic in pregnant women, was associated with thousands of congenital

anomalies. After it was discovered that the drug was useful in the treatment of multiple myeloma, its price rose 9-fold, to \$4200 per month.<sup>3</sup>

In Canada, our scientific journals, including *Canadian Family Physician* and the *CMAJ*, depend on revenue from advertisers. And our continuing medical education (CME) events, including annual scientific assemblies, depend heavily on exhibitors to subsidize the cost of CME. Although a growing proportion of exhibitors are not drug manufacturers, most are.

## Not all patient problems will be solved by a prescription

### Heralding change

Recently, the editor of the *CMAJ* called for a different relationship between the profession and the pharmaceutical industry in the funding of CME.<sup>4</sup> It is likely that in

the future we will have decreased pharmaceutical company support for our programs, publications, and meetings. Some suggest that these funds will go to direct-to-consumer advertising instead.

What to make of all this? We and our patients are grateful for the many advances in therapeutics brought to us by scientists and the manufacturers of pharmaceutical products. We need to continue to be vigilant about how we learn about medications and their side effects, and strive to receive our information from unbiased sources. We should remember that not all patient problems will be solved by a prescription; we should consider how CME will be funded in the long run; and we should continue to insist on adherence to current ethical standards in our interactions with the pharmaceutical industry. 🍁

### References

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