# Rebuttal: Does family medicine have a professional obligation to play a leading role in pharmaceutical industry–sponsored drug research?

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## YES

Family medicine does have a professional obligation to play a leading role in pharmaceutical industry–sponsored drug research. The big elephant in the room relating to this debate has to do with the fact that family physicians fill the coffers of the pharmaceutical industry, but often choose to distance themselves from this relationship because of issues of trust and conflict of interest. The logic behind this behaviour is difficult to reconcile and does little to empower us for our role as patient advocates. There is no downside to developing a primary care drug research infrastructure that might serve to preserve the balance between the special interests of the pharmaceutical industry and the health care needs of our communities.

It would be naïve to believe that primary care will not be called upon by regulatory health authorities to account for its contribution to rapidly rising drug costs and to help develop strategies to improve efficiencies relating to drug prescribing and patient care. At present, family medicine is far enough removed from drug research and clinical guideline development that its role in system change will be symbolic at best. Although there are few, if any, physicians in Canada more qualified than Dr Lexchin to comment on the challenges of conducting drug research in collaboration with the pharmaceutical industry, his position does not describe how family medicine should take responsibility for its considerable use of pharmacotherapeutic measures.

By sticking our heads in the sand, family medicine practitioners do little to address the challenges that Dr Lexchin and I described[1-3], some of which are primarily driven and aggravated by family physicians. The more fixated we become with divorcing ourselves from collaboration with the pharmaceutical industry, the more control we surrender in decision-making activities that are directly relevant to patient care. Because the pharmaceutical industry will always play a leading role in drug development, the onus will be on family medicine to establish collaborative ties that focus on conducting studies designed to establish best practices in primary care. It seems counterintuitive to rely on our specialist colleagues to develop therapies that are often not formerly studied in the primary care environment and that are associated with substantial care gaps. This current practice highlights a leadership void that can only be filled appropriately with more involvement by family medicine.

Research is a fundamental aspect of family medicine and the diversity of primary care allows us to pursue quite varied areas of interest. Given that our clinical decisions also have meaningful economic implications, we must be prepared to play a much greater role in drug research, including working closely with regulatory health agencies and the pharmaceutical industry to ensure that we fulfill our stewardship role in the community. Directors of family medicine programs should consider (among other strategies) adding an additional year of training for individuals interested in either research relating to pharmacotherapy or working with the pharmaceutical industry. This might help to shrink the large shadow currently cast by the elephant in the room.

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**Competing interests**

**Dr D'Urzo** has received research, consulting, and lecturing fees from GlaxoSmithKline, Sepracor, Schering-Plough, Altana, Methapharm, AstraZeneca, Nycomed, ONO Pharmaceutical Group, Merck Canada, Forest Laboratories, Boehringer Ingelheim (Canada) Ltd, Pfizer Canada, SkyePharma, and KOS Pharmaceuticals.

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**References**

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Cet article se trouve aussi en français à la **page e278.**

These rebuttals are responses from the authors of the debates in the August issue (*Can Fam Physician* 2011;57:870-3[Eng], 874-7[Fr])