

Drug company dollars threaten doctors' independence

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By Dr. Gordon Guyatt

David Healy, a distinguished medical researcher living in Wales, was looking forward to his new job in Toronto. The Centre for Addiction and Mental Health (CAMH), a hospital associated with the University of Toronto, had promised Dr. Healy an important post in their institution. In May 2000, the CAMH had made a formal written offer of a clinical and research position. The CAMH had hired a lawyer to help Dr. Healy immigrate. Everything seemed all set for the move.

On November 30, 2000, following a longstanding tradition, Dr. Healy delivered a lecture that would help introduce him to his new institution. The following day, Dr. David Goldbloom, Physician-in-Chief at CAMH, began sending emails to Dr. Healy requiring an urgent phone conversation. When he couldn't connect by phone, on December 7, Dr. Goldbloom sent an email to Healy. The email informed Healy that he no longer had a job at CAMH.

Dr. Goldbloom's email included the following message. "We do not feel your approach is compatible with the goals for development of the academic and clinical resource that we have."

What had Dr. Healy said to cause such a dramatic change in CAMH plans?

Dr. Healy is an expert in drugs related to mood and brain function. In his presentation, he discussed a class of anti-depressant drugs that can make patients feel anxious and frightened. Healy suggested that at times, these side effects could be bad enough that they would provoke patients to suicide.

Why did Dr. Healy's lecture so upset Dr. Goldbloom? Eli Lilly, a multinational drug company, produces fluoxetine, one of the drugs that has raised Dr. Healy's concern. The drug, also known as Prozac, is one of the companies' largest-selling products. Eli Lilly had contributed over \$1.5 million to CAMH during 2000.

Dr. Healy suspects that CAMH's dependence on money from Lilly

influenced its decision to withdraw its offer. CAMH CEO Paul Garfinkel denies the accusation. According to Garfinkel, Healy's extreme views shocked his future colleagues. Dr. Goldbloom has written that Healy's speech was "scientifically irresponsible and not consistent with the published evidence."

Healy's accusation rests on CAMH having reason to fear that his recruitment would jeopardize CAMH's support from Eli Lilly, or other industry funders. Would such a fear be justified? In 2000, Eli Lilly cancelled a \$25,000 annual donation to the Hastings bioethics Centre in New York. The cancellation letter specifically cited an article by Dr. Healy, critical of Prozac, that the Centre had published in their journal.

The Canadian Association of University Teachers (CAUT) has examined the situation and agrees with Dr. Healy. The CAUT believes that the CAMH has committed a serious violation of academic freedom.

The CAUT is not alone in this assessment. In September 2001, 27 leading scientists from around the world released an open letter accusing the CAMH of violating academic freedom. The group included two previous Nobel laureates, and a number of experts in brain function. In their letter, the scientists said the decision "besmirched" the name of Canada's largest university and "poisoned the reputation" of the CAMH.

What really provoked CAMH's abrupt change of heart remains unclear. Dr. David Naylor, the highly respected Dean of the University of Toronto medical school, suggests that there was a simple lack of fit between Healy and the CAMH.

If Dr. Naylor is right, can we feel reassured? What are the consequences if aggressive critics of the pharmaceutical industry no longer fit into leadership positions in hospitals and universities?

One consequence is that medical students and physicians-in-training will be exposed to fewer voices critical of specific drugs, or industry policies in general. David Healy's presence, for instance, would have raised concern about antidepressants among future psychiatrists and family physicians.

When voices critical of the industry are muted, trainees are likely to see

less emphasis on the dangers of excessive drug prescribing. The merits of prescribing older tried-and-true, less expensive medication may be underemphasized. Instead, the flashy new agents – with unknown long-term effects and higher costs – will receive more prominence.

Whether physicians-in-training should receive gifts from drug companies is controversial. A related issue, whether doctors should look to drug companies to guide their prescribing, also generates controversy. When hospital and university leaders depend on industry for research and education, they are unlikely to advocate policies restricting gifts, and encouraging young doctors to look to non-industry sources for advice on drug prescribing.

What can be done to address this problem? First, public scrutiny of academic institutions, and of the pharmaceutical industry, is critical. Industry intimidation of researchers, increasingly common, may be held in check by negative publicity. Had the leadership of CAMH known the public storm their decision would generate, they may have hesitated.

Second, academic institutions should set strict rules to guide their own behaviour. In the September 2001 issue of the Canadian Medical Association Journal, prominent Canadian scientists and policy analysts suggested rules to protect universities' academic freedom. Whether the academic community will respond remains to be seen.

Finally, governments must acknowledge the down sides of restricting public expenditures in education and research, and relying on industry to not only lead the economy, but bolster medical schools and universities. Tax cuts may be less appealing when we see that one of the unintended consequences, limited funding for research and education, drives medical teaching institutions into the hands of the pharmaceutical industry and ultimately leads to poorer drug prescribing by our doctors.