

Developing healthy prescribing habits in young doctors

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Canadian doctors sometimes prescribe unnecessary drugs, and often prescribe drugs that are more expensive than required. How can we address this problem?

First, doctors don't deserve all the blame. Canadian physicians face a barrage of advertising from the pharmaceutical industry. The industry spends an average of about \$15,000 per year per doctor on promotional activity. The pitch includes personal visits from industry representatives, glossy ads, and gifts that range from pizza lunches to free trips for educational events at luxurious resorts. Much of the information physicians receive from the industry is misleading. Numerous studies have examined pharmaceutical advertising and found bias. For instance, one study asked expert reviewers to evaluate 109 ads in 10 medical journals. They concluded that 44 per cent of the ads would lead to inappropriate prescribing. Before getting angry about the industry's behaviour, we should remember that the company marketing departments are just doing their job. Marketing responsibility is to sell the product. Industry management is not responsible to the public but to the company shareholders.

Given the industry incentives, it is no surprise that attempts to regulate drug advertising have had limited effect. Imaginative marketing departments will always be pushing the boundaries.

So, is there any solution?

One possibility is to train young doctors to look to non-industry sources for prescribing guidance. Doctors can now access continuously updated electronic textbooks and computer programs specifically devoted to helping them with optimal prescribing. These information sources provide physicians with the latest findings from research studies, and with expert guidance. Nowadays, excuses for using drug companies as a source of information are wearing thin.

Ten years ago, this logic guided a new policy restricting pharmaceutical

marketing activity, including gift-giving, in McMaster University's internal medicine residency program. As director of the program that trains young doctors to be specialists in internal medicine, I participated in the development of the policy. In addition to our concerns about biased information influencing physician prescribing, several McMaster faculty saw ethical problems with physicians accepting gifts from the industry. First, we noted the conflict of interest physicians face when they accept gifts from a company, and then make decisions about prescribing that company's products. Second, we were concerned that it is the public who, without being consulted, ultimately pays for these gifts.

The McMaster policy barred pharmaceutical industry representatives from attending residency program educational events, and ended widespread "drug lunches" in which companies provided catered meals for doctors in training, often along with presentations or videos promoting their products.

Finally, we refused funding from industry unless it was "hands off," leaving us free to make our own decisions about educational events for the junior physicians.

Our policy generated considerable controversy. An industry representative threatened a number of faculty members with withdrawal of pharmaceutical company support for both education and research at McMaster.

When the Canadian Medical Association Journal published an account of these threats, the story made national news. A leading industry spokesperson provided a rebuttal in the CMAJ. Some McMaster faculty, fearing withdrawal of industry support, disagreed strongly with limiting company's access to residents.

What wasn't known until recently was whether the policy had any effect on residents' attitudes after they left the program. Then, last October, an important study from the University of Toronto appeared in the prestigious Journal of the American Medical Association, JAMA.

Investigators from the University of Toronto reasoned that they could determine the effect of the restrictive policy by studying McMaster residents who had graduated from the program after the policy had been

implemented. The researchers compared these residents both to McMaster residents who graduated before the restrictive policy was in place, and to Toronto graduates.

In Toronto, industry representatives were allowed to sponsor educational lunches for internal medicine residents, and residents often attended out-of-hospital education and social events, and accepted industry gifts.

The results showed a clear impact of the McMaster policy on resident attitudes and behaviour after graduation. For instance, about 65 per cent of the McMaster residents exposed to the policy found information from pharmaceutical company representatives rarely or never helpful. This was true of less than 40 per cent of the Toronto graduates, most of whom found industry information sometimes, often, or always helpful. Residents who graduated from McMaster while the policy was in place also reported less contact with the industry than either McMaster graduates from before the program, or the Toronto graduates.

Given the strong criticism they had received, McMaster faculty who supported the policy were pleased to find it had made a long-term impact.

However, our pleasure was tempered by the fact that few Canadian residency programs have adopted and effectively enforced a restrictive policy of industry access and gift-giving to residents. Furthermore, we observed the irony of the results, which industry marketing personnel must have noted.

The message for them is clear. Targeting trainees is good marketing, and will affect their long-term attitudes.

Pharmaceutical industry influence on trainees and practising physicians remains enormous. This influence is not all bad. Several times each year, the industry produces a drug that represents an important therapeutic advance. When that happens, company marketing undoubtedly increases the rate of uptake.

However, far more often, marketing effectively increases use of expensive products with marginal, if any therapeutic gains over less expensive drugs. As a result, restrictive policies that lead doctors to greater

skepticism about industry claims, and greater use of academic sources of information, are surely good medicine.