

Why should I and how can I protect myself against the open or hidden promotional activities of Big Pharma?

“Hardly any chance to escape ?” (Both, 2010)

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Declaration of my conflicts of interest: none to be declared

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Various levels of influencing physicians' prescribing behaviour by Big Pharma

- **disease mongering**
- **targeted disinformation**
 - publication bias
 - manipulation of experts/opinion leaders
(→guidelines, journals)
 - masking conflicts of interests
 - ghost writing
 - misleading advertising material
- **direct influence on doctors**
- **direct influence on patients**

Three basic mechanisms of misguiding information

- **biased information**
- **hiding, keeping back important information**
- **distraction by offering irrelevant information**

Why is it essential to perceive and antagonise such disinformation strategies and other behavioural manipulations (gifts)?

because misleading drug information and conflicts of interest can **harm individual and public health and waste money.**

They compromise the goals of rational drug treatment.

World Health Organization (2002)

What is rational use of medicines ?

“Patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time , and at the lowest cost for them and their community.”

Twelve core interventions to promote more rational use of medicines:

.....

8. **Independent** information on medicines

10. Avoidance of **perverse financial incentives**

.....

Medical Professionalism in the New Millennium: A Physicians Charter

Lancet 2002;359:520-522

“A set of professional responsibilities

.....

Commitment to maintaining trust by **managing** conflicts of interest:

Medical professionals and their organisations have many opportunities to compromise their professional responsibilities by pursuing private gain or personal advantage. Such compromises are especially threatening in the pursuit of personal or organisational interactions with for-profit industries ... Physicians have an obligation to **recognise, disclose** to the general public, and **deal** with conflicts of interest that arise in the course of their professional duties and activities

Published on behalf of Association of American Medical Colleges, American Board of Internal Medicine, European Federation of Internal Medicine and many others

What is a conflict of interest?

Conflicts of interest are defined as *circumstances* that create a *risk* that professional *judgements* or *actions* regarding a *primary interest* will be unduly influenced by a *secondary interest*.

Conflict of interest in Medical Research, Education, and Practice.

Institute of Medicine 2009, p. 6

**Am I (or is anybody) immune against
the total of promoting strategies of
Big Pharma?**

?

NO

Misconception of our own suggestibility

According to many studies we are likely to believe that others, e.g. our colleagues, but not we are susceptible to the alluring offers and disinformation strategies of the manufacturers.

How come that the brain washing activities of Big Pharma are so powerful?

Because of commonly used mental shortcuts in choosing therapies:

- **newer is better**
- **experts know best**
- **if there is a mechanism for how it works, it works**
- **if my peers are using a therapy, so should I**
- **if the manufacturers give gifts, I should support them in return (→reciprocity – friendship...)**
- **if I see positive changes after prescribing a therapy, that therapy must be the cause**

Hardly any chance to escape ?

What can (should) we do?

- a) The medical profession
- b) The individual physician

For both the most urgent challenge is:
increased awareness of the problem (→UK :
Report of the House of Commons 2005 !) and
sticking closely to a modern definition of
conflict of interest.

House of Commons Health Committee (UK) : „*The Influence of the Pharmaceutical Industry*“ (2005)

- The Committee's report makes clear that reducing the influence of the industry would be good for everybody , including – paradoxically – the industry itself , which could concentrate on developing new drugs rather than on corrupting doctors, patient organisations etc.
- Doctors' organisations, says the committee, should produce publicly available registers of doctor's links with industry. (*Realistic? In Britain, a journal editor comments, it's more embarrassing to ask people about money than about sex...*)

Who helps me in increasing my awareness of distorted information and other behavioural manipulations by Big Pharma?

- Independent organisations **keeping you alert** as to false and harmful industrial disinformation
- Providers of critical **independent** drug **information** (ISDB)
- Organisations of other physicians trying to keep to their primary interest (patient care) and holding distance to pharmaceutical influence (e.g. „The No Free Lunch Pledge“)



Drug promotion methods

Berlin

1 September 2006

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Healthy Skepticism

www.healthyskepticism.org



**International Society of Drug
Bulletins**
– a global association of
independent drug bulletins.

Andrew Herxheimer, Founding President, 1986 - 1996



„Industry and doctors
are dancing on the
same wedding ,
however listening to
different melodies.“

Statute of ISDB

2 : A Bulletin is independent, if

- the editors are independent,
- the organisational structure and the financial resources of the journal insure independence,
- the journal does not accept any kind of support by the pharmaceutical industry or other for-profit-organisations .

Example for an excellent ISDB Drug Bulletin

- „Revue Prescrire“ (in French)
- [www.prescrire .org](http://www.prescrire.org)
- English version :
- „Prescrire International“

German ISDB Drug Bulletins :

DER ARZNEIMITTELBRIEF

www.der-arzneimittelbrief.de



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Pharma-Brief

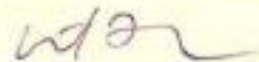
Joint effort of German ISDB Journals: “Good Pills Bad Pills“ A Journal for Patients



The No Free Lunch Pledge

I, David Klemperer, M.D., am committed to practicing medicine in the best interest of my patients and on the basis of the best available evidence, rather than on the basis of advertising or promotion.

I, therefore, pledge to accept no money, gifts, or hospitality from the pharmaceutical industry; to seek unbiased sources of information and not rely on information disseminated by drug companies; and to avoid conflicts of interest in my practice, teaching, and/or research.



Robert Goodman, M.D.
Director, No Free Lunch



January 20, 2004
Date

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Medical education – can it be sin ?



What else can I do?

Critical attitude towards „guidelines“ or „consensus documents“: Who stands behind the guideline makers? Who is supporting them? Are the conflicts of interest of the authors declared? Is the guideline part of a new disease mongering campaign? (e.g. „metabolic syndrome“?, „Sisi-syndrome“?, „ADHS“?, „Menopause“?)

Not accepting any gifts or drug samples

No pharm reps – thank you!

Providing my patients in the waiting room with independent critical drug leaflets etc.

No participation in sponsored „education“

Various ways for keeping off disinformation (e.g. pharm-rep)

- **Limitation of damage by**

- Selection

- Argumentation (Holding up)

- Accepting written material, but not listening, or

- **Total refusal (abstinence)**

Attention : No reliable methods exist insuring that your benefit by exposition to drug advertisement is greater than the damage !

Total Abstinence



Amerikanischer Kriegsveteran, der einer Rede von W.G. Bush zuhört