

The same marketing occurs on a medical school level. In an editorial in May of 2000, in the *New England Journal of Medicine*⁶, the author laments the decisions of major universities in the past few years to further strengthen their ties to the pharmaceutical industry. The question is asked: "What is the justification for this large scale breaching of the boundaries between academic medicine and for-profit industry?" The answer is money. The secondary effects of improved communication between industry and academic centers is clearly a secondary gain at best.

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REBUTTAL:

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I greatly enjoyed reading Dr. Stone's and Dr. Herbert's composition on pharmaceutical company sponsored research. While clinical trials conducted in academic medical centers were not immune to some of the problems of conflict of interest, it is a shame that so many of the important drug trials and so much funding for research is currently going to other, typically for profit, research corporations. Drs. Stone and Herbert also correctly note that marketing budgets have increased by as much as 50% compared to research and development research and development (R&D) budgets recently. Since the restrictions were relieved, pharmaceutical companies found that direct to consumer marketing is far more effective than physician marketing. In a sense, it is because of the paranoia that some physicians display toward any interaction with drug companies that the industry turned to direct marketing and discovered it was far more successful. Many physicians have driven pharmaceutical representatives away in a misguided attempt to prevent undue influence. Instead of working hard to convince physicians of the benefits of using certain medications, now drug companies simply have to convince a consumer that they want the drug that will allow them to run across a grassy field without being crippled by allergy symptoms! There is an old adage that suggests keeping your friends close, but your enemies closer. For those physicians who see pharmaceutical companies as the enemy, instead of driving them away from academic medicine, we should have kept them close and learned to interact

with them in a more educated and appropriate manner. The CROs that are described are an outgrowth from some of the same issues. Academic medical centers, by their structure, are not the most efficient machines to churn out clinical trials, but it is often due to this same structure that patients are properly protected, and trials can be conducted in an ethically and scientifically sound manner. In order to protect the integrity of any research in the current era, academicians and industry should band together and create a uniform set of guidelines for conducting clinical trials that promotes open reporting of all data generated, publication of both positive and negative trials, and scientifically sound research methodology.

Furthermore, I agree wholeheartedly with Drs. Stone and Herbert that the “results and presentation of industry sponsored research may be dubious.” Sponsored trials often present positive or inflated results, though again this is not unique to industry sponsored research. This issue illustrates my point exactly that physicians need to become educated consumers. We need to learn the difference between relative risk reduction and absolute risk reduction; we need to understand that while a drug may show a treatment effect, this benefit may be limited to patients with severe disease and that not every patient needs to take an expensive medication. In other words, we need to learn to separate marketing from evidence.

Lastly, in answer to the issue of undue influence of pharmaceutical company promotional products, there is no question that becoming aware of new drugs is an influence on residents. However, there is no evidence as to whether this influence ultimately harms or benefits patients; we simply assume that such awareness, or even prescribing a drug more often because you are now aware of it, is automatically bad.

It is like saying that television is inherently bad. Television is just a communication medium. When I watch television with my kids, we talk about what we see, what it means, how it affects them, and whether what they see changes anything in the way they act toward other people. As a parent I can take such a situation, even a show that may suggest parental restrictions, and make it into a positive learning experience for my children. The same can be true for our residents. We teach them nothing by having them hide their heads in the sand. Teach them how to separate marketing from evidence. Use a pen, or an advertisement from a drug company to create a teaching moment in which you can help them understand the difference between relative risk reduction and absolute risk reduction.

Moreover, it may help residents to understand these issues better if residency programs create formal policies or guidelines for appropriate interaction between physicians and the pharmaceutical industry. The Council of Residency Directors (CORD) for emergency medicine (EM) has recently approved a positions statement encouraging all EM residencies to develop such institution specific policies. The pharmaceutical industry through the Pharmaceutical Research and Manufacturers of America (PhRMA) is aware of this problem as well and has also recently adopted a set of standards for appropriate interaction with physicians. Reviewing these kinds of guidelines with EM residents heightens resident awareness of the issues and sets boundaries for interactions. Coupled with appropriate education in evidence based medicine principles, this approach arms our residents with the skills necessary to limit conflict of interest and to deal openly and fairly with the pharmaceutical industry. Who knows? By

understanding and keeping “the enemy” close, this may lead to a new standard of partnership that will result in benefits for our patients.

Note: Dr. Hayden has no relationships with any pharmaceutical or biomedical companies, has received no research funding from industry sources, and does not participate in any industry sponsored speakers bureau.

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INTERACTING WITH THE PHARMACEUTICAL INDUSTRY

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It is time to stop hiding our heads in the sand when it comes to interactions with the pharmaceutical industry! This is an issue of reality, not ideology. In an ideal world there would be no industry sponsored research and no potential for tainted research. In an ideal world there would be no need for marketing of new drugs to physicians or to the public and all the savings would be passed on to consumers. In an ideal world there would also be no crime, no disease (and no doctors), and no war; everyone would look like they just walked off the set of *Baywatch*, and no one would have to work unless they wanted to! The reality is that there is not enough money in all the governments or independent organizations in the world to fund the all research that is necessary, and so some funding must also come from the pharmaceutical industry. It is also reality that marketing campaigns work, whether it be to physicians or to the lay public. It is time to stop the rhetoric about conspiracy theory (what I sometimes hear people say would make a good episode for the *X-Files*) and get down to the business of creating a framework that will in every possible manner limit bias and maximize objectivity in conducting, reporting, and using the results of clinical trials. Whether as investigators or educators in emergency medicine, interaction with the pharmaceutical industry is inevitable. Rather than attempting to naively avoid it, we can use such interactions to enforce ethical conduct and scientific