

Pharmaceutical Committee

Policy Preamble

The relationship between industry and academic medical centers is being widely criticized and, as a result, many professional organizations, (the American Medical Association, for example), as well as physicians have worked to develop guidelines for the appropriate management of this relationship. In fact, the mission set forth by the AMA includes the following: “to maintain the intellectual integrity of the profession, to improve the public perception of the relationship with industry, and to demonstrate to our patients as well as the public that their interests transcend institutional and/or individual interests.”

While interaction between industry and academic medical centers is vital to public health, it must be conducted in a way that upholds the public trust. Academic medical centers need to take the lead and live by effective guidelines to regain the public trust and put objectivity and scientific integrity first and foremost. Scientific researchers earn their reputation for integrity through double-blinded studies, objectivity, training in human research ethics, and by avoiding conflicts of interest that would undermine their reputations. Why should it be different for clinicians and physicians-in-training?

Therefore, the goal of any policy should be to prohibit industry interactions with academic medical institutions that create conflicts of interest and undermine standards of professionalism. There is growing data to support psychosocial and neurobiological evidence of the impact of gift-giving on interpersonal relationships; specifically with regards to the recipient’s decision-making process. This potential for influencing decision-making can erode public trust of academic medical centers, specifically with regards to their mission of providing cost-effective, evidence-based medical care.

The pharm. industry spends 21 billion dollars a year on marketing, with 90% directed towards physicians; which is approximately \$8,000-\$15,000 per physician.

A committee was created in the summer of 2007 to create an institutional policy that addressed relationships with pharmaceutical, biotech, medical device and hospital research equipment and supply companies. After six months of meeting every two weeks for approximately one hour, we created such a policy. This policy was to be institutional in nature and would, therefore, effect students, resident physicians, attending physicians, and all ancillary medical staff and employees of the University of Connecticut.

Prior to creating this policy, our committee was asked to review many of the major medical societies’ published position statements about the relationship between industry and our profession, including position statements from the

American Medical Association, American College of Physicians, The Accreditation Council for Graduate Medical Education, the American Medical Student Association and the Pharmaceutical Research and Manufacturers of America. In addition, we were bombarded with countless articles in the public sector (Wall Street Journal, New York Times, Hartford Courant) specifically focusing on the perceived conflict of interest between industry and physicians. Moreover, state legislatures, with increasing pressure from their constituents, were starting to pay closer attention to this issue. Minnesota, Maine, Vermont, Nevada and New Mexico actually created laws requiring drug-makers to disclose payments to doctors. Minnesota took the lead and collected data from 1990 to 2005 showing that industry paid doctors, nurses and other healthcare workers fifty-seven million dollars. Forty million went to clinics, research centers and other organizations for the purpose of continuing medical education, sitting on committees to prepare guidelines, and financing research. Most polling done of the people of that state determined that they viewed it as unacceptable for doctors to be paid by drug companies.

There was also much discussion about the benefits of the pharmaceutical industry and the medical device manufacturers as well as the conflicts inherent in the relationship between industry and the medical profession. The benefits discussed included industry's commitment to research, new product development, and its investment in continuing medical education that has helped countless patients. The conflict centered around industry's fiduciary responsibilities to their shareholders and their profit motive. When the line between patient welfare and profit-seeking behavior gets fuzzy, the relationship can become unhealthy.

In the end, by a vote of 14 to 1, the following policy was adopted by our committee to be submitted to Dean's Council for approval.