

# Corporate Greed Infects Medicine

## by Richard Fried, M.D.

We regularly hear about the impact of corporate influence on our food supply, small businesses and local communities. Health care has not come away unscathed by the dominant trend of single bottom line economics and the advertising tactics that have helped to bring that about. Richard Fried shares, from the point of view of a medical doctor, his concerns about the influence drug companies have over doctors, and he challenges patients to do something about it.

Some years ago, Marcia Angell, editor-in-chief of the prestigious New England Journal of Medicine (NEJM), “shocked” the medical world with an extraordinary apology: despite the Journal’s explicit policy of disqualifying doctors with a financial conflict-of-interest from writing reviews of new drug treatments, this policy had been violated 19 times over the previous three years. (NEJM, Feb. 24, 2000). More recently, the same journal revealed, in a survey of hospital review boards that watchdog experiments on patients, that one in three members takes money from the very companies whose drugs and medical devices are being studied. (NEJM, November 30, 2006)

This “shock” recalls the famous line from the movie *Casablanca* when Rick asks the police chief, Captain Renault, why he is closing down the café. “I’m shocked, shocked, to find out that gambling is going on here.”

The fact is that American physicians have willingly sold out to the financial interests of the pharmaceutical industry, sacrificing our scientific objectivity, our professional integrity and most important, our right to consider ourselves disinterested advocates for our patients. And, despite our presumably high IQ’s, we’ve been bought for a song.

Medicine nowadays is a rapidly changing field, and remaining up-to-date is as necessary as it is time-consuming. Physicians keep up by four principal means: medical journals, both subscription-type (like the NEJM), as well as “throwaways,” which come free and unsolicited; drug reps who ply doctors’ offices with free samples, drug information and trinkets; live continuing medical education lectures, usually by university-based professors, at hospital conferences, specialists’ conventions and formal CME courses, and; interaction with colleagues in the office and hospital in the course of patient care.

Of these four, the first three have become hopelessly compromised by influence-peddling by drug firms, and the fourth, although honest and venerable, is ultimately dependent upon the first three. Let us examine these in a little more detail.

Medical journals have long been vulnerable to bias since their principal (sometimes only) income is derived from pharmaceutical advertisements, whose bold, sexy photos, pseudoscientific charts and seductive drug names (think of Halcyon, Paxil, Abilify) represent the work of the best minds Madison Avenue has to offer. No longer content with ads, the companies have found ingenious new ways of exerting their influence. While most scientific research was once funded by governmental agencies such as the CDC and nonprofit groups like the American Cancer Society, today’s research is mostly funded by the pharmaceutical companies themselves. In some cases, the sponsor “owns” the results of the research and can choose to bury studies which do not come out as they had hoped. Even when the grants are truly unrestricted, the drug companies will naturally choose studies which are likely to be in their own interest and design them to maximize the chance that the outcome will be favorable.

Through this process, most researchers become financially tied to the sponsors. Even if we still assume that the studies themselves are not adulterated by fraud, (an assumption one can no longer take for granted,) the odor of influence-peddling is foul. More recently, respected medical journals have been giving their imprimatur to lucrative “special monographs,” thinly-veiled drug ads masquerading as scientific symposia conducted by paid consultants and offering free CME credits to busy doctors. Medical schools get into the act by granting the CME credits and in turn get to reach into the cookie jar, too. As entertainment, I like to flip through these monographs to guess which drug is being pushed. It rarely takes more than a minute, and I am almost never wrong.

It never fails to amaze me how cheaply doctors can be bought. Ever try to get an appointment in a hurry or get your doctor on the phone? Most doctors who are too busy to answer your calls schedule regular visits from drug reps who, by the way, are overwhelmingly young, attractive females. And the free drug samples, which seem so convenient, are (obviously) clever marketing tools—in exchange for a week’s free medication, you pay top dollar for years to come. It’s a strategy borrowed from drug dealers of a somewhat different kind.

Finally, hospital CME conferences and lectures have become a sham. Not only is the sponsoring drug rep standing conveniently next to the free coffee and donuts; most of the visiting lecturers, “experts in the field,” are paid consultants of big pharma.

I guess it’s like cheating on your homework. If only one or two in the class cheat, they are treated as outcasts. Once a critical number is breached, you begin to feel stupid if you’re the only one who is hurting

himself by not cheating. There seems to be no shame anymore in professors becoming hired guns for drug companies. And why not? Corporate greed has become the American way.

This pernicious influence in medicine hurts everyone. Physicians, most of whom (I'm convinced) still aspire to idealistic goals of preventing and alleviating illness and suffering, have been subverted into advocates for the stockholders of big pharma. Patients are hurt when expensive new drugs are routinely prescribed over inexpensive generics, and even more when the pharmaceutical approach is advocated over disease prevention by non-pharmaceutical means such

as diet, exercise and lifestyle moderations. Heck, what about just asking patients if they are unhappy? That's a potent way to begin a therapeutic process.

What can be done? I doubt that legislation is the answer. Doctors are, however, still very sensitive to threats against our professional reputation. A genuine groundswell of irate patients and negative media exposure might just have a dramatic effect. Next visit to your doctor, ask how much time he or she gives to drug reps and then observe the note pads, clocks, posters, calendars, pens and mugs emblazoned with pharmaceutical logos. Note the hurt, incredulous look if you

dare ask if he or she might be influenced by these freebies. Photocopy this commentary and ask your doctor to read it. And when you're handed a free drug sample, ask how expensive the drug will be when you have to buy it and even more important, ask if you would have been prescribed the identical drug had there been no samples. You'll be amazed how quickly things can change.

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