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Why Academic Medical Centers Should Ban Drug Company Gifts to Individuals

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The amount of attention being given to the widespread practice of drug company gifts to physicians continues to grow. This is salutary, as there are serious concerns about this practice, based in part on what we know about the psychology of gift receiving. To accept a gift is to assent to the reinforcement of a relationship between the giver and recipient. Accepting a gift often creates in the recipient a sense of indebtedness to the giver and a desire to reciprocate in some way. The concern is that gifts could bias a physician to favor the drug company’s product, even if there is no objective evidence that it is superior to alternative drugs. This concern is heightened by social science research suggesting that one can have this sort of “self-serving bias” and not be conscious of it (Dana and Loewenstein 2003).

A substantial body of research gives evidence that physicians’ prescribing is influenced by gifts. To illustrate, one study looked at the effects of free trips to luxury destinations to attend drug company symposia focusing on their new drugs (Orlowski and Wateska 1992). These gifts were followed by substantial increases in the physicians’ prescribing of the new drugs, and these increases were too great to be accounted for by the fact that physicians generally were increasing their prescribing of these drugs. Even small gifts can have an effect; in another study, changes in prescribing practices based on a discussion with a pharmaceutical representative were shown to be independently associated with receiving free meals from the representative (Lurie et al. 1990).

Despite such evidence, other studies reveal that most physicians believe they are not influenced by drug company gifts (Wazana 2000). Medical students, who also receive such gifts, view them as more problematic for other professions than for medicine (Palmisano and Edelstein 1980). In one study, a large majority of medical students believed it appropriate for them to receive such gifts, given that most medical students have considerable debts and little income (Sierles et al. 2005).

Drawing upon this body of evidence, I have argued—that along with other commentators—that drug company gifts to individual physicians should end (Strong, 2001; 2002). It has also been argued that gifts to academic institutions in support of educational programs should be regulated by the institutions to insulate individuals from the influence of such gifts (American Medical Association 1998; Strong, 2001; 2002). Despite evidence of a relationship between gifts and prescribing, professional guidelines have been permissive. The American Medical Association (AMA) guidelines permit gifts that are not of “substantial value” (1998). For example, a textbook that costs approximately $100 is considered acceptable. The American College of Physicians (ACP) and American Society of Internal Medicine recognize the influence of gifts but do not recommend prohibiting them (Coyle 2002). Other medical professional organizations have guidelines consistent with those of the AMA and ACP.

In 2006 a task force of the American Board of Internal Medicine Foundation (ABIM) and the Institute on Medicine as a Profession (IMAP) published recommendations on the relationship between drug companies and academic medical centers (Brennan et al. 2006). The task force argued that current professional guidelines are not sufficiently stringent, and it recommended that, among other things, all gifts to individuals should be prohibited.

In 2008, the Association of American Medical Colleges (AAMC) issued a report analyzing the relationship between academic medical centers and health-related industries such as pharmaceutical companies (2008). The report notes that academic medical centers have become...
increasingly dependent on industry support of their educational missions. It expresses concern that such support, including gifts, can influence the objectivity and integrity of academic teaching and practice. It points out that the periods of undergraduate and graduate medical education are formative years for establishing attitudes concerning professional behavior. Based on these considerations and the growing body of evidence concerning the effects of gifts upon physicians’ attitudes and behavior, the AAMC recommended a set of policies that followed closely those of the ABIM/IMAP report. The AAMC recommended that academic medical centers should implement policies prohibiting the acceptance of any gifts from industry by physicians and other faculty, staff, students, and trainees. The report stated that food, meals, and drug samples should be regarded as gifts, and that drug samples should be centrally managed by the academic institution to avoid there being individual physician recipients of such gifts. At least 25 academic medical centers throughout the United States have implemented policies along the lines of these recommendations, and the number continues to increase (Rothman and Chimonas 2008).

Several considerations support the banning of industry gifts to individuals at academic medical centers. First, as noted earlier, there is evidence that even small gifts can influence physician prescribing. At present, the argument does not rest on the claim that patients are harmed by such influence. That there might be such harm is a major concern, but currently we lack sufficient evidence substantiating that such harm occurs. The appeal, instead, is to the idea that the physician’s decisions and recommendations for the patient should be based on science and the specific needs of the individual patient. This objectivity is a mark of professionalism in the doctor–patient relationship. When decisions are influenced by gifts, this introduces a factor that adulterates decision making based on science and the specific patient. In a word, it is unprofessional. Second, a policy that distinguishes “large” and “small” gifts creates the line-drawing problem of deciding what is “too large.” The fact that different physicians will answer this question differently, combined with the fact that many physicians believe incorrectly that they are not influenced by gifts, implies that such a policy permits physicians to accept gifts that in fact influence their behavior. A straightforward way to resolve the line-drawing problem is for physicians not to accept any gifts from drug companies.

Third, patients’ trust in physicians is undermined when gift-taking creates the appearance of a conflict of interest. This concern is supported by a survey of patients in which 54% of respondents believed that drug company gifts sometimes influence a physician’s prescribing and an additional 16% believed that such influence frequently occurs (Blake and Early 1995). Fourth, if we permit gifting during medical training, then we are endorsing a practice that intrudes upon the professionalism of basing decisions on science and the patient, and we are teaching our students and residents that this intrusion is acceptable.

Thomas S. Huddle (2010) takes issue with the AAMC report (2010). I discuss here what I take to be his four main objections to its recommendations. To begin, Huddle claims that the AAMC is recommending that academic medical centers ban pharmaceutical detailing, and that this recommendation is ill-advised, in part because detailing speeds the dissemination of information about new drugs to physicians. It should be pointed out that Huddle’s claim misrepresents the AAMC recommendations. Nowhere in the report does the AAMC recommend an end to detailing. The report acknowledges the value of detailing in providing information, and it recommends that detailing at academic medical centers be regulated to remove the damage to professionalism it currently creates, as well as the appearance of conflict of interest. Toward this end, it recommends that access by pharmaceutical representatives to individual physicians should be restricted to non-patient-care areas and that it should take place only by appointment or invitation of the physician.

Huddle asserts that the AAMC has wrongly based its recommendations on behavioral economics rather than field studies of physician behavior. The behavioral economics research shows, among other things, that even modest incentives to perform self-serving behavior can cause such behavior and that the actor can sometimes be unaware of the influence. Huddle maintains that, in the absence of field studies showing that this behavioral economics research applies to physicians, we should not prohibit physicians from taking gifts. In reply, there is a body of research providing evidence that physician prescribing is influenced by gifts, examples of which I discussed earlier. Admittedly, this research does not include field studies of the particular type called for by Huddle. However, Huddle is mistaken in claiming that such field studies would be needed before academic medical centers would be justified in restricting gifts to individuals. To see this, one can make an analogy to gifts for judges. Huddle’s reasoning implies that we would need field studies corroborating that the behavioral economics research applies to judges before we would be justified in banning judges from taking gifts from plaintiffs and defendants who appear before them at the bench. Clearly, such field studies are not needed to justify this type of ban.

Huddle maintains that the AAMC recommendations would probably subvert the maintaining of a realm of physician discretion in clinical practice. In reply, one can ask why physician discretion at academic medical centers should extend so far as to create the appearance of conflict of interest. Moreover, if there are unconscious biases fostered by taking gifts, then these biases constitute a constraint on physician discretion—they make physician judgment less free. If that is so, then prohibiting gifts would remove a factor that interferes with physician discretion.

Huddle claims that prohibitions on physician behavior are justifiable only if the activity prohibited is inevitably and always harmful and that there is no evidence that doctors’ taking gifts is always harmful. In reply, this overstates the
grounds that are needed for justifiable restrictions. Consider the rule that doctors should not have sex with patients. State boards of medical examiners prohibit violation of this rule. This prohibition does not rest on the claim that sex with patients is inevitably and always harmful to the patient. We can imagine situations in which sexual activity does not victimize the patient. Nevertheless, this is a justifiable restriction on physician behavior. Similarly, the rule against serving as physician for one’s family members is not based on the claim that this is inevitably and always harmful. We can imagine situations in which the family member is not disadvantaged by such an arrangement. Nevertheless, this is a reasonable restriction on physician practice.

These considerations support the view that we should strive to change the culture of medicine with regard to the accepting of gifts from industry. We should aim for a culture in which physicians do not accept gifts, regardless of the gift’s value. Not only should academic medical centers promote this change by forbidding gifts to individuals, but the medical profession as a whole should do the same.

REFERENCES


The Devil in the Detail(ing)

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In a worthy effort to challenge the current political correctness about the proper relationship between physicians and pharma, Huddle (2010) proposes that the Association of American Medical Colleges’ (AAMC) recommendation to ban pharmaceutical detailers from academia is not founded on credible empirical research. Rather than curbing communication, he proposes, we need more communication. Where pharma’s presentation is biased, faculty should...