



Pharmaceutical companies and medical practitioners or “the beast and the beauty”?

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Abstract There is currently a wealth of information about the pharmaceutical industry and its relations with physicians, with the coverage being overwhelmingly negative. I believe that there are considerable imbalances in the information and perceptions about the pharmaceutical industry and its interactions with health professionals, health care associations, and patient organizations. Increased accuracy and less indiscriminate reporting in this important practitioner/industry interphase are needed. Despite the media-dominated complaints, there are examples of the fine work done by industry, both locally and regionally, in some countries just as there are instances where our colleagues have fallen short of expected standards.

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Background

The pharmaceutical industry works regularly in close collaboration with health care professionals toward a shared objective of improving health, well-being, and longevity of people worldwide, through scientific research and development of high-quality, effective, and safe medicines. This longstanding relationship, which begins early in a physician’s career, plays an essential role in the research and development of chemical and biologic therapeutic drugs that improve individual and public health. Both parties gain from it: industry funds most of biomedical research; faculty members and physicians provide scientific, marketing, and other consulting services to companies, and some serve on company boards of directors or on industry speakers bureaus; and commercial sources provide funding for accredited continuing medical education programs. Sadly, in many cases these financial relations represent conflicts of interest,^{1–3} and there have been cases of corrupt practices.

In these media-dominated days, there is an imbalance in the flow of information about the interactions between pharmaceutical companies and health professionals. This coverage is overwhelmingly negative to the pharmaceutical industry: the media prefer to scandalize by publishing stories about unsafe drugs, humble doctors who succumb to financial bribery offered by Big Pharma, and sensationalized accounts of drug companies suppressing unfavorable trial data. But encompassing the ethical research-oriented innovative laboratories as one with all kinds of unscrupulous pharmaceutical-related enterprises under the common name “pharmaceutical companies” or “Big Pharma” is improper and offensive, because it equally allocates infamy between the just and the sinners. Misinformation and misinterpretation emerging from ignorance fuel public fear that interactions with industry are eroding physicians’ professionalism and create a negative public opinion matrix against innovative pharmaceutical laboratories, casting them as “the beast”—while equating health professionals with “the beauty.”⁴ Would you really believe that accomplished health care professionals are defenseless victims of an industry that readily fools them with its marketing tactics?⁵

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This frequently imprecise and disproportionate media coverage not only affects the reputation of laboratories but also undermines people's trust in physician's competence and lessens public's collective confidence in the medical profession.⁶ It equally affects the good name and credibility of both parties in the relationship. But not every piece of news is either white or black, beautiful, or monstrous. I believe that it is preposterous to think that all health care professionals or industry professionals are either villains or apostles. Although it is undeniable that devious people exist in the pharmaceutical industry, and that most physicians do not believe that they are affected by their interactions with drug companies,⁷ there are also deceitful physicians, researchers, authors of clinical practice guidelines, speakers, and opinion leaders in the medical and scientific research guilds who violate the ethical principles and practice sworn to in the Hippocratic Oath for personal gains by distorting trial results or prescribing unnecessarily drugs to patients to favor the sponsors.⁸ Doctors are as vulnerable as any human in succumbing to the triple F—"food, flattery, and friendship"—that comes with subsidized seminars, free trips, and hotel rooms.⁹ Many find the blandishments of some drug companies gratifying and rewarding.¹⁰ In fact, most physicians are quite tolerant of and even have a positive attitude toward their interactions with pharmaceutical corporations, perceiving them as important sources of education and funding.¹¹

Physicians, patients, medical students, and the public need to trust that medical judgment is not compromised by health care professionals' relationships with drug companies. To clarify the situation and provide transparency to this complex relationship, many academic medical centers, professional associations, and other institutions have enacted their own respective codes and guidelines to strengthen their conflict-of-interest policies. But inconsistencies in the adoption and implementation of these strategies are common, and questions remain regarding the codependent interactions even with adherence to these guidelines.¹ On the other side, some laboratories have reacted to this situation by proposing the absolute elimination of their patronage to continuing medical education, but I believe that this initiative is unfair, because it equally affects the health care professionals of richly developed countries, who are capable of affording their education and the physicians of the poor underdeveloped or developing countries, whose limited income affect their opportunity to attend the various worldwide congresses and scientific events. A more equitable alternative would be to provide the financial resources that pharmaceutical companies allocate for this purpose to professional associations, universities, or hospitals, so that they might distribute them to the most capable and needy professionals, without expecting anything in return.

Is big pharma always "the beast"?

There are many examples in which industry has acted purely in the public interest with no anticipation of financial

rewards. For example, the pharmaceutical companies are an extremely important source of funding for countless international conferences—a necessary part of the continuing medical education of doctors. The companies readily award grants for scientific meetings that are important to the research community without expectation that promotional information will be included.⁵ In addition, several companies have established foundations that offer services aimed at improving the quality of life of patients and corporate social responsibility projects intended at enhancing social welfare, protecting the environment, and defending human rights, including support for patients and philanthropic donations. Unfortunately, most people ignore these social actions and ethical responsibility projects.

Pharmaceutical enterprises have been criticized for setting prohibitively high prices and sluggishness in responding to demands to provide access to life-saving drugs for poor populations. Some studies show that pharmaceutical corporations are making significant endeavors to increase access to medicines in low- and middle-income countries that bear most of the global disease burden, as a mean to improve population health.¹² This is not the only but also the main motivation for the social responsibility efforts of industry.

I would like to cite a case in which our colleagues have fallen short of the expected standards: some years ago, one of the innovative laboratories tried to implement a program of access to a new antineoplastic drug in a Latin American country, including providing the pharmaceutical at no cost to patients who lacked private or public resources. The program was rejected by most oncologists in that country. Sometime later, I discovered that the rejection was because some physicians would have lost the commissions for the sale of the new drug. Many patients who could benefit from a free drug supply lost the opportunity. How far can the greed of some professionals go?

Industry endeavors to manage relationships

To prevent perceived abuses of the pharmaceutical sector, promote integrity, and respond to the public's negative perceptions further ignited by imbalanced covered supplied by the mass media coverage, major pharmaceutical corporations in many countries have developed codes and policies that regulate any conflict of interest. Companies that adopt these codes are voluntarily adhering to two fundamental principles: a commitment to ethical business practices and to an effective program of internal controls for their implemented policies. The motivation for establishing self-regulating systems is primarily pragmatic—industry associations have the relevant expertise and willingness to establish codes of practice that set standards for ethical marketing activities and have the authority (through autonomous self-regulatory bodies that are independent of the corporations themselves) to levy sanctions against companies found in violation of its code.

These regulations usually concentrate on the drug companies' marketing activities by prohibiting corporations from giving physicians the incentives to prescribe their products.

Examples of these bodies are *The Code of Pharmaceutical Marketing Practice*, established by the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA),¹³ a stringent, progressively evolving code on which all research-based pharmaceutical member companies are based; *The Code of Practice* builds upon the principles of the European Federation of Pharmaceutical Industries and Associations (EFPIA),¹⁴ which is consisted of leading pharmaceutical companies, including two specialized groups: the European Biopharmaceutical Enterprises and the European Vaccines Manufacturers, together with the Pan-European patient organizations; and *The Code of Practice* of the Association of the British Pharmaceutical Industry (ABPI).¹⁵

Pharma industries of Spain have taken a step forward, enforcing the compliance of their established regulations. Farmaindustria, the national trade association that gathers most of the serious local and international pharmaceutical companies established in Spain, representing nearly 100% of prescription medicines sales in that country, adopted a self-regulated system (materialized in *The Code of Practice for the Pharmaceutical Industry*¹⁶) based on five main principles:

- Legality (aligned with any legislation)
- Responsibility
- Commitment (compliance by those voluntarily joined companies)
- Prevention (avoidance of any activity that could damage the pharmaceutical industry image or negatively affect the confidence of society in this sector)
- Transparency (providing public information about the system, showing the companies' commitment in doing things correctly, demonstrating their willingness to carry on activities and practices complying with the most stringent principles of responsibility and professionalism).

The Spanish Code of Practice has three control bodies in place, each acting in an independently, balanced, and coordinated manner: The Code Surveillance Unit, which monitors actively the rigorous compliance of the code; the Code of Practice Committee, which mediates and/or conciliates when a complaint is presented; and the Advertising Jury of Auto-control, which issues resolutions, corrective measures, and sanctions (including pecuniary sanctions) for those complaints not reaching a mediation agreement.

The efforts of Mexico's National Chamber of the Pharmaceutical Industry (CANIFARMA) are especially worth mentioning. This association created the "Council of Ethics and Transparency of the Pharmaceutical Industry (CETIFARMA)," an autonomous self-regulatory body covering 206 local and global companies from the health care sector, medical devices, and infant formulas that operates within a

deontologic framework (the "Agreement for Transparency in the relationship between physicians and Health Care Institutions with the Pharmaceutical Industry in Mexico").¹⁷ This consensus framework of principles and actions includes four codes:

- *The Code of Ethics and Transparency*
- *The Code of Good Promotional Practices*
- *The Code of Good Practices of Interaction of the Pharmaceutical Industry with Patient Organizations*
- *The Code of Good Practices for Infant Formulas companies*
- *The Code of Ethics and Good Practices for the Contract Research Organizations (CRO).*

Transparency International UK, UK's leading anticorruption nongovernmental organization, in collaboration with FIFARMA, the research and development trade association for Latin America that gathers 13 manufacturers and 9 local associations, developed *The Pharma Integrity Principles*,¹⁸ nourished by existing codes such as the above-mentioned *Code of Pharmaceutical Marketing Practice* of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), the Council of Ethics and Transparency of the Mexican Pharmaceutical Industry (CETIFARMA), and other relevant codes of business ethics established by the pharmaceutical sector. These *principles* are focused on strengthening ethical standards across the pharmaceutical sector in Latin America and are designed to provide companies of all sizes with practical guidance for developing their own policies for promoting integrity and ethical practices in their business.

The Pharma Integrity Principles commit signatory companies to two basic actions: the adoption of a "zero tolerance" policy on bribery and related conflicts of interest and the development of a practical and effective internal program for implementing that policy. An "effective" program is the entirety of an enterprise's anticorruption efforts, specifically including:

- Code of conduct
- Policies and procedures
- Administrative processes
 - Training
 - Guidance
 - Oversight

The company's commitment is to develop and administer an internal compliance program that effectively makes its integrity policy an integral part of daily practice.

This initiative reflects an appreciation that corruption and conflicts of interest are corrosive of economic progress and good governance and can negatively affect public health. It recognizes the need for business principles that can be applied industrywide and that are based on a meaningful commitment to fundamental values of integrity, transparency, and accountability. It also recognizes that strengthening integrity is a complex and multifaceted

challenge that cannot be fully met by pharmaceutical manufacturers acting alone but requires a shared commitment to high ethical standards and practices by government, health care professionals, and other providers. *The Pharma Integrity Principles* have been translated into several languages, and many companies and researchers now look at them as a benchmark.

Asia-Pacific Economic Cooperation (APEC), a forum of 21 Pacific Rim member economies that promotes free trade throughout the Asia-Pacific region, established *The Business Ethics for Small and Medium Enterprises Initiative* to monitor code of ethics development and implementation by 65 biopharmaceutical industry associations across the APEC region.¹⁹ These associations collectively represent more than 9000 enterprises, which constitute a significant majority of the firms that develop, manufacture, market, or distribute pharmaceutical and/or biologic product in the region. This major initiative, aligned with “The Mexico City Principles for Voluntary Codes of Business Ethics in the Biopharmaceutical Sector 2011,” is pursuing the universal adoption of a code of ethics by industry association by 2020.

Finally, The World Health Organization’s *Ethical Criteria for Medicinal Drug Promotion*²⁰ is one additional set of international guidelines that may be used by countries without national codes. This code of business ethics covers promotional materials, the activities of representatives, and the supply of drug samples.

Conclusions

We are living in a new era of transparency in which pharmaceutical companies and health care professionals increasingly recognize that, in certain respects, interactions between both parties are still lacking and need to change to improve drug discovery and public health.^{10,21} The first step to improve the value of these relationships and preserve the public trust is to accept that *both* parties must assume responsibility for the clarity of their relations. Both must be transparent about combining research, clinical, and educational efforts within a framework of professional ethics, focused on the goal of improving health. There is also a need for multistakeholder efforts to raise the bar in terms of ethics standards in the benefit of patients.

Each pharmaceutical company must achieve its drug development objectives within a regulated environment, where governments, trade associations, professional societies, and company codes of practice apply to protect scientific integrity. Physicians should engage only in research and clinical collaborations that are transparent and unbiased in their design and reporting.²² But they should also look for legitimate sources of funding to avoid being excessively dependent on the pharmaceutical industry.

The efficacy of pharmaceutical industries’ self-regulatory bodies is proportional to the dialog and close

work with health care professionals and patients. This dialog is supported by common values that pharma industry and physicians have. By voluntarily adopting and implementing up *The Codes of Practice and Integrity Principles*, drug companies will further demonstrate their commitment to prevent corrupt activities by tackling conflicts of interests while improving business standards of integrity, transparency, and accountability in the region. Compliance to these codes and principles must become a nonnegotiable priority of these corporations.

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