LETTERS

Doctors and the Pharmaceutical Industry

Sir,

The ideal relationship between the pharmaceutical industry and the medical profession will never be static nor easily defined and we can only welcome our College's recognition that the debate about this should be continuous and open.

Dr Donald (September *Journal,* p.599) is surely right to believe there must be a partnership and he has usefully reminded us of the many ways in which general practice has benefitted from using pharmaceutical industry finance and goodwill for academic investment. Dr Schofield (September *Journal,* p.601) is equally right to warn us of the substantial risk of squandering professional respectability by accepting inducements—even if these do normally differ in scale (although not in principle) from those crudely displayed in the recent 'Orient Express' affair. Colleges, University departments and individual doctors have to make their own decisions about where the line should be drawn, remembering that the closer that marketing penetrates to the 'academic centre' the less obvious its promotional techniques need to be.

However, the main purpose of this letter is to express concern over the Medicines Surveillance Organization (MSO) 'multicentre clinical appraisal' of a new analgesic, which was brought to the attention of College members during August.

The first stated objective of the study is to 'record the clinical indications' for which the drug concerned is used in general practice. This is naive. The drug is only likely to be being used because it is being studied (regrettably for payment, albeit modest). This problem, of course, mirrors a tactic already well established in marketing repertoires. The second objective is to investigate 'efficacy, safety and overall acceptability . . .'. Any attempt to comment in any clinically useful way about efficacy and acceptability on the basis of a study which does not use a standard alternative preparation and is not double-blind must again be suspect, and is again reminiscent of the kind of research logic more associated with promotion than true evaluation.

The third objective '. . . to record the incidence of clinical events . . .' overlaps with the safety component of the second objective and seems, on the surface, wholly proper. Many believe, however, that it is unsafe to rely on the chain of events which will be necessary in this study. Patients must recognize side-effects as being separate from the symptoms of their illnesses (often difficult when pain is present) and must then report their complaints to doctors who must recognize the symptoms or signs for what they are.

We feel that surveillance can only be effective if it is substantially more active than that being proposed in this study. If it is argued that this is 'not how general practice is' in real life, then either general practice is not the place to undertake drug surveillance or general practitioners are not the proper agents to undertake it.

We sympathise with the desire of MSO to launch itself sooner rather than later but greatly regret the structure and quality of this present proposal. We also fear that the apparently impeccable credentials of MSO will lead to its being seen as a prime facilitator for the backdoor launching of unnecessary and otherwise unsellable new products. Has the concept of MSO been adequately thought through?

J. G. R. HOWIE,
Professor, on behalf of the Department of General Practice
University of Edinburgh
Levinson House
20 West Richmond Street
Edinburgh EH8 9DX

Sir,

I write in support of Dr Theo Schofield, whose recent thoughtful argument against the use of drug company funds was published in the September *Journal,* (p. 601). General practitioners bring themselves into disrepute; at the simplest level by accepting drug company food and drink, at a more complex level by taking part in dubious 'trials' mounted purely as a marketing exercise; at the highest level by accepting drug company sponsorship for such posts as the Stuart Fellowship. As long as this continues, the profession will have no answer to the argument that its prescribing habits are manipulated more by drug companies than by reasoned thought or by use of such publications as *Drug and Therapeutics Bulletin.*

I would agree with Dr Schofield that if sponsorship is necessary, perhaps disinterested companies could be asked to donate funds, or if drug companies are to donate funds, that this money should go into a central pool to be used at the College's discretion, and not to be used as an indirect form of advertising.

G. B. TAYLOR
Guide Post Health Centre
Choppington
Northumberland NE62 5DD.

The Format of the College Examination

Quite a few trainers in the Birmingham area have gained experience from the use of videorecordings in the assessment of trainee performance during consultations. Surprisingly, there has been little protest from patients about invasion of privacy, and the resulting tapes have served as an excellent source of teaching material.

Could this method not be utilized in the oral section of the MRCGP examination? The candidate could have the option of producing a videorecording of four or five consultations to be forwarded to the College prior to the examination. The examiners would view the tape, isolating relevant sections, and at the *'viva'* it would take but a few seconds to identify the particular section for consideration. I am sure that with frequent use this would introduce the patient element missing from the present format (September *Journal,* p. 604).

DAVID R. AYLIN
4 Ferndown Road
Solihull
West Midlands B91 2AY.

Sir,

Dr Davey's comment (September *Journal,* p.604) represents a view of the validity of the examination without sufficient consideration of the equally important constraints of reliability and feasibility.

Validity is the relevance of an examination method to the subject being assessed. The reliability of a method relates to the accuracy, repeatability and fairness of the instrument of measurement. Any method of assessment is of little use unless it is reliable as well as valid.

In all examinations in primary care, the problems of reliability (and feasibility) are more difficult to resolve than are those of validity because the introduction of an instrument of measure-