

# Promotion by the drug companies — should we accept their bribes?

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HOW did our patients benefit from the £2500 per doctor (£5000 per general practitioner!) that the drug industry spent promoting its products in 1985? Did they gain from that free faculty meeting dinner after which we discussed the long term care of chronic diseases, from the drug company prize that persuaded your trainee to undertake that study of general practitioners' knowledge about mobility allowances or that post marketing surveillance study which paid so well? While I acknowledge the right of drug companies to promote their products I question our right to receive their bribes since we are mere middlemen spending the nation's money. By receiving such sponsorship to the extent that we do, are we not crossing the line between what is acceptable and what is not? In the words of the Royal College of Physician's report<sup>2</sup> 'would you be willing to have these arrangements generally known?' The Royal College of General Practitioners should reopen the debate of June 1983<sup>3,4</sup> and reconsider its position on sponsorship in the light of this report.

I believe that a change in general practitioners' relationship with the pharmaceutical industry is necessary but it can only come about if our College encourages an atmosphere conducive to such change and is no longer seen to condone sponsorship. A willingness to change is evidenced locally, for example, by the agreement of the Exeter vocational trainees in 1979 not to seek sponsorship for social functions, and the decision by the Tamar faculty of the College in 1985 not to accept funding of meals by drug companies at its annual general meeting. The following year's annual general meeting received no drug company support yet was better attended and was well within everyone's budget. The same willingness is evidenced centrally by the freeing of the *Journal* from its association with Update Publications Ltd and the marked reduction in pharmaceutical advertising which coincided with that break.

If an event is worth attending for its educational, business or social content then sponsorship should be unnecessary. However, if the content of the function is insufficiently stimulating, making it cheaper through sponsorship may attract more people but will not make the function more worthwhile. Since the code of practice for the pharmaceutical industry<sup>5</sup> states that 'entertainment or hospitality offered .... should not exceed that level which the recipients might normally adopt when paying for themselves', it should be within our means to pay our own way. The same arguments should apply to all sponsorship from ball point pens to funding for university departments of general practice.

Overall, however, the atmosphere militates against change. In 1982 66% of College members in the Tamar faculty who voted on the issue wanted drug company sponsorship of meetings to continue and only 18% were willing to pay for their buffet meals. Some general practitioners have started asking for 'donations' before they will see a promotional film and most educational and other functions receive some sponsorship.

In general terms, the further from the patient that drug company money is injected the greater the sum involved and the more subtle the promotion associated with the donation. Thus, while the individual general practitioner is tempted by a container for paper clips in the shape of an easily recognized tablet, the general

practice unit of Bristol University accepts £150 000 over three years from a drug company. Yet the effects of money spent centrally are more pervasive and influential despite being less obviously promotional — students at Bristol University will train in an environment where drug company money is seen to be acceptable and a company name is associated with learning and respectability.

The College has a long history of accepting finance from pharmaceutical companies and this trend continues. Has promotion even crept into our membership examination? Minerva in the *British Medical Journal*<sup>6</sup> has noted with surprise that in the modified essay question 'Camilla ... produces from her hand-bag ... Dalmane (Roche) 30 mg ... and Microgynon 30 (Schering).'<sup>7</sup> Both companies have had dealings with the College. Roche have taken advantage of the promotion provided by postmarketing surveillance via the Medicines Surveillance Organisation,<sup>8</sup> an organization which has received criticism from within the College<sup>9</sup> and Schering have donated prizes and supported the oral contraceptive study.

The pharmaceutical industry itself is unhappy about certain aspects of its relationship with doctors: companies are encouraging representatives to identify general practitioners who seek inducements in breach of the code of practice. At the other end of the spectrum the Association of Medical Advisers in the Pharmaceutical Industry has heard that certain academic departments of general practice have asked for extortionate amounts of money for primary health care studies and as a result the Association of the British Pharmaceutical Industry has urged companies not to yield to unrealistic demands.

In conclusion, I welcome the Royal College of Physician's report<sup>2</sup> and propose that we should be prompted by it to look again at the particular problems of general practitioners and the College with respect to drug company promotional activity. Change is possible but until the College takes a lead sponsorship will be seen to be acceptable and progress will be stifled. To use Alastair Donald's example,<sup>10</sup> so long as Edinburgh graduates receive their degrees in the McEwan Hall and the names of brewers are associated with respectability and learning, alcoholism will remain a national weakness.

## References

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