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## Doctors and Industry Funding of Continuing Medical Education: Guilty as Charged

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In the United States, some prisons are managed by investor-owned, for-profit corporations. In large measure, the amount of money these corporations receive is determined by the number of prisoners housed in the jails they run. Now imagine if the vast majority of continuing education of appointed judges was paid for by the companies that run these prisons. How confident would you be, if you were a prisoner appearing before one of these judges, that you would get a fair trial?

For doctors, the state of continuing medical education (CME) almost perfectly fits this analogy. Studies from Canada and the United States show that 60%-70% of all monies invested in running CME come from commercial sources -- mostly companies that make and sell prescription medications [1,2]. Many doctors recognize the potential bias in this situation, but only a relatively small proportion believes it affects them personally. A survey of Scottish hospital doctors and general practitioners revealed that 40% felt that industry sponsorship created a conflict of interest, but only 14% thought that attending such events would bias the way they prescribed [3]. Only 1% of medical house staff felt that they personally would be heavily influenced by interactions with the pharmaceutical industry versus 38% who said they would be influenced a little, and 61% who denied they could be influenced at all. Interestingly, however, the same physicians were not so sure of their colleagues: 33% thought their

colleagues could be influenced a lot, 51% a little, and only 16% believed other physicians would not be affected at all [4].

Nowadays, most industry sponsorship for CME comes in the form of unrestricted grants that the organizers can use as they see fit. According to Bernard Marlow [5], director of continuing professional development for the College of Family Physicians of Canada, this and other measures ensure that "all CME ... programs accredited by the College are unquestionably balanced, free of bias and not being used by pharmaceutical companies to market their products". Statements such as these can only be viewed as naïve, as they ignore the many subtle ways in which companies can bias CME even when there are strict rules in place [6].

Bowman and Pearle [7] analyzed the content of two CME courses in relation to their source of funding. Both were given at a university whose policy guidelines stipulated that all course content be controlled by the institution. Nevertheless, both courses favored the drug produced by the sponsoring company relative to other, equally effective, drugs produced by other companies. Sometimes things are not as above-board as they seem. In Australia, CME sessions that were billed as "independent of industry influence" often had speakers who were suggested by drug companies, and this information was not disclosed to the doctors in

attendance. Apparently, such practices are not uncommon in the United Kingdom either [8].

Of course, not all speakers are suggested by companies, and talks of speakers suggested by companies may be free of any company bias. Yet, there may still be untoward consequences for the future of the CME event. After Dr. Adriane Fugh-Berman presented her talk at Presbyterian Hospital in Albuquerque, New Mexico, on the influence of the drug industry on CME, “one pharmaceutical company representative announced to a conference organizer that her company would no longer support the annual conference” [9].

When you rely on drug companies to support CME, you are also limiting the range of topics that will be presented. Katz et al. [10] compared CME courses organized by Harvard Medical School that were independent of any commercial influence with symposia funded by pharmaceutical companies. The 221 talks offered during the Harvard courses covered 133 topics whereas the 103 symposia focused on 30 topics, most of which were linked to new, recently approved therapeutic agents sold by the funders. Drug therapy was the central topic in 27% of the Harvard talks compared to 66% of the symposia.

Drug companies can also use CME to advance off-label uses of drugs. Government rules allow companies to promote drugs only for the indications for which they have been approved by regulatory authorities, such as the Food and Drug Administration. However, there is nothing to stop speakers at CME events from bringing up these off-label uses. Parke-Davis used this tactic to encourage doctors to prescribe gabapentin (Neurontin®) for a wide variety of indications for which it was never approved. When investigators in the U.S. asked a Massachusetts psychiatrist whether his heavy off-label use of gabapentin was a result of pressure from Parke-Davis’ sales representatives, he assured them it was not. He used it, he said, “because doctors at conferences ... were praising the drug [11].” GlaxoSmithKline is currently sponsoring CME events intended to teach doctors about screening pregnant women for herpes virus. About 25% of women harbor the virus, and in the unlikely event that it is passed to the baby, it can cause serious harm. Because it remains unclear whether drugs such as valacyclovir (Valtrex®), made by GlaxoSmithKline, can make a difference, the United States Department of

Health and Human Services advises against prenatal screening [12]. However, were screening to be introduced, GlaxoSmithKline would stand to benefit substantially.

The emergency department where I work in Toronto has monthly CME sessions. The faculty chooses both the topic and the speaker, and we think we do a good job at keeping the talks objective and evidence-based. But the money for them comes from drug companies. Why? Well, we need to pay the speakers, of course, but in addition, our sessions are typically held in expensive restaurants. And who are we to turn down an all-expenses-paid meal and drinks? [In the interests of full disclosure, I often attend these talks, but I leave before the meal begins.]

In the end, it all comes down to the money. CME is expensive, and if the drug companies don’t pay for the events, the available funding will drop by about two-thirds. There will certainly be fewer CME programs and they won’t be held in expensive hotels, and they won’t be accompanied by expensive meals. Doctors will have to pay for their own CME, just as lawyers, teachers, and other professionals bear the cost of their continuing professional education. Why is medicine entitled to privileges these other professions are not? Relying on the pharmaceutical industry means that doctors are not in control of their own education. The priorities and the content are determined either directly or indirectly for us. We should follow the example of the Oregon Academy of Family Physicians which recently decided to forego all industry funding for its educational programs [13]. It is possible to break the financial hold of the pharmaceutical industry.

We would not want judges to be beholden to companies that make money by running prisons. At present, doctors are the willing recipients of industry money, to the detriment of our patients and our own self-respect. Guilty as charged.

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