Pharmaceutical company minor gifts to doctors: comparison between psychiatry and general medicine

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Abstract

Pharmaceutical companies in countries with a primary view to community care, unlike other countries in the world such as the United States, cannot legally advertise medication directly to patients. Thus the responsibility for medication choice lies almost entirely in the hands of the physician with important professional and ethical considerations in decision making. Pharmaceutical companies invest considerable expense in the marketing of products to physicians. Often this is in the form of "minor gifts" to the physician. This study examines the differences in number and type of such minor gifts in the offices of physicians and compares the extent of the phenomenon in offices of psychiatrists and internist in various medical contexts. Results showed a significant difference with the number of minor gifts present in greater numbers in offices of psychiatrists in contrast to physicians in general hospitals. No significant differences were found between inpatient and outpatient psychiatric departments. It is important to increase awareness and highlight the attention of doctors regarding the phenomenon of exposure to minor gifts as advertising products in order to avoid bias and maintain objectivity in clinical judgment regarding pharmacological management of patients.

Keywords: Pharmaceutical, gifts, ethics, physicians

Introduction

A complex and intricate interdependent relationship exists between pharmaceutical companies and the medical system. This is expressed in many ways including product marketing. In Israel (unlike the United States of America), since the primary approach is to community care with compulsory medical care to all, in order to prevent misleading of the often uninformed public, the marketing of prescription drugs directly to the consumer is prohibited. Therefore, pharmaceutical companies appeal directly to doctors to promote their products and thus their economic interests. These efforts in Israel have recently met opposition in the form of a directive from the Ministry of Health introducing regulation recommending severe restrictions on contact between physicians and pharmaceutical representatives(1). In the USA, it has been reported that the pharmaceutical industry invests approximately 15 billion dollars a year on gifts to physicians, material regarding their product, medication samples, excursions, honoraria and other incentives in order to encourage product prescription(2). In Israel, it has been estimated that pharmaceutical companies invest more than $100 million a year in marketing drugs to medical doctors. This averages at a cost of approximately ten thousand dollars per doctor per year(3).

Pharmaceutical companies refer to the doctor as an agent assisting them in the marketing of their product. Thus, there exists a large and experienced team of pharmaceutical representatives who make use of various means to influence the decision of the physician in selecting the drug to the patient. These physician-pharmaceutical sales representative (PSR) interactions have come to be known as the phenomenon of "detailing". Traditionally, pharmaceutical representatives are considered to have a role and presence in the medical setting since pharmaceutical companies find it important to regularly update health care providers about the development of drugs, potential side-effects, recent studies regarding their product and drug availability among the various heath care providers. This is often even encouraged by medical facilities even though it may be argued that the interests of the pharmaceutical companies and the physicians are irreconcilably different(4). To further the interests of placing the medication foremost in the physician's mind and consciousness, as part of their marketing efforts, representatives of the pharmaceutical companies often provide doctors with a variety of gifts. These may include so called "minor gifts" such as office supplies (such as pens, notepads, calendars, mouse pads, binders, calendars, highlight markers, tissue, laser pointers, bags, decorative accessories) as well as other more substantive gifts including overseas flights to conferences, expensive meals in choice restaurants etc.; the latter being prohibited by many national medical associations. At any given moment a doctor sitting in his office, or treating patients unknowingly is exposed to implicit and explicit advertising. This is designed to affect the physician's decisions when it comes to recommending medication management.

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Proactive and aggressive marketing techniques of the pharmaceutical companies can be a source of information useful for the doctor when it comes to existing as well as new drugs and their effects on various pathologies. However, dangers may exist when prescribing behavior among physicians becomes unduly and disproportionately influenced by pharmaceutical companies. This would be the case especially when many doctors themselves indicate that their prescribing characteristics are influenced by their interaction with pharmaceutical companies and their representatives(5, 6). It may be argued that this process and interaction may even be more dangerous since many physicians think that their prescribing practices are not influenced by pharmaceutical companies even though they do accept the contact and their gifts(7). From a professional perspective, the question arises whether accepting gifts by doctors from pharmaceutical companies, as opposed to relying only on professional knowledge from their representatives, is unethical and therefore problematic.

The purpose of this study is to evaluate one particular important aspect of advertising and marketing of pharmaceutical products in physicians' offices. This we do by means of quantifying so called "minor gifts" in physicians offices in various medical care contexts. Since perceived conflict of interest is a matter of trust between the doctor and the patient, then from the patient perspective the presence of gifts advertising pharma products may compromise their trust in their doctors. Thus, the methodology we chose by quantifying minor gifts parallels the environment in the setting of the treatment. Furthermore, we intended to compare whether any differences exist between psychiatrists' offices and those of internal medicine physicians. We compare psychiatrist's offices to the internist office since we hypothesize that since psychiatrists are treating patients with often chronic disorders in the hospital setting, they may be subject to more intense marketing by pharmaceutical companies. It may be suggested that the higher the presence of drug names or pharmaceutical companies in the office, the greater the chance that doctors will tend to choose these medications. Thus there would be an increased likelihood that their professional judgment may be biased in some manner towards selecting those products for patient care.

Methods

*Participants*

In this study, rooms of 74 senior physicians, who do not share their rooms with non-physicians, were surveyed. These physicians' rooms were situated in 4 contexts (inpatient wards from 2 different psychiatry hospitals, one outpatient department and one general medical hospital). The study was approved by the Helsinki committee for research at the Beer Yaakov Mental Health Center.

*Study procedure*

After explaining the purpose of the study and receiving written physician approval by physicians, the study team entered the room of the physician. Each item bearing the name of a pharmaceutical product or company was documented and quantified. Information regarding what kind of product and how many examples of such products with names of pharmaceutical products or companies existed in each physician's room was listed. This procedure was repeated in physician rooms in several medical care contexts which included rooms of physicians in 2 psychiatry hospitals, one psychiatry outpatient department and one general medical hospital.

*Study analysis*

A general count was made looking at average number and range among the physician rooms investigated. Comparison was made between inpatient and outpatient psychiatry hospitals. In addition, psychiatry and general medical hospital physicians' rooms were compared.

Results

A total of 74 physician rooms, distributed among the two psychiatry hospitals (one of which had both inpatient and outpatient physiocian rooms investigated) and a general medical hospital, were sampled for the study (Table 1).

Table 1: Number of physician rooms investigated in each medical care context

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | *Number of rooms* | *% Percent* | | Psychiatry Hospital A | 14 | 18.9 | | Psychiatry Hospital B | 49 | 66.2 | | General medical hospital | 11 | 14.9 | | Total | 74 | 100 | |

The information is based on data collected in rooms in hospitals and clinics. Results are based on data that was obtained from sampling the number and type of products in each phsycian room investgated. Overall, in the study a total of 687 gifts were counted in the physicains' rooms. This was an avarege of 9.3 gifts per room (SD=6.3). The most common gift was pads of paper (n=150, mean=2, SD = 2), followed by calendars (n=73 mean = 1, SD =1.1) and medication guides (n=72, mean= 0.97, SD =1.5). The number of gifts sampled in the various hospital contexts is shown in Table 2.

As can be noted in Table 2, while there was no significant difference between the two psychiatry hospitals in number of pharmaceutical gifts per physician room, there was a significant difference between the rooms of physicians in psychiatry settings compared to those of physicians in general medical care settings. T-tests for independent samples indicated a significant difference between psychiatry settings and general medical hospital (p=0.016). No difference between psychiatry hspitals was noted (p=0.54). In addition, the difference between psychiatry inpatient wards (mean=10.4, SD=6.6) and the outpatient department (M = 9, SD = 6.1) was analyzed. There was no significant difference noted between these two psychiatry care contexts (p=0.44).

Table 2: Average and standard deviations of number of advertising products according to distribution amongst medical care contexts

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | *Mean* | *Standard Deviation* | | Psychiatry Hospital A | 9.07 | 6.04 | | Psychiatry Hospital B | 10.28 | 6.63 | | General medical hospital | 5.09 | 2.54 | | Total | 74 | 100 | |

Conclusions

Study observations indicate that the number of pharmaceutical company "minor gifts" in physician rooms in various medical care contexts is considerable. In addition, study findings showed that the number of these pharmaceutical gifts is different between physician offices in psychiatry and general medicine hospitals with the number of these gifts in psychiatry physician rooms significantly higher than in general medical hospital physician rooms. The research results reflected significant difference between the number of gifts found in psychiatric hospitals and general hospital indicating that the room environment in the psychiatric setting is more "pharma-friendly". Whether this is as a result of psychiatrists being targeted more by pharmaceutical company representatives or whether psychiatrists accept such gifts more readily, remain unknown. It should be noted that there are differences in the clinical use of offices by psychiatrists compared to internists. In a general hospital, patients are rarely examined in the senior internist physicians' room as opposed to offices of the psychiatrist in the psychiatric ward. This may also be a factor in the phenomenon as noted in these study results.

It may be suggested that pharmaceutical companies would not invest considerable effort and resources in these minor gifts and their distribution if they did not believe that such efforts were not profitable for them. This may even present a case of unconscious conflicts of interest for the physician who may not even be aware of how these so called "minor gifts" may affect judgment and subsequently choice of medication(8). A relatively recent systematic review on the subject strongly suggests that physician-pharmaceutical industry and their marketing representative's interactions and provision of gifts to doctors do influence physicians' prescribing behavior. This leads to "irrational prescribing" of the pharma's product. The authors recommend policy development and education about the dangers of the phenomenon(9). Thus since it is clear that gifts even of low value can influence the behavior of those receiving the gift(10) even if the receiver does not realize the extent of the influence, rules and procedures that only stipulate limitations on gifts with significant value need to be reassessed(11).

This study contributes to the important need for awareness of the phenomenon and how the presence of these products may influence physician prescribing behavior. Moreover, it behooves the physician to consider whether the presence of these products may influence the trust between physicians and clients under the perceived conflict of interest environment in the room as well as patients' perceptions about the ethical conduct and professionalism of a physician based on the number pf pharma products in the room at the time of the examination. Results shed light just on how much the phenomenon exists and provides an indication regarding the amount of exposure medical staff goes through advertising and marketing. Examining the extent of this phenomenon, should raise warning lights regarding the potential impact of advertising media and an indication of differences in the extent of this impact in medical teams from psychiatric hospitals and general hospitals and clinics.

Several explanations may be suggested to explain more investment in gifts to psychiatrists than general physicians. First, as Kendell(12) has argued, people tend to consider mental disorders as more serious than physical disorders. Therefore, they may make use of or "consume" more mental health services than medical services during their adult life compared to old age, when they consume in comparison more general medical services. Second, it may be suggested that pharmaceutical companies invest more intensively in marketing and advertising their products in psychiatric hospitals, since many mental illnesses are characterized by their chronic nature(12). Thus beginning with a psychiatric medication is often a long-term outlay in the use of the medication. Moreover, patients start taking medications at a younger age in addition to a longer period of time – a highly appealing situation to pharma companies. Third, it could be that individuals who suffer from mental illness are more likely to accept their doctors' recommendations regarding the selection of the preferred treatment – once again leading to a long-term use of the medication for often chronic conditions. Fourth, since as observed there is no significant difference between the wards and the outpatient clinics with respect to gifts provided to treating psychiatrists, it could be that the pharmaceutical companies see a wide range of use in both inpatient and outpatient contexts as well as a range of conditions for which each medication may be appropriate. Fifth, since in psychiatry there are many medications that have a similar profile of action (such as the selective serotonin reuptake inhibitors [SSRIs]), and many medications may be given off-label for various "dimensional" clinical conditions (for example antipsychotic medication for affective and anti-anxiety augmentation), doctors tend to pick one medication against another based on their subjective or personal preference and experience. Thus, pharma companies may tend to more aggressive marketing in order to become the most popular with relevant physicians.

The doctor's work is essential and decisive when it comes to the health and lives of patients. Much of the work of a doctor is maintaning professional ethics of the profession and avoiding economic and other extraneous considerations when making decisions for their patients' wellbeing. Patients naturally depend on these decisions. Physicians are required to maintain a code of ethics which includes maintaining cooperation and the granting of adequate information about the treatment offered as well as effective alternatives. This would assist the patient is decision making as to the feasibility of side effects and the expected prognosis. Since every patient is different, so the physician should consider decisions accordingly and aim for optimal fit between patient and effective medication(13). While some patients fit certain types of medications, not all medications are not necessarily effective for every patient including variations in side effects(14). A one fit for all, based on physician bias in medication selection, would be problematic.

It is important to mention that patients often meet their physician many times during the course of treatment interaction. This special relationship between doctor and patient in treatment decisions should be based on ethical principles and values without extraneous influence on medication management generated by pharmaceutical companies(15). The trust and the perceived conflict of interest by patients is even more important here, especially given the fact that the findings in this study directly relate to the environment and not necessarily to the physician's behavior. The danger thus exists that pharmaceutical companies which operate marketing techniques and provide free gifts may put economic priorities before that of the patient and impair the maintenance of professional judgement of the physician. This may be expressed in several ways. First, there may be a possibility of a conflict of interest between the patient's medical needs and economic needs of the doctor. This would be the case where bias in decision-making practice of doctor may occur following the promotion of certain drugs by pharmaceutical companies through the physician(15). Second, due to economic considerations and company pride, the pharmaceutical company may provide excessive and unrealistic optimism about the level of drug efficacy(16). Third, pharmaceutical companies may unduly affect pharmaceutical practices of young physicians and thus influence early impact on the prescribing habits of such young doctors(17). Fourth, the physician may be unduly predisposed to a certain company's medication by developing a form of dependence on the drug company doctor and a sense of commitment to prescribe the company's drugs.

Considering our findings, it is important to emphasize to clinical treatment staff the importance of maintaining professional judgment when managing patients and to highlight the potential dangers regarding exposure to ubiquitous advertising products. Physicians need to match their patients' clinical needs to the medication. The reverse should not be the case. Awareness of the issue is paramount. It is crucial to include medical ethics and professionalism on the agenda throughout the physician's career irrespective of experience and professional exposure. This would be especially important since as stated above, many physicians do not think that they can be influenced by gifts in their prescribing practices(7). However it has been reported that acceptance of gifts by physicians in this relationship is associated with lower perceived quality of patient care(18). Moreover, from the patient's perspective, a study of outpatients from a large medical center in the USA has indicated that a majority of patients would demonstrate less trust in their doctor with the knowledge that they had accepted gifts. In addition, some would be less inclined to accept prescribed medication if their doctor had been the beneficiary of any gift as a benefit of hearing a pharmaceutical representative's demonstration of the medication(19). While it may be argued that hospitals need to maintain this relationship with pharmaceutical sales representatives since often there are financial benefits to the hospital or organization, health services need to disengage from financial and traditional dependence on pharmaceutical industry sponsorship and consider alternative directions of support(20).

Limitations of the study include that this investigation did not examine several hospitals and focused only on one general hospital, which may make it difficult extrapolate results for all general hospitals. In addition, in future studies it would be interesting to compare differences between various other medical subspecialty departments in general hospitals.

To test the above hypotheses, it would be important to perform further research examining whether there is indeed a psychological or prescribing impact of exposure from advertising among physicians. Thus, further studies should investigate whether there is any association between the number of gifts in the room and the actual prescribing behavior of the individual physician (specifically with regard to medications that are manufactured by the company that its products have been found in the physician's office. These studies should include mental health care providers since it appears that psychiatrists, at least from findings of this small study, may be more targeted with minor gifts. Continued research on the subject can shed more light on the situation in the healthcare system in general and mental health in particular. In addition, it will also be interesting to examine the differences between the effects of exposure advertising for doctors in Israel and other countries. The medical profession should strive to attain objectivity in clinical management. Awareness of any interfering factor with this undertaking, while maintaining physician autonomy, should be encouraged and maintained.

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