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Engaging the Pharmaceutical Companies – Some Reflections

The recent reporting on the revised code of conduct by Singapore Association of Pharmaceutical Industries[1] (SAPI) in relation to entertaining doctors have once again cast the spotlight on the issue of conflict of interests in the medical profession. Nevertheless, it has to be said that such conflicts are not limited to the medical profession. In other professions too, the practitioners have to face temptations intended to distract from the fiduciary duty to protect or benefit the people whom they serve. For example, it is not uncommon for a journalist attending the launch of a commercial product to receive exceptional hospitality by the host in a subtle attempt to receive positive coverage in the popular press. By the same token, the journalist will have to honour his or her fiduciary duty to the public by providing objective and accurate reporting, regardless of their personal gain or how "indebted" they may feel towards their generous host. And here is where an effectively enforced professional code of ethics, as well as institutional or company policies, will be needed to protect the interest of the population served, whether patients, or newsreaders.

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Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep in the night is even more essential.

Dr Daphne Khoo's article in this issue of *SMA News* "Ethics in dealing with the pharmaceutical industry – who sets the standards anyway?" raised some pertinent points and challenging questions regarding relationships between medical practitioners and the pharmaceutical industry. She was spot on in identifying conflict of interests as the fundamental issue – the concern that such liaisons between doctors and drug companies may adversely influence doctors' clinical judgement, thereby threatening the doctor's commitment to always put patients' best interest above all others, including his own. In the long term, this may potentially undermine the trust for the profession, on which effective and satisfying doctor-patient relationships depend.

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However, I find it difficult to appreciate Dr Khoo's opinion in the article that the public sector "*will always be held to different standards and levels of regulation*" where engagement with the pharmaceutical industry is concerned. Dr Khoo's position is based on three observations of public healthcare doctors: 1) when attending CME activities and scientific meetings, they utilise public resources and suffer lower quantum of personal financial loss; 2) they are less aware and sensitised to the cost of drugs, whether to institutions or patients and; 3) their patients tend to be less affluent and have limited options when it comes to choice of doctors. In short, for these reasons, Dr Khoo accepts that doctors in public practice will always be held to a stricter standard and level of regulation when receiving hospitality, sponsorships and financial support from drug companies.

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But Dr Khoo's double-standard approach is tenable if, and only if, there is a difference in the standards of professional obligation expected of doctors in private and public practice. Is such a difference acceptable and does it really exist?

In this issue of engaging and receiving gifts and sponsorship from the pharmaceutical companies, one may identify two professional obligations that are of relevance. Firstly, as professionals, there is an undeniable obligation to maintain, and preferably improve, our technical competencies. This is irrespective of cost incurred, or whether the CME activities or scientific conferences are partly sponsored or not. Secondly, as doctors, we must ensure that gifts, sponsorships and conveniences from the pharmaceutical industry do not affect our duty to advocate patients' best interests, and our ability to fulfil this duty. This is a fundamental tenet upon which the profession is anchored, and should therefore apply equally to all doctors, whether private or public, and whether or not the personal loss incurred in fulfilling the first obligation is compensated.

The standard of accountability is therefore a professional wide-standard common to all doctors, regardless of whether practising in the public or private healthcare sector. The cost of maintaining professional competency for a doctor, whether in attending CME activities or scientific conference, is a basic cost of running a practice or providing a public service, and should be factored into either the professional cost charged to patients, or in the case of public healthcare, be part of the public funding pumped in to provide the service. Help from other sources, including pharmaceutical industry is not absolutely prohibited, but measures of control should be in place to prevent the engagement from adversely affecting professional conduct in any way.

I will therefore argue that the key consideration in this issue raised by Dr Khoo is not so much the setting of practice, but whether engaging the pharmaceutical company will potentially cause the clinical judgement of the doctor to be affected by the sense of familiarity or indebtedness he feels towards the drug companies. Indeed, as Dr Khoo aptly puts it, 'conflict of interests' is the key to 'all the angst'. This issue should therefore be one for all doctors, and there should not be any double-standard in terms of regulation.

That perceived difference, which exists between the standards and levels of accountability expected of doctors from private and public healthcare, is more a consequent of the dissimilarity in practice environment and structure between the two groups. For public healthcare doctors, and some private doctors, the presence of institutional policies and greater opportunities for peer surveillance offer the practice environment a regulatory structure that draws the OB markers when engaging drug companies. The tricky situation with solo or small group practices in the private sector is that oftentimes, the same doctor is all-at-once the physician and drug prescriber, drug dispenser, clinic manager, CEO, CFO, Chief of Medical Staff, Business Development Manager, Ethics Chairperson, Pharmacy Manager and Therapeutics Committee Chairperson, Clinical Governance Director, and so on. Such conflicts of multiple roles can become quite unmanageable, made worse by a lack of an independent objective voice.

Hence, if there is a perceived lower standard and level of regulation in the private practice when it comes to engaging the drug companies, it is never due to a lower level of professionalism and moral obligation expected. And certainly, this in no way implies that the private practitioners are likely to be less ethical, but it does suggests that private doctors will have to be even more disciplined, vigilant and proactive in imposing some form of self-check. For example, the doctor can conduct regular reflection and self-monitoring, put in place limits, and arrange for peer discussions and audits of such engagements. Even if there are those like Dr Khoo who magnanimously feel that given the inherent differences between the two practice settings, doctors in one sector should be regulated at a lower level and standard, society will likely be less forgiving. What is demanded will be a uniform code of conduct and regulation that reflects good standards of medical ethics and professionalism.

Perhaps one has to concede that in a world dominated by free market principles, both financial and opportunity cost in maintaining competency and improving expertise is considerable and rising relentlessly. Participation from the drug companies in helping to defray the cost can help to enhance the speed of disseminating knowledge and skills. But this win-win partnership can only be ethically justifiable and socio-politically sustainable if the patient's interest remains the primary consideration and is not sacrificed for the gains of doctors and drug companies. ■

Footnote

1. ***A copy of the SAPI code of Marketing Practices can be viewed at www.sapi.org.sg/mktg.htm***