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MacNeill, P. U.; Kerridge, I. H.; Newby, D.; Stokes, Barrie J.; Doran, Evan; Henry, D. A.

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Attitudes of physicians and public to pharmaceutical industry 'gifts'

Macneill P, Kerridge I, Newby D, Stokes B, Doran E, Henry D. (2010)

Abstract

Background: Few studies have reported the attitudes of both individual doctors and members of the public toward the appropriateness of 'gifts' from pharmaceutical companies.

Aims: To investigate the attitudes of both doctors and members of the public toward the appropriateness of receiving particular 'gifts' from pharmaceutical companies, and to consider whether public acceptability is a suitable criterion for determining the ethical appropriateness of 'gifts'.

Methods: A survey questionnaire of medical specialists in Australia and a survey questionnaire of members of the public itemised 23 'gifts' (valued between AU\$10 and AU\$2500) and asked whether or not each was appropriate.

Results: Both medical specialists and members of the public believe certain 'gifts' from pharmaceutical companies are appropriate but not others. There was a tendency for members of the public to be more permissive than medical specialists.

Conclusion: Although some professional guidelines place importance on the attitudes of the general public to 'gift' giving, and other guidelines give importance to a need for transparency and public accountability, we question whether public acceptability is a suitable criterion for determining the ethical appropriateness of 'gifts'. We suggest that more weight be given to the need for independence of clinical decision making, with empirical evidence indicating that even small 'gifts' can bias clinicians' judgments, and to important values such as the primacy of patient welfare, autonomy and social justice. We conclude that it is time to eliminate giving and receiving of promotional items between the pharmaceutical industry and members of health professions.

Introduction

Interaction between physicians and the pharmaceutical industry has attracted widespread attention because of concern that it may subvert the goals of medicine and medical research, cause harm to patients, and increase the cost of healthcare.^{1–5} Of the many forms of interaction that may occur,

the giving of gifts to health professionals has been the focus of particular concern.^{6–16} In part this is because gift giving is the most obvious interaction between physicians and the pharmaceutical industry and in part because of the concern that it may lead to conflicts of interest and compromise clinical judgement. Public and professional concern about the impact of such ‘gifts’ on physicians’ prescribing practices has led to the development of ethical codes and guidelines.^{17–25} These typically offer guidance rather than proscriptive rules and recommend restricting food and entertainment to modest levels, ‘gifts’ to items of low value, and advise doctors not to allow ‘gifts’ to influence their prescribing habits.^{17–25} Some commentators have noted that the term ‘gift’ is misleading in that ‘gifts’ are more accurately termed ‘marketing wares’¹¹ (or at least ‘promotional aids’²²) that are effective in influencing prescribers.^{1,9–11} There are increasing calls for the elimination of ‘gifts’ entirely^{11,16} with the consequence that some professional,²⁴ pharmaceutical industry²⁵ and institutional⁵ guidelines have advised against^{24,25} or prohibited^{5,18} ‘gift’ giving or receiving. However, most guidelines still leave the determination of the appropriateness of a specific gift to individual physicians.^{17,19–21,24}

Although there have been studies of patients’ views,^{8,14,15} the basis upon which individual doctors make decisions about the moral acceptability of ‘gifts’ and the degree to which these concur with public attitudes to gift giving has rarely been systematically examined⁸ and has never been examined in the Australian context. This is particularly significant given that transparency and public accountability are core components of some guidelines on preventing conflicts of interest (including those of the Royal Australasian College of Physicians²⁴ and the Australian Medical Association¹⁸) and that other guidelines (e.g. those of the American College of Physicians and American Society of Internal Medicine^{20,21}) suggest that physicians should gauge the acceptability of any gift from the pharmaceutical industry according to what patients or the public would think about the arrangement.

As part of a larger study investigating the relationship between the pharmaceutical industry and medical specialists, we undertook to describe the attitudes of medical specialists and the public to the receipt of ‘gifts’ from the pharmaceutical industry in order to examine more systematically whether the attitudes of either may be used as a reference point against which the ethical appropriateness of accepting gifts can be judged.

Methods

Data were collected through two surveys using self-report questionnaires designed specifically for each group. These surveys and the study methods were approved by the Human Research Ethics Committees of the University of Newcastle, Australia. Details of the medical specialist survey (including population sampling and methods) have been reported elsewhere.^{3,12} Briefly, the medical specialist questionnaire consisted of 46 questions on all aspects of the relationship with pharmaceutical companies, including the frequency and nature of interactions and the frequency, type and value of ‘gifts’ offered and received and the appropriateness of ‘gifts’ offered. In particular we asked respondents to rate the appropriateness of a range of 23 ‘gifts’ that medical practitioners may be offered by industry representatives (Table 1). These ‘gifts’ included items (such as pens, computers) or activities (such as dinner, expenses to attend a conference) and ranged in monetary value from A\$10 to A\$2500. Respondents were asked to indicate the extent to which they considered each gift ‘appropriate’ by choosing a response on a Likert scale.

Table 1. Hypothetical ‘gifts’ from a pharmaceutical company to doctors as presented in Questionnaires Forms A & B in order of value†

1. Patient information leaflets on new drug (value \$10) (both Forms)
2. Two boxes of chocolates for doctor and surgery staff (value \$10) (Form B)
3. Small flashlight (value \$10) (Form B)
4. Ticket to movies (value \$15) (Form B)
5. Pens for the surgery (value \$10). Plain without promotional logos—to be used by doctor and the receptionists. (Form B)
6. Pens with the name of a new drug printed on them (value \$10). Doctor and receptionists will use. (Form A)
7. Two appointment books (value \$10) to be used to track appointments for all doctors in surgery. (Form A)
8. Two movie tickets for doctor and partner (value \$25). (Form A)
9. Sample packs of new medicine (value \$100). (both Forms)
10. Set of electric scales (value \$100) to be used by all doctors and nurse in surgery, to measure their patients' weight. (Form B)
11. Stethoscope (value \$100). (Form B)
12. Two tickets to theatre for doctor and partner (value \$100). (Form B)
13. Ticket to football grand final (value \$100). (Form A)
14. Dinner at a city restaurant for doctor and partner (value \$100)—with presentation about a new drug. (Form A)
15. Lunch for doctor and all surgery staff (value \$100)—with presentation about a new drug. (Form B)
16. Dinner at a city restaurant (value \$100) for doctor and partner to allow local doctors to meet and socialise. (Both forms)
17. Lunch for doctor and surgery staff (value \$100). (Form A)
18. Conference including conference fees, accommodation, and airfares (value \$1000). (Form B)
19. Trip for doctor and partner to attend a conference including conference fees, accommodation and airfares (value \$1200). Partner will not attend conference. (Form A)
20. New refrigerator for surgery (value \$2000) for use in staff lunchroom. (Form B)
21. New laptop computer (value \$2500) for use at home. (Form A)
22. Computer (value \$2500) for use by doctor to write prescriptions and keep patients' notes. (Form A)
23. Spirometer (value \$2500) to be used by all of doctors in surgery. (Form A-Medical Specialist' Questionnaire only)
24. An electrocardiogram machine to monitor patients' heart rhythms (value \$2500) (Form A-General Public Questionnaire only)

† : All \$ values = Australian dollars.

The questionnaire for members of the public had a total of 20 questions seeking information on: the extent of their knowledge of the relationships between medical specialists and pharmaceutical companies; any concerns they may have about that relationship; their views on whether regulation of ‘gifts’ was needed; their attitudes to pharmaceutical company sponsored research; and personal demographics, including their level of education, health status, recent visits to a doctor, receipt of free medication and participation in research trials. As in the medical specialist survey, public

respondents were asked to rate the appropriateness of the (same) range of 23 'gifts' that medical practitioners may be offered by industry representatives.

Differences between medical professionals and the general public (such as lack of familiarity among the general public with the physician–industry relationship, the nature of gifts that might be offered to doctors, experience with responding to survey instruments using Likert scales) necessitated some differences in the presentation of the question regarding gift appropriateness. Medical specialists were asked to indicate their level of agreement on a 5-point Likert scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree) that receiving each of 23 hypothetical gifts was appropriate. Members of the public were asked to indicate the appropriateness of doctors receiving each of the 23 gifts on a simpler 4-point Likert scale (Always appropriate to accept; Sometimes appropriate to accept; Never appropriate to accept; Not sure).

For both medical specialists and the general public, 13 hypothetical 'gifts' were listed, from the full list of 23 'gifts', in each of two versions of the questionnaire (Forms A and B). This was done to reduce response fatigue. Three items ('patient information leaflets', 'dinner for doctor and partner to socialise with other doctors', and 'free samples of a new medicine') were common to both Forms. The 13 items in each version of the questionnaire were presented in random order and participants were assigned at random to receive Form A or B.

Results

The medical specialists' questionnaire was mailed to 2253 listed specialists,^{3,12} of whom 133 were found to be ineligible (deceased, emigrated or retired). A total of 832 (447 Form A, 376 Form B) questionnaires was completed and returned, giving an overall response rate of 39%. The respondents were similar to the original sample in terms of geographic location and clinical specialty. The average age was 49.9 (SD 10.6) years and 79% were male. Medical specialists (but not members of the public) were asked if they were aware of published guidelines on interactions with the pharmaceutical industry. There were 546 medical specialist (66%) who stated they were aware, and 321 (38%) who specified one or more particular guidelines, including those of the Royal Australasian College of Physicians (n= 254); other specialist colleges (n= 47); Australian Medical Association (n= 19); Medicines Australia – pharmaceutical industry guidelines (n= 15); governmental guidelines (n= 10); hospital or other institutional guidelines (n= 9); USA, UK, or other international guidelines (n= 7).

The public survey was mailed to 3000 people over the age of 18 years randomly sampled from the electoral roll of the Hunter region of New South Wales. Of these, 108 were returned as undeliverable, and 757 questionnaires were completed and returned (382 Form A, 375 Form B) giving an overall response rate of 26%. The average age of respondents was 52.2 (SD 16.2) years; the majority (59%) was female; and 20% had a university degree or were currently attending a university. By comparison with the wider population in New South Wales, these respondents tended to be older, better educated, and more likely to be female.²⁶ On χ^2 and Bayes factor tests there was no statistical difference between answers to the three 'hypothetical gifts' that were common to both Form A and Form B in either the general public or the medical specialist questionnaires.

Table 2 provides a comparison of the responses of the public and medical specialists by the proportions judging each nominated gift appropriate or otherwise and also shows the ranking of each gift from most to least appropriate. The proportions of members of the public who 'always' or 'sometimes' considered it appropriate to accept each of the 'gifts' ranged from a low of 15% (for two movie tickets) to a high of 96% (for patient information leaflets on drugs). Near unanimity was reached on the appropriateness of accepting two 'gifts' (patient information leaflets and drug samples), large majorities (70% or more) judged 17 'gifts' as clearly appropriate or inappropriate, while for six 'gifts' there was no clear agreement as to the appropriateness of these 'gifts' in that a third to two-thirds of respondents differed in their judgements of appropriateness.

Table 2. Percentage of members of general public and medical specialists agreeing it is appropriate to accept nominated 'gifts' from industry†

	% of general public agree 'sometimes'+ 'always' appropriate	General public Rank	% of medical specialists 'agree'+ 'strongly agree' appropriate	Medical specialists Rank
Patient information leaflets (\$10)	96	1	63	2
Drug samples (\$100)	92	2	75	1
Appointment books (\$10)	86	3	48	7
Flashlight to examine patients (\$10)	85	4	50	5=
Lunch for doctor and staff‡ (\$100)	83	5§	25	15§
Pens with logo (\$10)	82	6	60	3=
Spirometer/ECG machine¶ (\$2500)	80	7=§	26	14§
Stethoscope (\$100)	80	7=§	33	12§
Pens no logo (\$10)	77	9§	60	3=§
Conference with partner (\$1200)	76	10§	20	17§
Conference doctor only (\$1000)	75	11	40	9
Lunch and lecture with staff (\$100)	66	12	35	11
Dinner and lecture with partner (\$100)	60	13§	44	8§
Chocolates (\$10)	54	14	36	10
Electric scales for patients (\$100)	35	15§	50	5=§
Computer for surgery (\$2500)	34	16=§	8	21=§
Dinner with partner social (\$100)	34	16=	28	13
Theatre tickets with partner (\$100)	30	18	13	20
Football ticket (\$100)	28	19	17	18=
Refrigerator for staff room (\$2000)	24	20	8	21=
Movie ticket (\$15)	23	21	17	18=
Laptop for home (\$2500)	18	22	4	23
Two movie tickets (\$25)	15	23§	21	16§

†: All \$ values = Australian dollars.

‡: ‡Purpose not specified.

§: §Ranking where there is a difference of five or more places between general public and medical specialists.

¶: ¶Medical specialists judged appropriateness of spirometer where as general public judged appropriateness of ECG machine. ECG, electrocardiogram.

The proportions of medical specialists who 'strongly agreed' and 'agreed' that it was appropriate to accept the various suggested 'gifts' ranged from 4% (laptop for home) to 75% (drug samples). Among medical specialists near unanimity was reached on the inappropriateness of accepting a

laptop for personal use, a computer or a refrigerator for the surgery. Large majorities (70% or more) judged 10 other 'gifts' as clearly appropriate or inappropriate while for 13 'gifts' there was no clear agreement as to their appropriateness in that a third to two-thirds of respondents differed in their judgements.

For public respondents, patient information leaflets, drug samples and appointment books were ranked as the most appropriate 'gifts' for practitioners to accept and movie tickets and a laptop computer for home use as the least appropriate. For medical specialists, drug samples, patient information leaflets and pens were ranked as the most appropriate 'gifts' to accept while a computer and refrigerator for the surgery and a laptop computer for home use were ranked as the least appropriate. For nine of the nominated 'gifts', there was a substantial difference in ranking between medical specialists and the public with a difference of five or more places between their rankings. These are indicated, in each case, by a section mark (§) in Table 2. Of these nine, there were four 'gifts' in which there was both a five (or more) point difference in ranking and a difference of approximately 50% (47–58%) in the proportions of those finding the gift appropriate between members of the public and medical specialists. These four were: lunch for doctor and staff; spirometer/electrocardiogram machine; conference with partner; and stethoscope.

Discussion

The results of our study make it clear that both medical specialists and members of the public believe that it is acceptable for doctors to accept certain 'gifts' but not others. While consensus on the appropriateness (or otherwise) of some 'gifts' exists within and between groups there also exists some divergence on some of those 'gifts'. Overall, public respondents appeared to be more permissive about doctors accepting 'gifts' from pharmaceutical companies than do medical specialist respondents. There were four 'gifts' in which there was both a five (or more) point difference in ranking between members of the public and medical specialists and a difference of approximately 50% in the proportions of those finding the gift appropriate between the two groups. For each of these four 'gifts' (lunch for doctor and staff, spirometer/ECG machine, conference with partner, and stethoscope) it was the public that was more accepting.

Public respondents appear to have judged the acceptability of 'gifts' according to a perception of their (more or less direct) relevance to medical practice. This conclusion is based on the observation that 'gifts' of equipment that have a parallel domestic use (e.g. electric scales, refrigerator, laptop computer) were judged appropriate by much smaller proportions of public respondents than 'gifts' of unambiguously clinical items, such as stethoscopes. Medical specialists, on the other hand, appear to have considered a wide range of factors, including the value of the gift, its relevance to patient care, and whether or not the gift extended to others (staff or partners). The items that 50% (or more) of medical specialists agreed were appropriate were either very low cost (pens valued at A\$10, patient information leaflets valued at A\$10) or relatively low cost and directly relevant to patient care (drug samples valued at A\$100, and electric scales valued at A\$100). Medical specialists were less accepting of moderate cost and expensive 'gifts' even when the equipment was specific to medicine (stethoscope and spirometer). Neither medical specialists nor members of the public were supportive of any 'gifts' that were clearly not relevant to medicine (laptop computer, tickets to theatre, sporting events) even when the cost of these was minimal (movie tickets).

It is worth noting however that a minority of medical specialists in our study considered 'gifts' appropriate that were not acceptable within the current guidelines.²⁷ For example, a small percentage agreed that it is appropriate to accept: a laptop computer for home use; a computer for the surgery; theatre tickets including partner; a ticket to a football grand final; and a trip with partner to attend a conference. This information should be of concern to the relevant colleges in their attempts to establish standards for ethical relationships between medical practitioners and industry.

A number of qualifications need to be made to our findings. First, given an overall response rate of 39% for medical specialists and 26% for members of the general public (a difficulty shared with other mail surveys²⁸), we are unable to rule out a 'response bias'. It is possible that those with a particular interest in the relationship between pharmaceutical companies and the medical profession were more inclined to respond and their answers may differ from those of the wider populations from which they were drawn. In addition, our public sample was drawn from the Hunter area in New South Wales and it is possible that this region is not representative of the Australian population although we have no reason for believing that views about gifts to doctors are atypical in this area. As this survey was based on self-reports we also cannot be certain that answers given by medical specialists, regarding the acceptability of 'gifts', reflected their behaviour. We have also indicated (above) a caution in comparing two different datasets when the questions put to members of the public were not identical in form to the questions put to medical specialists and there were differences in the response scales. While the overall trends identified by the two groups may be compared, any direct comparison between the two groups in relation to any particular item must be made with caution. Although we have made some comparisons between the two groups, we have confined our specific comments to those items for which there were large differences in the rankings (≥ 5 places) and large differences between the two groups in the proportions ($\geq 47\%$) of those judging the gift to be appropriate.

The major findings from this study are similar to those of Gibbons et al.⁸ which found that both medical specialists and members of the public accept that some low or moderate cost items of clear and direct benefit to patients (e.g. drug samples and patient information leaflets) are appropriate. However, unlike the Gibbons study, we found a greater tendency for members of the public, rather than physicians, to regard 'gifts' as appropriate. In our study a high proportion of members of the public regarded items of direct relevance to medicine to be appropriate 'gifts', including an expensive item of equipment (ECG machine valued at A\$2500).

The reason for this tendency for the public to be more accepting of some 'gifts' in our study is unclear. Possible explanations include differences between the public and medical specialists in awareness of the issues surrounding pharmaceutical industry influence on prescribing, a growing awareness among medical specialists of the potential for 'gifts' to bias doctors' judgements, and differences in awareness of ethical guidelines that advise against receiving 'gifts' of this kind. It may also be the case that the Australian public has a greater degree of trust in the capacity of physicians to act always in the best interest of their patients and to make decisions unbiased by 'gifts' from pharmaceutical companies than physicians have towards themselves and their colleagues. Whatever the explanation, we found that the majority of medical specialists in our study were more in line with current ethical guidelines and less inclined to regard 'gifts' from the pharmaceutical industry as appropriate than members of the general public.

There is a broader question, however, which is raised by this study. This is the question of whether public acceptability is a suitable criterion for determining the ethical appropriateness of 'gifts'. While we do not suggest that public acceptance is irrelevant we would be very concerned if these findings were taken to suggest that a more liberal attitude to gift giving by pharmaceutical companies is indicated. In our view the ethical appropriateness of giving and receiving 'gifts' cannot be determined simply by reference to the prevailing attitudes of either the profession or the public. It is well understood within moral philosophy that consensus on an issue is not determinative of its moral worth. Popular support for racist policies for example does not make them morally justifiable. Similarly, a finding that 80% of the general public would consider it appropriate for a doctor to accept a gift of an ECG machine does not determine its ethical appropriateness. In our view judgements about the ethical appropriateness of giving and receiving 'gifts' should give more weight to important values (such as the primacy of patient welfare, autonomy, and social justice⁵), the need for independence of clinical decision-making, and empirical evidence indicating that even small 'gifts' can bias clinicians' judgements.^{1,8–10} For all these reasons we consider that any notion that a commitment to transparency and public accountability^{18,24} is sufficient to prevent conflicts of interest, or that the real or perceived attitudes of the general public to 'gift' giving may be used as a standard against which a doctor should gauge the acceptability of a gift,¹⁹ is both simplistic and flawed. The finding of our own study, that medical specialists and members of the public regard some 'gifts' as appropriate, has to be weighed against the strong case against allowing any 'gifts' as promotional items for doctors.^{5,11,16,18}

Our results reveal a relatively liberal public and professional approach to the receipt of some 'gifts' by the medical profession. Those attitudes are at odds with evidence (cited above) that harm may result from these activities. On this basis, and in keeping with other commentators,^{11,16} we are persuaded that it is time to eliminate giving and receiving of promotional items between the pharmaceutical industry and members of the health professions.

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