

Pharmaceutical companies and medical students: a student's view

TO QUOTE FROM Roger's article in this issue of the Journal, "There is growing debate about the ethics of relationships between the pharmaceutical industry and the medical profession".¹ Nothing could be more true. However, if this debate is raging for doctors, then it is sizzling for medical students. While doctors might not have the time or the inclination to voice their opinions on the pharmaceutical industry publicly, Australian medical students seem to have both. The relationship between medical students and the pharmaceutical industry has been hotly debated by the National Council of the Australian Medical Students' Association (AMSA) for years. Yet tangible outcomes and policy have been less palpable, evidence of just how complex this issue is.

Medicines Australia has imposed self-regulation upon the industry through its own code of conduct (www.medicinesaustralia.com.au). This is an important document in various ways, but, most importantly, it sets practical boundaries within which the industry can ethically operate.

So why should medical students bother tackling this issue? We don't have script pads or the status to influence prescribing habits of those who do. Furthermore, with so many codes of conduct floating around, surely we fall under these somewhere? Surprisingly not.

Medical students appear to occupy a loophole in an otherwise highly regulated environment. Codes commonly use the terms "medical professional" (health professionals who are unable to prescribe [eg, nurses]) and "non-prescriber" (people without degrees in health fields and who are unable to prescribe), but do not mention medical students. As students, and thus non-prescribers, we sit outside these codes, yet we will prescribe in years to come.

For this reason, AMSA is taking proactive steps to formulate policy and produce its own code of conduct for

medical students. At the recent meeting (Adelaide, 12–15 March 2004) of the AMSA National Council (which comprises one elected representative from each of the 12 medical schools in Australia), various speakers were invited to give the full spectrum of opinions on the topic. These guest speakers included a physician and a professor of clinical pharmacology, along with representatives from Medicines Australia, a pharmaceutical company and Healthy Skepticism. After several very informative presentations, the AMSA Council met in private to discuss the best way forward.

Feedback from the Council varied greatly, but it was decided that AMSA's main responsibility at this stage is to educate medical students about the differing opinions on this controversial issue. Following this education campaign, a nationwide survey will be conducted to gauge medical students' opinions at the grass roots. Data from this survey will then be used, with assistance from the AMSA Council, to formulate policy and a code of conduct. Although not binding, this code of conduct will act as a practical guide for medical students and their societies.

AMSA feels very strongly that, while individual opinions on this issue may vary greatly, our responsibility is, at the very least, to educate medical students about the pros and cons. In this way, medical students can make better-informed decisions about how far they take their relationships with the pharmaceutical industry.

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1. Rogers WA, Mansfield PR, Braunack-Mayer AJ, Jureidini JN. The ethics of pharmaceutical industry relationships with medical students. *Med J Aust* 2004; 180: 411-414. □