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## Doctors behaving badly?

A recent editorial discussed the issue of interactions between doctors and pharmaceutical companies (MJA 2006; 185: 299-300). The reactions ranged from agreement to offence.

### Don't regulate — abolish

Hans Peter Dietz

**TO THE EDITOR:** I would like to congratulate Tattersall and Kerridge on their recent editorial covering the issue of industry influence in medical education.<sup>1</sup> Like the authors, I was dismayed on seeing the Australian Medical Association statement to the press regarding the recently revised Australian Competition and Consumer Commission guidelines for disclosure of industry support. Industry supports medical education because it pays, and we would be well advised to remain aware of this basic fact.

It amazes me that anyone could subscribe to the view that doctors need industry freedoms to remain informed of new therapeutic options in this age of electronic media. We are constantly inundated with information — the issue is to choose reliable, unbiased data. As a rule, industry-sponsored sources of information should be regarded as potentially biased and therefore suspect. In my view, direct industry sponsorship of continuing medical education activities is inappropriate and should not just be regulated, but abolished altogether.

**Competing interests:** I have received speakers' fees from GE Medical Systems and American Medical Systems.

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<sup>1</sup> Tattersall MHN, Kerridge IH. Doctors behaving badly [editorial]? *Med J Aust* 2006; 185: 299-300. □

### Disclosure needs to include the extent of a relationship

Charles M Fisher

**TO THE EDITOR:** Tattersall and Kerridge make the argument that any interaction between industry and clinicians must, of necessity, compromise the decision as to the appropriateness of the particular treatment prescribed.<sup>1</sup>

The more common situation is that interactions do exist, and this is covered by a process of disclosure of, for example, honoraria or

shareholdings. However, this situation is also inadequate, in that the extent of the potential for influence is not disclosed (eg, the size of the honoraria, or the volume of shares held in the company). This is also relevant when it comes to evaluating potential conflicts of interest in medical publications.

As the authors note, the health care industry is complex, and interactions do occur between clinicians and industry. In this situation, full and frank disclosure — rather than the mere indication that a relationship exists — is far more appropriate.

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<sup>1</sup> Tattersall MHN, Kerridge IH. Doctors behaving badly [editorial]? *Med J Aust* 2006; 185: 299-300. □

### Drug company sponsored symposia fulfil an important educational role

Ian S Collins

**TO THE EDITOR:** I am critical of the article by Tattersall and Kerridge.<sup>1</sup> In my opinion, the article comprises a series of pompous announcements from an ivory tower, which hint without actually saying that doctors who attend educational symposia organised by pharmaceutical companies, and who subsequently order the product, are acting improperly. As I see them, the facts are quite otherwise.

Medical practitioners have an obligation to do their best for their patients by giving them the most appropriate treatment available, and to keep up to date with their profession. Both these objectives can be achieved by educational symposia organised by the research-based pharmaceutical companies, which introduce new concepts in medicine as well as new products.

Research-based pharmaceutical companies play a major role in the development of modern therapeutics through the introduction of new drugs. The development and manufacture in commercial quantities of life-saving compounds in the future, such as, for instance, the new biological agents

and the new anticancer drugs that we need so urgently, would not be possible but for the pharmaceutical industry. One cannot imagine this important work being done by other agencies, such as the universities or the government. The Australian Government, in fact, sold its own pharmaceutical company (Commonwealth Serum Laboratories, now CSL Ltd) some years ago. Doctors attend educational symposia run by pharmaceutical companies so as to obtain information that will be useful for their patients, not because they can get a few free drinks and a dinner. The suggestion to this effect is offensive.

I note that one of the authors is Director of the Centre for Values, Ethics and the Law in Medicine. I would value his opinion on doctors who advertise directly to the public, such as the eye surgeons who advertise repeatedly on talkback radio, and the promoters of alarming cardiovascular articles that predict catastrophes if one does not apply to the sponsors of the program. To criticise doctors for prescribing products promoted at educational symposia while allowing these other examples to flourish without criticism is, to my mind, hypocritical.

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<sup>1</sup> Tattersall MHN, Kerridge IH. Doctors behaving badly [editorial]? *Med J Aust* 2006; 185: 299-300. □

### Should doctors appear in advertisements?

Adrian M J Pokorny

**TO THE EDITOR:** A new trend of doctors appearing in television advertisements is emerging in this country. This has occurred with some impetus over the past year, and now involves not just everyday medical practitioners, but highly regarded public figures. The ethical implications of such advertisements are worthy of some thought.

There has been no formal discussion regarding these issues, and the New South Wales Medical Board does not cover it specifically within the *Code of professional conduct*.<sup>1</sup> This has allowed medical practitioners to

participate in the advertisements with no guilt about the possible ethical flaws of their actions. This is perhaps a premature response, as there are several areas where the ethics are potentially questionable.

The first is the creation of a conflict of interest. The idea of a doctor being sponsored by a drug company is covered, to some extent, by the Code.<sup>1</sup> As is well understood, a medical practitioner must declare to a patient any financial dealings he or she has with a company involved in the treatment of that patient.<sup>2</sup> For the described commercials, the drugs are invariably over-the-counter general medications, like analgesics or vitamin supplements. A medical practitioner may recommend these frequently, and it would be difficult to explain to each patient the nature of the doctor's connection to the drug company while maintaining the high level of integrity and trust expected within modern practice.

Then there is the nature of the advertisements themselves. Medical practitioners can be seen advocating specific products for use by their patients, their families and sometimes even themselves. They display their medical qualifications as a reason for consumers to trust them, playing on the esteem and regard in which doctors are still held in large parts of the community. This is a big risk to take, especially when considering the questionable benefit of some of the treatments being advocated.

I believe that the practice is poor for the public image of doctors and, even if ethically tolerable, it may be prudent for it to be openly frowned upon by the profession. However, the profession may consider it completely acceptable. What is lacking is a frank and open discussion on the ethics involved.

**Acknowledgements:** Many thanks to Dr Charles Douglas of the University of Newcastle for his help discussing this issue.

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1 New South Wales Medical Board. Code of professional conduct. July 2005. <http://www.nswmb.org.au/index.pl?page=44> (accessed Sep 2006).

2 Kerridge I, Lowe M, McPhee J. Ethics and law for the health professions. 2nd ed. Sydney: Federation Press, 2005: 594-598. □

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## Misleading title

Padraic J Grattan-Smith

**TO THE EDITOR:** I would like to comment on two articles that appeared recently in the *MJA*.

"Doctors behaving badly?"<sup>1</sup> was an anticlimax. It was not, as would be expected, an exposure of misconduct by doctors, but dealt with the potential conflict of interest that occurs when they interact with the pharmaceutical industry. No evidence of doctors "behaving badly" was provided, yet a solution to this potential problem was proposed — "disclosure" (ie, yet more paperwork), accompanied by a disclaimer that this was unlikely to work.

This is an important issue, but the content of the article cannot justify such a misleading title. I can only assume it was the result of editorial intervention, in which case there is some hypocrisy at work, given that the inside front cover and the outside back cover of the same issue of the *Journal* are taken up with full-page drug advertisements, and within, a \$10 000 prize was offered for the best original research article published in the *Journal* (sponsored by a drug company).

The second article, *From the Editor's Desk* "Tilting at titles",<sup>2</sup> which cited the dreaded Australian values, suggested that titles such as "doctor" should be trashed altogether and replaced by an introduction such as "Hello. I'm Jean Smith. I am a urologist and together we will confront your prostate problem" — a statement that is unlikely to give great confidence to the average digger.

Doctor Samuel Johnson put this argument to rest in 1775:<sup>3</sup>

What is implied by the term Doctor is well known. It distinguishes him to whom it was granted, as a man who has attained such knowledge of his profession as qualifies him to instruct others. A Doctor of Law is a man who can form lawyers by his precepts. A Doctor of Medicine is a man who can teach the art of curing diseases.

My concern is that there appears to be an editorial assumption that doctors are preoccupied with titles and are willing to treat patients unethically for a few glasses of Kooyong Pinot Noir and a good feed. This might be good press, but not in the *MJA*. Perhaps some disclosure is required.

To return to Johnson:

There are but two reasons for which a physician can decline the title of *Doctor of Medicine*, because he supposes himself

disgraced by the doctorship, or supposes the doctorship disgraced by himself.

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1 Tattersall MHN, Kerridge IH. Doctors behaving badly [editorial]? *Med J Aust* 2006; 185: 299-300.

2 Van Der Weyden M. From the Editor's desk: tilting at titles. *Med J Aust* 2006; 185: 297.

3 Boswell J. Life of Johnson. Oxford: Oxford University Press, reprinted 1987: 632-633. □

## Doctors behaving badly?

Martin HN Tattersall and  
Ian H Kerridge

**IN REPLY:** We agree with Dietz that unbiased sources of information about new therapeutic options are increasing, and many are available electronically. *Virtual Mentor*, the American Medical Association's ethics journal, has suggested reducing drug company influence on doctors' prescribing by stopping companies paying for continuing medical education,<sup>1</sup> and the Australian Competition and Consumer Commission is exposing this issue.

Fisher recommends full and frank disclosure of links with industry, but he does not state to whom these disclosures should be made. The revised Royal Australasian College of Physicians guidelines recommend that employing hospitals create a Conflict of Interest Committee to receive employees' declarations, and to advise when a duality of interest may be construed as a conflict of interest.<sup>2</sup> The Box shows the disclosure statement that one of us displays in his consulting room, copies of which are sent to referring doctors when letters are written about patients.

Grattan-Smith felt the title of our article was misleading. However, the title is stated as a question precisely because the assessment of professional behaviour, and particularly the assessment of possible conflicts of interest, is a matter of considerable dispute. It is clear that the relationships that doctors have with industry may constitute bad behaviour in the eyes of some, including the editorial writer in the *Sydney Morning Herald*.<sup>3</sup> We do not, as Fisher suggests, contend that interaction with the pharmaceutical industry inevitably compromises prescribing decisions, but agree with him that full and frank disclosure, rather than the simple notification that a relationship exists, offers at least some reassurance that the possibility of influence is being acknowledged and managed.

### Example of a disclosure statement displayed in the consulting room and enclosed with letters about patients

#### Disclosure of interests that might influence my prescribing and treatment of cancer patients

##### Pharmaceutical companies

I have received no honoraria or financial support for more than 10 years from pharmaceutical companies for:

- serving on advisory boards
- consultancies
- providing patients' data relating to drug use
- enrolling patients in a clinical trial
- speaking at a company-sponsored event

##### During the past 10 years I have not:

- received financial or other support from pharmaceutical companies for my research activities or staff
- received travel, registration, accommodation or other support from pharmaceutical companies for me or my staff to attend regional, national, or international conferences or meetings
- received research support from pharmaceutical companies
- received personal gifts from pharmaceutical companies
- attended company-sponsored meetings, launches of new drugs

I am not a principal investigator on trials supported by pharmaceutical companies.

I do invite eligible patients to consider entry on some pharmaceutical company sponsored trials, but I derive no personal financial benefit.

I do not accept free samples of drugs from pharmaceutical companies.

I do not welcome visits from representatives of pharmaceutical companies.

Martin Tattersall



Collins asserts both that we hinted that doctors who attend educational symposia organised by pharmaceutical companies and subsequently order the product are acting improperly, and that doctors attend such meetings for the free food and wine. We do not believe that either statement is correct, and accept that the choices that doctors make to attend such events are generally motivated not by gluttony, but by a range of complex factors, including a desire for education, clinical feedback and professional collegiality. Nothing in the interaction between doctors and the pharmaceutical industry is simple. Although the editorial from the *Sydney Morning Herald* suggests that avoidance is the simplest response to this dilemma, we would argue that such a complex issue requires a complex response and that support for adequate disclosure should be a necessary (but insufficient) component of the medical profession's response, if it hopes to maintain the high regard in which it is held by the Australian public.

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1 Sound prescribing. *Virtual Mentor. AMA Journal of Ethics* 2006; 8(6).

2 Royal Australasian College of Physicians. Guidelines for ethical relationships between physicians and

industry. 3rd ed. Sydney: RACP, 2006. <http://www.racp.edu.au/public/publications.htm> (accessed Nov 2006).

3 Stop the gravy train [editorial]. *Sydney Morning Herald* 2006; 7 Aug: 8. □

### It is public perception that counts

Martin B Van Der Weyden

**IN REPLY:** Grattan-Smith is obviously concerned about "Doctors behaving badly?" as an appropriate title for the editorial by Tattersall and Kerridge.<sup>1</sup> He is also agitated by my column *From the Editor's Desk* "Tilting at titles".<sup>2</sup>

The editorial's title was not the result of Machiavellian machinations — its creation belongs entirely with the editorialists. Grattan-Smith may not feel that accepting pharmaceutical company largesse is bad behaviour, but the public sees it otherwise, as evidenced by the unprecedented coverage of the "Roche affair" in *The Australian*,<sup>3,4</sup> the *Sydney Morning Herald*,<sup>5</sup> and the *BMJ*.<sup>6</sup> The public comments were not flattering: "the gluttony of the whole thing was mind blowing"<sup>3</sup> and its defence by doctors was "in poor taste and displays the supreme arrogance of the privileged".<sup>7</sup>

The public and most doctors expect the relationships between the pharmaceutical industry and doctors to be open and transparent. We believe this to be the case with the

pharmaceutical advertisements in the *Journal*, and the *MJA*/Wyeth Prize. Our advertising policy prevents pharmaceutical companies from placing advertisements within or adjacent to articles that might have relevance to the drug being advertised. Wyeth generously donates \$10 000 each year to the authors of the best original research published by the *Journal* on the understanding that Wyeth has no input to the selection process. Research has already been independently peer reviewed for publication before being considered for the prize, and the winner is decided by the *Journal* staff and the members of our independent Content Review Committee.

Grattan-Smith's concern with my column was its questioning of the title "doctor", which apparently is now a source of confusion for patients in busy hospitals. He cites Samuel Johnson's concept of a doctor and quite rightly so. Physicians of his time had every right to call themselves Doctors. They were graduates from Oxford and Cambridge who pursued a long, formal and inflexible course. It began with a Masters in the liberal arts, proceeding through the Licentiate and then a Doctorate in Medicine by dissertation.<sup>8</sup> These doctors were the epitome not only of scholarship but also of elitism. Those with moderate means were barred from pursuing medicine at Oxford and Cambridge, as were non-conforming Protestants and Roman Catholics. It took the Scottish medical schools in Edinburgh and Glasgow to break down the English citadel.

In our times, the use of the title "doctor" by medical practitioners is a privilege granted by the community and the state, and has to be earned and sustained by open professional conduct. A closeted freebie of "a few glasses of Kooyong Pinot Noir and a good feed" is what most of the public perceives as doctors behaving badly, and it is perception that counts.

Martin B Van Der Weyden, Editor

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1 Tattersall MHN, Kerridge IH. Doctors behaving badly [editorial]? *Med J Aust* 2006; 185: 299-300.

2 Van Der Weyden MB. From the Editor's desk: tilting at titles. *Med J Aust* 2006; 185: 297.

3 Moynihan R. The sugar-coated pill. *The Australian* 2006; 25 Jul: 10.

4 Moynihan R. Just say no to pharma freebies. *The Australian* 2006; 28 Jul: 14.

5 Stop the gravy train [editorial]. *Sydney Morning Herald* 2006; 7 Aug: 8.

6 Moynihan R. Roche defends buying lavish meals for doctors at Sydney's restaurants. *BMJ* 2006; 333: 169.

7 Angelo G. Arrogance of the privileged [letter]. *The Australian* 2006; 26 Jul: 13.

8 Bonner TN. Becoming a physician. Medical education in Britain, France, Germany and the United States 1750-1945. Baltimore: Johns Hopkins University Press, 1995. □