

# Med Schools Just Say No to Drug Reps' Gifts

BY TIMOTHY F. KIRN  
Sacramento Bureau

SACRAMENTO — Another medical school has joined what could be a growing movement to ban faculty and residents from accepting any gifts whatsoever from drug company representatives.

The University of California, Davis, Health System decided late last year to forbid its medical staff to accept any gifts from drug salesmen, including drug samples, pens, mugs, and meals, however small they might be. Earlier, the school had banned drug company representatives from walking into the clinical areas on a preceptorship.

By taking this action, the school joins a cadre of institutions that includes Yale University, which implemented its policy in 2005, the University of Pennsylvania, which did so in July 2006, and Stanford University, which implemented its policy in October 2006. At UC Davis, the policy goes into effect in July 2007.

The new prohibition "picks off the low-lying fruit" in an attempt by the institution to create a greater distance between its clinical practice and the pharmaceutical industry, said Dr. Timothy E. Albertson, the university system's executive director of clinical care.

The school has plans to look at the issue of conflict of interest in further detail, particularly in regard to relationships with and practices of other vendors, he said. "We're certainly not trying to change capitalism, but we are trying to redefine the ethics of this type of involvement," he said.

The efforts at UC Davis and the other academic medical centers were spurred in part by an article in the *Journal of the American Medical Association* (2006;295:429-33).

The article noted that many authoritative bodies, including the Pharmaceutical Research and Manufacturers of America and government agencies, have made attempts to curtail practices that constitute a conflict of interest for physicians. But the article also

said those actions have largely failed to change the current climate. Thus, the 11 authors of the paper urged academic medical centers to take the lead by, among other things, banning the acceptance of gifts, samples, and payment for time spent at meetings.

Academic medical centers need to adopt such policies because the medical profession looks to them for leadership, and because academic medical centers shape the ethics of the profession, the proposal said.

The article notes that 90% of the marketing dollars spent by the pharmaceutical industry were directed at doctors, despite the increase in money spent on direct-to-consumer marketing in recent years.

According to IMS Health, a pharmaceutical information and consulting company, drug companies spent \$27 billion on product promotion in 2004, of which \$16 billion was for free drug samples and \$7.3 billion, including gifts and meals, went to sales representative contacts.

The pharmaceutical industry, which adopted strict guidelines on gift giving in 2002, says limiting the practices and access of their sales representatives will deprive physicians of the best expertise on their medicines.

But gifts, however insignificant, establish an unspoken quid pro quo between physicians and pharmaceutical companies. If gifts did not serve this purpose, companies would not give them, the JAMA authors say. They note that the research bears this out.

According to a 2003 survey of more than 1,000 third-year medical students, an average third-year student receives one gift or attends one company-sponsored activity a week (JAMA 2005;294:1034-42). That is precisely the point of the no-gift policies proposed by the JAMA article, said one of its authors, Dr. Jerome P. Kassirer, former editor-in-chief of the *New England Journal of Medicine*.

"These meals and gifts give residents and trainees the idea that pharmaceutical largesse is all right and the way things work, but it taints the profession," Dr. Kassirer said in an interview. "They wouldn't pass out

these gifts if it didn't matter. "I think the academic medical centers needed a little nudge," he added, noting the impact the article appears to be having. "It's a beginning."

At the academic medical centers, free meals appear to be the biggest issue impeding acceptance of the policies among staff. The free meals allow physicians to attend midday meetings they otherwise would not have time to attend, and they are a big ticket item.

At the UC Davis Cancer Center alone, it is estimated that companies spend about \$70,000 on free lunches a year. The center will now pick up those costs, and other departments may have to do the same.

At the University of Pennsylvania Health System, the adoption of its policy caused some grumbling at first, along with the loss of some legitimate educational programs that were sponsored. For the most part, however, physicians and other staff members have adjusted, said Dr. Patrick J. Brennan, the chief medical officer of the university health system.

He said there is "much less evidence" of sales representatives around the clinics and school. At one suburban clinic run by the university, sales reps turned in their identification badges in protest; but, he believes, the sales force may have adjusted. He has lately seen an increasing number of medical education programs offered to faculty and staff sponsored by a third party hired by a drug company.

At UC Davis and some of the other institutions, efforts are being made to help patients who previously might have benefited from receiving free drug samples or devices; these items have been very helpful, especially for lower-income patients, Dr. Albertson noted. The university is going to try to purchase some of the equipment that has been donated in the past, such as training inhalers for asthma patients and supplies for those with diabetes. "We're going to make every effort to buy them" for use by lower-income patients, he added. ■

## Students Take On Interpretation For Hospitals

BOSTON — Bilingual students who have been trained in medical interpretation could ease some of the burden on medical practices and hospitals to provide translation services.

In a poster presented at the annual meeting of the American Public Health Association, researchers from Brown University and Rhode Island Hospital in Providence describe the success of one model—the Interpreter's Aide Program. The student-run volunteer program was launched in 1997 by two students in Brown's 8-year combined medical program in an effort to improve the quality and the availability of medical interpretation services.

Under the program, about 34 bilingual undergraduate and medical students from the university were trained in techniques of interpretation, issues of cultural awareness, and medical terminology. As part of their training, students took both written and oral exams. The bilingual students mainly spoke Spanish. The trained student interpreters were then used to supplement professional interpreters at Rhode Island Hospital.

Between 2000 and 2002, an average of 34 students translated 1,333 hours a year, with each student volunteering his or her services for an average of 40 hours each year. The researchers estimated that the volunteer student program saved the hospital nearly \$60,000 per year. An outside agency charges the hospital \$45 per hour for interpretation services when students are not available.

—Mary Ellen Schneider

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