

Pediatricians Have Fewer Industry Relationships

BY MARY ELLEN SCHNEIDER
New York Bureau

Nearly all physicians have ties to the pharmaceutical or device industries ranging from accepting drug samples to serving on a speakers' bureau, according to a survey of physicians across six specialties.

The study found that 94% of physicians surveyed reported some type of relationship with industry. The most frequently

cited interaction (83%) was receiving food in the workplace. A majority of physicians surveyed (78%) also reported accepting drug samples.

Fewer physicians, about 35%, reported accepting reimbursement for admission to continuing medical education meetings or other meeting-related expenses, and 28% said they received payments from industry for professional services such as consulting, speaking, serving on an advisory board, or enrolling patients in clinical

trials (N. Engl. J. Med. 2007;356:1742-50).

But the study fails to give a clear picture of the relationship between industry and pediatricians, said Dr. Richard Lander, a pediatrician in Livingston, N.J., and chairman of the section on administration and practice management for the American Academy of Pediatrics.

The nature of pediatric practice, from the time constraints to the office-based setting of the practice, tends to mean that pe-

diatricians are less likely to be involved with industry than other specialties, Dr. Lander said. And because most drugs aren't designed with the pediatric patient in mind, the pharmaceutical industry doesn't spend as much time trying to reach pediatricians. "They're not going to make money off of us," he said.

Eric G. Campbell, Ph.D., of the Institute for Health Policy at Massachusetts General Hospital-Partners Health Care System in Boston, and his colleagues surveyed 3,167 physicians working in anesthesiology, cardiology, family practice, general surgery, internal medicine, and pediatrics. Of those surveyed, 1,662

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Groups Seek Tobacco Tax to Fund SCHIP

Federal lawmakers were called upon to approve a tobacco tax increase of 61 cents to fund an expansion of the State Children's Health Insurance Program last month by the American Academy of Pediatrics and the American Medical Association, along with 65 other organizations.

In a joint letter, the groups said that reauthorization of the State Children's Health Insurance Program (SCHIP) is "one of the most important tasks before Congress this year." They noted that SCHIP has significantly improved low-income children's access to care.

"By discouraging smoking through an increase in the tobacco tax and using the resulting revenues to improve enrollment in children's health insurance programs, we are creating a win-win proposition in support of our children's health," the groups said in the joint letter. "It will also result in long-term savings as children become healthier and more productive members of society."

Congress has set aside \$50 billion in new federal funds over the next 5 years for use in SCHIP, which is scheduled to be reauthorized this year. However, under new "pay-as-you-go" rules, the \$50 billion only will be available for SCHIP if Congress cuts other programs or approves new taxes to raise new revenue.

Raising the tobacco tax to provide more funding for SCHIP would help cover many of the 8-9 million uninsured children in the United States while also helping to reduce youth smoking, which would help save health costs down the road, the groups said in the letter to congressional leaders.

"Studies show that every 10% increase in the price of cigarettes reduces youth smoking by 7% and overall cigarette consumption by 4%," the groups wrote. "Increasing the tobacco tax will also generate hundreds of millions of dollars in health care savings because fewer smokers means fewer people with strokes, heart attacks, cancer, and other smoking-related health conditions."

—Jane Anderson

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completed the questionnaire for an overall response rate of about 52%. The study was supported by a grant from the Institute on Medicine as a Profession.

The type and extent of reported interaction with representatives of the pharmaceutical and device industries varied by specialty, the researchers found. For example, cardiologists were significantly more likely than pediatricians, anesthesiologists, or surgeons to receive payments for professional services, such as consulting or work on clinical trials.

Family physicians held the most meetings with industry representatives, on average about 16 meetings per month, according to the study. In contrast, pediatricians held 8 meetings per month with industry representatives.

Practice setting also played a role in the interaction. Physicians in group practice were six times more likely to receive drug samples than were those working in hospitals, clinics, or staff-model health maintenance organizations. Physicians in group practice were also three times as likely to receive gifts and nearly four times as likely to receive payments for professional services.

The study did not assess the appropriateness of the relationships with industry, however, the researchers concluded that the variations in relationships by specialty may indicate a need for guidelines that are specific to specialties and practice settings.

Dr. Lander said he hoped that the article's findings would not create the misimpression that physicians are influenced by a free lunch, pens, or even drug samples. "We're doing it because we really care about the kids."

Dr. James King, president-elect of the American Academy of Family Physicians, agreed that the study findings were not a major cause for concern. In particular, it is a common practice for physicians to accept drug samples in an effort to save their patients money.

Most practices are likely operating within the guidelines set out by the American Medical Association, he said.

The AMA guidelines recommend that gifts should primarily have a benefit to patients and should not be of substantial value. For example, modest meals and textbooks are acceptable under the AMA guidelines, but cash payments should not be accepted.

The main responsibility of physicians who do have relationships with industry is to ensure that patients' interests always come first and to disclose any financial conflicts, Dr. Jack Lewin, CEO of the American College of Cardiology, said in an interview.

ACC has a policy requiring disclosure of industry relationships for anyone involved

in the group's activities, he said. "We really do have a firewall."

However, many of the relationships between cardiologists and industry are necessary and appropriate, he said, because industry is the main source of research on new treatments.

But more can be done to reduce concerns about potential conflict of interest, Dr. Lewin said.

For example, an increase in the number of publicly funded independent reviews of drugs and devices and increases in federal research funding would help to clarify some of the grey areas of cardiovascular care, he said. ■

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