

Relationship-Building: Let's Try a New Twist

Noticed a change lately in the behavior of your friendly drug representatives? I sure have. The pharmaceutical industry is under scrutiny for direct-to-consumer advertising, for escalating prices and for the gifts and perks they lavish on physicians. Faced with probable

regulation by the federal government (which at press time was in draft form), the Pharmaceutical Research and Manufacturers of America (PhRMA) issued a new voluntary code on interactions with health care professionals effective July 1 (www.phrma.org). Gone are the free meals, travel, golf outings and more. Remaining are events of a truly educational nature, in which food or venue are incidental.

This isn't a new issue: The AMA Council on Ethical and Judicial Affairs has been on the warpath for years about the impropriety of physicians accepting gifts from industry. The reasoning is simple. Patients implicitly trust their doctor's advice. Even in the unlikely event a patient were informed about alternatives, what patient would challenge a written prescription?

The big question is: Do gifts to physicians affect prescribing behavior? Marketing research shows that you (yes, even *you*) are influenced by such largesse. After all, if you weren't, why would the companies persist in doing it?

While we are on the subject, what about charging drug reps for access—such as \$65 for 10 minutes with the doctor or \$200 for eight hours' access

to a multispecialty clinic? Doesn't that create an even worse conflict of interest? The doctor, or the clinic, is profiting from companies willing to pay for access. The public will view such charges as greedy, and they will be right.

In the old days, drug companies were anxious to not only provide product information but also build relationships with physicians. Relationship-building was intended to create a bond of a mutually beneficial sort. The physician would think kindly of the company, meet with its representatives and trust their product information. In return, the company would provide occasional perks to the physician. During that period, we learned that the pharmaceutical industry was expert in disseminating information to medical professionals in ways that modified their practice behavior.

In contrast, even as the transition to evidence-based medicine gathers speed, we've noticed that overall physician behavior isn't much altered by the publication of the latest multicenter clinical trials in the peer-reviewed journals. In the arcane language of such reports, advice to physicians about their everyday practice sometimes gets lost. Or the results don't change our behavior even

after summaries of the trial results have appeared in *EyeNet* and the trade press. What's probably missing is the small group or one-on-one information exchange that the drug companies long ago discovered was the most effective.

So in the wake of the new PhRMA code, maybe we've got a win-win staring us in the face. What if the drug reps presented clinical trial results unrelated to their products (like a strabismus trial when the company markets glaucoma drops), building relationships in the process? Would you think kindly of a company that did this?

Dr. Mills has received travel reimbursement and honoraria for speaking at meetings sponsored by Merck, Alcon, Pharmacia Ophthalmology and Allergan.



RICHARD P. MILLS, MD, MPH