

19 Doctors, industry and conflicts of interest

For effective medical care, patients need to trust their doctors. This trust is underpinned by the ethical principle that doctors should put the interests of their patients ahead of their own. The World Medical Association *Declaration of Geneva* states this obligation as: ‘The health of my patient will be my first consideration’ [1]. The Australian Medical Association code of ethics states: ‘Consider first the well-being of your patient’ [2]. The Medical Board of Australia’s code of conduct reads as follows: ‘Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. They must be ethical and trustworthy’ [3]. Abiding by this principle has become more difficult in recent decades because of the commercialisation of medical practice and the growth in influence of the pharmaceutical and medical and surgical devices industries [4].

The nature and consequences of the relationships between the pharmaceutical industry and the medical profession have concerned doctors, politicians and the wider community in recent years [5-7]. The pharmaceutical industry, in collaboration with the medical profession, research institutions and hospitals, has contributed significantly to research and development of new drugs. However, the success and size of the industry, its profitable commercial basis, and the necessary close relationship with doctors in research and in the promotion of drugs, have led to increasing conflicts of interest in medical practice and to violations of ethical principles in medical research [8] and in medical practice generally. The medical profession appears to have a ‘blind spot’ in relation to the marketing practices of the pharmaceutical industry [9]. Similar issues surround the medical devices industry.

Marketing, support, and sponsorship by the pharmaceutical and other medical and surgical device industries may adversely affect how doctors practise medicine, prescribe drugs, treat patients, conduct and publish research, participate in continuing medical education, conduct peer review and contribute to the development of clinical practice guidelines [10]. Medical associations and colleges have developed codes of conduct regarding the relationship between doctors and the pharmaceutical industry [11-13]. These guide individual doctors in their relationship with pharmaceutical companies, and suggest ethical frameworks for the way pharmaceutical companies provide financial support for medical conferences and continuing medical education. We suggest that these codes may have failed to reassure the community that interactions between the pharmaceutical industry and the medical profession

are always ethical and are not putting the interests of industry and doctors ahead of patients' interests.

Doctors now frequently face significant conflicts of interest in many spheres of medical practice. Often these conflicts are not recognised or, if recognised, are denied by rationalisation or self-delusion; doctors seem willing to accept the documented evidence of an influence of sponsorship or advertising, but only in relation to the influence affecting other doctors and not themselves [14]. Media coverage of some of the more serious examples of conflicts of interest has greatly increased public awareness and concern about them [15]. The pharmaceutical industry has responded more concertedly to these concerns than has the medical profession, although some elements of the medical profession and some medical organisations have made efforts to address the issues.

Unfortunately, despite the longstanding documentation of the ethical and professional issues raised by these conflicts of interest, denial of the issues by leaders of the medical profession in Australia remains a problem. Thus, a vice-president of the Australian Medical Association was quoted as saying 'to simply presume prescribing habits are influenced by these companies is wrong' [16], and the chair of the Association's ethics committee was quoted as saying 'it was ridiculous to say that doctors were so easily influenced' [17].

In this chapter, we consider the ethical issues at stake, define conflicts of interest, examine the various ways doctors interact with industry, summarise the evidence of the effects of industry on doctor behaviour, explain that the effects of marketing work predominantly on the subconscious mind, and suggest ways of addressing conflicts of interest that will help retain community trust in the medical profession. The pharmaceutical industry has deservedly attracted severe criticism in recent years, but this is not a key focus of this chapter (see recommended reading list).

19.1 Ethical issues at stake

From the time of Hippocrates, society has granted doctors special status primarily because of the altruism that most practitioners traditionally displayed, putting the interests of the patient ahead of their own. Thus, patients were confident that their doctors could be trusted; trusted to always strive to do the best for their patients (beneficence) and equally strive to avoid harm (non-maleficence). Patients still trust that they can rely upon the independence and trustworthiness of advice or treatment provided by their own doctor [9]. Closely allied with