Testimony before the Senate Special Committee on Aging
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Thank you for the opportunity to address the Committee on Aging on the issue of the increasing involvement of the pharmaceutical industry in the education of American physicians.

I speak from the dual perspective of a practicing physician and the owner of a publishing business specializing in continuing medical education articles for physicians and nurses throughout the United States.

I am ashamed to admit that in 2002, I gave dozens of talks for Wyeth Pharmaceuticals on behalf of their blockbuster antidepressant Effexor, mostly to primary care physicians. Under the watchful gazes of Wyeth drug reps, I artfully emphasized the positive data about Effexor, and glossed over data regarding potentially dangerous side effects, such as high blood pressure.

Eventually, unwilling to tolerate the ethical compromises inherent in posing as an unbiased educator while at the same time accepting large payments from a drug company, I resigned from the Wyeth Speaker's Bureau. In all, I was paid over $30,000 by Wyeth in 2002. In November of 2007, I published the details of my involvement with Wyeth in a memoir. The article, entitled "Dr. Drug Rep," was published in November of 2007 in the *New York Times Magazine*, and became the most e-mailed article in the *New York Times* for three day in a row (1) . Clearly, Americans were astonished that doctors routinely enter into lucrative financial arrangements with pharmaceutical companies, and they were dismayed to learn that physicians' opinions can be bought for cash.

Since that article, several states, including Vermont, Massachusetts, and New Hampshire, have enacted legislation limiting the marketing influence of drug companies on physicians. My own state, Massachusetts, now bans most drug company gifts to doctors and requires public disclosure of payments for marketing services, such as promotional speaking and marketing consultation.

The Physician Payments Sunshine Act would institute national reporting requirements so that patients will be able to learn whether their doctors are receiving payments from drug companies. Clearly, such payments are not inherently unethical. Certain interactions between doctors and industry are not only appropriate, but are crucially important in the development of new treatments; generally, these payments are for bona fide services for designing and conducting industry-supported research. However, when companies pay physicians for purely marketing activities, a dangerous conflict of interest is inevitable. Monetary payments provide an incentive for the doctor to exaggerate the benefits of a product when they discuss it with other doctors or with their patients.

While the Physician Payments Sunshine Act would force disclosure of *direct* marketing payments from drug companies to doctors, there is another kind of marketing payment that would potentially be missed by the act. These are indirect payments in which companies provide educational grants to third parties, such as medical education communication companies (generally known as “MECCs”), medical schools, and medical societies. These organizations use the grants to organize courses for doctors, and pay key opinion leaders substantial fees to teach the courses.

This industry-funded continuing medical education enterprise (CME) has grown almost exponentially over the past several years. In 1998, the pharmaceutical industry contributed $302 million (34% of the total) toward CME in the U.S.; by 2007, this figure had quadrupled, to $1.2 billion (48% of CME funding). Last year, as a result of pressure from physician’s groups and Congress, commercial support of CME decreased somewhat to $1 billion (44% of total funding). (See Appendix 1).

Where does all this money go? Most of it goes to MECCs, private companies that are often affiliated with marketing and advertising firms. These MECCs actively solicit drug company funds to create accredited education programs. Physicians are a captive audience, since most states require a minimum number of CME credits to maintain medical licenses. While ACCME (the national body that oversees such programs) explicitly forbids any direct communication between the funding drug companies and the employees writing the curriculum, this supposed firewall is rather porous. For example, a series of investigative reports in the *Milwaukee Journal Sentinel* revealed that drug companies have paid millions of dollars for CME courses accredited by the University of Wisconsin, courses which were skewed in favor of the products marketed by the funding companies. For example, Pfizer gave over $12 million for a series of CME courses about smoking cessation. One of the course’s major recommendations was the use of Pfizer’s anti-smoking drug Chantix. Inexplicably, the drug’s dangerous side effects, such as hallucinations and suicidal ideation, were omitted from the course material (2).

Similar cases of marketing activities disguised as medical education abound. For example, in September of 2008 McMahon Publishing and Johns Hopkins University collaborated to present a conference entitled the American Conference on Psychiatric Disorders. It took place at the Marriot Marquis Times Square Hotel in New York City, and consisted of four lectures or workshops funded by different drug companies. While the conference was billed as an accredited educational event for psychiatrists, its true purpose was laid bare in its prospectus, which I located online, but which has since been removed by the company (for a more complete discussion of this conference, see The Carlat Psychiatry Blog, In Industry CME, $85,000 buys you 90 minutes, $103,000 buys one article, July 18, 2008, http://carlatpsychiatry.blogspot.com/2008/07/in-industry-cme-85000-buys-you-90.html).

This prospectus was essentially a marketing brochure directed at drug companies interested in using CME courses to market their products to doctors. McMahon’s fee for a 90 minute “Independently Supported Symposia” (a euphemism for “*Industry*-Funded Symposia”) was $85,000 (which works out to $944/minute). In return for this extravagant sum, the publisher promised each drug company:

1. “Exclusive support of a symposium slot” (meaning that there would be no competition from any other drug companies during that time.)

2. “Audience recruitment and session promotion” (Special placards and signage throughout the hotel designed to encourage psychiatrists to show up to their course.)

3. “Certification through Johns Hopkins University School of Medicine” (Johns Hopkins received a substantial cut of the money in order to lend their name and prestige to the event.)

4. “Registration report/summary of participant evaluations” (Ie. the names and addresses of physicians for future promotional mailings.)

Furthermore, for $103,000, McMahon offered to transcribe the course and convert it into a “Special Report,” an 8-page, journal-sized monograph of approximately 4500 words with a 10-question multiple-choice post-test. This would extend the company’s marketing message to a much larger audience, because the “Reports” were sent free to thousands of psychiatrists, as well as posted online.

The one day conference included four drug company supported symposia, meaning that the total income earned by the McMahon (a portion of which was presumably distributed to Johns Hopkins) was approximately $752,000 (assuming $188,000 per symposium). If this seems like an excessive amount of money to pay for a day of lectures, it is. Clearly, the drug companies were not simply paying for medical education; they were paying for advertising.

Because these payments were not direct payments from drug companies to physicians, they would have remained hidden if McMahon had not mistakenly posted their prospectus online.

I would like to conclude with recommendations based on my experiences with industry-supported medical education. The overarching theme is that full and detailed disclosure of drug company payments for CME is now required, because the medical education enterprise had been partially corrupted into a commercial activity. Unfortunately, the main incentive is for many stakeholders in this thriving business is to make a profit rather than to produce valuable and unbiased medical education.

Recommendations:

1. Drug companies should be required to disclose all funding for accredited continuing medical education programs. Such disclosure should include the following elements:

--The total amount of the grant.

--The name of the CME program.
--The nature of the program (ie., live courses, published articles, online courses, etc….)
--The names of all organizations involved in producing the program, including medical education communication companies, universities, medical societies, and hospitals.
--The specific amounts of money paid to each entity involved in the program (including any university which accredited the program, and any physician involved in giving talks or writing articles).

2. The Institute of Medicine should report to Congress on the progress made on their recent report on medical education, in which they recommended that:

“A new system of funding accredited continuing medical education should be developed that is free of industry influence, enhances public trust in the integrity of the system, and provides high-quality education.”

1. Carlat D. Dr. Drug Rep. New York Times Magazine, November 25, 2007. (http://www.nytimes.com/2007/11/25/magazine/25memoir-t.html)

2. Rust S and Fauber J. Drug firms' cash skews doctor classes. Milwaukee Journal Sentinel, March 29, 2009.
(http://www.jsonline.com/news/42064977.html)