



Promotion, professional practice and patient trust

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Tim Reed
Health Action International

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Outline:

- Patient Trust
- Discriminatory Principle
- Misleading Promotion
- Chronic Diseases
- Preventative Treatment
- Promotion and Clinical Practice
- Responsibility of Health Professionals

Promotion, professional practice and patient trust

- What have we been talking about in the last three days?
- At the heart of this course and the accompanying manual is the patient.
- Patients have a right to good care and providing it should be the aim and the responsibility of all health-care practitioners.
- This begins with the patient sitting with a clinician in a consultation - the patient is often worried, sometimes frightened, forgetful, in pain, lying.
- The patient trusts that the health professional will provide advice based on the best available information.

Promotion, professional practice and patient trust

- Above all, patients expect to be protected from unnecessary harm.
- Good advice informed by both evidence and wisdom
- Prescribing and dispensing must always balance the potential for benefit against the possibility of harm.
- Do not add to their burden by unnecessarily inflicting the harms of medicines on them.
- Do not add to their burden by confusing practice of medicine with the giving of medicines.
- Do not shy away from not prescribing or of using non-pharmacological treatments.

Promotion, professional practice and patient trust

- Sometimes giving a medicine is not the wisest choice.
- Best course is to use other treatment options, or no intervention at all.
- Good care includes giving patients information and a sense of competence in coping or adjusting to illness so that life remains worth living.
- The giving of hope, appreciation of context, trust and reassurance are fundamental components of this interaction with patients.
- While patients should take an active role in their own care, it may also mean not always giving patients what they request... Medicines!

Precautionary Prescribing

- Prescribing a medicine is one of the riskiest things you will do for patients.
- Promotion, whether direct or indirect, is aimed at increasing the use of newer, patented medicines.
- Being an early adopter of new medicines is not necessarily in patients' best interests, considering the often relatively small benefits and how little is known about unknown rare and long-term harms of newly introduced medicines.
- In minimising potential harm, adopting a 'precautionary prescribing' approach is safer.

Discriminatory Principle

- The good prescriber is one who is discriminatory - who knows when to suggest a particular medicine, but most importantly when *not* to.

"It is an art of no little importance to administer medicines properly: but, it is an art of much greater and more difficult acquisition to know when to suspend or altogether to omit them." (Pinel, 1809).

Misleading Promotion

- Why is developing a strategy for dealing with promotion important?
- Independent evidence is overwhelmed the volume of promotional material.
- In the UK, the pharmaceutical industry has a marketing budget of £1.65 billion - 300 times more than the UK NHS spends on independent information
- To use medicines in a rational way requires:
 - independent evidence on the effects of medicines
 - understanding of the commercial biases
 - the ability to recognise and take account of the effects of misleading promotional material and activities

Misleading Promotion

- The 'benefits' of indiscriminate prescribing and dispensing resulting from misleading promotion go directly to pharmaceutical companies and health professionals, but it is patients who bear the risks.
- Sometimes, the risks are fatal.
- The case study of the Cox-2 inhibitor rofecoxib - the risks of this medicine were known for four of the five years that it was promoted
- Glitizones: in 2006 there were +/- 3.5 million users of rosiglitazone in the US = 4,000 additional myocardial infarctions and 9,000 additional heart failures

Promotion and Chronic Conditions

- Chronic conditions are a large potential market for pharmaceutical companies, and long-term exposure to medicines for patients.
- Direct and indirect advertising consumers and direct-to-physician advertising focused on a small number of medicines for NCDs
- Often new and still under patent
- When prescribing and dispensing a long-term medicine for a chronic condition, there should be reasonable certainty that, on balance, it will relieve the burden of disease, not add to it.
- Cost implication for medicines that demonstrate no therapeutic advantage at a high price

Preventative Treatment

- Clinical decision-making carries an additional responsibility when introducing preventive treatments
- There is a difference between treatments for the relief of symptoms and making recommendations for treatments for prevention of future illness
- When offering treatment to relieve symptoms we rely on evidence - its gaps, biases and uncertainties and the patient's individual response to that treatment

Preventative Treatments

- For preventive treatments, a greater burden of proof is needed for treatment that will change the pattern of disease and any improvement to the future health
- Construction of disease and risk: natural physiological processes, such as a gradual decrease in bone density as people age, are misrepresented as diseases.
- 'Disease Mongering' is used to describe this process of medicalisation of natural processes.
- Manufactured chronic diseases mean the potential for market expansion for pharmaceutical companies promoting treatments for non-diseases.

Promotion and clinical Practice

- Promotion of pharmaceuticals is designed to drive prescribing decisions in order to stimulate sales.
- A range of promotional techniques:
 - Research design and interpretation of results
 - Publication decisions
 - Treatment guidelines based on that research
 - Direct influence clinical practice through advertising
 - Sales representative visits
 - Indirect marketing techniques
 - direct and disguised direct-to-patient advertising

Promotion and clinical Practice

- Pharmaceutical companies' primary and legitimate responsibility is to maximise profits for shareholders.
- Regulation should ensure that these interests do not override the values of good clinical care, individuals and society.
- The promise of regulation to protect patients has failed:
 - regulatory frameworks do not exist
 - Inadequate monitoring and enforcement
 - Conflict of Interest
 - Promotional activities are not recognised

Responsibility of Health Professionals

- Pharmaceutical companies are commercial businesses
- Some products that are helpful in life-transforming ways for some people
- Pharmaceutical companies, through their marketing departments, are fundamentally traders trying to increase profit rather than altruistic organisations trying to improve health
- It is the failure of health professionals to recognise this fact and respond appropriately to promotion and poor science will result in harm to patients
- The challenge for you now is how you will deal with this in order to provide the best possible care for your patients