

CONFLICTS OF INTEREST

SCENARIO

SAMPLES AND FREEBIES

OUR next scenario discusses conflicts of interest that may arise through receipt of gifts, samples or “freebies”.

SCENARIO

SAMPLES AND FREEBIES

▶ You are invited to attend a continuing education evening about obesity by a sales representative for a pet food company that is launching a new brand of diet food.

What should you do?

RESPONSE

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▶ In an ideal world, all clinical decisions, including decisions about which drugs, diets and products to prescribe, would be purely rational and evidence-based, to maximise optimal patient outcomes. The reality, of course, is that this ideal is subverted to varying degrees by factors ranging from relatively benign to considerably less so. More benign examples include lack of certainty about a diagnosis, or of certain evidence about a proposed treatment’s efficacy, in which case decisions are made on the basis of probabilities rather than certainties; and genuine financial limitations of owners, which result in the selection of a suboptimal, but cheaper, treatment option. Less benign influences on the prescribing process include overemphasis on the interests of the treating veterinarian or practice in maximising profit, or on ease of treatment (e.g. minimising hospitalised caseloads over the weekend), or on trialling a therapy with less evidence of efficacy, in which a clinician has a particular interest. And a particularly prominent

area of concern – which is related to this case – is the attempted subversion of treatment decisions by the commercial interests of companies supplying pharmaceuticals, diets or other veterinary products.

Of course such companies exist partly to create and distribute products that make a major contribution to animal health and welfare, and in doing so make important, positive contributions to society. However, they also have a duty to their shareholders to maximise profits, which occurs when their products are used as widely as possible – regardless of the degree to which their products are actually clinically superior to alternative treatment options. This can create a strong interest within such companies in influencing prescribing decisions. After all, these companies do operate within a competitive environment. They succeed or go bankrupt in a corporate version



△

7.17 Continuing education events are often sponsored by pharmaceutical or food companies, but should you avoid these potential conflicts of interest?

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of the “survival of the fittest”, based on a combination of the effectiveness of their products, and perhaps even more importantly, the extent to which they can successfully influence clinicians to use them, and clients to request them.

Companies supplying pharmaceuticals, prescription diets or other healthcare products are known to seek to influence prescribing decisions in a variety of ways. Through sponsorship or gifts they seek to build relationships and influence with clinicians. They may sponsor continuing education events, and even the travel and accommodation costs of clinicians. They may also arrange such events themselves, such as in this example relating to obesity. Such sponsorship is very significant, particularly within the world of human healthcare, where the financial stakes are even higher. As D’Arcy and Moynihan (2009) reported, “The pharmaceutical industry is an extremely important source of funding for continuing medical education – 35% of the estimated US\$9–14 billion that industry spends each year on pharmaceutical marketing goes towards educational support.” Companies may also target students, as occurs when suppliers of prescription veterinary diets offer discounted pet food to students in veterinary schools.

Even more disturbing is the subversion of scientific evidence by such companies. It is well understood within the scientific world that studies of the effectiveness of a new treatment are more likely to show a positive result when funded by companies with a commercial interest, than when funded by independent sources such as government agencies, charities or universities. Such studies more often have favourable efficacy results and overall conclusions, and are less likely to show evidence of harm, than non-industry-sponsored studies (Lundh, et al. 2012).

Goldacre (2009, 2012) has described at length the various methodological manipulations that occur within such studies that predispose them

to outcomes more likely to be favourable to the industry funder. This problem is pervasive within science. In a survey of scientists randomly sourced from databases maintained by the National Institutes of Health’s Office of Extramural Research, 15.5% of all 3247 respondents reported changing the design, methodology or results of a study in response to pressure from a funding source (Martinson, et al. 2005).

Tempting though it might appear at first glance, the solution to problems such as these is not to ban all industry involvement in scientific studies or educational events. As D’Arcy and Moynihan (2009) stated, because sponsorship of continuing educational events is so substantial, “If pharmaceutical-sponsored education is no longer allowed, we may witness tomorrow’s doctors practicing yesterday’s medicine.” Similarly, a great deal of scientific work relating to the development of new therapeutics would not occur, without industry sponsorship.

However, we must recognise that the primary interests of industry are not in advancing science or patient welfare, but in advancing their commercial competitiveness. Accordingly, we must demand absolute transparency with respect to their generation of scientific results, and we must subject claims about the safety and efficacy of their products in scientific studies or educational events to very rigorous critical scrutiny. In this particular case relating to the obesity presentation, you should attend if possible, but you should closely scrutinise the claims made about the efficacy of the new company diet, and you should examine the evidence in support of those claims, paying particular attention to the methodological design of any supporting studies.

In order for such increased scrutiny and critical review to become more firmly embedded within the culture of medicine – both human and veterinary – scientists and policymakers must be further educated about the nature and extent of

this pervasive problem, and about how to critically assess evidence, and particularly study methodologies, for sources of bias, and about how to minimise these through good experimental design. Such training should be included within the curricula of veterinary schools, and should be made available through continuing education to veterinarians.

WHILST being aware of, and concerned to reduce, any possible conflicts of interest may help to mitigate negative outcomes there may be some benefits to associations with pharmaceutical or drug companies. If veterinary practices are not aware of new treatments they will not be used, even if they are the best available. Companies, partly driven by self-interest, aim to increase awareness of their products through advertising and other promotional efforts. Free samples may enable discounted treatments for financially compromised clients, or allow a greater understanding of a product, for example food or routine treatments, if they are used on the veterinarian's own animals.

CONFLICTS OF INTEREST

What do you think?

ONE What do you think are the most important ethical considerations for whether there should be restrictions on sponsorship of student, veterinary and nursing training events by pharmaceutical or food manufacturers or other veterinary companies?

ONE Which, if any, restrictions would you support?



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7.18 Would you consider restrictions on sponsorship of veterinary training events?

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