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Your Doctor's Drug Problem

By ARNOLD S. RELMAN

BOSTON — The rising costs of prescription drugs are driving the current debate about Medicare reform. Yet Republicans and Democrats alike may be unaware of a primary reason for this inflation: doctors are taught about drugs by agents of the pharmaceutical industry, which works hard to persuade them to select the newest and most expensive medications — even in the absence of scientific evidence that they are any better than older, less costly ones.

Despite the increase in direct-to-consumer advertising, patients still rely on their doctors to choose which prescription drugs, if any, they should take. But what few of them know is that often their doctors' judgment is influenced by the companies that sell the drugs. Most medical practitioners nowadays learn which drugs to use, and how to use them, mainly from teachers and educational programs paid for by the pharmaceutical industry.

To renew their licenses, doctors in almost all states are required to enroll in continuing medical education programs, and these are now largely subsidized, directly or indirectly, by the pharmaceutical industry. There are official guidelines for keeping these programs free of commercial bias, but they are voluntary. Most of these educational programs are presented by industry-friendly experts who are selected and paid by the companies selling the drugs being discussed, and most of their talks emphasize the medical benefits of those drugs. Some of this information is useful, but much of it is simply marketing disguised as education.

Of course, the companies sponsoring continuing medical education programs deny that sales promotion is their intent. They say they merely want to help "educate" doctors by giving financial and technical help to the institutions offering the programs.

To its shame, the medical educational establishment tolerates this state of affairs. Medical schools, professional associations and hospitals that offer continuing education programs accept grants from the pharmaceutical industry and frequently allow the industry to suggest topics and speakers and help with preparation of the programs. They are reluctant to do anything that would jeopardize the industry's support.

As for the doctors attending these industry-sponsored educational programs, they like the slick presentations, which often use industry-supplied teaching materials. They also like the low or nonexistent fees, the free food, and the numerous small gifts given out at the commercial exhibits that often accompany big education events. And naturally they are confident that their own independence is wholly unaffected by all of this — although surveys reveal that they are less sanguine about other doctors' ability to resist industry's blandishments.

But the companies providing the support wouldn't pour money into education unless they were confident of a return on their investment. And there is evidence that industry-sponsored programs

increase the writing of prescriptions for the sponsor's products.

In this way, doctors are led to believe that new and expensive drugs are much better than older and less costly generic drugs. Sometimes this is true, but not nearly as often as the pharmaceutical industry wants doctors to think. That's why it spends so much money on helping with the "education" of doctors.

So it is not merely that the pharmaceutical industry is using doctors to sell its products. Medical schools and other educational institutions are not teaching doctors how to use drugs wisely and conservatively. Until they insist that the pharmaceutical industry stick to its own business (which can include advertising but not education), we are unlikely to get the help we need from our doctors in controlling runaway drug expenditures.

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