

FOM 1 Ethics #3
December 6, 2018

Conflicts of Interest Faculty Guide

Discuss the following cases.

- Force yourself to make a choice as to whether the case scenario is acceptable or not, and justify your reasoning. What are the pros and cons of each case?
- Where do you draw the line at what is acceptable or not, and why?
- Are there ways to manage any of the conflicts of interest that may be present?

Faculty Notes:

- As with many of these cases, there may not be a clear cut right or wrong answer.
- Students should consider 1) the likelihood of harm/appearance of harm and 2) how serious that harm is, and 3) what would patients think about the situation
- With regards to the first three cases, CESCO policy states that students under no circumstances should accept gifts or meals; the policy is more open to accepting drug samples although students should not dispense them (in case they have not been properly stored/monitored).

Case 1: Free Samples for the Free Clinic

A medical student-run free clinic treats uninsured patients in the community. Unable to afford the out-of-pocket costs of many medications, patients often receive free samples provided by the pharmaceutical companies. The drug samples tend to be more expensive brand-name anti-hypertensives (e.g. Cozaar, which is brand name losartan) as opposed to cheaper alternatives (e.g. lisinopril).

Faculty Notes:

- In favor of accepting drug samples:
 - Improved (underserved) patient access to drugs or services (*Note: a lower percentage of indigent/uninsured patients report receiving drug samples than do wealthy, insured patients*)
 - Can replace expensive prescriptions for acute illnesses
 - Lowers medication costs for patients
 - Allows patients to test out medications to see if they tolerate them
 - Can increase adherence by starting therapy right away
- Against accepting drug samples:
 - May be misuse due to unregulated storage, handling, and disposal
 - Can influence prescribing behavior (Studies suggest prescribers are less likely to prescribe what they would ordinarily use as first line therapy when using drug samples. It may be interesting to consider whether this is ok if it means that a lower income patient is at least getting some treatment)
 - Supply can be unreliable or inconsistent
 - Patients tend to want to continue meds after samples run out at higher cost to them
- Consider other options for patients other than drug samples: patient assistance programs, "\$4 med programs" at some pharmacies
- Are the drug company goals the same as the physicians? What are the drug company's goals? To educate physicians on treatment options and the most cost effective treatments, OR are they wanting physicians to prescribe THEIR drug? How do the students feel knowing that drug reps tend to be attractive people trained to learn your interests and hobbies and also follow your prescribing practices? Do they feel they would be influenced, even consciously, by a sense of reciprocity?

Case 2: Food for Thought

You are a 3rd year medical student. A major drug company provides the food for noon conference at a hospital where you are doing a clerkship. The conference topics are chosen and discussed by teaching faculty at the hospital. The drug company has a representative at the lunches to answer questions about their products.

Does your opinion change if you are a resident participating in the lunches/conferences? If you are an attending? What if the presentation content or materials are supplied by the drug company?

Faculty Notes:

CESCOM policy forbids meals from drug companies. However, the students should consider this issue independently and also how they should behave as residents or attendings.

- **In favor of healthcare-industry relationships:**
 - **Advancement of research and development; ability to invite national experts**
 - **Advancement of innovation and education; entices better attendance at conferences**
 - **Weak case for corruption**
 - **Is “more readily prescribing marketed drugs” or asking benefit plans to cover them necessarily bad?**
 - **Few cases of actual corruption or harm**
- **Against healthcare-industry relationships:**
 - **Undermines public trust**
 - **Introduces bias into research, prescribing, and education**
 - **Prioritizes other interests above patient interests**
 - **Gifts increase the cost of healthcare...after all, patients pay for rising drug costs**
 - **Even low cost gifts like pens can influence prescribing by the constant name reminders**
- **Some students may feel they are entitled to gifts because of their debt or their long hours; they may feel they are unlikely to be swayed by a free meal; they may ask what the big deal is as they can't prescribe anyway. Most professional organizations, such as AMSA, strongly discourage such interactions.**
 - **If lunch were not involved, would we ever have drug reps speak or educate as opposed to regular faculty, pharmacists, etc.?**
 - **These days we have many other sources of learning.**
 - **The drug companies in general should not be controlling topics and content.** - *CME programs from drug companies tend to have less focus on prevention, lifestyle changes, and doctor-patient communication.*

Case 3: Wiser through Pfizer

You are the Dean of a medical school. You have just met with a senior vice-president of Pfizer. She has offered to build a state-of-the-art simulation lab for the medical school, with computerized mannequins and other skill stations that could be used to enhance education across the curriculum. No activities at the lab would promote the use of any pharmaceutical products. The only requirement would be that the lab would be called the Pfizer Center for Simulation. This name would be displayed prominently in the lab itself and would be used in all of the medical school publications that refer to the lab.

A “conflict of interest: is a “set of conditions in which professional judgment concerning a primary interest tends to be unduly influenced by a secondary interest.” What are the conflicts of interest that are present in this case? As Dean, do you think that these conflicts can be adequately managed and that you should agree to this arrangement, or do you think the conflicts are prohibitive and you should decline this offer?

Faculty Notes:

This is a case where the dean needs to consider the massive benefits of having a sim center (the students should relate to this as the sim center is one of their favorite and most central learning modalities. How would they feel their education would change without it?) vs. having the Pfizer name attached with all the issues described in previous cases.

- **Can this be justified on the basis of the educational benefit and the fact that Pfizer will not control the content?**
- **Might Pfizer expect reciprocity in the future?**
- **How will the public respond?**
- **Is there a difference between Pfizer’s name being on something vs. a private individual (look at the “Charles E. Schmidt” College of Medicine or “Marcus” Neuroscience Center at BRRH.**
- **In today’s climate, I would doubt any dean would take advantage of this opportunity.**
 - **Does “shunning” drug companies stifle forward progress? Look at all the advances in heart disease, etc....many related to research backed by drug companies.**