

## Under the influence of drug companies

“You must be from Canada?” the friendly well-dressed man behind the counter asked. Surprised, I paused in loading my half-full shopping bag and asked, “How can you tell?”

“We can’t give this stuff away here. I use to be a drug rep in Canada and you guys don’t get anything up there.” I was attending a primary care conference in Spokane, Washington, and on a floor beneath the lecture rooms there was an entire hockey-rink-sized room full of pharmaceutical companies’ booths. I had stocked up on pens, pads, anatomic models, and other items, including a towel, laser pointer, full-sized clock, and even a dirt-filled pot sponsored by an ED drug, which, when watered, grew into a tall plant.

Do you ever wonder how much your prescription writing is influenced by pharmaceutical companies? When faced with starting a patient on a new medication for hypertension, how do we decide? Are our medication choices based on sound, evidence-based medicine? I would like to think that my prescribing practices are immune to outside pressures and based on what is best for the patient. When I first started my general practice, I decided I would not see pharmaceutical detailers in my office because I didn’t want to be influenced by their sales pitches. It’s not that they lie to you; it’s just that they tell you the truth they want you to hear. I remember one of my mentors, when I was an intern, telling me that, on principle, he didn’t see drug reps in his office. However, as the years passed, he found himself pushing past his staff and welcoming the young attractive women in for a chat.

Pharmaceutical influence in medicine is much more ingrained than most of us realize. Starting in medical school, through internship, and into

residency, various companies are picking up the tab for lunches and food at rounds and talks. This practice continues into our working lives. Who hasn’t attended a dinner at a nice restaurant or gone to a medical conference and visited the sponsoring booths at the encouragement of the course mediators? In fact, often when conferences are planned, one of the first tasks is to try to secure sponsorship money from pharmaceutical companies.

After years of hearing my colleagues talk about playing golf, going to hockey games, and even traveling courtesy of some drug company, it became clear to me that they were having way more fun and were enjoying their ride on the gravy train. What were my morals getting me? Nothing. That’s it, I decided, I was going to catch a ride on the pharmaceutical express. I started attending some of these events and let the word leak that I liked to play golf. Before I knew it I was inundated with invitations and offers. Here in lies the catch; nothing is free. After playing golf with someone, how can you ignore them when they drop by the office to say hello with their most recent article or handout on their new and improved medication?

It is naive to think that we aren’t influenced. When next writing a script is it possible to forget what the nice drug rep said about how his or her medication is the best? They wouldn’t lie to you—they took you golfing, bought you lunch, gave you samples, and commented on how respected and admired you are in the community. They even liked your new shirt and hair cut. These thoughts all came to me as I read a recent article in the *Georgia Straight* about a now-retired pharmaceutical detailer and how he was trained to befriend and influence physicians. He mentioned many of the above items—food, drink, activities,

hobbies, and more. The article also outlined the enormous amounts of money pharmaceutical companies spend on detailers. If the process of detailing didn’t work, do you think these highly successful companies would continue to invest in it?

Some of you, like me, are immune to these outside pressures, and I compliment you. I’m sure none of you use pens with medication logos on them or have anatomic models, mouse pads, hand outs, and so on with these same logos. I also congratulate you on not eating the food at grand rounds or partaking of the meal at the evening lectures you attend.

Lastly, if any pharmaceutical detailers ever read this, I like nice red wine—none of the cheap stuff.

—DRR

## Getting misty

I always thought that as doctors became more senior life would become more organized, and that one could settle into a pattern of being relaxed and venerated at work with lots of spare time for things like fishing and taking long walks on the beach. It is not happening for me, and it is not happening for most of my colleagues. I suspect that those physicians smart enough to have organized their lives that way would probably want as little contact with someone like me as possible.

It seems that my colleagues and I are busier than ever with just not enough time for *important stuff*.

At any rate, sadly, because of my

poor organization, I will have to retire from the Editorial Board of the *BCMJ*. I must say that ever since that Vernon hockey trip many years ago, where Jim Wilson said, "I might have a use for that rant," I have enjoyed my time on the Board. It has been fun, and the monthly meetings have been something that I have looked forward to. I owe Jim a big debt of gratitude. It has been a great honor and a pleasure to be associated with Jay and Kash and, of course, Jim and the other stalwarts on the Editorial Board.

Dave Richardson is going to do a great job. Dave is a bright guy; he just needs to lighten up a little.

In all seriousness, I have always

been impressed with the enthusiasm and intelligence that the Editorial Board members have brought to the meetings. Their various medical backgrounds and, more importantly probably, their extracurricular backgrounds, made the *Journal* something I am proud to have been associated with.

I am getting misty and cannot even work up a good rant. I thank the *BCMJ* and the physicians of BC for allowing me the honor of serving on the Editorial Board.

I would like to say, in closing, that I have been on the boards of the BCMA and the SSPS, and the Editorial Board was more fun, hands down.

—AJS

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some of those services with education and training that is inadequate in view of established standards. There are times when we are called on to exceed our outlined scope of practice, but even as licensed medical practitioners we do so with trepidation. At all times, however, action is taken by the most knowledgeable team member, who also assumes the risk and responsibility to the patient. Where we perceive threat to this premise and our patients' health is at risk, we are obliged to speak out. It's okay to address patient access concerns and how our allied health provider colleagues might be involved, as long as they are held to a high standard of care, as we are.

Scope of practice and developing a collaborative model of health care is a complicated and important issue. After much hard work, we have come to a good compromise in addressing pharmacists' increased scope of practice and how that will work within the borders of our health care system. If government has learned anything from our lengthy discussions on this topic, it is that legislation preceding consultation with the medical bodies

ultimately responsible for patient care and safety will not work. Doctors need to be in the room while plans are being discussed that affect how physicians care for their patients.

Scope of practice is more about relationships than just the "things we do." At present there is a great deal of collaboration among professions, but with changing scope of practice the picture becomes more complicated over the issues of supervision, delegation, and collaboration. It's no longer a matter of who is doing what, but under whose supervision is it being done. This is where physicians can and should take the lead.

There is room in the health care system for appropriately trained and qualified health care providers to assist physicians and relieve the pressure, but they cannot function at cross-purposes to established medical practice. Ultimately, expanding scope of practice must come down to finding the best way to use every health care provider's expertise, improve the health care system, and improve patient outcomes.

—Bill Mackie, MD  
BCMA President