

Health & Welfare

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PRESCRIPTION FOR DISASTER: A System That Needs Fixing

In no way is this article meant to vilify doctors, most of whom are fundamentally honest and competent. It is meant to explain pharmaceutical industry business practices that have become standard within the medical profession. Doctors don't intentionally set out to siphon for the pharmaceutical companies. The problem is institutional in the medical profession. These practices have resulted in skyrocketing costs for pharmaceuticals, at great detriment to the patients who need them most.

Without question, the number-one problem facing our members, principally retirees, is the escalating costs of prescription drugs. There are many reasons for this, some of which have been presented to you in past articles. They include the resistance to using generics, the pharmaceutical industry's questionable business practices, and Pharmacy Benefit Managers (PBMs), who are otherwise known as the "middlemen." Perhaps the most significant part of the cost equation that we have not discussed is related to doctors.

Because the drug industry reaps billions of dollars in profits per year, manufacturers go to great lengths to ensure that their interests are acted upon, whether by officials who approve medications for market, politicians who create laws, or the physicians who prescribe them to their patients. With the hope that doctors will readily prescribe their products, drug manufacturers heap loads of gifts on physicians. These gratuities include catered office lunches, informational dinners at the finest restaurants, and an endless stream of office supplies. This might sound insignificant, but in 2003 alone drug manufacturers allotted \$22 billion on gifts and marketing, which was up from \$12.1 billion in 1999. The term **conflict of interest** became an issue when questions arose about just how much influence these perks have on the prescribing habits of doctors.

Do doctors prescribe drugs that could otherwise have been avoided? An excellent example of this question occurs when a patient goes to the doctor requiring an antibiotic and walks out with prescriptions for the necessary drug, as well as a brand name pharmaceutical nasal spray and a brand name non-sedating antihistamine. Could any thought of over-the-counter products (OTC) or even generic drugs been lost to some other influence? Why are brand name samples being distributed when equally safe, effective and less expensive OTC or generic products would have the same effects? Because doctors are viewed as the best distribution tool for a drug company's products, mar-

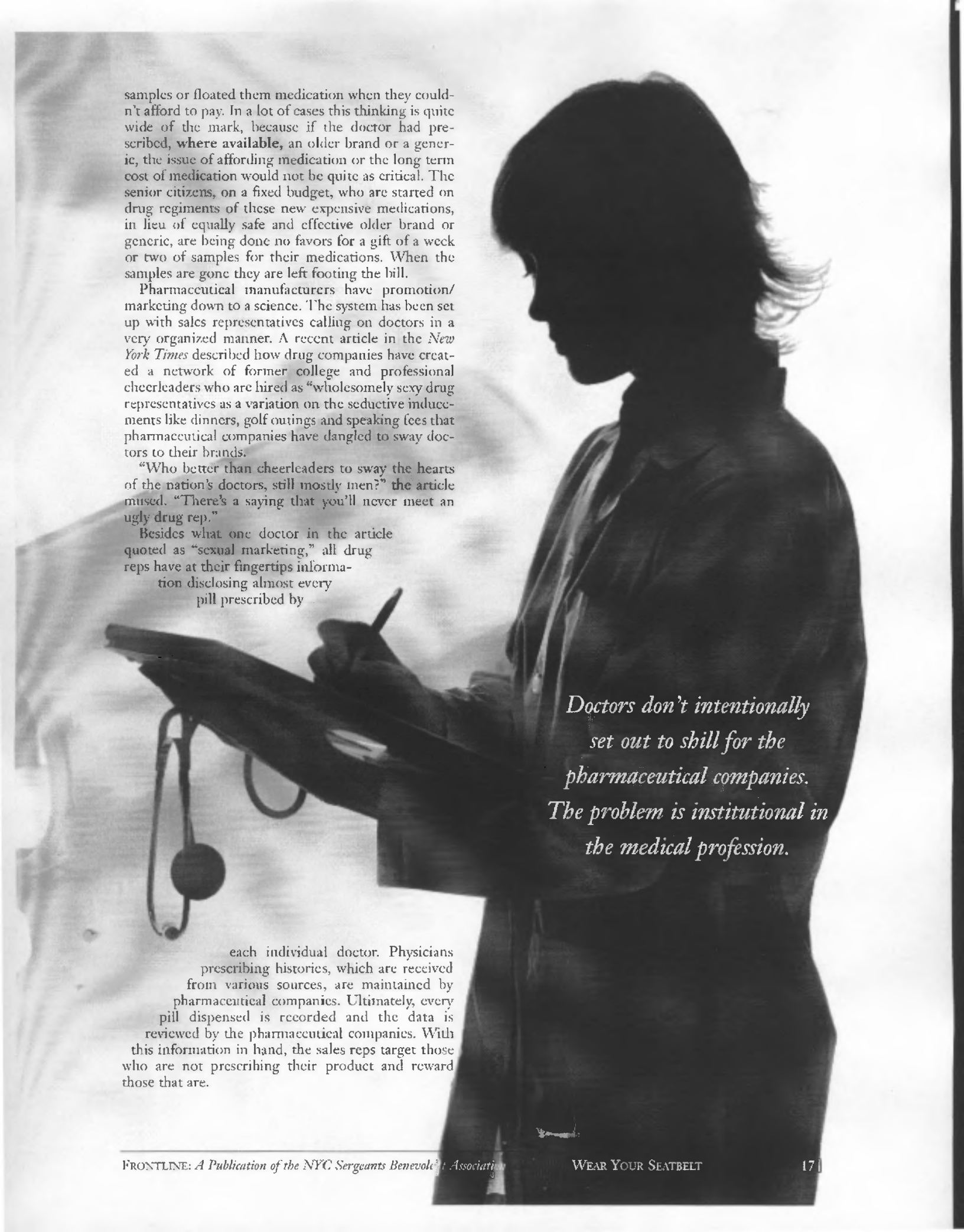
keters go to great lengths to cultivate relationships that will result in them prescribing their products.

To get a good gauge of the intensity of the ongoing battle for a doctor's influence, just count the number of promotional products you see when proceeding into your physician's inner office. It is mind boggling. With each pharmaceutical manufacturer having at least five sales representatives per doctor, it is certainly not surprising to find at any point in time there will be a pharmaceutical rep at your doctor's office. This becomes especially prevalent at lunch time.

I recently went to an upscale takeout restaurant for dinner. Although there wasn't a hospital or large medical facility for miles, I was amazed to see a large poster on the wall soliciting business from drug representatives and offering them a discount on meals. There are so many **free meals** out there that even takeout restaurants are now vying for the lucrative business brought in by drug reps.

Sales reps tote bags that are filled with promotional materials of all sizes and shapes. The supreme tool of their trade, however, is **free drug samples**. From the perspective of drug manufacturers, there is no benevolence associated with handing out free samples of prescription drugs. The sole purpose of such a practice is to give the doctors the tools necessary to start a patient on a regimen of a new and expensive brand name medication, most often in lieu of equally safe and effective older alternative drugs. Once the patient has been established on a medication and the samples run out, the manufacturer's revenues begin. In the case of maintenance medications, these revenues can last forever or at least until doctors are informed, more than likely during an office encounter with a drug rep, that there is a new and better brand name drug.

Excellent examples of this are the systematic transfer of patients from two of the top selling drugs of all time: Prilosec to the "me too" drug Nexium or from Claritan to Clarinex. I have heard many members relate happily how the doctor gave them handfuls of



samples or floated them medication when they couldn't afford to pay. In a lot of cases this thinking is quite wide of the mark, because if the doctor had prescribed, **where available**, an older brand or a generic, the issue of affording medication or the long term cost of medication would not be quite as critical. The senior citizens, on a fixed budget, who are started on drug regimens of these new expensive medications, in lieu of equally safe and effective older brand or generic, are being done no favors for a gift of a week or two of samples for their medications. When the samples are gone they are left footing the bill.

Pharmaceutical manufacturers have promotion/marketing down to a science. The system has been set up with sales representatives calling on doctors in a very organized manner. A recent article in the *New York Times* described how drug companies have created a network of former college and professional cheerleaders who are hired as "wholesomely sexy drug representatives as a variation on the seductive inducements like dinners, golf outings and speaking fees that pharmaceutical companies have dangled to sway doctors to their brands.

"Who better than cheerleaders to sway the hearts of the nation's doctors, still mostly men?" the article mused. "There's a saying that you'll never meet an ugly drug rep."

Besides what one doctor in the article quoted as "sexual marketing," all drug reps have at their fingertips information disclosing almost every pill prescribed by

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each individual doctor. Physicians prescribing histories, which are received from various sources, are maintained by pharmaceutical companies. Ultimately, every pill dispensed is recorded and the data is reviewed by the pharmaceutical companies. With this information in hand, the sales reps target those who are not prescribing their product and reward those that are.

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THE MEDICAL SCHOOLS

Pharmaceutical influence begins in medical schools. Drug companies have enormous influence over what doctors are taught about drugs and what they prescribe. The thought patterns of doctors begin to be molded by the manufacturers who sponsor conferences, fund research grants, or just paste promotional materials and handouts throughout classrooms. Seemingly innocuous items such as pads, pocket guards, and pens all begin the process of recognizing the gift-bearing salespersons as friends and partners. The professors, lecturers or medical researchers at university medical schools are some of the best compensated medical professionals in the pharmaceutical business.

With promotional grants, clinical grants, endorsements, and speaking engagements, these educators significantly supplement their incomes being on the payroll of pharmaceutical manufacturers. They use their positions to guide and mentor medical students by example, thus encouraging a relationship which some consider a conflict of interest. As described by reporter Marcia Angell in her expose on the pharmaceutical industry, the medical schools receive research grants from manufacturers who have considerable influence on every detail of the research, from design of the study to whether to publish the results. The top doctors and researchers perform a myriad of services for the drug manufacturers, from signing off on **ghost written** research articles or clinical trials to lecturing and endorsing products.

THE FIGHT FOR CHANGE

Because the marketing of doctors has long been an institution in the medical establishment, a group of idealistic medical students formed the American Medical Students Association (AMSA), which can be reached on-line at: www.nofreelunch.org. They have launched a campaign to offset what they consider the unseemly influence of drug industry representatives. These doctor and students at 150 medical schools have been conducting cross-country endeavors to urge physicians to stop accepting any forms of gifts from drug marketers. They are working hard to help doctors avoid unwittingly becoming **de-facto agents** for the drug companies.

We the patients cannot help but be influenced by drug ads, which abound on television, as well as in the print media, on the Internet, and now even in movie theaters. Because doctors are as human as everyone else, they also can't help but be affected by such cre-

ative marketing. It is foolish to believe doctors are immune from such influences. Coupled with aggressive sales campaigns by salespersons, it is hard to imagine them not being affected in ways that could lead them to prescribing medications without conducting independent research. Unfortunately a great deal of a doctor's drug information and education is supplied by biased drug representatives in three minute office lessons, and at drug manufacturer sponsored annual accreditation classes and dinners.

THE DANGER

Doctors are the most integral component in the marketing chain. What makes this so dangerous is that patients might not get the most cost effective drug or the drug well-suited for their ailment. Research has shown that cost is an important factor in patient compliance. If a doctor prescribes an expensive brand name medication, in lieu of a less expensive older brand or generic, the patient might not be able to afford to take their medication or not follow prescribed daily dosage to prolong the medication. On the other side of the spectrum is the danger of overmedicating patients. Doctors might be quick to medicate a person who could be better served by alternative treatment. These factors can lead to negative medical outcomes. When the anti-inflammatory drug **Vioxx**, which had been aggressively marketed by its manufacturer, was recently taken off the market after numerous deaths by users, it was disclosed what the contributing factors to this debacle were.

The drug was created for a specific population of clearly stated ages, conditions, and contributing factors. It wound up being dispensed to patients of all ages with an array of ailments. While all medications have risks, doctors are relied upon to determine if the benefits of the medication outweigh the risks associated with it. But because drug reps aggressively marketed and sampled the medication to doctors, it wound up being prescribed and dispensed to any and all persons inside and outside of the target population. The results were nothing short of tragic.

OFF-LABEL PRESCRIBING

A history of catastrophe, coupled with the potential for future disaster, also surrounds another questionable practice in the medical industry: **Off-label** prescribing by doctors. Off-label is defined as doctors prescribing drugs for uses other than which the F.D.A. tested and approved it for. It should be pointed out that off-label uses are legal and common. Once a drug has been

approved by the F.D.A. for a single disease, doctors can legally prescribe it for any ailment. This practice has created devastating results, as in the case of **Neurontin**. While this drug was F.D.A. approved for epilepsy and the skin ailment shingles, it had been prescribed for over a dozen alternate diseases including bipolar disorder and back pain. In many cases an ominous side effect was suicidal behavior, which resulted in a federal lawsuit and a \$430 million settlement by the drug manufacturer.

When a doctor prescribes a drug for an off-label use, it can be said the patient is in an unofficial clinical experiment outside of the tightly controlled conditions of clinical trials. This is because the drug was never evaluated by the F.D.A. for its alternate uses within different populations, such as a drug geared for adults being prescribed to children, significantly changing doses, or how it works in combination with other treatments. Paxil, for example, was an adult drug that was used off-label in children. Logic would dictate that adult studies do not necessarily predict how the developing bodies of children would react to drugs. However, pens and pads were delivered and profits prevailed. The rest is history.

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Of critical importance is the fact that in most cases parents are unaware that their children are prescribed drugs for an unapproved use. So who does the clinical research with which alternate uses are based? The pharmaceutical company? A lab on the payroll of the pharmaceutical company? A medical school based upon a grant from the pharmaceutical company? As we think back to the overwhelming marketing and the unhealthy relationships within the industry, there is room for serious concern on the integrity of this practice and the presence of any business systems that might influence the judgment of doctors.

AVIAN FLU

A recent issue of vital importance is the **avian flu** and the potential for a global pandemic. Health experts are very concerned with the mutation of this virus to a form which can pass from human to human, thus creating a deadly worldwide epidemic that has the potential to kill millions of people. One problem is that viruses naturally develop a resistance to anti-viral medications (antibiotics), which is hastened by over-prescribing and misuse. Even Tamiflu, which has been heralded as the most effective treatment for avian flu in humans, can be losing its effectiveness to fight this illness. In spite of this, sales of that medication has significantly increased with a disturbing number of doctors supplying patients with prescriptions to stockpile the medication.

Part of the problem can be attributed to the over-prescribing of antibiotic agents and the lack of oversight by doctors of patients on a drug regimen. This has led to an acceleration of virus resistance and a shortage of effective treatments. Inappropriate use has contributed to virus rates of mutation and decreased effectiveness of anti-viral medications. Is this too a byproduct of pharmaceutical industry marketing practices and their unhealthy influence on doctors?

We all understand that pharmaceutical companies are profit driven. We also cannot condemn all doctors for being reckless enough to be manipulated by savvy salespeople. Doctors don't intentionally set out to shill for the pharmaceutical companies. The problem is institutional in the medical profession. There clearly has to be some accountability, because we are dealing with the lives of countless patients. Doctors are the most critical component of health care. We rely on what they tell us and make our life and death decisions based upon their advisements.

This is why there is no room for influences on them that can skew their opinions and decision making. Medicine is a quasi-business presumably built on the ideals of trust and dedication. It should not be in any

way, shape or form a conventional business that is conceptually built on profit. Certain practices, although viewed as acceptable and customary in one venue, is not tolerable within the stringent framework of standards that exist in the practice of medicine. This is why doctors must be held to a higher standard of conduct. Anything that has the potential to compromise must clearly be acknowledged, discouraged and prohibited.

As patients and consumers, we must not sheepishly take what we are told as the gospel. Based on the facts, as we have laid them out to you, we strongly recommend that members discuss drugs prescribed, alternative drug therapies, available generics, and OTC products with their doctors. We must also not be influenced and predisposed by pharmaceutical ads. We must be the person in charge of our own well being. Ultimately it is your health or that of a loved one at risk if we don't. Moreover, members must not be hesitant to use effective and time-honored OTC or generic brands when available.

These products are found in most cases to be as safe and effective as their expensive brand name counterparts. If we are not effective consumers, we can't break the pharmaceutical industry's actions and deceptions that have created the inflated price trends we live with. If we do nothing it is inevitable that we run the risk of our union prescription expenses eventually running out. If that happens, we would become victims of the very things that are supposed to make us better.