

There's No Such Thing as a Free Lunch: The Inherently Flawed Relationship between Physicians and Pharmaceutical Companies' Gifts

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Introduction

The relationship among society, physicians and pharmaceutical companies is complex and interactive. Pharmaceutical companies develop, manufacture and distribute powerful prescription drugs that benefit patients. However, while the pharmaceutical industry's effort to encourage physicians to prescribe the right drug for the right patient at the right time in the right dose via the right route of administration ("The Five Rights") can certainly be seen as contributing to the health of society (Blumenthal 2004), the marketing of prescription pharmaceuticals by for-profit firms could conceivably lead to unfortunate consequences; i.e., higher drug costs (Caudill et al 1996, Minnigan & Chisholm 2006), and the over/under use or even misuse of drugs in ways that might adversely affect patients (Relman & Angell 2002)

Many physicians have a positive attitude toward their interactions with pharmaceutical companies (Wazana 2000), professing to believe that their interactions with pharmaceutical companies provide educational value for both themselves and their patients, because the interactions allow the doctors to become aware of new prescription drugs and because the free samples provided by the pharmaceutical companies can be provided to patients (Chren 1999, Brett, Burr & Moloo 2003). Many believe that they are entitled to such gifts, merely because of their profession (Minnigan & Chisholm, Sierles et al 2005).

Studies of Physician Behavior

In recent years, the attitudes of physicians (often non-practitioners, such as residents, Program Directors or medical students) regarding pharmaceutical companies' gifts and interactions between pharmaceutical companies' representatives and doctors have been examined extensively (Gibbons et al 1998, Poirier, Giannetti & Guidici 1994, Steinman, Shlipak & McPhee 2001). Many physician respondents are confident that any bias in the educational content or other offerings associated with pharmaceutical companies would not affect their own decision-making (Dana & Loewenstein 2003, Donnell et al 2009, Hodges 1995, Spithoff 2014, Steinman, Shlipak & McPhee, Wazana), but have doubts regarding how their peers might be influenced (Halperin, Hutchison & Barrier 2004, McKinney et al 1990, Sierles et al, Steinman, Shlipak & McPhee). This includes medical students, practicing physicians and physicians in training. For example, in a study (Sierles et al) of medical students' attitudes toward gift-giving by pharmaceutical companies, 69% believed that gifts would not influence how they practiced, but only 58% believed that gifts from pharmaceutical companies would not affect colleagues' practices. Interestingly, another study (Palmisano & Edelstein 1980) of medical students' attitudes toward gifts noted that while 85% of medical students felt that it would be improper for politicians to accept gifts, only 46% believed that it would be improper for them to accept a gift of equivalent value themselves.

Steinman, Shlipak & McPhee found that 61% of residents believed that they would not be influenced by pharmaceutical companies' marketing efforts, although only 16% were felt the same about their colleagues. Brett, Burr & Moloo found that most respondents viewed a wide variety of interactions between doctors and drug companies (e.g., free pens, expensive textbooks, free drug samples, free lunches) would be ethically acceptable. Respondents were more likely to express concerns about interactions and pharmaceutical companies' gifts as their value increased, when the situation involved recreational as opposed to professional activities, and when information provided to physicians during the interaction was perceived as biased or self-serving. Hodges examined the attitudes of psychiatric residents, and found that, while fewer than one third felt that pharmaceutical representatives were an accurate source of information about drugs, the vast majority surveyed (71%) did not wish these representatives banned from making presentations and 56% believed that receiving gifts would not affect their own prescribing behavior.

In a study of practicing radiation oncologists, Halperin, Hutchison & Barrier found that while only 5% of

participants agreed with the statement “my prescribing practices are affected” by gifts, 33% agreed with the statement “I believe that other physicians prescribing practices are affected.” In the same study, the hypothesis that physicians believe that their conduct is less affected than those of their colleagues (i.e., “I am not influenced by gifts but someone else is”) was very strongly supported ($p < 0.0001$).

Clearly, a widespread view among physicians and physicians in training is that their professional training somehow differentiates them from non-physicians, making them resistant to influences that might be expected to affect other humans and enabling them to appraise their patients’ interests objectively and put those interests before all other considerations (Fischer et al. 2009, Donnell et al, Bihlmeyer, Schreiber & Farrand 2008, Halperin, Hutchison & Barrier, Sierles et al). Unfortunately, the data often does not support this view (Rawlins 1984). For example, a recent study (Yeh 2016) examined the prescribing practices of 2444 physicians in the Massachusetts’ Medicare prescribing database. Seventy one percent had accepted pharmaceutical company sponsored meals. Physicians who had accepted no pharmaceutical company gifts prescribed brand name statins at a significantly lower rate (17.8%) than those who had received such gifts (22.8%). For every \$1000 in pharmaceutical company gifts received, the rate of prescribing brand name statins increased 0.1% ($p < 0.001$). This large scale study supports the conclusions of previous studies using small samples (Orlowski & Wateska 1992), and self-reported data (Bowman & Pearle 1988), as well as a widely regarded (Katz, Caplan & Mertz 2010) comprehensive review of the literature (Wazana).

What Do the Pharmaceutical Companies Say and What Is Said About Them?

A representative of the Pharmaceutical Research and Manufacturers of America (PhRMA, the industry trade association) expressed the position of the organization regarding pharmaceutical marketing generally in the *Journal of Internal Medicine*:

“Although not all drugs are breakthroughs, the ... assumption that therapies already on the market should not be promoted is troubling for two reasons. First, it assumes that every new physician graduates from medical school with full knowledge about every drug on the market. Second, it ignores the fact that scientists often discover new benefits as well as risks in existing drugs.

... there is a need for responsible dissemination of information about drugs to physicians. Pharmaceutical companies know the most about their products, particularly new products. Hence they are the most knowledgeable source of information about these drugs. Without distribution of information by pharmaceutical companies, the diffusion of information about new medicines would take much longer and patients would be deprived of state-of-the art care (Beary 1996, p. 635).”

Later, Bert Spilker, a senior vice president of scientific and regulatory affairs at PhRMA expressed the industry’s position regarding pharmaceutical marketing and physicians specifically even more clearly:

“[Critics of detailing] fear that physicians are so weak lacking in integrity that they would ‘sell their souls’ for a pack of M&M candies and a few sandwiches and donuts ... certainly the vast majority of physicians are able to resist this temptations (sic) and make decisions solely based on the best medical interests of their patients” (Spilker 2002, p. 243).

Interestingly, despite these industry protestations that gifts would not be expected to influence physicians (Grant & Iserson 2005), Bardes (2005), in an article tellingly entitled “An Insider’s Perspective: Defense of the Pharmaceutical Industry’s Marketing Practices,” noted that pharmaceutical representatives “tend to be one sided” in their presentations to physicians. Many studies (Wazana 2000, Cho & Bero 1996, Stryer & Bero 1996) characterize at least some of the information provided by pharmaceutical representatives as inaccurate, misleading, or biased and usually favoring the representative’s drug over similar offerings by other companies.

There are several inherent problems with the pharmaceutical companies' position. First, pharmaceutical companies' gifts are, in fact, not truly gifts at all. In the U.S., to qualify as charitable gifts, the goods in question must exhibit a "detached and disinterested generosity" in order to be tax deductible (Commissioner v. Duberstein 363 U.S. 733 [1949], cited in Katz, Caplan & Merz 2003, p. 14). Big pharma's "gifts" are, in fact, clearly identified by the companies as marketing expenses, not charitable gifts, and are therefore not, in fact, tax deductible. "[C]alling small tokens given as part of the sales activity of pharmaceutical firms 'gifts' is disingenuous and a transparent attempt to be nonjudgmental. These 'gifts' should be recognized for what they are: marketing wares" (Katz, Caplan & Merz 2003, p. 14). Second, major pharmaceutical companies (e.g., Merck, Lilly) have policies which forbid their employees from accepting gifts or limit the size of gifts to a minimal value (i.e., no more than \$5 or \$10) (Grant & Iserson). A manager at Eli Lilly commented that "we want to keep things straight, aboveboard, business" (Randall 1991, p. 443). This manager, and by implication, his company, clearly understands that the acceptance of gifts, even small ones, has the potential to distort the behavior of the recipient, perhaps to the detriment of the company employing the gift recipient. Finally, even the U.S. Senate Finance Committee in 2007 (Spithoff 2014, p. 694) has recognized the inherent conflict between pharmaceutical companies' expressed rationale for gift giving to physicians and their business interests: "... it seems unlikely that this sophisticated industry would spend such large sums on an enterprise but for the expectation that the expenditures would be recouped by increased sales." It should also be noted that other professions (professional sports referees, college professors, judges, etc.) are prohibited from accepting gifts from anyone who might be influenced by their decisions (Minnigan & Chisholm).

What Does the Theory of Gift Giving and Receiving Say?

Despite physicians' expressed confidence that they are largely immune from the efforts of pharmaceutical companies to influence their prescribing behaviors in ways that would better serve the purposes of the company instead of those of their patients, a substantial body of theoretical and empirical literature suggests reasons why this confidence could be mistaken. Some of this literature focuses on the manner in which gifts (regardless of size) influence human behavior and the role they play in human relationships. According to Katz, Caplan & Merz 2010, p. 13), "When a gift or gesture of any size is bestowed, it imposes on the recipient a sense of indebtedness. The obligation to ... reciprocate, whether on a conscious or unconscious level, tends to influence behavior..."

The social rule of reciprocity imposes on the recipient a requirement to repay gifts or favors (Cialdini, 1993). In other words, when someone gives us something, we are expected to return the favor. Hence, the phrase "much obliged" is often used as a synonym for "thank you."

The idea that the size of the gift affects the degree of influence (i.e., that large gifts would be more influential than small ones) seems reasonable but is not supported by social science research (Katz, Caplan & Merz 2003, Dana & Loewenstein). The secret of the success of the world's record holder for car sales was to send a greeting card which included the phrase "I like you" to each customer each month (Cialdini p. 174). In another example, after a pharmacy owner gave potential customers a \$0.50 key chain when they entered the store, customers' retail purchases increased 17%, a statistically significant increase (Friedman & Herskovitz 1990). Finally, when the Disabled American Veterans organization requested donations through direct-mail, the response rate was about 18% when no gift was included but doubled when inexpensive, customized address labels were included with the solicitation (Cialdini).

Some of the most significant behavioral behavior are the simplest; i.e., food, friendship, and flattery (Wazana). A gift of food is an especially powerful tool in establishing a sense of social reciprocal obligation. As expressed by Bell (1931, p. 125-126), "Food is the key to all social intercourse." The inclusion of food in a social interaction, in and of itself, increases the persuasiveness of a presentation even if the source of the food is not the source of the persuasive communication itself (Janis, Kaye & Kirschner 1965). Thus, it is hardly surprising that pharmaceutical companies spend huge sums on food: after the University of Michigan Medical Center banned the provision of free lunches by pharmaceutical companies, the annual cost of the free meals provided was found to be \$2.5 million (Saul 2006). In fact, DeJong et al. (2016), in a cross-sectional study of over 275,000 physicians who

received a single meal from a pharmaceutical company, found a significantly higher ($p < 0.001$) rate of prescribing several of the company's branded drugs instead of generic equivalents. With respect to the friendship and flattery components noted above, pharmaceutical representatives have been described as "the most beautiful, friendliest, helpful ... [and] flattering group anyone meets" (Grant & Iserson, p. 533).

Transparency

Although physicians have been shown to believe that their prescribing behavior is not affected by gifts from pharmaceutical companies, there is evidence that the public does not share this view. Although many patients recognize the widespread nature of physician-pharmaceutical company relationships, patients who recognize this relationship express less trust in physicians and the healthcare system itself (Grande, Shea & Armstrong 2012). As many as 78% of patients believe that gifts significantly affect physicians' prescribing behavior and therefore increase the cost of the drugs these physicians prescribe (Blake & Early 1995). Also, after learning about pharmaceutical companies' gifts to physicians, nearly a quarter of patients changed their perception of the medical profession itself (Gibbons et al). In fact, this disapproval of physicians receiving gifts from pharmaceutical companies is increasing: Jastifer & Roberts (2009) reported that patients in their study were less approving of every type of gift to physicians than patients surveyed in the 1990s.

Many believe that increased transparency will lead to better healthcare outcomes at lower costs (Healthcare Financial Management Association, 2017, Robert Wood Johnson Foundation, 2016), although not all agree (Frakt 2001, Ubel, 2013). Regardless of the effects on costs, there is little doubt that there will be a trend to increased transparency in healthcare for the immediate future (Health Care Financial Management Association, 2013).

Although many physicians continue to believe that receiving gifts from pharmaceutical companies is an acceptable practice (Bihlmeyer, Schreiber & Farrand, Brett, Burr & Mooloo, Gibbons et al, Morgan et al 2006, Purdy 2006, Schetky), this custom may be declining (DeLegge 2012), especially as the practice receives additional scrutiny. As part of the Physician Payment Sunshine Act (part of the Affordable Care Act ("Obamacare")), the Centers for Medicare and Medicaid Services has published about 16 million financial transactions totaling nearly \$10 billion between physicians and teaching hospitals and health care industries between August 2013 and December 2014 (Steinbrook 2016). These sorts of public records will, almost certainly, become more widely available in the future. As they become more and more detailed, physicians may be influenced to decrease behavior which many of their patients frown upon (Jastifer & Roberts).

Conclusions

Despite many physicians' beliefs that they are immune to the influence of gifts from pharmaceutical companies, substantial evidence exists that this belief is incorrect, although the pharmaceutical companies argue otherwise. The theory of gift-giving and gift-receiving provides an understanding for the fallacy of this self-serving position on the part of both prescribers and pharmaceutical companies.

As healthcare transparency records become increasingly available for public view, physicians may be forced by public pressure to cease (or at least, decrease) their willingness to accept "gifts" from pharmaceutical companies and prescribe drugs in a manner less fulfilling to the interests of pharmaceutical companies and more in the interests of the public at large.

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Relevance to Marketing Educators, Researchers and Practitioners: This paper is useful in understanding the effects of pharmaceutical companies' gifts to physicians and the attitudes of those physicians toward those gifts.

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