# What a tangled web we weave? An investigation into the collaboration of healthcare professionals and ‘Big Pharma’

In 2003 the British Medical Journal (BMJ) published an iconic illustration on its cover. It depicted cartoon pigs drinking wine, eating expensive looking food, playing golf and delivering presentations; all while lizards in suits greedily watch them. The title read ‘Time to untangle doctors from drug companies’ (BMJ 2003). Healthcare professionals (HCPs) are usually the target of antidepressant marketing messages due to the prescription only status of medications. In addition to being the targets of the pharmaceutical industry, they are also it’s paid collaborators and advisors. This distinction however, is a blurry one. Critics argue that any contact with the pharmaceutical industry has the potential to influence attitudes towards a specific drug and ultimately even prescribing (e.g. Wazana 2000). Therefore, even whilst are working on behalf of the pharmaceutical industry they may also be subject to marketing messages.

On the 30th June 2016, The Association of the British Pharmaceutical Industry (ABPI) published a list on their website titled ‘Disclosure UK’. The list contains information on payments received by HCPs from pharmaceutical companies. With 50,2083 entries on Disclosure UK amounting to 364 million pounds, the extent to which doctors have been ‘untangled’ from drug companies over the last 14 years is open to debate.

This paper presents the findings of in depth interviews with 10 individuals on the list. Of the HCPs interviewed, 6 were psychiatrists, 2 pharmacists, 1 neuroscientist and 1 a healthcare economist. The interviews were conducted as part of my PhD research investigating the marketing of antidepressants and therefore the majority of participants had received funds from pharmaceutical companies for consultancy work related to mental health drugs. Disclosure UK has been analysed using quantitative methods by the BMJ. This analysis has been crucial in providing a digestible snapshot of the contents of the database. However, this research represents the first attempt to go beyond the figures to understand the motives and experiences of HCPs on the industry payroll. Tentative analysis of these interviews in addition to regulatory documents suggests that whilst doctors have yet to ‘untangle’ from pharma, the way in which they interact with pharmaceutical companies has changed for the better.

## What is collaboration?

Two of the main ways HCPs receive payment from pharmaceutical companies are advisory boards and speaker meetings. 8 of my informants had been paid by pharmaceutical companies to partake in advisory boards. Since both advisory boards and speaker meetings are reserved for academic healthcare professionals at the forefront of their field, there is significant overlap between the two groups of collaborators. Everyone I spoke to who had taken part in advisory boards had also spoken at meetings funded by pharmaceutical companies. One younger psychiatrist had spoken at meetings but not taken part in ad boards. HCPs who undertake either or both of these kinds of collaboration are referred to within the industry as key opinion leaders (KOLs).

Advisory boards (commonly referred to as ad boards) are panels of around 8 academics/HCPs who give their expert opinion on various aspects of a drugs development. These decisions can include advice on what research methods to use in a clinical trial, how best to present trial data and what marketing messages the company should focus on. They often take place at varying intervals over the course of years and the same HCPs are usually present throughout the entire ad board process although some may leave due to retirement, or other work commitments.

Speaker meetings generally refer to occasions where the HCP is paid by the company to do a presentation. Often the presentation will include slides which are either developed by the pharmaceutical company or created by the speaker and thoroughly vetted by the pharmaceutical company to ensure all claims are evidence based. These speaker meetings are usually described as educational and tend to focus on disease areas rather than just the specific company drug. At speaker meetings HCPs often present to other HCPs. This work usually forms part of the continuing professional development (CPD) of the audience.

## Findings

The relationships between HCPs and pharmaceutical sales representatives have received the Hollywood treatment in films such as *Side Effects* and *Love and Other Drugs*. These films present the pharmaceutical industry as sexy and manipulative with undue influence over HCPs. Nonfiction books and academic literature have supported this popular image of pharmaceutical companies using money and gifts to bribe HCPs to do their bidding (e.g. Goldacre 2012, Healy 2006)

4 of my HCP informants had collaborated with antidepressant manufacturers during the late 1980’s and 1990’s when many of the blockbuster drugs were launched. Each confirmed that the popular depiction of ‘big pharma’ companies as lavish with gifts and exotic destinations for meetings was true for this time.

‘I think 20 years ago some of the things that the companies did in terms of entertainment and remuneration etc etc, you know they were clearly very questionable. And I think that some of the concerns that have been raised about uh, NHS clinicians and academics interacting with industry have been very well made and I think tying up some of the regulations have massively improved things. I mean sometimes some of the entertainment when you went to an ad board was lavish in the extreme. And it was completely and utterly unnecessary.’ Psychiatrist 30/09/2016

Informants spoke in detail, often fondly of their lifestyles during this time. Their accounts supported the actives depicted in the caricature on the cover of the May 2003 issue of the BMJ in uncanny detail.

‘Go back 20 years and if you were at an important advisory board on an international board, I remember going to one at a beautiful island on the great barrier reef and we were flown to Melbourne and then flown on there and we were staying in a hotel that was normally only populated by film stars. Uh, so, it was quite... apart from doing the work it was quite a nice lifestyle. People enjoyed doing it because the companies made a fuss of them and this was at a time when even the sort of, all the meetings the launch meetings with consultants and junior doctors and people could happen abroad and were in fairly lavish hotels.’ Psychiatrist 27/10/2016

Each of these informants, however, noted that whilst companies had ‘spoiled’ them in the past with luxury and excess, this popular image of pharmaceutical industry interactions is now out of date. Instead, they note that regulation, and a reputation preserving sentiment have steered companies away from the grandeur of golf courses and 5 star hotels, to more down to earth accommodation.

‘Personally, I think it's gone slightly, maybe only slightly, but slightly to far in the opposite direction. There are times when companies are saying well we can't put you up at that hotel we've got to put you up at this one because we don't want to be seen to be overly influencing you. And their sort of threshold is we won’t pay for you to go and stay in any hotel that would be better than one you would pay for yourself. Well there's plenty of hotels I've been put up by companies there's no way on earth I would have paid for that myself. I wouldn’t, you know they were horrible hotels and I wouldn’t have gone there but you know. It's probably better to err on that side than on the side of being over lavish.’ Psychiatrist 30/09/2016

‘all that's changed radically. Everything’s done on a shoestring and not just because they don't have as much money because of the pressure on drug costs but also just because it's not seen as good.’ Psychiatrist 27/10/2016

This shift away from activities which have been publicly denounced as unethical is a conscious one. Pharmaceutical industry employees interviewed as part of my boarder PhD emphasise the importance of improving and preserving the reputation of the industry in the wake of scandal. Profit still motivates the actions of pharmaceutical companies. However, scandals such as the ‘Seroxat Scandal’ have damaged the reputation and therefore the profitability of the industry. Resultantly companies are improving their ethical standards to protect and improve their reputations.

Although interactions between HCPs and pharma could be seen as less corrupt than they were 20 years ago, doctors have yet to ‘untangle’ to the extent proposed by the BMJ in 2003. The life of a HCP who chooses to collaborate with industry is far less glamorous that it used to be. All of the HCPs interviewed highlighted education as the main reason they collaborate with industry. Through collaboration they are able to get information such as trial data they would be unable to get otherwise.

“I just enjoy the work… …It gave me a better understanding of clinical trials. It gave me a much better understanding of marketing. A better understanding of marketing material, how it can be sometimes less than obviously truthful if you see what I mean. Um, how they use particular images to give particular impressions and how in the university it helped me teach really because I was able to teach what I learned in terms of trying to engender a more collaborative attitude amongst other pharmacists and how to look at clinical trial material and how to review papers to do critical appraisal” Pharmacist 14/11/2016

‘Before our trust used to have a training budget but we've got nothing now absolutely nothing. We're not allowed to do anything at all in my trust it's not the same in every trust but in my trust, pharmacy department there's no funding for training… We don't have anything.’ Pharmacist 7/12/2016

HCPs interact with the pharmaceutical industry in large part to get information they are unable to get elsewhere. HCPs who attend industry funded training events, or received funding to attend a conference noted the same reasons. HCPs turn to the pharmaceutical industry for information which is not yet public (e.g. trial data) and education which they are not able to get via the NHS. Consequently, until there is a publicly funded, unbiased way for HCPs to get all of the information they feel they need, doctors have little hope of ‘untangling’ from industry. Furthermore, as emphasised by one informant, even if HCPs chose to avoid interactions with the pharmaceutical industry, it’s impossible to avoid the web completely.

‘I tend to say I prescribe what I have to prescribe to each patient. However, at the end of the day, we shouldn’t forget that all of our recommendations which are based on NICE guidelines which are based on RCTs which are funded by pharma companies. So regardless of whether or not you have attended a conference sponsored by a pharma company, or regardless of whether or not you’ve given a lecture which has been funded by a pharma company, to a large degree all of our recommendations in our practice are funded by pharma companies.’ Psychiatrist 19/10/2016

## Limitations

Although Disclosure UK has been hailed as a milestone in pharmaceutical industry transparency it has also been subject to much criticism, mainly aimed at the opt-in nature of the project. BMJ analysis of Disclosure UK found that 70% of HCPs chose to fully disclose their payments (BMJ 2016). Whilst this number may appear high the 30% of healthcare professionals who did not disclosure received over half of the total value of payments. Meaning the HCPs who had been paid the most were less likely to disclose. Further to this, there could be a difference in the attitudes and behaviours of those who do disclose their payments, compared to those who do not. My informants may be exceptional in their transparency, having firstly chosen to disclose details of their payments on Disclosure UK, and secondly agreeing to be interviewed by me. It is therefore unlikely that these interviews are representative of the entire HCP community who collaborate with industry. However, they do comprise a significant number of the HCP collaborators working in depression. Furthermore, these accounts allow for some insight into a group who have not historically been the subject of qualitative investigation.

## Conclusion

Nature abhors a vacuum, and wherever one exists in the broad realm of mental healthcare pharmaceutical companies will step in. They fill it in a way which is useful to an extent, but also serves the company’s quest for profit. The conflict of interest and subtle biases that result from pharmaceutical companies occupying these spaces are real and problematic. However, without a sufficiently funded mental healthcare system with independent information and continuing medical education for HCPs, industry provided substitutes are the best we have.

Regulation has been successful in improving the ethical status of HCP/industry collaborations, reducing the impact of the conflict of interest in some instances. Even informants who spoke frankly about being flown to exotic islands and now lament being resigned to cheap hotels acknowledge that such changes have been necessary in reducing the conflict of interest associated with interaction with pharmaceutical companies. However, the only way to remove the conflict of interest completely, is to independently fund the education of HCPs, the information resources they use, and also the clinical trials which generate the information on drugs. This is an expensive ask, and doing so could also reduce the quality of expert advice available to antidepressant manufacturers, or cause manufacturers to take their business to countries other than the UK. Whether it is what we ultimately want as a society remains open for discussion.