INTRODUCTION: The medical profession's relationship with the pharmaceutical industry (PI) has come under increased scrutiny in recent years, however little is known on the subject in mental health nursing. AIMS: The study sought to investigate: (1) the frequency of contact between mental health nursing students and PI employees; (2) students' attitudes and beliefs about their relationship with the PI; (3) the range of 'gifts', promotional items and hospitality accepted or seen in clinical environments by students in a one year period; and (4) students' attitudes to 'gifts', promotional items and hospitality offered by the industry. METHOD: Employing a survey design, a 35-item questionnaire was distributed to 472 students at two universities in the UK. Data were analysed from 347 respondents by means of descriptive statistics and simple content analysis. RESULTS: The findings suggest that students have significant contact with the industry through one-to-one meetings with pharmaceutical representatives (PRs) and by attending events giving information on specific drugs or general mental health issues. Students also identified a number of benefits (e.g. receiving "up-to-date" information on new drugs) and problems (e.g. the potential influence exerted on practitioners to use their drugs) arising out of this contact. Most students (79.8%) had accepted some form of 'gift' from the industry but few (11.5%) believed it was unacceptable to do so. The presence of promotional items in the clinical environment was seen as advertising (84.4%) but few students (19.3%) believed clinical environment should be free of these items. Over half (57.1%) of the students believed that PRs did not always give unbiased information but
thought that they and mental health nurses in general would be able to detect any bias.

CONCLUSIONS: In parallel with medicine, the study has shown that the pharmaceutical industry has at least the potential to influence mental health nursing students. Within medicine this realisation has triggered a vigorous debate on how medical schools should respond to the promotional activities of the PI. We suggest this study goes some way to demonstrating there is a need for these issues to be debated in the education of mental health nurses.


Brand, R. (2008). Marketing drugs: debating the real cost. Concern about close ties between doctors and pharmaceutical firms are prompting new financial disclosure laws and education efforts. *State Legislatures, 34*(8), 26-29. @ Lakehead e-journals


Chimonas, S., & Kassirer, J. P. (2009). No more free drug samples?. *PLoS Medicine / Public Library of Science, 6*(5), e1000074. @ NOSM e-journals

Susan Chimonas and Jerome Kassirer argue that giving out "free" drug samples is not effective in improving drug access for the indigent, does not promote rational drug use, and raises the cost of care.

PURPOSE: Policy recommendations specify how academic medical centers should manage clinical conflicts of interest (CCOIs), including gifts and payments to physicians from pharmaceutical companies. However, no reliable data exist on the extent to which schools have policies to manage CCOIs. The authors sought to determine the extent and strength of medical schools' CCOI policies. METHOD: A survey asked compliance officers at 125 MD-granting medical schools in the United States to indicate whether their institutions had policies covering 11 areas of CCOI and to provide copies of relevant policies. Policies were scored as 0 (no policy), 1 (permissive), 2 (moderate), or 3 (stringent), based on published recommendations. Each school's scores were averaged to create a measure of overall policy strength. The authors also collected information on schools' public/private status, hospital ownership/affiliation, and NIH funding to determine whether these characteristics were associated with differences in policy strength. RESULTS: A representative sample of 77 of 125 (62%) medical schools responded between October 2007 and December 2008. Absence of policy was the most frequent finding in 7 of 11 CCOI areas. The mean score for overall policy strength was 1.2. Greater NIH funding was associated with stronger policies in 9 areas. CONCLUSIONS: This analysis provides a comprehensive overview of medical schools' CCOI policies. Wider adoption of CCOI policies is crucial to eliminate undue industry influence in clinical care and to preserve public trust in the medical profession. The authors close with a consideration of why so few medical schools have implemented strong policies.


Long subject to legal scrutiny under the federal Anti-Kickback Statute, financial ties between physicians and drug manufacturers have recently come under additional pressure as a result of recently enacted state and federal disclosure laws and state gift restrictions, the latest coming in connection with the Federal Health Reform Law. These "sunshine" laws have been motivated by the concern that gifts and payments by manufacturers to physicians may lead to conflicts of interest and improperly influence physicians in their drug- or device-prescribing decisions. As a backdrop to these new laws, it is helpful to review prior guidance regarding manufacturer-physician financial relationships, both from the federal government and the industry itself. These laws do not prohibit physician involvement with industry in research and education, but they impose various new compliance requirements on these relationships, and also in many cases, require public disclosure of arrangements that previously were treated as confidential. It is still too early to tell if these laws will stifle innovation, but they do require a heightened degree of diligence to avoid, at a minimum, adverse publicity and embarrassment and, at worst, criminal and civil liability. Copyright Copyright 2011 Society for Vascular Surgery. Published by Mosby, Inc. All rights reserved.


AIM: This paper reports on a study conducted to describe family nurse practitioners' perceptions towards and participation in pharmaceutical marketing and to explore the relationships among related variables. BACKGROUND: The pharmaceutical industry's intense global marketing strategies have resulted in widespread concern in healthcare professionals and professional groups, sectors of the public in many countries, and in the World Health Organization. Research on healthcare providers' participation in pharmaceutical marketing indicates that these relationships are conflicts of interests and compromise healthcare providers' prescribing practices and trust. Nursing, as a discipline, appears to be slow to address the impact of pharmaceutical marketing on nursing
practice. METHOD: Questionnaires about perceptions and participation in pharmaceutical marketing were completed by a random sample of 84 licensed family nurse practitioners in the United States of America in 2007. FINDINGS: Family nurse practitioners viewed pharmaceutical company marketing uncritically as educational and beneficial. They also perceived other providers but not themselves as influenced by pharmaceutical marketing. The findings supported those found in previous research with nurses and physicians.

CONCLUSION: Lack of education, participation in marketing and psychological and social responses may impede family nurse practitioners' ability to respond critically and appropriately to marketing strategies and the conflict of interest it creates.


Abstract In recent years, nurses have increasingly become recipients of pharmaceutical company gifts, funding and sponsorship. There has been little discussion in the nursing literature, however, of the ethical and professional implications of nurses' acceptance of such sponsorship. This article examines ethical issues related to the issue of nurses' accepting benefits from pharmaceutical companies (and other commercial enterprises). It aims to encourage nurses to look critically at the implications of accepting such gifts/sponsorship, or to enter any form of relationship with commercial companies within the health sector, and to stimulate further discussion of this issue within the profession.


The physician/surgeon's interactions with industry have come under scrutiny in recent years for several reasons. Although some think that the professional medical association or society may provide an avenue to allow such interactions with less risk, there are concerns and challenges for such organizations as it relates to ethical and professional norms of their members. This is one surgeon's review of some pertinent information regarding what the professional medical society provides to its members and what role industry plays in the society's ability to provide these benefits. There is an exploration of the risks involved and practical methods to control inherent conflicts of interest involved in this interaction. Copyright Copyright 2011 Society for Vascular Surgery. Published by Mosby, Inc. All rights reserved.

Davar, M. (2008). Whose pen is being used to write your prescriptions? Nominal gifts, conflicts of interest, and continuing medical education. *Journal of Legal Medicine, 29*(2), 199-217. @ Lakehead e-journals

DelSignore, J. L., & Goodman, M. J. (2012). Conflicts of interest with the hand surgeon's relationship with industry. *Journal of Hand Surgery - American Volume, 37*(1), 179-183. @ NOSM e-journals

Many advances in hand surgery have been supported and enabled by the integral relationship that exists between the profession of hand surgery and industry. This relationship takes many forms, including medical education, development of new technology and methodology, research, and opportunities for patient education. As with all of these endeavors, the primary focus of both the physician and industry must be the care of the patient. When a collaborative relationship exists between physicians and industry, a conflict of interest is present and must be recognized as such and managed to avoid any detriment to patient care. Although the hand surgeon, the patient, and industry share the common interest of advancement of patient care, there does exist real and potential conflicts of interest, which are unavoidable, but not necessarily undesirable.
Multiple guidelines exist to govern relationships between industry and physicians. The cooperative relationship between the physician and industry is not only helpful, but it can be critical to the advancement of and innovations in patient care. When properly managed, collaboration between the physician and industry can effectively achieve the common goal of serving the best interest of the patient. Copyright Copyright 2012 American Society for Surgery of the Hand. Published by Elsevier Inc. All rights reserved.

DeMaria, A. N. (2007). Your soul for a pen?. Journal of the American College of Cardiology, 49(11), 1220-1222. @ NOSM e-journals


Conflict of interest as it relates to healthcare is gaining increasing attention. Pharmaceutical companies and manufacturers that produce medical devices are coming under greater scrutiny because of the influence that their marketing practices may have on the patient management decisions made by healthcare professionals. The result is that healthcare agency administrators are developing conflict of interest policies and procedures for their professional employees. The driving force behind many of these policies is the need to maintain the trust of the public by refraining from questionable professional conduct. This article presents 2 hypothetical cases to provide nurses with an understanding of the concept of conflict of interest and the ethical considerations this issue raises, and describes the subtle and not-so-subtle influences on professional practice decisions. Recommendations are offered to help nurses avoid conflict of interest and preserve their professional integrity. It is incumbent upon nurses to become cognizant of the types of situations that may present a conflict of interest for them and to take the necessary steps to avoid such professional impropriety. [References: 15]


PURPOSE: To assess the extent and type of interactions U.S. family medicine residencies
permit industry to have with medical students and residents. **METHOD:** In 2008, the authors e-mailed a four-question survey to residency directors or coordinators at all 460 accredited U.S. family medicine residencies concerning the types of industry support and interaction permitted. The authors conducted quantitative and qualitative analyses of survey responses and written comments. Residencies that did not permit any industry food, gifts, samples, or support of residency activities were designated "pharma-free." **RESULTS:** The survey response rate was 62.2% (286/460). Among responding family medicine residencies, 52.1% refused drug samples, 48.6% disallowed industry gifts or food, 68.5% forbade industry-sponsored residency activities, and 44.1% denied industry access to students and residents at the family medicine center. Seventy-five residencies (26.2%) were designated as "pharma-free." Medical-school-based and medical-school-administered residencies were no more likely than community-based residencies to be pharma-free. Among the 211 programs that permitted interaction, 68.7% allowed gifts or food, 61.1% accepted drug samples, 71.1% allowed industry representatives access to trainees in the family medicine center, and 37.9% allowed industry-sponsored residency activities. Respondents commented on challenges inherent to limiting industry interactions. Many programs noted recent changes in plans or practices. **CONCLUSIONS:** Most family medicine residencies limit industry interaction with trainees. Because industry interactions can have adverse effects on rational prescribing, residency programs should assess the benefits and harms of these relationships. Copyright Copyright by the Association of American medical Colleges.


**OBJECTIVE:** In 2006, the Housestaff Association presented the Dean at Oregon Health and Science University (OHSU) with a proposal to effectively end the influence of the pharmaceutical industry on campus. The Dean convened a workgroup to examine the issue, and faculty, residents, and medical students were surveyed on their views and
interactions. Authors present here the responses from medical students. METHODS: A web-based, anonymous survey was sent to all OHSU medical students in 2007; 59% completed it. The survey included items measuring attitudes about the pharmaceutical industry and interactions with pharmaceutical representatives (PRs). RESULTS: Only 5% of clinical and 7% of preclinical students agreed that PRs have an important teaching role, and fewer than 1 in 6 believed that PRs provided useful and accurate information on either new or established drugs; 54% of clinical students indicated that PRs should be restricted from making presentations on campus, versus 32% of preclinical students, and only 30% of clinical students agreed that accepting gifts had no impact on their own prescribing, versus 50% of preclinical students. Students who acknowledged the influence of PRs and perceived less educational benefit were less likely to accept gifts such as textbooks; however, 84% of clinical students had attended an on-campus event sponsored by a pharmaceutical company in the previous year. CONCLUSIONS: Only a small proportion of OHSU medical students value interactions with PRs, but many still attend events sponsored by pharmaceutical companies.


In contemporary medicine, it is not always obvious whether the acceptance of a benefit constitutes a conflict of interest. A particular area of controversy has been the impact of small gifts or other benefits from pharmaceutical companies on physicians' behaviour. Typically, in such cases, the gift is not an explicit reward for cooperation; the physician does not perceive the gift as an attempt to influence his or her judgement; and the reward is relatively minor. Under these circumstances, physicians are generally of the view that acceptance of gifts will not affect their behaviour, notwithstanding findings from
social psychology and neuroscience that the impact of gifts is often unconscious, shaping action without a person’s awareness. Here, we draw on traditional texts of Jewish law pertaining to the prohibition of taking a gift to illustrate recognition by the ancients of unconscious conflicts of interest, and their approach to dealing with the problem.


Concerns over the influence of pharmaceutical gifts on physicians have surged in recent years. This has prompted wide ranging legislative proposals in numerous states and in the federal government as well as stepped up efforts at self-regulation by the pharmaceutical industry and the medical profession. Policymakers face the decision of whether to defer to self-regulation or support government intervention. This commentary describes efforts at self-regulation by the pharmaceutical industry and the medical profession. The author examines and critiques the wide ranging legislative strategies pursued to limit the influence of pharmaceutical gifts on physicians and concludes with suggestions for policymakers and the profession to limit influence and preserve public trust. [References: 52]


Greenland, P. (2009). Time for the medical profession to act: new policies needed now on interactions between pharmaceutical companies and physicians. *Archives of Internal Medicine, 169*(9), 829-831. "NOb e-journals"


Pharmaceutical companies and their representatives attempt to influence the practice of medicine by giving gifts. Gifts, even those of trivial monetary value, impart a sense of
obligation that conflicts with the provider's primary responsibility to the patient. Providers are less likely than their patients and peers to believe that gifts change their own prescribing habits, making them vulnerable to manipulation by industry. Providers who interact with drug reps must exercise caution to prevent compromise of the patient-physician relationship.


Laurentian e-journals & Lakehead e-journals

Abstract: Academic physicians and bioethicists are increasingly voicing objections to "drug rep" detailing. Leaders in academic medical centers are considering proposals to ban the small gifts of detailing within their walls. Such bans would be a mistake, as the small gifts are unlikely to act as bribes and do not create unacceptable conflicts of interest for physicians. Drug rep detailing does influence physician behavior, but this influence has not been shown to be harmful. Calls for a ban are premised on empirical evidence for harm that is inconclusive at best, and emerging literature in economics suggests that detailing may well be socially beneficial. A preponderance of harm over benefit is not, however, the primary source of the animus against detailing, which stems from moral considerations that are independent of its social consequences. However, pharmaceutical advertising, including detailing, is a morally legitimate aspect of the world of medical practice that we in academic medicine ought to be preparing our trainees to encounter and properly sift.

Huddle, T. S. (2010). The pitfalls of deducing ethics from behavioral economics: why the Association of American Medical Colleges is wrong about pharmaceutical detailing. *American Journal of Bioethics, 10*(1), 1-8. @ Lakehead e-journals

The Association of American Medical Colleges (AAMC) is urging academic medical centers to ban pharmaceutical detailing. This policy followed from a consideration of behavioral and neuroeconomics research. I argue that this research did not warrant the conclusions drawn from it. Pharmaceutical detailing carries risks of cognitive error for physicians, as
do other forms of information exchange. Physicians may overcome such risks; those
determined to do so may ethically engage in pharmaceutical detailing. Whether or not
they should do so is a prudential judgment about which reasonable people may disagree.
The AAMC’s ethical condemnation of detailing is unwarranted and will subvert efforts to
maintain a realm of physician discretion in clinical work that is increasingly threatened in
our present practice environment.

and clinical medical students toward interactions with the pharmaceutical industry.
*Academic Medicine, 82*(1), 94-99. @NOSM e-journals

**PURPOSE:** Medical school is a critical time for physicians in training to learn the
professional norms of interacting with the pharmaceutical industry, yet little is known
about how students' attitudes vary during the course of training. This study sought to
determine students' opinions about pharmaceutical industry interactions with medical
students and whether these opinions differ between preclinical and clinical students.
**METHOD:** The authors surveyed medical students at Harvard Medical School (HMS) from
November 2003 through January 2004 using a six-question survey. The authors then
analyzed how responses differed among the classes. **RESULTS:** Out of 723 questionnaires,
418 were returned—an overall response rate of 58%. A total of 107 (26%) students
believed that it is appropriate for medical students to accept gifts from pharmaceutical
companies, and 76 (18%) agreed that the medical school curriculum should include
events sponsored by the pharmaceutical industry. Many students—253 (61%)—reported
that they do not feel adequately educated about pharmaceutical industry—medical
professionals' interactions. Preclinical and clinical students had similar opinions for the
majority of their responses. Finally, students who reported feeling better educated about
pharmaceutical industry interactions tended to be less skeptical of the industry and more
likely to view interactions with the industry as appropriate. **CONCLUSIONS:** Students'
opinions about interactions with the pharmaceutical industry were similar between
preclinical and clinical students, suggesting that the current medical school experience
may have limited impact on students' views about interactions with the pharmaceutical industry.


Jones, J. W., & McCullough, L. B. (2012). When is medical industry backing lacking?. *Journal of Vascular Surgery, 55*(6), 1810-1811. @ NOSM e-journals

A sales representative from Megastint approached Dr A. Krasia with an offer to financially support future educational conferences and allow his institution to be a training center if he participates in a new study comparing an old product to a recently approved and more expensive one. Dr Krasia and his department currently use Megastint’s products. The medical center’s utilization committee must approve the addition of more expensive pharmaceuticals, devices, or equipment, and Dr Krasia is the chair. How should Dr Krasia respond to Megastint's offer of financial support and to become a training center?

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Jurd, S. (2010). The marketing of pharmaceutical agents: friend or foe?. *Australasian Psychiatry, 18*(2), 97-100. @ NOSM e-journals

OBJECTIVE: The aim of this paper is to provide a viewpoint regarding the marketing of pharmaceutical agents to psychiatrists and examine the results of a brief survey of the nature of booths, and gifts they offered, during 2009 RANZCP Congress in Adelaide.

CONCLUSIONS: The pharmaceutical industry is highly organized and scientifically sophisticated. Efforts to influence our prescribing are likely to have a proven scientific base and to be responsive to evidence.
BACKGROUND: Most nurses, like their physician counterparts, lack education regarding pharmaceutical marketing strategies, and little is known of their beliefs and practices regarding this industry. Nurses are increasingly targeted by pharmaceutical companies as they become more involved in prescription and as policies restrict pharmaceutical companies’ contact with physicians. OBJECTIVE: To assess nurses’ beliefs and reported practices concerning pharmaceutical marketing and sponsorship strategies. METHODS: We conducted parallel Web- and paper-based surveys of a sample of senior registered nurses employed by government-funded health boards in 2 regions of New Zealand to explore their contact with the pharmaceutical industry as well as their beliefs and practices regarding information, gifts, and sponsorship provided by pharmaceutical companies. Returns were tested using Fisher's exact test to determine consistency in response between regions. Results for key outcome variables, including attitude toward the value of industry-derived information, were analyzed by region and in aggregate. RESULTS: Most nurses had contact with pharmaceutical sales representatives (69/106), accepted gifts from representatives (79/105), and believed information from the pharmaceutical industry probably improved their practice (71/106). Half believed that they would be able to detect misleading information if it were present, and 35% believed that accepting gifts and sponsorship was ethically acceptable. We found positive associations between the belief that information from the industry improved practice and reported acceptance of conference funding (OR 3.63; 95% CI 1.41 to 11.55), free food (OR 3.24; 95% CI 2.03 to 7.55), or gifts (OR 3.52; 95% CI 1.38 to 8.95). Nurses generally acknowledge the presence of pharmaceutical marketing in the hospital and the ethical challenges it presents; nonetheless, they also generally accept marketing gifts and may underestimate both the ethical challenges and their own susceptibility to persuasion. CONCLUSIONS: Given the increasing role that nurses may play in pharmaceutical marketing strategy, the profession should consider its position vis-a-vis the industry.
Conflicts of interest in medicine have received significant attention in recent years, through the public and professional media, federal and state governments, and through a 2009 report of the Institute of Medicine on Conflict of Interest in Medical Research, Education and Practice. The Council of Medical Specialty Societies (CMSS) Code for Interactions with Companies was adopted by the CMSS in April 2010. The Code guides specialty societies in the profession of medicine in ethical relationships between societies and the pharmaceutical and medical device industries. The Code serves to protect and promote the independence of specialty societies and their leaders in corporate sponsorships, licensing, advertising, society meetings, exhibits, educational programs, journals, clinical practice guidelines, and research. Copyright Copyright 2011 Society for Vascular Surgery. Published by Mosby, Inc. All rights reserved.


PURPOSE: To determine the effect of educational interventions on medical students' attitudes toward pharmaceutical industry marketing practices and whether restrictive medical school policies governing medicine-industry interactions are associated with student support for banning such interactions. METHOD: Prospective cohort study involving the graduating classes of 2009 (intervention, n=474) and 2010 (control, n=459) at four U.S. medical schools. Intervention students experienced a former pharmaceutical representative's presentation, faculty debate, and a Web-based course. Both groups completed baseline and follow-up attitude surveys about pharmaceutical marketing.
RESULTS: A total of 482 students (51.6%) completed both surveys. In regression analyses, intervention students were more likely than control students to think that physicians are strongly or moderately influenced by pharmaceutical marketing (OR, 2.29; 95% CI, 1.46-3.59) and believed they would be more likely to prescribe a company's drug if they accepted that company's gifts and food (OR, 1.68; 95% CI, 1.12-2.52). Intervention students were more likely to support banning interactions between pharmaceutical representatives and students (OR, 4.82; 95% CI, 3.02-7.68) and with physicians (OR, 6.88; 95% CI, 4.04-11.70). Students from schools with more restrictive policies were more likely to support banning interactions between pharmaceutical representatives and students (OR, 1.99; 95% CI, 1.26-3.16) and with physicians (OR, 3.44; 95% CI, 2.05-5.79). CONCLUSIONS: Education about pharmaceutical marketing practices and more restrictive policies governing medicine-industry interactions seem to increase medical students' skepticism about the appropriateness of such marketing practices and disapproval of pharmaceutical representatives in the learning environment.

Katz, D., Caplan, A. L., & Merz, J. F. (2010). All gifts large and small: toward an understanding of the ethics of pharmaceutical industry gift-giving. *American Journal of Bioethics, 10*(10), 11-17. @ Lakehead e-journals

Much attention has been focused in recent years on the ethical acceptability of physicians receiving gifts from drug companies. Professional guidelines recognize industry gifts as a conflict of interest and establish thresholds prohibiting the exchange of large gifts while expressly allowing for the exchange of small gifts such as pens, note pads, and coffee. Considerable evidence from the social sciences suggests that gifts of negligible value can influence the behavior of the recipient in ways the recipient does not always realize. Policies and guidelines that rely on arbitrary value limits for gift-giving or receipt should be reevaluated.


OBJECTIVES: To explore attitudes of physicians from all specialties toward gifts from and
interactions with the pharmaceutical and medical device industries. DESIGN: Anonymous, cross-sectional survey distributed and collected between June 1 and September 1, 2008. SETTING: Hospitals in the Mount Sinai School of Medicine consortium in the New York, New York, metropolitan area. PARTICIPANTS: Faculty and trainee physicians from all clinical departments. MAIN OUTCOME MEASURES: Attitudes toward industry interactions and gifts and their appropriateness measured on 4-point Likert scales. RESULTS: A total of 590 physicians and medical students completed the survey (response rate, 67.0%); 351 (59.5%) were male, 230 (39.0%) were attending physicians, and 131 (23.7%) of 553 (excluding medical students) were from surgical specialties. Attitudes toward industry and gifts were generally positive: 72.2% found sponsored lunches appropriate, whereas 25.4% considered large gifts appropriate. Surgeons, trainees, and those unfamiliar with institutional policies on industry interactions held more positive attitudes than others and were more likely to deem some gifts appropriate, including industry funding of residency programs and, among surgeons, receiving meals, travel expenses, and payments for attending lectures. Nonattending physicians held more positive attitudes toward receiving meals in clinical settings, textbooks, and samples. CONCLUSIONS: Physicians continue to hold positive attitudes toward marketing-oriented activities of the pharmaceutical and device industries. Changes in medical culture and physician education focused on surgeons and trainees may align physician attitudes with current policy trends.

Kowalenko T. Char D. Marco C. Asher S. Raja A. Farrell S. Sokolove PE. Society for Academic Emergency Medicine Graduate Medical Education, Ethics,and Industry Relations Committees. (2009). Industry relations with emergency medicine graduate medical education programs. Academic Emergency Medicine, 16(10), 1025-1030. @ NOSM e-journals

A panel of physicians from the Society for Academic Emergency Medicine (SAEM) Graduate Medical Education (GME), Ethics, and Industry Relations Committees were asked by the SAEM Board of Directors to write a position paper on the relationship of emergency medicine (EM) GME with industry. Using multiple sources as references, the
team derived a set of guidelines that all EM GME training programs can use when interacting with industry representatives. In addition, the team used a question-answer format to provide educators and residents with a practical approach to these interactions. The SAEM Board of Directors endorsed the guidelines in June 2009.


Objectives: To assess nurse practitioners' interactions with pharmaceutical industry promotional activities and their perception of information reliability and self-reported prescribing behaviors. Study Design: Self-administered online survey. Methods: A nationally randomized sample of nurse practitioner prescribers was surveyed. Eligibility criteria included current clinical practice and licensure to prescribe medications in their state of practice. Results: A total of 263 responses were analyzed. Almost all respondents (96%) reported regular contact with pharmaceutical sales representatives, and most (71%) reported receiving information on new drugs directly from pharmaceutical sales representatives some or most of the time. A large portion (66%) dispensed drug samples regularly to their patients, and 73% believed that samples were somewhat or very helpful in learning about new drugs. Eighty-one percent of respondents thought that it was ethically acceptable to give out samples to anyone, and 90% believed that it was acceptable to attend lunch and dinner events sponsored by the pharmaceutical industry. Almost half (48%) stated that they were more likely to prescribe a drug that was highlighted during a lunch or dinner event. Most respondents stated that it was ethically acceptable for speakers to be paid by industry. Conclusions: Nurse practitioner prescribers had extensive contact with pharmaceutical industry promotional activities such as pharmaceutical representative contact, receipt of drug samples, and regular attendance at industry-sponsored meal events and continuing education programs. They reported that industry interface with nurse practitioner prescribers in the form of sponsored meals, education events, and paid speakers was ethically acceptable.
Much has been made over the last few years about conflicts of interest in the health care community’s relationships with industry members, including individual physicians, academic medical centers, and professional organizations. Not only has the Department of Justice (DOJ) been investigating questionable relationships, but House and Senate Oversight Committees have also weighed in on real and perceived conflicts. Most recently, the Physician Payments Sunshine Act of 2010 requires companies to begin recording any physician payments, including stock options, research grants, knickknacks, consulting fees, and travel to medical conferences that are worth more than ten dollars in 2012 and report them on March 31, 2013. To date, the American College of Cardiology (ACC) has developed and instituted one of the most stringent policies in the medical community to ensure that support from industry has no influence on any of its clinical documents. Furthermore, the need for the ACC’s "Principles for Relationships with Industry," the organization’s guide in nine key operational areas, are critical given that, when it comes to industry, properly managed partnerships are absolutely essential to maintaining scientific progress in cardiology and other specialties. The ACC relies on industry funding to advance cardiovascular research, as well as cardiovascular workforce training, practitioner diversity, medical education, and life-long learning. Without this funding, the ACC's ability to provide meaningful, unbiased education and to improve quality of care would be far more limited than that which is currently offered to its members and, ultimately, patients. Rather than restricting industry funding for such activities, the focus should instead be on transparency and actively and appropriately managing industry relationships. Ethical and appropriate partnerships with industry can prove beneficial in funding of education, research, and quality improvement activities. In addition, they are critical in the advancement of the quality of care for patients. The challenge is for medical societies to help the media, the public, and policymakers better understand the role of industry in promoting research, education, and innovation in medicine. Copyright Copyright 2011 Society for Vascular Surgery. Published by Mosby, Inc. All rights reserved.
BACKGROUND: Physicians and pharmaceutical sales representatives (PSR) are in regular contact. The goal of the present study is systematically to assess the kind of contacts that take place and their quality with a survey of physicians in private practice. A further goal is to determine whether alternatives to current practices can be envisioned.

METHODS: 100 physicians in each of three specialties (neurology/psychiatry, general medicine, and cardiology) were surveyed with a questionnaire containing 37 questions. 208 (69.3%) questionnaires were anonymously filled out and returned. RESULTS: 77% (n = 160) of all physicians were visited by PSR at least once a week, and 19% (n = 39) every day. Pharmaceutical samples, items of office stationery and free lunches were the most commonly received gifts. 49% (n = 102) stated that they only occasionally, rarely, or never receive adequate information from PSR, and 76% (n = 158) stated that PSR often or always wanted to influence their prescribing patterns. Only 6% (n = 13) considered themselves to be often or always influenced, while 21% (n = 44) believed this of their colleagues. The physicians generally did not believe that PSR visits and drug company-sponsored educational events delivered objective information, in contrast to medical texts and non-sponsored educational events. Nonetheless, 52% (n = 108) of the physicians would regret the cessation of PSR visits, because PSRs give practical prescribing information, offer support for continuing medical education, and provide pharmaceutical samples.

CONCLUSION: PSR visits and attempts to influence physicians' prescribing behavior are a part of everyday life in private medical practice, yet only a few physicians consider themselves to be susceptible to this kind of influence. A more critical attitude among physicians, and the creation of alternative educational events without drug company sponsoring, might lead to more independence and perhaps to more rational and less costly drug-prescribing practices.

**NOSM e-journals**


BACKGROUND: Few studies have reported the attitudes of both individual doctors and members of the public toward the appropriateness of 'gifts' from pharmaceutical companies. AIMS: To investigate the attitudes of both doctors and members of the public toward the appropriateness of receiving particular 'gifts' from pharmaceutical companies, and to consider whether public acceptability is a suitable criterion for determining the ethical appropriateness of 'gifts'. METHODS: A survey questionnaire of medical specialists in Australia and a survey questionnaire of members of the public itemized 23 'gifts' (valued between AU$10 and AU$2500) and asked whether or not each was appropriate. RESULTS: Both medical specialists and members of the public believe certain 'gifts' from pharmaceutical companies are appropriate but not others. There was a tendency for members of the public to be more permissive than medical specialists. CONCLUSION: Although some professional guidelines place importance on the attitudes of the general public to 'gift' giving, and other guidelines give importance to a need for transparency and public accountability, we question whether public acceptability is a suitable criterion for determining the ethical appropriateness of 'gifts'. We suggest that more weight be given to the need for independence of clinical decision making, with empirical evidence indicating that even small 'gifts' can bias clinicians' judgments, and to important values such as the primacy of patient welfare, autonomy and social justice. We conclude that it is time to eliminate giving and receiving of promotional items between the pharmaceutical industry and members of health professions.

Menkes, D. B. (2011). New Zealand doctors and the pharmaceutical industry--time to cut the cord?. *New Zealand Medical Journal, 124*(1341), 6-8. @ Laurentian e-journals

Miller, J. D. (2007). Study affirms PhRMA's influence on physicians. *Journal of the National Cancer Institute, 99*(15), 1148-1150. @ NOSM e-journals


In October 2009, the board of directors of the American College of Emergency Physicians (ACEP) approved a major revision to ACEP's "Gifts to Emergency Physicians from Industry" policy. The revised policy is a response to increasing debate and calls for restriction of the long-standing biomedical industry practice of giving promotional gifts to individual physicians. This article outlines the history of professional attention to gift giving and reviews recent contributions to the ongoing debate over its justifiability, including professional association recommendations for limitation or prohibition of the practice. The article concludes with a description of the provisions of the revised ACEP gifts policy and brief reflection on the future of this practice. Copyright Copyright 2011 American College of Emergency Physicians. Published by Mosby, Inc. All rights reserved.


The role of pharmaceutical and medical device companies ("industry") in graduate medical education (GME) is under debate. We surveyed program directors in general surgery and surgical specialties to determine industry activities in surgical GME. We used an internet-
based questionnaire regarding industry marketing and educational activities in surgical programs, and their effects on surgical education. We received 65 responses to 377 requests (17%). Nearly two-thirds reported industry-sponsored meals. Industry-supported travel was infrequent ("never" and "seldom" in 56% of device workshops, 69% of lectures, and 74% of conferences). More than one-half reported support for academic events: paid lecturers and exhibition fees (both 58%), and unrestricted grants (62%). More than one-half (54%) reported industry-sponsored research. One-fourth believed their programs to be dependent on industry for their educational missions. Most disagreed that industry support posed a problem, either in general (55%) or for their program (71%). One-fourth of respondents (25%) advocated profession-wide restrictions of industry involvement with GME. Equal numbers agreed (39%) and disagreed (35%) with the view that pharmaceutical and medical device industries have motivations that are in conflict with those of doctors and their patients. Industry activities are widespread in surgical residencies, with approval of many program directors.


Panush, R. S. (2009). Ethics: Privilege and principle: gifts and industry relationships revisited. *Nature Reviews Rheumatology, 5*(8), 421-423. @ Lakehead e-journals

Several high-profile institutions are now following the trend of limiting doctors' ties to industry by way of implementing stringent new guidelines. But do the recommendations go far enough?


OBJECTIVES: To explore the nature of corporate gifts directed at PharmD programs and
pharmacy student activities and the perceptions of administrators about the potential influences of such gifts. METHODS: A verbally administered survey of administrative officials at 11 US colleges and schools of pharmacy was conducted and responses were analyzed. RESULTS: All respondents indicated accepting corporate gifts or sponsorships for student-related activities in the form of money, grants, scholarships, meals, trinkets, and support for special events, and cited many advantages to corporate partner relationships. Approximately half of the respondents believed that real or potential problems could occur from accepting corporate gifts. Forty-four percent of respondents agreed or strongly agreed that corporate contributions could influence college or school administration. Sixty-one percent agreed or strongly agreed that donations were likely to influence students. CONCLUSIONS: Corporate gifts do influence college and school of administration and students. Policies should be in place to manage this influence appropriately.

Pinhao Chao, P. (2011). A policy of no pharmaceutical industry sponsorship: a case for health equity. New Zealand Medical Journal, 124(1344), 115-116. @ Laurentian e-journals

Reid, E. E. (2012). The gift of drug samples. Hastings Center Report, 42(2), 49. @ Laurentian e-journals & Lakehead e-journals

Reid, E. E., Alikhan, A., & Brodell, R. T. (2012). Drug sampling in dermatology. Clinics in Dermatology, 30(2), 192-201. @ NOSM e-journals

The use of drug samples in a dermatology clinic is controversial. Drug samples are associated with influencing physician prescribing patterns often toward costlier drugs, increasing health care costs, increasing waste, inducing potential conflicts of interest, and decreasing the quality of patient education. On the other hand, they have the potential to help those in financial need, to improve adherence and convenience, and to expose patients to better drugs. Although some academic centers have banned drug samples altogether, many academic and private practices continue to distribute drug samples. Given the controversy of the topic, physicians who wish to distribute drug samples must
do so in an ethical manner. We believe, when handled properly, drug sampling can be used in an ethical manner. Copyright Copyright 2012 Elsevier Inc. All rights reserved.

Restuccia, R., Rothman, D. J., Chimonas, S., & Hams, M. (2007). Physicians are not immune to marketing. *Journal of the American College of Cardiology, 50*(16), 1615. @ Lakehead e-journals


This article compares the means that the United States, France, and Japan use to oversee pharmaceutical industry-physician financial relationships. These countries rely on professional and/or industry ethical codes, anti-kickback laws, and fair trade practice laws. They restrict kickbacks the most strictly, allow wide latitude on gifts, and generally permit drug firms to fund professional activities and associations. Consequently, to avoid legal liability, drug firms often replace kickbacks with gifts and grants. The paper concludes by proposing reforms that address problems that persist when firms replace kickbacks with gifts and grants based on the experience of the three countries. Copyright 2011 American Society of Law, Medicine & Ethics, Inc.


Professional medical associations (PMAs) play an essential role in defining and advancing health care standards. Their conferences, continuing medical education courses, practice guidelines, definitions of ethical norms, and public advocacy positions carry great weight with physicians and the public. Because many PMAs receive extensive funding from
pharmaceutical and device companies, it is crucial that their guidelines manage both real and perceived conflict of interests. Any threat to the integrity of PMAs must be thoroughly and effectively resolved. Current PMA policies, however, are not uniform and often lack stringency. To address this situation, the authors first identified and analyzed conflicts of interest that may affect the activities, leadership, and members of PMAs. The authors then went on to formulate guidelines, both short-term and long-term, to prevent the appearance or reality of undue industry influence. The recommendations are rigorous and would require many PMAs to transform their mode of operation and perhaps, to forgo valuable activities. To maintain integrity, sacrifice may be required. Nevertheless, these changes are in the best interest of the PMAs, the profession, their members, and the larger society.

Rubin, P. H. (2010). Huddle gets it right, most docs don't. American Journal of Bioethics, 10(1), 17-19. @ Lakehead e-journals

Rubin, P. H. (2012). Limiting gifts, harming patients. Annals of Emergency Medicine, 59(2), 99-100. @ NOSM e-journals

Sah, S., & Loewenstein, G. (2010). Effect of reminders of personal sacrifice and suggested rationalizations on residents' self-reported willingness to accept gifts: a randomized trial. JAMA, 304(11), 1204-1211. @ NOSM e-journals

CONTEXT: Despite expanding research on the prevalence and consequences of conflicts of interest in medicine, little attention has been given to the psychological processes that enable physicians to rationalize the acceptance of gifts. OBJECTIVE: To determine whether reminding resident physicians of the sacrifices made to obtain training, as well as suggesting this as a potential rationalization, increases self-stated willingness to accept gifts from industry. DESIGN, SETTING, AND PARTICIPANTS: Three hundred one US resident physicians from 2 sample populations (pediatrics and family medicine) who were recruited during March-July 2009 participated in a survey presented as evaluating quality of life and values. INTERVENTION: Physicians were randomly assigned to receive 1 of 3 different online surveys. The sacrifice reminders survey (n = 120) asked questions
about sacrifices made in medical training, followed by questions regarding the acceptability of receiving gifts from industry. The suggested rationalization survey (n = 121) presented the same sacrifice questions, followed by a suggested possible rationalization (based on sacrifices made in medical training) for acceptance of gifts, before the questions regarding the acceptability of gifts. The control survey (n = 60) asked about the acceptability of gifts before asking questions about sacrifices or suggesting a rationalization. MAIN OUTCOME MEASURES: Physician self-stated acceptability of receiving gifts from industry. RESULTS: Reminding physicians of sacrifices made in obtaining their education resulted in gifts being evaluated as more acceptable: 21.7% (13/60) in the control group vs 47.5% (57/120) in the sacrifice reminders group (odds ratio, 1.81; 95% confidence interval, 1.27-2.58; P = .001). Although most residents disagreed with the suggested rationalization, exposure to it further increased the perceived acceptability of gifts to 60.3% (73/121) in that group (odds ratio relative to sacrifice reminders group, 1.45; 95% confidence interval, 1.22-1.72; P < .001).

CONCLUSIONS: Providing resident physicians with reminders of sacrifices increased the perceived acceptability of industry-sponsored gifts. Including a rationalization statement further increased gift acceptability.


This article assesses the current mandates on conflict of interest issues as they affect the practice of community-based vascular surgery and the pharmaceutical and medical technology industries and expresses the views of a private practice vascular surgeon. Scenarios where conflict of interest may occur are presented with assessments on how these scenarios will play out if such mandates are enforced. Copyright Copyright 2011. Published by Mosby, Inc.

Health care in the United States is a tangled web of competing interest groups beneath which ethical conflicts of interest flourish. Physicians, professional organizations, and academic medical centers must continually evaluate their relationships with the pharmaceutical industry as they relate to personal, professional, and institutional ethical values. This article explores the relevant pressing ethical issues and proposals for changing course and managing these potentially troublesome relationships. [References: 39]


Relationships between physicians and their industry partners have ranged from spectacular collaborations that produce extraordinary advances in patient care, such as endovascular aneurysm repair, to humiliating scandals such as extravagant trips and bogus "consulting" agreements resulting in legal actions. It is the latter which have led many to call for the end of all physician-industry relationships, and the former which mandate their preservation. While these two examples are representative of extremes at each end of the spectrum of this issue, in reality the majority of physician-industry relationships are far more complex, and the line between appropriate and inappropriate, and ethical and unethical, is hard to draw. The benefits of our relationships with industry are many: partnering to develop new therapies and technologies, educating and training physicians around new therapies and technologies, support of continuing medical education (CME), fellowship training, and patient education. The pitfall and danger of this relationship is that support from industry, be it a meal, a pen, an educational grant, or flattery, may unduly and inappropriately influence physician decision making around a specific company's product. While it is clear that free trips are not within the realm of proper interaction, what about unrestricted educational grants to institutions, or support
of CME activities, professional society meetings, and new device training? As a result of the intense scrutiny of relationships between physicians and industry recently, multiple diverse entities (Association of American Medical Colleges, American Medical Association, Accreditation Council for Continuing Medical Education, professional medical associations, academic medical centers, industry, and government) have generated guidelines and policies with very different perspectives, reflective of their different missions. These policies range from vague and lenient, with only basic limitation of the physician-industry relationship, to extremely rigid and strict, with only minimal interaction and mission support permitted. Given the many changes in oversight and expectations for the relationship between physicians and industry, it is important for vascular surgeons to be aware of the background behind these modifications, the evidence that they are needed, and the positions of the diverse organizations and institutions that have already defined their policies on this issue. Copyright Copyright 2011 Society for Vascular Surgery.

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**PURPOSE:** Medical students are at-risk to the influence of pharmaceutical company (Pharma) marketing. As interactions with the industry come under increasing scrutiny and regulation, previous studies on student-Pharma relations no longer may be accurate. This study assessed students’ attitudes toward and interactions with Pharmas at the University of Wisconsin School of Medicine and Public Health (UWSMPH). **METHOD:** A modified questionnaire based on a previously administered national survey was completed by students in April and May 2009. The survey was analyzed to disclose the frequency of student-Pharma interactions, where interactions took place, and differences between preclinical and clinical students. **RESULTS:** The overall response rate was 53.6%
Most student-Pharma interactions took place at locations remote from the main campus, with free lunches (70.2%), snacks (66.9%), and small, non-educational items (55.8%) representing the most common gifts. Many clinical students had discussed medical personnel-Pharma interactions with a physician or friend. Of those surveyed, 78% felt they had received limited instruction from the school on how to interact with Pharma representatives. Preclinical students expressed greater uncertainty about using Pharmas as educational resources and were more reluctant to accept Pharma gifts than clinical students. DISCUSSION: Student attitudes toward interactions with Pharmas reveal the need for further education and guidance—particularly on the risks of using Pharmas as educational resources. Pharma exposures remote from the main campus account for a high proportion of all interactions, which further highlights the need to educate students on conflicts of interest during their preclinical training.

Spielman, B. (2010). The pitfalls of misreading: what does "industry funding of medical education" actually say?. *American Journal of Bioethics, 10*(1), 24-25. @ Lakehead e-journals

Steinbrook, R. (2009). Physician-industry relations--will fewer gifts make a difference?. *New England Journal of Medicine, 360*(6), 557-559. @ NOSM e-journals

Steinman, M. A., & Schillinger, D. (2010). Drug detailing in academic medical centers: regulating for the right reasons, with the right evidence, at the right time. *American Journal of Bioethics, 10*(1), 21-23. @ Lakehead e-journals

Stell, L. K. (2010). Avoiding over-deterrence in managing physicians' relationships with industry. *American Journal of Bioethics, 10*(1), 27-29. @ Lakehead e-journals


Van Haute, A. (2011). Managing perceived conflicts of interest while ensuring the continued innovation of medical technology. *Journal of Vascular Surgery, 54*(3 Suppl), 31S-3S. @ NOSM e-journals

If it were not for the ongoing collaboration between vascular surgeons and the medical technology industry, many of these advanced treatments used every day in vascular interventional surgery would not exist. The flip side of this coin is that these vital relationships create multiple roles for surgeons and must be appropriately managed. The dynamic process of innovation, along with factors such as product delivery technique refinement, education, testing and clinical trials, and product support, all make it necessary for ongoing and close collaboration between surgeons and the device industry. This unique relationship sometimes leads to the perception of conflicts of interest for physicians, in part because the competing pressures from the multiple, overlapping roles as clinician/caregiver/investigator/innovator/customer are significant. To address this issue, the Advanced Medical Technology Association (AdvaMed), the nation's largest medical technology association representing medical device and diagnostics companies, developed a Code of Ethics to guide medical technology companies in their interactions with health care professionals. First introduced in 1993, the AdvaMed Code strongly encourages both industry and physicians to commit to openness and high ethical standards in the conduct of their business interactions. The AdvaMed Code addresses many of the types of interactions that can occur between companies and health care professionals, including training, consulting agreements, the provision of demonstration and evaluation units, and charitable donations. By following the Code, companies send a strong message that treatment decisions must always be based on the best interest of the patient. Copyright Copyright 2011. Published by Mosby, Inc.
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The relationships between doctors and drug companies have generated considerable global debate. Medical students are unique stakeholders in this discussion, although they are underrepresented in descriptive data. This article reviews international literature on the effects of drug company promotion, the effect on students, the New Zealand context and explores implications for New Zealand medical students. Creating an influence free environment to inform and involve students in the debate is a strong precursor to delivering gold standard patient care in the future.