



# EDITORIAL

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■ Editor-in-Chief



## In the patient's interest

The doctor scratches a few lines on the prescription pad, tears off the sheet, and with a warm smile, says, "Take 2 of these and call me in the morning." Although this image is a bit outdated, it illustrates the central role prescription medications play in patient care—as well as the relationship of trust that exists between patient and provider.

Of course, for our classic scene to unfold, a number of other steps must occur, involving a host of other players. The medication must be developed and tested by researchers, reviewed and approved by the Food and Drug Administration, manufactured and marketed for sale, and distributed to pharmacies. Physicians and other prescribers must be thoroughly trained in the indications, risks, and benefits of the drug, so that they can prescribe it to patients appropriately. This process has worked time and time again to bring our patients products—from oral contraceptives to life-saving antibiotics—that help them live longer, healthier lives.

**Escalating prescription drug prices are having an impact on patients' budgets and causing them to question where the money they're paying is really going.**

Recently, however, concerns about perceived conflicts of interest between pharmaceutical manufacturers and physicians have intensified. The reason? Chiefly, escalating prescription drug prices, which are having a

substantial impact on patients' budgets and causing them to question where the money they're paying is really going: Is it being invested back into the research and development of new and improved medications that will benefit the public? Or is too much of it being used for gifts and incentives to encourage providers to keep prescribing existing medications? These questions are particularly salient now, given the media's recent focus on questionable business practices.

### The industry's response

Last summer, the Pharmaceutical Research and Manufacturers of America (PhRMA), which represents research-based pharmaceutical and biotechnology companies, took an important and voluntary step toward improving its relationship with physicians and ensuring that the industry's actions continue to be in the best interests of patients. This step was the development of new standards to guide the relationship between the pharmaceutical industry and physicians.

The new marketing code adopted by PhRMA emphasizes that interaction between pharmaceutical companies and providers should focus on the good of the patient. It spells out the goal of the pharmaceutical industry: to educate health-care professionals about the indications, benefits, and risks of new medications. It also reasserts the industry's support of medical research and education.

The major change, which lies at the heart of the new code, is the policy of no

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longer supporting events that combine physician education with recreational or entertainment events (for example, golf and other professional sports, theater, symphonies). Cash-equivalent gifts (gift certificates) also will be prohibited. Modest meals provided as part of an educational presentation, and items of minimal value, such as pens and notepads, are still acceptable. These changes took effect July 1, 2002, and likely will be implemented over the next year, thus improving the nature of the relationship between pharmaceutical manufacturers and physicians.

The next step

Since drug prices are unlikely to drop any time soon, these new standards probably will not completely quell the voices that question pharmaceutical industry practices. Some government officials would like to legislate the public disclosure of all interactions between pharmaceutical companies and physicians. In fact, Vermont recently passed a law that requires the pharmaceutical industry to report all gifts worth more than \$25, or their equivalent, that are given to physicians.

In my opinion, such mandates are unnecessarily intrusive. Efforts would be better spent on other aspects of pharmaceutical marketing practices. For example, direct-to-consumer marketing of drugs places an unnecessary burden on physicians, who now need to spend time countering television ads that prompt patients to ask for medicines they don't need.

For physicians, the simple truth remains unchanged: The best path is one that emphasizes evidence-based prescribing practices. Such a path assures that we stay focused on helping patients, our only true goal. ■

Robert Barbasan

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