

# ***Health Policy Newsletter***

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## Letters to the Editor

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## Letters to the Editor

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### **Seeking Middle Ground**

Dear Dr. Nash,

Your editorial, "Seeking Middle Ground" (December 2003), was right on the mark. Academia and the pharmaceutical industry share many common goals, chief among which are to effectively communicate scientific information and to improve the health status of patients. Bringing all key stakeholders to the table to work collaboratively is the best way to achieve these goals and to address these important and complicated issues.

Jefferson should be commended for developing the Industry Advisory Council, a model that all medical academic institutions should emulate.

**Barry K. Herman, MD, MMM**

*Director, Regional Medical and Research Specialist  
Psychiatry  
Pfizer, Inc.  
Radnor, PA*

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Dear Dr. Nash,

It is ironic that pens are considered to be unacceptably corrupting, yet pharmaceutical companies can pay hundreds of thousands of dollars for consulting or research and remain well within the AMA guidelines. Surely, if you believe that a physician will be influenced by a small gift, how much more is the plenary speaker or department chairman influenced by the company that pays for his or her fellow or funds their research?

Likewise, if physicians can be swayed by a concert ticket, how much more will they have their behavior impacted to do unnecessary surgery or tests when they can generate a cash fee? The result of this dim view of physician behavior and morality has been a web of regulation and control. Our cash-strapped health care system spends more and more dollars on "supervision" and fewer dollars on patient care. Because of fear of even indirect pharmaceutical company influence, easy-to-spell and pronounce brand names are eschewed in favor of often confusing generic labels.

The real answer is physician education, starting in medical school, about our deep, historical, unalterable obligation to our patients, and an environment where physicians are commended for assuming their rightful role as patient advocates rather than treated with suspicion or discounted as interchangeable providers that must constantly be watched lest they do too much or too little. Men and women go in harms way, into battle or burning buildings, because they think what they are

Letters to the Editor

doing is right. Surely, educated physicians are no less susceptible than teenage soldiers to positive motivation to do the right thing.

**John R. Cohn, MD**

*Clinical Professor of Medicine  
Clinical Assistant Professor of Pediatrics  
Jefferson Medical College*

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Dear Dr. Nash,

Why do you believe academe "needs" industry to help teach medicine to practitioners? I assume it's the money, and if so, tell me why innovative ways cannot be found to provide good quality CME much less expensively without industry participation. As I said in the *JAMA* piece last year, industry should not be prohibited from putting on its own "educational" programs, but why should they be accredited?

What happens to our professional values, and to the public's opinion of our profession, when we allow industry to subsidize our accredited education? If industry were really willing to give totally unrestricted educational grants, without any involvement whatsoever, that might be defensible, but we know very well that most industry support would disappear.

Does Jefferson make a profit from its CME collaborations with industry? Many (or most) schools do, and they ought to be ashamed.

**Arnold Relman, MD**

*Professor Emeritus of Medicine and Social Medicine  
Harvard Medical School  
Editor-in-Chief Emeritus  
New England Journal of Medicine*

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