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Report on the Jefferson Industry Advisory Council Meeting

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Report on the Jefferson Industry Advisory Council Meeting

Defining and negotiating the relations between academic providers of medical education programs and pharmaceutical industry sponsors formed the focus of the second meeting of the Jefferson Industry Advisory Council (JIAC) on July 17, 2003. Thirty persons attended, fourteen representing pharmaceutical companies and sixteen Jefferson physicians, department heads and administrators.

Recent concerns about the encroachments of commerce into medical professionalism have made the questions raised at the JIAC meeting urgent. On September 10, 2002, the Accreditation Council for Graduate Medical Education (ACGME) released a draft of new standards relating to the sponsorship of continuing medical education (CME) activities by drug companies. The draft states that "the conflict of values between the professional ethics of the physician and the business ethics of industry is impossible to ignore."¹ An even stronger position was taken by Dr. Arnold Relman of Harvard Medical School, who charged in a May 14, 2003, commentary in the *Journal of the American Medical Association* that "the growing intrusion of the pharmaceutical companies into medical education" is an issue of the first importance to the medical profession and that there should be "no equivocation" about the necessity for separating professional CME from the marketing and promotional campaigns of drug companies.²

Recent events have only underscored these words. A June 29, 2003, article in *The Boston Globe* ("Hospital, drug firm relations probed") described how federal investigators are probing pharmaceutical marketing practices, doctor-drug sales representative interactions, and possible anti-kickback violations.³ Subpoenas have been served to many top academic medical centers in Boston and elsewhere, although so far only Tufts-New England Medical Center has confirmed that it was investigated last fall in connection with an AstraZeneca sales promotion.

More sensationally, in July of this year, *Dateline NBC* featured an interview with David Franklin, former Warner-Lambert sales representative and medical science liaison officer, who blew the whistle on illegal encouragement of off-label use of medications.⁴ Franklin testified that he had been involved in deceptive sales practices, one of which involved introducing himself as Dr. Franklin and allowing the physician to assume he was a medical doctor rather than a PhD.

Given these developments, the JIAC felt it was important to begin formulating standards that would apply to the medical/academic community at Jefferson in its interactions with pharmaceutical companies. After an opening welcome by Geno J. Merli, MD, the Ludwig Kind Professor of Medicine and Senior Associate Dean of Continuing Medical Education, Dr. David Nash, Director of the Office of Health Policy and Clinical Outcomes, spoke on the "Environmental Scan: Industry and Medical Education." Dr. Nash stressed that academia and industry need each other; from that mutual need a morally appropriate interaction can be developed, for it is important to maintain the benefits of continuing medical education programs. Sponsorship by industry for some of these programs is essential.

Dr. Nash thought that excessive sales initiatives by industry and pharmaceutical companies in medical education could be considered the medical equivalent of

corporate malfeasance of the likes of Enron and others. The recent exposures of such practices has meant that "the days of drug company sales reps in hospital rooms" are over. Yet, the consensus in the meeting was that a middle ground could be found – not by completely banning the presence of pharmaceutical companies *in situ*, but by making clear distinctions between educational and marketing activities. While medical schools *must* retain all responsibility for the conduct and content of CME courses, they might be positioned to offer tailored, academic, evidence-based instruction not only to physicians but to industry representatives as well. Implicit in the relationship between academic medical centers and industry is the establishment of safeguards to ensure compliance with HIPAA regulations in addition to university and hospital policies and procedures. It is important that all parties know who is on-site and why they are there. A central registry for all non-patient related visitors is one possibility.

Other highlights of the meeting included a presentation by Jeff Fetterman, President, ParagonRx, on "Applying Principles of Adult Education to CME," and presentations by Jefferson faculty members Howard Greenberg, MD, Medical Director of the Clinical Research Unit; Edward Tawyea, PhD, Director of Academic Information Services and Research; Neil Goldfarb, Director of Research, Office of Health Policy and Clinical Outcomes; and Richard Wender, MD, Alumni Professor and Chair, Department of Family Medicine. All presentations provided current examples of creative and innovative approaches to learning in the academic/industry partnership.

JIAC members agreed that innovation is the key to adaptation. Not only is the future of CME at stake, but pharmaceutical company leaders must realize that their continued business depends in a fundamental way upon public confidence in doctors and the medical practice. The separation of marketing from educational functions will necessitate new ways of evaluating pharmaceutical company return on investment. As one committee member put it, "We can't even use the term "return on investment" anymore." The current term, he said, is "commitment instrument." A return on investment points to a purely financial interest, whereas a commitment instrument implies a commitment to the educational and research basis of all developed products.

Participants of the Jefferson Industry Advisory Council meeting recognized the challenges facing the academic/industry partnership, but there was also the sense that these challenges could be turned into opportunities. Both sides of the partnership showed the ability to face facts combined with willingness to discuss guidelines for new and creative ways of working together. It was an important step in defining what the respective roles of academia and industry are to be, and more discussions are expected to follow when JIAC meets again in 2004. Please address questions and comments to Jeanne Cole, MS, Director, Jefferson Medical College Office of Continuing Medical Education, at jeanne.cole@jefferson.edu.

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About the Author

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