

T. L. Chambers

The relationship between European paediatricians and commerce: Ethical principles in paediatrics working group recommendations. Confederation of European Societies of Paediatrics (CESP)

Received: 20 July 1999 / Accepted: 26 August 1999

Abstract It is important that doctors have an ethically proper relationship with commercial interests. The relationship between paediatricians, paediatric societies and industry is probably healthy. To further the interests of patients it is important that it remains so.

Conclusion This relationship would be undermined if: there was a perceived conflict of interests between paediatricians, their patients and industry; paediatricians were seen to endorse companies whose marketing and other practices were unethical. It will be enhanced if: paediatricians did not receive individual gain from industry; industrial support for educational and research activities, whether to individuals or institutions, is open, proportionate and accountable.

Introduction

Paediatricians and the bodies that represent them traditionally have a close relationship with commercial interests (the pharmaceutical industry, medical equipment and nutrition manufacturers). This paper examines aspects of this relationship and makes some recommendations concerning their ethical conduct.

The ethical background

For patients and relatives to have the greatest confidence in their paediatricians there must be no question that their choice of drug, equipment or nutrition is based upon sound scientific principles and the best interests of the patient. If there is any suggestion that commercial pressure might be influencing the choice for or against a particular treatment then confidence in the doctor may be jeopardised.

Industry and the individual paediatrician

It is important that a healthy relationship exists between the doctor and manufacturer so that the doctor is kept up to date with changes in products to facilitate best medical care. The question is how much hospitality should doctors accept from a company which is promoting its own interests and products? Some argue that accepting any gift, even as small as a pen or branded stationery, undermines the clinical independence of the doctor.

The media has suggested that in the past doctors have accepted lavish hospitality, foreign travel and entertainment by companies promoting single pharmaceutical agents. Custom and practice will vary in Europe as paediatricians will be subject to different regulations. Those in Britain, for example, are governed by the General Medical Council, the government Department of Health and the Association of the British Pharmaceutical Industry. Publications from these bodies discourage doctors from accepting all but the most minor gifts and hospitality at no greater level than recipients might adopt when funding themselves. This would seem a sensible basis for guidance of European paediatricians.

T. L. Chambers
Department of Paediatrics, Southmead Hospital,
Bristol BS10 5NB, UK

Approved by the General Assembly of the Confederation of European Specialists in Paediatrics in Freiburg, Germany on May 15, 1999

Some paediatricians may have financial or other interests in laboratories, hospitals or other health-care providers. Wise physicians will avoid using facilities in which they have a profit-generating share for fear of serious criticism concerning conflict of interest. A useful criterion of acceptability might be "would you be willing to have these arrangements generally known?"

Continuing medical education (CME)

There is a particular difficulty for paediatricians here because traditionally they are not amongst the high medical earners. Fulfilling CME requirements may mean they have to fund themselves or seek sponsorship. Acceptance is justifiable when that conference was not solely to promote the product of the sponsoring agent and the doctor would be prepared to declare that sponsorship to colleagues or employer.

Paediatric departments, education centres and other bodies may depend upon donations from pharmaceutical and other companies to maintain their programme for postgraduate and CME. This would be acceptable providing the donations are declared openly, are available for scrutiny and are not linked to the promotion of a product. If promotional material is to be used then it is important that an authoritative independent doctor is present to set the promotional aspects in context.

Research projects and clinical trials

This is an area where the relationship between industry and the paediatrician may be delicate. Doctors may wish to be reimbursed the expense involved in carrying out clinical trials but if this is done the trials must be of scientific merit, be assessed by an ethics committee, and have the funding arrangements disclosed. Paediatricians need to be wary of the relationship they are entering into and what expectations are on both sides. Professional advice should be sought on contractual matters and there should be clarity about the freedom to publish and speak on the research that has been sponsored.

Following the research a paediatrician may be asked to speak on the subject in other parts of the country or abroad. Again, expenses and hospitality should be at a similar level to that which doctors expect if they were paying themselves. It would be important to declare an interest to the audience so that there should be no ambiguity about the lecturer's relationship with the industry.

Academic departments of paediatrics may depend upon industry underwriting large amounts of their research moneys. The arrangements should be open, declared to employers when necessary, and money paid into a central fund to support research, not paid to individuals.

A drug company or infant formula manufacturer may commission research on their own product. This is

not unethical – indeed paediatricians should collaborate on research which may benefit their patients. However, the commercial and professional nature of the relationship needs to be clearly defined and the funding source declared in publications or oral presentations.

Relationships between industry and paediatric associations

Similar arrangements should apply to the relationship between industry and paediatricians collectively in their national and international associations. Providing the links are healthy and there is no conflict of interest, constructive relationships may support the work of associations in advocacy on behalf of paediatricians and their patients. Dangers lie in the too close identification of a paediatric association with a single manufacturer, and particularly where that relationship implies some endorsement of the product. This cannot be entirely value free; a paediatric association should not accept donations from a company whose activities are widely disapproved of, since any acceptance is a minor endorsement (and the same applies to the individual paediatrician). It would be wise for associations to make links with more than one drug company or nutrition manufacturer and be prudent in its choice of financial investments. Many paediatricians argue that these should be in companies that have high ethical standards. Payments from industry to paediatric associations should not be made to an individual officer or employee but paid into general funds and appear in the association's audited accounts.

Similar ethical considerations apply to hospitality received by officers or representatives of paediatric associations. It is widely accepted that the cost of international meetings may be partially or wholly underwritten by industry. Where these meetings are academic or scientific care must be taken about appearing to endorse a specific product. If the meetings are purely for representational or political reasons the purpose of commercial sponsorship becomes less clear. It would be preferable that representatives of an association should have their expenses met by their association. If industry is to be generous to paediatrics its resources might be better channelled into research and education.

Previous reference has been made to the dubiety of product endorsement: this area is controversial. One national medical association was recently criticised severely for agreeing to an exclusive endorsement of individual commercial products, allowing its name and logo to be included on these products in return for financial support.

Pharmaceutical, nutritional and medical equipment manufacturers

Paediatric associations have to be particularly careful in their relationship with pharmaceutical, nutritional and

medical equipment manufacturers whose marketing activities, particularly in the developing world, have been criticised. Some paediatricians feel there should be no commercial relationships between themselves, individually or collectively, and such manufacturers. (Some paediatric bodies have severed all commercial links with manufacturers of questionable reputation.) Others feel that a dialogue should be maintained and that proportionate support and hospitality is acceptable. Such contact may be useful in improving the marketing practice of the company.

Conclusion

The work of paediatricians brings them into regular contact with industry. In their activities paediatricians should maintain an ethical approach to this relationship which should not be exploited by either party. Any potential conflict of interest should be declared and hospitality other than the most minor should be open.

Paediatricians and paediatric associations should consider seriously the consequences of product endorsement and the support of companies whose marketing activities may be questioned. Although they may claim not to be influenced by marketing pressures they almost certainly are. Under no circumstances should patients or parents, individually or collectively, lose their confidence in paediatricians because of anxiety or cynicism concerning the nature of the relationship between doctors and commerce.

Further reading

1. The relationship between physicians and the pharmaceutical industry (1986) *J R Coll Physicians Lond* 20:235-237
2. Kassirer JP, Angell M (1997) The high price of product endorsement. *N Engl J Med* 337:700
3. Commercial sponsorship in the Royal College of Paediatrics and Child Health. Report of a working party. Royal College of Paediatrics and Child Health, 50 Hallam Street, London, W1N 6DE, UK. ISBN 1900954346