

"Sold on Drugs"

Los Angeles Times Series Examines Pharmaceutical Industry Influence on Physicians, Consumers - [Aug 06, 2007]

The *Los Angeles Times* on Monday, August 6, 2007 featured a series of articles titled "Sold on Drugs" that examines the effect of drug manufacturers' marketing techniques on physicians and consumers. Summaries appear below.

- **"Under the Influence: Savvy Marketing Whets Our Appetite for Prescription Pharmaceuticals. Consumers, Doctors, Researchers -- No One Is Immune"**: Drug makers "do everything in their considerable power to ensure that their brand-name prescription medications are on the lips of patients and in the minds of physicians every time the two meet across an exam table," the *Times* reports. The *Times* continues, "A growing chorus of critics says their efforts have begun to rewrite the dialogue between patient and doctor, influence physicians' judgments and open the act of prescribing to forces more profit-minded than sacred" (Healy [1], *Los Angeles Times*, 8/6).
- **"From Funding to Findings: When Drug Companies Conduct Research on New Pharmaceuticals, Outcomes May Be Affected -- Greatly"**: "[M]edical researchers, academic authorities and influential specialists are key players" in the commercial success of a drug, the *Times* reports. Drug manufacturers "build a corps of respected university experts who have lengthy experience with a drug prospect, financial ties to the firm that paid them to study it and, often, a direct stake in its success" when the companies form "commercial partnerships with universities, endow academic programs and teaching chairs, and pay academic medical centers to run clinical trials," according to the *Times* (Healy [2], *Los Angeles Times*, 8/6).
- **"Doctor, Just a Little Something for You: Complex Sales Strategies Go Way Beyond Freebies"**: Drug companies "focus the bulk of their marketing budgets to influence" physician prescribing habits, which "profoundly affect sales of a drug company's products," the *Times* reports. The *Times* notes that drug makers' marketing tactics "reach into physicians' offices, pervade their medical specialty organizations and often shape the messages that doctors receive in educational settings" (Healy [3], *Los Angeles Times*, 8/6).
- **"Next Step: Create the Demand; Direct, Emotional Ads for Prescription Drugs Are Everywhere. But They're Just One Way To Get to the Consumer"**: "With vast and profitable markets up for grabs, drug companies are aggressively reaching beyond doctors and taking their marketing messages directly to consumers," the *Times* reports. FDA in 1997 loosened regulation of direct-to-consumer advertising, a change that "set off explosive growth in marketing aimed at a general audience long on interest and -- compared with physicians -- short on professional skepticism," according to the *Times* (Healy [4], *Los Angeles Times*, 8/6).
- **"In Short, Marketing Works: By Targeting Consumers and Doctors -- Directly and Indirectly -- Drug Makers Are Driving Sales. Why Argue With Success?"**: "The pharmaceutical industry defends its promotional spending as a service to science, physicians and patients," and the ads "also, indisputably, boost sales," the *Times* reports. The *Times* continues, "Physicians see marketing's effects on their patients every day," but "ask the doctors whether the marketing influences their clinical judgments or prescribing behavior, and a chill will descend upon the room," according to researchers who have posed such questions to physicians (Healy [5], *Los Angeles Times*, 8/6).
- **"And Now, a Push for Change: Legislators Have Begun To Question the Drug Industry's Pervasive Influence in Health Care. Some Doctors Are Backing Them Up"**: "In recent years, politicians, consumers and physicians have begun to question sharply the effect of drug makers' commercial appeals," the *Times* reports. "Medical societies and patients groups are quietly debating the wisdom of their dependence on drug companies' largesse," and physicians "are rethinking, or at least disclosing, their ties to drug companies," according to the

Times. In addition, lawmakers "are drafting and passing bills aimed at blunting the effects of prescription drug marketing," the *Times* reports (Healy [6], *Los Angeles Times*, 8/6).

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From the Los Angeles Times

SOLD ON DRUGS

Under the influence

Savvy marketing whets our appetite for prescription pharmaceuticals.

Consumers, doctors, researchers -- no one is immune

By Melissa Healy - Los Angeles Times Staff Writer

August 6, 2007

FOR many Americans, a doctor's decision to prescribe medication is something of a sacred transaction. A physician considers the patient and symptoms and chooses the best drug for the job, drawing upon years of training and clinical experience. It is an exchange conducted in a hushed sanctuary, far from the heat and noise of the marketplace -- a place where cool judgment reigns.

That sanctuary has been breached. Today, drug manufacturers do everything in their considerable power to ensure that their brand-name prescription medications are on the lips of patients and in the minds of physicians every time the two meet across an exam table. A growing chorus of critics says their efforts have begun to rewrite the dialogue between patient and doctor, influence physicians' judgments and open the act of prescribing to forces more profit-minded than sacred.

In 2006, drug-makers spent almost \$5 billion to reach out to consumers with direct advertising. But the glossy magazine ads and buzz-generating TV spots are just the most visible parts of a campaign to build and nourish markets for brand-name prescription products. The world's pharmaceutical companies spend an estimated \$19 billion annually to woo doctors. They sponsor teaching programs and research at universities across the country, gaining goodwill along the way. They give money to patient groups. They hire public relations firms to share patient stories of illness and triumph.

In a nation that consumed \$279-billion worth of prescription medications in 2006 -- spending 80% of that on brand-name products -- their efforts appear to be paying off. Americans filling a prescription choose brand-name products 37% of the time, even though three-quarters of all prescription drugs in the U.S. are available in cheaper generics.

"The most effective marketing is the marketing you're not aware of," says Dr. Peter Rost, a one-time

pharmaceutical company marketing executive who has become an Internet-based industry watchdog. "If you see an ad, you know it's marketing. But if a friend or your doctor talks to you about a drug, you don't."

Now the size, scope and apparent effectiveness of drug companies' marketing efforts has begun to prompt cries of foul even from within the medical establishment, which has long been silent about its growth. In a handful of state legislatures across the country, lawmakers already have acted to blunt drug-company marketing, and many more are considering similar measures. Lawmakers on Capitol Hill have suggested that federal legislation may come next.

At stake, critics say, are patients' health, the nation's healthcare budget and, ultimately, the trust and esteem in which Americans hold their physicians. Costs rise as more doctors prescribe brand-name drugs when cheaper, older or more effective drugs might be available.

Under-treated conditions that threaten the lives and wellness of large swaths of the population -- illnesses such as diabetes and high blood pressure -- may get less attention than conditions such as erectile dysfunction or insomnia, for which pharmaceutical firms have new and potentially more profitable offerings. And patients may be steered toward newer drugs with risks and side effects that are less well-known, in lieu of medications with a longer history of safe use.

"There is nothing fundamentally wrong with advertising products," Dr. Jerome P. Kassirer, a former editor of the *New England Journal of Medicine*, told a Senate committee recently. "But when financial incentives yield inappropriate or dangerous care, when they inordinately raise the cost of care, when they risk patients' lives in clinical trials, and when they damage the profession, they have gone too far."

The pharmaceutical industry counters by arguing that its marketing efforts are needed to recoup the cost of drug development and that they introduce Americans to medicines that can save lives and improve well-being. The industry's sponsorship of research and education pushes the process of drug discovery and development forward, drug-makers say. Companies' marketing to physicians keeps busy clinicians abreast of new therapies and scientific advances in a fast-changing landscape. And their advertising of drugs in mass-media outlets educates patients and improves their communication with doctors, they add.

And drug marketing improves the economic vitality of the nation, a representative of the drug industry's largest trade group, PhRMA, said at a recent Senate hearing. Prompted by drug industry marketing, more patients in recent years have sought out a doctor, and more doctors have looked for signs of under-treated conditions such as depression, diabetes and asthma among patients, Marjorie E. Powell, an attorney for PhRMA, said to the Senate Select Committee on Aging in late June. Citing a pair of studies published in 2003, Powell said that in the long run, increasing treatment of such chronic conditions should drive down the nation's healthcare bill.

As the debate rages -- among doctors, within universities, in statehouses across the nation and in the halls of Congress -- here is a look at a wide range of marketing efforts that has touched it off.

From the Los Angeles Times

BUILDING THE MARKET

From funding to findings

When drug companies conduct research on new pharmaceuticals,
outcomes may be affected -- greatly

By Melissa Healy - Los Angeles Times Staff Writer

August 6, 2007

FROM the time that a drug is little more than a promising compound until well into its commercial life span, medical researchers, academic authorities and influential specialists are key players in its commercial viability.

Drug companies regularly enter into commercial partnerships with universities, endow academic programs and teaching chairs, and pay academic medical centers to run clinical trials. In doing so, they build a corps of respected university experts who have lengthy experience with a drug prospect, financial ties to the firm that paid them to study it and, often, a direct stake in its success. These university-based physicians enjoy a public perception of scholarly impartiality as well, which can make them influential voices when they speak in favor of a medication or treatment.

In 2 1/2 decades, drug companies' funding of biomedical research -- much of it conducted at universities -- has risen from \$1.5 billion to \$55 billion. In the United States, pharmaceutical investment in biomedical research has outpaced and, ultimately, overtaken the federal government's investment in such research, expected this year to be about \$36 billion. The university-based researchers and physicians who conduct this work often serve on or testify before committees that advise the Food and Drug Administration on drug approvals. They then play a vital role in building markets for new and existing prescription medications -- this time by serving on expert committees that write treatment guidelines and standards. These "clinical practice guidelines" enshrine the medical profession's consensus about which patients should be treated for certain conditions, and how. Drug company marketing departments prize these recognized authorities as "opinion leaders" and cultivate them accordingly.

A New England Journal of Medicine article in April surveying relationships between physicians and pharmaceutical companies found, for instance, that developers of clinical guidelines were 41% more likely to have received payments from drug companies for consulting, lecturing or trial recruitment than physicians not involved in guideline development. Physicians teaching at medical schools were 67% more likely to have received such payments than those who did not teach.

The power that clinical guidelines hold to expand the market for a drug is immense.

In May 2003, for instance, a government-sanctioned panel of experts revised the definition of which patients should receive prescription medication to control high blood pressure. Overnight, the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure expanded the market for blood pressure drugs by millions of new patients. Nine of the 11 authors of the report had financial ties to companies likely to benefit from the new guidelines. Six had conducted research under grants provided by one or more of the four pharmaceutical giants that held patents on prescription drugs used to treat high blood pressure.

Wider market for statins

IN July 2004, the National Cholesterol Education Program conducted a similar revision of the clinical guidelines for diagnosing and treating high cholesterol in adults. With the new guidelines' publication, 8 million Americans became candidates for cholesterol-lowering drugs -- three years after an earlier guideline had added 23 million to the potential rolls. Most of the committee members were subsequently found to have had extensive ties to companies that make statins, widely used in the treatment of high cholesterol.

Guidelines like these are clearly saving many lives. But they also have made Americans with elevated blood pressure the most aggressively medicated patients in the world. A January study in the Archives of Internal Medicine found that 64% of patients diagnosed with hypertension in the United States were getting two classes of drugs to treat the condition -- compared with 59% of British and German patients with high blood pressure and 49% in Spain.

The guidelines also have made statins -- led by Pfizer's Lipitor -- the world's bestselling prescription medications, despite growing questions about their appropriateness for many users. The 1994 edition of the psychiatry profession's single most influential guideline, the Diagnostic and Statistical Manual of Mental Disorders, was recently found to have been written by a panel of experts among whom 56% had at least one financial relationship with a pharmaceutical manufacturer. For experts writing guidelines for severe mental illness such as bipolar disorder and schizophrenia -- diagnoses that have been broadened significantly in recent years -- 100% had ties to drugmakers, according to the study, which was published in Psychotherapy and Psychosomatics.

"At present, the financial ties between the guidelines panels and industry are extensive," wrote Dr. Robert Steinbrook in the Jan. 25 issue of the NEJM.

WOONG THE GATEKEEPER
Doctor, just a little something for you
Complex sales strategies go way beyond freebies.
By Melissa Healy - Los Angeles Times Staff Writer
August 6, 2007

AS guardians of the nation's prescription pads, doctors are the gatekeepers that stand between American patients and the pharmaceutical companies that have drugs to sell them.

Physicians' choices -- whether to medicate, with which medication, generic vs. brand-name drug, and for how long -- profoundly affect sales of a drug company's products. So pharmaceutical manufacturers focus the bulk of their marketing budgets to influence those choices. The drug companies' promotional efforts reach into physicians' offices, pervade their medical specialty organizations and often shape the messages that doctors receive in educational settings.

"There is a big bucket of money sitting in every office" a drug representative visits, said an AstraZeneca marketing director in a widely circulated newsletter interview. "Every time you go in, you reach your hand in the bucket and grab a handful," said Mike Zubillaga, who was fired after his blunt comments made their way onto the Internet last April.

Each day in the United States, an army of roughly 100,000 pharmaceutical company sales reps storms the waiting rooms and offices of the nation's 311,000 office-based physicians. Called "detailers" -- and earning, on average, \$81,700 per year -- they are the smiling, well-dressed men and women often seen in a physicians' waiting room toting a cavernous briefcase and making small-talk with the receptionists. Their ranks have more than doubled in the last 10 years.

Sales reps say they want nothing more than to drop off drug samples that doctors can dispense at no cost to their patients, and to brief physicians on the FDA-approved benefits and risks of the prescription drugs their companies make. That's an accurate job description. But it doesn't nearly capture the sophistication of their efforts or the complex web of relationships that marketing departments cultivate with physicians. In recent years, drug-company insiders have come forward to detail the enticements, persuasive techniques and market-tracking systems that their organizations use to nudge doctors' prescribing decisions to boost sales. The picture they provide is of an industry in hot pursuit of physicians' hearts and minds.

Relationships with drug reps

THE inducements that doctors accept are more than just pads, pens and gadgets such as the Viagra calculator that stands up on its base when the "on" button is pushed. A national survey of doctors published in the April 2007 New England Journal of Medicine found that 94% of physicians in the six specialties studied reported some type of relationship with pharmaceutical companies' representatives. Most (83%) received food in their workplace, or accepted drug samples (78%) proffered by visiting representatives. Thirty-five percent reported that drug companies had reimbursed them for the cost of attending professional meetings or company-sponsored sessions that satisfied a physician's "continuing medical education" requirement. And 28% received payments for consulting with a drug company, giving lectures or enrolling patients in trials.

The American Medical Assn. and the pharmaceutical industry group PhRMA adopted non-mandatory codes of conduct in 2002 that discourage the offering or acceptance of items that bring only "personal benefit" to a physician. Shahram Ahari, a former drug rep with Eli Lilly, says that in many cases, those guidelines have given the practice of gift-giving "a nice veneer of respectability."

But the practice's impact is often unaltered -- and may even be greater than when drug reps were permitted to offer extravagant gifts such as theater tickets and golf bags. That is because psychologists have shown consistently that a small token or gesture of friendship often inspires a sharper sense of obligation in the recipient than does a showy gift, for which reciprocation is impossible.

Moreover, Ahari says, "the amount of money invested in gifts hasn't changed. In the past, I could spend \$100 on a golf club and give it to you. Now, I can spend \$100 on a textbook you need so you can spend your own \$100 on that golf club."

Sales reps bear many gifts, but none is more important than the prescription drug samples they bring to doctors. In 2003, the pharmaceutical industry distributed \$16.4 million worth of them to doctors, according to PhRMA, the industry's most important trade group.

"For me, that's access," Ahari says. "The doctors are first grateful that you're giving them samples, because it makes them seem like a hero to patients . . . and when they feel that sense of gratitude, they feel obliged to spend some time with the drug rep delivering them." But in the end, it is the patient who often will pay more, because even a short course of sample use builds customer loyalty to a brand-name drug, even when a generic or a cheaper, older drug might be just as effective.

Among the not-so-well-kept secrets of the medical world is the physical attractiveness of the men and women who make up the pharmaceutical sales-rep force. "It seems pretty cynical," says UCLA internist Dr. Martin Shapiro. "I mean, the people that do the detailing aren't your average-looking individuals."

Ahari laughs at the description. Pharmaceuticals' marketing departments look to hire "young, attractive people, quite charismatic" -- and scientific training is completely optional, says Ahari, now a researcher at the UC San Francisco's School of Pharmacy, who describes his former profession on a website (www.Pharmedout.org) devoted to exposing drug company marketing practices.

"They're looking for gender icons -- cheerleaders and ex-military types -- fun to be with, someone with whom you'd like to have a beer or watch a game," Ahari says. To establish friendship and assure access to a physician, a detailer "will scour a doctor's office for objects -- a tennis racquet, Russian novels, '70s rock music," wrote Ahari and Adriane Fugh-Berman, a Georgetown University physician, in an article published by the Public Library of Medicine in April.

Small practices and family physicians are most intensively courted. And doctors whose prescribing practices are not circumscribed by healthcare companies or hospital formularies get extra attention as well. According to the New England Journal of Medicine survey published last April, family practitioners reported they met with pharmaceutical-company detailers, on average, 18 times per month, more than four times the average for all doctors that was reported in a 2000 study. Trailing not far behind them were internists (10 meetings per month), cardiologists (nine) and pediatricians (eight).

Outside the confines of a doctor's office, pharmaceutical marketing efforts become more extravagant.

At physicians' association meetings and at conferences and seminars that provide "continuing medical education" for doctors, drug-company sponsorship is substantial. Both have become important venues for courting physicians over meals and in appealing venues. Both provide opportunities for drug companies, indirectly, to pay speaking fees to favored physicians. And a recent Senate Finance Committee report concluded that, in spite of efforts to stem the practice, both are used by pharmaceutical companies to boost physicians' prescribing of their products.

Sponsorship of seminars

AT a recent hearing of the Senate Committee on Aging, Dr. Jerome Kassirer of Tufts University School of Medicine described meetings of medical societies and associations as "mini-circuses, replete with enormous glittering displays and hovering attractive personnel. Although couched as education," he added, "these marketing efforts are thinly disguised bribes."

UCLA internist Shapiro, who as president of the Society for General Internal Medicine in 2002 sought to limit drug company sponsorship, calls it "the walk of shame." At almost every major medical meeting he attends, he said, "there are these opportunities to get free things that are questionable -- and that clearly are not intended to sharpen the rational decision-making skills of a physician, but to have an impact . . . on how they prescribe medications." It's not enough, he added, to close your eyes and walk past them: Pharmaceutical company money has largely underwritten the programs doctors will attend and the administration of the professional association that organizes the event.

Medical societies "have become dependent on the infamous 'unrestricted grant' from numerous pharmaceutical companies," Dr. J. Gregory Rosenthal, a Toledo, Ohio-based retinal surgeon, told the Senate Committee on Aging in June. "In this context, 'unrestricted' means, 'Use this for whatever you want, but if you ever want another, don't displease us.' "

Physicians' "continuing medical education" requirements also have provided drug companies ripe marketing opportunities, experts say. In 2005, drug companies spent \$1.12 billion to fund sessions that physicians attend to maintain their license to practice.

In recent years, new guidelines have sought to distance those grants from companies' marketing departments. Still, the Senate report noted, "drug companies routinely fund educational grants to support programs that favorably discuss the companies' newer and more lucrative products, thereby encouraging physicians to prescribe these products and, ultimately, driving sales." Where doctors are typically a skeptical audience for direct pitches, "when the favorable message is delivered in the context of education -- even if corporate sponsorship is disclosed -- there is an imprimatur of credibility and independence," investigators noted.

Some of those programs appear to have been forums for pushing "off-label" uses for prescription drugs, a back-door means of expanding its market. About one-fifth of prescriptions that doctors write are for off-label uses -- to treat a condition other than that for which FDA has found a drug safe and effective. Although it's legal for doctors to write off-label prescriptions, it is illegal for a drug manufacturer to market its drugs for off-label uses.

In 2004, Warner-Lambert (now a division of Pfizer Inc.) paid \$430 million to settle claims that it was using continuing education grants to promote off-label uses of Neurontin, an epilepsy drug. In 2005, Serono Laboratories paid \$704 million to settle claims in a case that alleged it was using educational programs to boost sales of the AIDS drug Serostim for off-label uses.

The 50 state attorneys general who accepted the settlement of the Neurontin case have used \$21 million to establish the Consumer and Prescriber Grant Program, www.ohsu.edu/cpgp/, designed to provide healthcare professionals and consumers information related to prescription drugs and their marketing.

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From *the Los Angeles Times* - **SELLING THE PATIENT**

Next step: Create the demand

Direct, emotional ads for prescription drugs are everywhere.

But they're just one way to get to the consumer.

By Melissa Healy, Los Angeles Times Staff Writer

August 6, 2007

WITH vast and profitable markets up for grabs, drug companies are aggressively reaching beyond doctors and taking their marketing messages directly to consumers.

Some of their promotional strategies have become hard to miss. Nightly news broadcasts -- a beloved habit for aging Americans -- are brought to you by the makers of prescription medications for high cholesterol, arthritis, Alzheimer's disease and erectile dysfunction; an Internet search for a specific symptom, or a visit to any popular health site, will bring up sponsored links and blinking ads for at least one prescription medication used to treat that symptom; fans of NASCAR see Viagra advertised every time No. 6 Mark Martin's car rounds the track. And women paging through a magazine for tips on reducing clutter can scarcely avoid the faces and personal stories of actresses who are managing their depression, osteoporosis or hot flashes with a brand-name pill.

In 1997, the FDA loosened regulations governing the advertisement of prescription medications directly to consumers. The change set off explosive growth in marketing aimed at a general audience long on interest and -- compared with physicians -- short on professional skepticism. Today, drug makers spend roughly \$5 billion a year to run advertising campaigns that use many of the same appeals that marketers use to sell breakfast cereal and toothpaste.

A study published in the *Annals of Family Medicine's* January-February issue analyzed the messages of 38 advertisements then running during prime-time TV and found that 95% used emotional appeals to sell the medication, often framing prescription-drug use as a means to regain lost control over some aspect of life. None mentioned lifestyle change as an alternative to product use, although roughly 1 in 5 advertisements suggested it might be a useful complement to the drug. One in 4 described the causes of the disease the advertised drug treats, who is at risk for it or how frequently the condition occurs in the population. The study's authors, led by UCLA researcher Dominick L. Frosh, suggested that without such information, consumers would have little reason to see prescription medication as a solution that involves risks as well as possible benefits.

In all, 58% portrayed the advertised drug as a medical breakthrough -- a pharmaceutical twist on Madison Avenue's "new and improved" message.

"It is time to ban direct-to-consumer advertising of prescription drugs," wrote Dr. Kurt Stange, editor of the *Annals*, in an accompanying editorial. The advertisements consumers see "distort the relationship between patients and clinicians. [They] manipulate a patient's agenda and steal precious time away from an evidence-based primary care clinician agenda that is attempting to promote healthy behavior, screen for early-stage treatable disease and address mental health."

Even after 23 major pharmaceutical companies agreed to a new slate of voluntary guidelines limiting their advertising, Stange wasn't buying it. Self-monitoring, he wrote, "is not working . . . and cannot realistically be expected to work."

PhRMA, the drug manufacturers' industry group, says direct-to-consumer advertising empowers patients to take an active role in their healthcare and spurs them to discuss symptoms, diseases and treatment options with their doctors that might otherwise go unraised. The industry group frequently cites a 2002 survey of consumers that found that 43% were spurred by a prescription-drug ad to look for more information about the drug or their health.

Although direct-to-consumer advertising has spurred the most political and professional debate, it is only the most visible means of prescription-drug marketing aimed at the consumer. To build markets and encourage consumer loyalty to their products, drug makers have invested heavily in a tactic known to public relations professionals as "third-party marketing." Through voices, groups and activities that seem independent of them -- but frequently are not -- drug companies have found another way to get their messages to consumers.

'Third-party' approach

ACCORDING to an article published in the *British Medical Journal* in 2003, the top five public relations firms specializing in healthcare earned \$300 million in 2002. These firms "are expert at 'third-party technique' -- helping the drug industry separate the message from what could be seen as a self-interested messenger," wrote authors Bob Burton and Andy Rowell.

Last October, a commentary in the *New England Journal of Medicine* detailed one little-noticed third-party marketing venture. Underwritten by Eli Lilly, the campaign was designed to increase the use in hospitals of a drug commercially known as Xigris, for the treatment of sepsis, or blood poisoning. A preliminary study had suggested some safety concerns with Xigris, and an FDA advisory panel had urged more thorough study of the drug before its approval. But in 2001, the FDA approved its entry into the market. The controversy appeared to sap first-year sales of Xigris, which fell short of Lilly's expectations.

Lilly's response was to secure the services of a small public relations firm, New York-based Belsito and Co. Belsito would begin spreading the word to physicians and media outlets specializing in medical news that Xigris was being rationed and that physicians were being "systematically forced," because of the drug's high cost, to decide which patients would live and which would die. A \$1.8-million educational grant from Lilly would fund the creation of a group of physicians and bioethicists -- named the "Values, Ethics and Rationing of Care Task Force" -- to study this rationing and its ethical implications. And a Surviving Sepsis campaign was launched "in theory to raise awareness of severe

sepsis and generate momentum toward the development of treatment guidelines," wrote Dr. Peter Q. Eichacker and two fellow investigators based at the National Institutes of Health, in the NEJM.

Lilly's financial inspiration of the campaign aimed at physicians, patients groups and the media was not apparent to many of the audiences reached. But its effect was quite clear, concluded a case study of the campaign done by the Council of Public Relations Firms: Sales of Xigris "have begun to trend upwards. Through the first quarter of 2004, Xigris sales were up 36%."

In such campaigns, public relations companies operate as off-site extensions of a drug company's marketing department. But sometimes, the relationship of a drug company and a third-party voice is more complex. The tie between patient-advocacy groups and drug companies is a good example.

Drug makers richly support the nation's proliferating patient-advocacy groups, and only a handful of the charitable organizations refuse the sponsorship of pharmaceutical firms, says Georgetown University's Dr. Adriane Fugh-Berman, who has studied these ties. That link presents rich marketing opportunities for corporate sponsors with an interest in reaching the patients the organizations advise and represent, Fugh-Berman says. But it also raises real questions about the independence of patients groups, she adds.

In marketing trade publications, the value of patients' groups is widely touted. As friends and allies to potential customers, groups dedicated to patients who suffer from a specific condition can be powerful marketing tools. Patients seek information and emotional support from these groups, and trust them as an unbiased source of advice. Groups that empower patients to seek treatment are eager to foster awareness of their disease and, in the process, expand their membership. When they are successful, patients groups have a natural market-building effect.

But drug makers have the deep pockets, and patients groups -- until they're very large and well-established -- are constantly scrambling for money. As a result, according to those calling for reform, the relationship is not always an alliance of equals.

"There's an inherent conflict of interest," says Merrill Goozner, editor of Integrity in Science, a publication of the Washington-based watchdog group the Center for Science in the Public Interest. "The question becomes, 'Are you doing the best for the patients you represent, or are you doing the best for your sponsors?'"

Goozner says that patient-advocacy groups are especially vulnerable to carrying drug companies' messages, untempered by skepticism, directly to their members. "They're desperate" for a cure or treatment, he says. "And no one likes to be told that this latest breakthrough is not all it's been cracked up to be," especially when it's being pushed by a company that's been generous with funding, he adds.

Last October, the magazine New Scientist published a survey gauging the dependence of randomly selected U.S. patients' groups on drug manufacturers. Combing through the tax returns, annual

reports and voluntary disclosures of 29 nonprofit patient-advocacy groups, the publication found that most accepted financial backing by companies developing or producing drugs used to treat patients supported by the group. In some groups, such as the American Heart Assn., the drug makers' financial backing was huge (\$23 million in 2005) but represented a small portion (4%) of revenue. For seven groups, donations from interested drug companies represented more than one-fifth of revenue. The Depression and Bipolar Support Alliance said it received more than half of its 2005 funding from the drug industry, and the Colorectal Cancer Coalition got 81% of its funding from drug makers.

New Scientist's probe found that some donations appeared directly tied to marketing interests. In 2003 and 2004, when the drug giant Pfizer was developing a drug to treat restless leg syndrome, it was a major donor to the Restless Legs Syndrome Foundation. But in 2005, after Pfizer announced it had abandoned development of the potential drug, its donations to the patient group dried up.

Many of the best-known groups, including the Alzheimer's Assn., American Cancer Society and American Diabetes Assn., typically have a board of physicians who vet the scientific accuracy of the information they provide to patients. And most solicit "unrestricted" grants that allow them freedom to use the drug makers' donations as they see fit.

But even large groups often provide a gateway to the products of corporate sponsors, say those who have surveyed them. Many list FDA-approved medicines available to treat the disorder that is their focus and provide Web links that lead patients directly to marketing sites. And many offer their corporate sponsors access to their members, a potential gold mine of direct-marketing opportunity.

The corporate-donor pitch posted on the website of the national infertility patient group, Resolve, is typical of many patient groups. "Whether you become a site sponsor, a resource partner, or a sponsor of Resolve's chats, [the group's website] is the ideal place for your company to market its products and services to thousands of men and women across the country," the appeal states. Among the benefits the group lists for becoming a member of the group's "Corporate Council" are access to data on utilization of the group's programs and services and "the opportunity to establish topics and sponsor special briefings for patients, the medical community and public policy makers." Serono and Organon, both makers of prescription medication used to treat infertility, are among the group's corporate sponsors.

Patient groups also mobilize patients -- sometimes armies of them -- to push for coverage of prescription drugs by insurance companies and states' Medicare and Medicaid agencies. To pharmaceutical companies, this can make or break the market prospects for a new drug because 80 million Americans -- among them, the heaviest prescription-drug users -- receive healthcare coverage through Medicare and Medicaid, and roughly 155 million have prescription drug coverage through private insurance companies.

Strength in numbers

WHEN insurers balk at reimbursing patients for new prescription medications, these groups typically swing into action, rallying sufferers to appear before public and consumer panels, contact lawmakers, and provide media outlets a human face to attach to a cause. Infertility patients mobilized by Resolve,

for instance, have been extremely effective in extending states' insurance coverage of infertility treatments. Groups such as the Depression and Bipolar Support Alliance have fielded experts and patients who have done the same for psychiatric conditions. And a wide range of patient groups, most with substantial backing from the makers of erectile dysfunction drugs, have mounted successful campaigns to get wary insurers to cover drugs such as Levitra, Viagra and Cialis.

From the Los Angeles Times - **SOLD ON DRUGS**

And now, a push for change

Legislators have begun to question the drug industry's pervasive influence in healthcare.

Some doctors are backing them up.

By Melisa Healy - Los Angeles Times Staff Writer

August 6, 2007

FOR Dr. Howard Brody, nearly three decades of family medical practice has afforded a clear view of the rising tide and spreading effects of drug industry marketing. As Brody entered the profession in 1977, that tide was coming in gradually. In the last decade, it has surged to account for at least \$30 billion a year in spending.

Now 58, Brody sees a shift in the marketing tide. In recent years, politicians, consumers and physicians have begun to question sharply the effect of drug makers' commercial appeals. Medical societies and patients groups are quietly debating the wisdom of their dependence on drug companies' largesse. Doctors are rethinking, or at least disclosing, their ties to drug companies. Legislators are drafting and passing bills aimed at blunting the effects of prescription-drug marketing.

Along the way, Brody has evolved from family physician to medical ethicist. Now a professor of family medicine and director of the University of Texas' Institute for the Medical Humanities, Brody has been among those who have fomented a backlash.

For several years in his earliest days as a family physician in Michigan, Brody received a long line of drug representatives bearing gifts, jokes, an occasional journal article and, most important, drug samples. The exchanges troubled him in ways that, as a young doctor in the late 1970s, he found difficult to put his finger on. But when he joined the medical faculty at Michigan State University and had the choice of opting out of such meetings, he did so with relief.

Two decades later, Brody read a commentary in the Journal of the American Medical Assn. that stirred up the same disquiet he remembered from his days meeting with drug reps. The 1997 JAMA editorial, "Thyroid Storm," told readers of a disputed study comparing thyroid medications. The study was conducted at UC San Francisco and was sponsored by Boots Pharmaceuticals Inc., a firm with strong commercial interests at stake. The study's findings came to a conclusion contrary to the sponsor's interests, and Boots threatened legal action if the study was published.

"The research community is getting progressively more entangled with industry, as became evident to me when I tried to find thyroid experts to review the paper who did not have financial ties" to Boots, wrote then-JAMA editor Dr. Drummond Rennie. The American Thyroid Assn. failed to rally to the researcher's aid, leaving "the sad impression that the ability of the association to influence these events was weakened by its heavy dependence" on the drug maker's financial support, Rennie wrote.

Brody found Rennie's account of the episode deeply shocking. But this time, his uneasiness found its voice. Starting in 2001, Brody began suggesting, at professional meetings and in conversations with fellow physicians, that the marketing of pharmaceuticals to doctors -- indeed the pervasive influence of drug makers within the medical profession -- had gone too far.

His colleagues' response was "very negative, very hostile," he recalls. "It really sounded like, 'Who are you, sounding so scolding? You think you're better than us. How dare you?' There had been this gradually creeping seduction going on all these years . . . and the pharmaceutical industry had happily supplied us with justifications for it. We doctors lapped them up eagerly."

But by 2004, those days were ending. The Annals of Family Medicine published an essay by Brody, "The Company We Keep: Why Physicians Should Refuse to See Pharmaceutical Representatives." (Brody went on to write a book, "Hooked: Ethics, the Medical Profession and the Pharmaceutical Industry," published this year.) Former New England Journal of Medicine editor Dr. Marcia Angell published "The Truth About the Drug Companies: How They Deceive Us and What to Do About It." Her fellow NEJM editor, Dr. Jerome Kassirer, continued with "On the Take: How Medicine's Complicity With Big Business Can Endanger Your Health."

At a 2004 meeting of the American College of Rheumatology, physicians reeling from public outcry over the market withdrawal of the arthritis drugs Vioxx and Bextra vowed to wean their organization from its heavy dependence on pharmaceutical funding, setting off similar self-examination among other medical societies. While acknowledging that pharmaceutical sponsorship accounted for 34% of the group's income, its president at the time, Dr. David Wofsy, declared that the group's leaders, its young physicians, its political principles and its silence were "not for sale."

In statehouses across the country, lawmakers began to hammer out laws aimed at blunting the reach and effect of drug makers' marketing efforts.

To date, at least 30 states have enacted laws, or have considered legislation, that would do so. Those include bills requiring the disclosure of gifts and payments by drug makers to physicians, limits on pharmaceutical companies' access to prescription information used for marketing purposes, advertising restrictions and limits on pharmaceutical sales representatives' gift-giving to doctors. California and Virginia have joined Vermont, Maine and Minnesota -- three states that have enacted the most sweeping laws on drug marketing -- in requiring reports disclosing drug makers' spending on advertising and marketing activities.

On Capitol Hill, a handful of lawmakers have launched hearings on the subject and suggest that

legislation could come next. After presiding over a June 27 Senate hearing titled "Paid to Prescribe?," Sen. Herb Kohl (D-Wis.) suggested he would ask the prestigious Institute of Medicine to weigh in on the subject. He warned drug industry representatives to expect "progress" from a newly Democratic Congress.

The bid to curb drug industry marketing is hardly a juggernaut. Many of the state initiatives have been challenged as infringements on free-speech rights. Some have met resistance from physicians. Virtually all have been opposed by the drug industry, which, according to estimates by the Center for Public Integrity, has spent \$758 million on lobbying -- more than any other industry -- since 1998.

Among rank-and-file doctors, Brody sees "almost a sea change" in attitudes toward drug marketing. For veteran physicians, the hostile defensiveness is no longer a reflex, he said. Among younger doctors and medical students, he sees genuine interest in reducing the influence of drug company marketing on the front lines of medicine.

Medical schools such as Stanford, University of Pennsylvania, Yale and, most recently, UC Davis and UCLA have sought to tighten rules governing relationships between physicians and drug makers, including a prohibition on the acceptance of even small gifts from drug reps.

Many medical students also have organized to resist the commercial entreaties of drug makers. Since 2002, the American Medical Students Assn. has banned pharmaceutical advertising and sponsorships of national and regional meetings, as well as advertising on its website or in its magazine. The group's "PharmFree" campaign urges medical students to shun seminars and lunches sponsored by drug companies.

The sea change Brody perceives appears to have come too late to head off the swelling wave of state initiatives and public calls for reform. Although doctors understandably resist the efforts of politicians to regulate the practice of medicine, Brody said they should have seen this coming. "The more we're seen as feeding on the largesse of the pharmaceutical industry, the less grounds the public has to have confidence in our putting their interests first, and the more they're going to try to step in and mandate reforms," Brody said. "I have to say, 'Gosh darnit, what did you expect, guys?' "

