

## EDITOR'S CHOICE

## Doctors, patients, and the drug industry



MALCOLM WILLET

**Editorial, p 308**  
**News, p 313**  
**Analysis, p 326**  
**Personal view, p 359**

In the Royal College of Physicians' report on relations between industry, academia, and the NHS (p 313) Iain Chalmers is quoted as saying, "I do not blame industry for trying to get away with anything that is normally considered to be its primary purpose, which is to make profits and look after its shareholders' interests. It is our profession that has colluded in all of this and been prepared to go along with it—we are the people to blame because we need not have stood for it."

By "all of this" I assume Chalmers means the many ways in which drugs are promoted in the guise of science, education, and information: the misreporting of industry funded research, the use of ghost writers and key opinion leaders, the provision of free courses and conferences. His words echo Suzanne Fletcher's in the *BMJ* last year (2008;337:a1023). For these practices to flourish, doctors have had to at least acquiesce, if not actively take part, as researchers, guest authors, paid opinion leaders, and recipients of gifts and hospitality.

As our cover image shows, it takes two to tango. It's time for the profession to take a lead. This means saying no to gifts and hospitality, ensuring that research and clinical collaborations are transparent and unbiased in their design and reporting, refusing to be a guest or ghost author, declining the role of paid opinion leader, paying our way for information and education, and refusing industry support unless it is entirely transparent and in patients' or the public's best interests.

Will the RCP report make a difference, as its instigator Ian Gilmore hopes (p 359)? Our

editorialist Joe Collier thinks not (p 308). He calls the report "flawed" and a missed opportunity. But I am more hopeful. It seems to me that we may have reached a turning point. Trust in the industry has fallen so low among large swathes of the profession and the public that industry itself now sees that corrective action is critical for business. If its undoubted contribution to health and the economy is to be properly acknowledged and built upon, it too has to take a lead and change its approach.

We have commissioned five commentaries on the relationship between industry, doctors, and patients (p 326). Scott Gottlieb calls for less but better regulation. Gordon Coutts, a company chief executive, praises joint working initiatives such as "find and treat" strategies for patients at high risk. Richard Tiner, an industry spokesman, believes that current regulation provides robust controls. Harlan Krumholz and Joseph Ross call for explicit standards of conduct including greater transparency, an end to industry funding of continuing medical education, tighter regulation for industry funded research, and an end to payment and intimidation of clinical opinion leaders. Finally, former journal editor Marcia Angell says there should be no relationship because the missions of industry and health care are so fundamentally different. Which view is most in line with yours? You can vote and give us your comments on [bmj.com](http://bmj.com).

**Competing interests:** FG gave oral evidence to the RCP's working party. The BMJ Group receives revenue from a range of sources, including the pharmaceutical industry

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