

Let public see doctors' ties to drug companies

By Robert Restuccia
From News Services
Monday, November 03, 2008

What is the appropriate relationship between the medical profession and the drug industry? Last month, Dr. Charles Nemeroff stepped down as chair of Emory University's psychiatry department after a Senate investigation exposed his failure to report hundreds of thousands of dollars in industry consulting and speaking fees, including payments from Glaxo-SmithKline, whose drug he was also studying using taxpayer dollars from the National Institutes of Health.

Last week in this newspaper, Emory economist Paul Rubin defended Nemeroff and accused Sen. Chuck Grassley (R-Iowa), who led the investigation, of leading a "war on pharmaceuticals" ("If politician's war on drugs continues," @issue, Oct. 28). Rubin argues that Nemeroff's presence on 21 pharmaceutical payrolls is evidence that he is conflict-free, for how could he possibly favor the product of one company over the other 20? It's a fallacy of the first order.

Physician-researchers play an important role in evaluating new drugs. But many physicians are also involved in helping the industry market its products. NIH guidelines do not prevent collaboration with industry (as Rubin suggests), but they do require that financial interests of more than \$10,000 a year be reported and that conflicts of interest be managed so that publicly-funded science is not colored by industry support. Documents released by Grassley suggest that Nemeroff misled university officials about the extent of his financial relationships.

Nemeroff is in a group of influential doctors the industry refers to as "thought leaders," prominent researchers that drug companies use to help promote their products among other physicians. A copious body of research over the past 20 years shows the link between industry marketing and physician prescribing.

The success of that marketing is at least part of the reason that U.S. doctors are so quick to adopt new and often unproven drugs. Yet news headlines warn us that new drugs — Vioxx, Paxil, Avandia, Vytarin — aren't necessarily better drugs. In fact, the Food and Drug Administration's own numbers show that in a recent five-year period, only 14 percent of drugs approved represented true therapeutic advances.

This is why there is a clear public interest in understanding the financial ties between physicians and drug companies. If disclosure of those ties discourages one physician from accepting NIH funding, there is no shortage of other highly qualified researchers who will step in to take his or her place.

Grassley understands that innovation does not stand at odds with transparency; it is strengthened by it. That's why he and Sen. Herb Kohl (D-Wis.) have introduced the

Physician Payments Sunshine Act, which would require drug and medical device companies to disclose all payments to physicians on a publicly accessible Web site, a critical step toward better, safer, more transparent medicine that Congress should pass in 2009. Patients are certainly better off for Congress's recent efforts to shed light on conflicts of interest in medicine.

Robert Restuccia is executive director of the Prescription Project, a national initiative created with The Pew Charitable Trusts and led by Community Catalyst to ensure safe and effective drugs for consumers.