See also pages 34 and 37

Translated from *Rev Prescrire* November 2005; **25** (266): 724

On whose behalf?

Healthcare professionals are continually confronted by the problem of how to maintain a high standard of care when so many factors combine to undermine this objective.

What community physician, at least in France, has never regretted having to charge his or her patients for specified procedures, when this form of billing does not take into account the time spent on health education, and continuous training? What community pharmacist has not been confronted with the need to maintain sales figures in order to repay loans and to cover salary costs? What hospital physician has never been tempted to go begging for funds to pay for continuing education, research, or even the department's operational costs?

The most efficient and highly motivated professionals try to anticipate these financial problems, to minimize their overhead costs, and to make sure, whatever it takes, that they continue to provide high-quality care.

Others fall by the wayside, some occasionally, some permanently; they allow themselves to develop conflicts of interest, situations in which their loyalty towards their patients is undermined by rewards offered by drug companies, insurance agencies, etc. (see page 31).

This attitude has become rampant in teaching hospitals. When academic physicians with conflicts of interest mould tomorrow's healthcare professionals in their own image, and advise the government agencies that administer health care services, the consequences are serious and long-lasting.

In this issue, the director of the French regulatory agency challenges our criticisms (see page 34). He might be more credible if his arguments and decisions were based not on "confidential" opinions but rather on sound, verifiable and publicly accessible information documenting the relative risk-benefit balances of available treatments.

The mission of the healthcare industry is not to develop a coherent and efficient healthcare system on behalf of the population. It is to create and maintain market share, to obtain marketing authorisation (as quickly as possible and for as long as possible), and to make profits for its shareholders.

So it's hardly surprising that drug companies should seek to ensure that decision-makers and healthcare professionals understand the "industrial rationale", "the economic consequences of their decisions", and the "importance of give and take". The danger is that decision-makers will neglect their primary aim: to ensure high-quality healthcare, to protect patients, and to use public funds rationally and efficiently.

PRESCRIRE'S RATING SYSTEM

Our judgement is based on the therapeutic advance of the new product. It considers not only the inherent value of each product in terms of its risk-benefit balance, but also its advantages and disadvantages relative to existing products available in France. Note that the relative value of new products can vary from one country to another.

BRAVO: The product is a major therapeutic advance in an area where previously no treatment was available.

A REAL ADVANCE: The product is an important therapeutic innovation but has certain limitations.

OFFERS AN ADVANTAGE: The product has some value but does not fundamentally change the present therapeutic practice.

POSSIBLY HELPFUL: The product has minimal additional value, and should not change prescribing habits except in rare circumstances.

NOTHING NEW: The product may be a new substance but is superfluous because it does not add to the clinical possibilities offered by previous products available. In most cases it concerns a me-too product.

JUDGEMENT RESERVED: The editors postpone their rating until better data and a more thorough evaluation of the drug are available.

NOT ACCEPTABLE: Product without evident benefit but with potential or real disadvantages.