

- 51. Encourage membership in patients' groups or users' groups.
- 52. Finance therapeutic education with public funds.

## Professional practices first and foremost in the interest of patients

- 53. Publish pharmaceutical companies' financing of healthcare professionals online (list of contracts by healthcare professional and by company).
- 54. Apply the rules of transparency and of management of conflicts of interest that apply to national institutions to the regional and local bodies in charge of medicines: hospital medical committees; purchasing authorities; the French body that oversees medicines, medical devices and therapeutic innovations (*Observatoire des médicaments, des dispositifs médicaux et des innovations thérapeutiques, Omédit*); etc.
- 55. Ensure that computer programmes to aid in prescription, drug dispensing and pharmacy management are independent from healthcare products companies.
- 56. Provide compensation for health and counselling services provided by pharmacists in community pharmacies and in hospitals, in order to optimise prescriptions and treatment follow-up: advice, health education, patient assistance and support.
- 57. Make corresponding changes in the way that pharmacists are remunerated, in order to reconcile the tasks detailed above with the financial viability of community pharmacies.

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## Patient education: keep the best, avoid the rest

### ● Beware of commercially biased education.

Therapeutic education is intended to help patients become more aware of factors affecting their health, as well as their illnesses and treatments. As such, it whets the appetite of advertising agencies and drug companies, particularly those seeking to increase patient loyalty to products used for long-term treatment. For example, this argument was used at a conference devoted to patient compliance: "*Behavioural influences and compliance: learn how empowering patients can improve your return on investment*" (1).

**How is this new market controlled?** In France, the law "Hospitals, patients, health and territories" (HPST) is intended to create a sound framework for patient education programmes, at least on paper... (a)(2-4). But many uncertainties remain, including effective control by regional health agencies (that have many other responsibilities); the role of patient groups, especially in terms of support programmes provided to patients, that must be protected from conflicts of interest when a programme is funded by companies; the quality and independence of educators; and the role of healthcare professionals.

**Key role for healthcare professionals.** The law gives healthcare professionals a number of important responsibilities, such as asking patients if they

want to participate in educational programmes; coordinating programmes and playing a direct educational role; approaching patients on behalf of administrators of educational programmes, etc.

Patients need healthcare professionals to deliver quality care, not to act as salespeople for commercial therapeutic education programmes. All those concerned with quality healthcare must remain vigilant and critically examine available programmes. *Prescrire* encourages healthcare professionals and patients to inform us of any programme that appears suspect or inappropriate.

Once again, the responsibility lies with healthcare professionals firmly committed to acting in the best interests of their patients.

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a- The section in this legislation concerning therapeutic education makes a distinction between therapeutic education programmes, training programmes (in the use of a drug or medical device) and patient support programmes (providing advice and assistance to patients). On 10 February 2011, only the texts dealing with patient support programmes had not been published.

- 1- "7<sup>th</sup> Annual Patient Adherence & Engagement Summit. 19<sup>th</sup>-20<sup>th</sup> October 2010" [www.eyeforpharma.com](http://www.eyeforpharma.com) accessed 21 September 2010: 2 pages.
- 2- "Code de la santé publique. Partie réglementaire. Titre VI: Éducation thérapeutique du patient" [www.legifrance.org](http://www.legifrance.org) accessed 20 September 2010: 12 pages.
- 3- "Arrêté du 2 août 2010 relatif au cahier des charges des programmes d'éducation thérapeutique du patient et à la composition du dossier de demande de leur autorisation" *Journal Officiel* du 4 août 2010. [www.legifrance.org](http://www.legifrance.org) accessed 20 September 2010: 5 pages.

