Many of these “informers” probably don’t realise the stakes involved. After all, many of the commonly used marketing tools described above are taken verbatim from a pharmaceutical marketing textbook and from drug company websites (4-7). But most healthcare professionals who participate in these activities probably see an opportunity to take part in what are presented as simple scientific studies (10).

It is never too late to take off the blinkers and react...

**Pharmacovigilance: an opportunity for the European Commission to put patients’ interests first**

- **Subcontracting pharmacovigilance to drug companies is dangerous.**

A s of 2010, responsibility for pharmacovigilance in Europe will no longer lie with the European Commission’s Directorate General for Enterprise and Industry, but rather with its Directorate General for Health and Consumers (DG SANCO) (a)(1).

This transfer was needed to make public health, rather than the competitiveness of European pharmaceutical companies, the priority of the European Commission’s drug policy. But this symbolic gesture is not enough. The new arrangement will be judged on results, starting with the Commission’s pharmacovigilance package.

Pharmacovigilance: back to the drawing board. The European Commission’s pharmacovigilance proposal, which had its first reading in the European Parliament in spring 2010, may represent a major step backward in pharmacovigilance in Europe. In particular, it proposes that Member States will be able to choose one of two approaches: healthcare professionals would be able to report adverse effects to the public pharmacovigilance system... or only to pharmaceutical companies, thus depriving the public system of direct access to valuable scientific data that could be processed and enriched (2,3).

Drug companies play a prominent role at every stage in the Commission’s proposal: from the collection of adverse event reports to re-evaluation of the risk-benefit balance of drugs, even allowing them to propose changes to the wording of the official product information to the health authorities (2,3).

The Commission’s proposal also paves the way for premature marketing authorisations to become the norm, justified by the requirement for post-marketing risk management plans. The Commission is also proposing to get rid of the requirement that pharmacovigilance activities be publicly funded, in spite of their obvious public interest (2,3).

An opportunity to put patients first. Having transferred responsibility for pharmaceuticals to a different Directorate General, the European Commission has an excellent opportunity to show that it finally accepts that medicines are not just another consumer product: by putting patients’ interests first and abandoning the most dangerous of its pharmacovigilance proposals.