

Ending pharmaceutical sales representatives' access to hospitals and students

● A large-scale case-control study has evaluated policies introduced by US hospitals to limit the influence of pharmaceutical detailing. The most restrictive policies led to a modest but significant decrease in the prescribing of drugs promoted in this way.

● In France, a number of developments underway in hospitals and universities in 2018 could bring about positive change.

Pharmaceutical detailing (in-person promotion of drugs to healthcare professionals by pharmaceutical sales representatives) has been shown to influence doctors' prescribing behaviour (1-3).

A study has investigated whether policies introduced in the United States between 2006 and 2012 had been effective in limiting the influence of pharmaceutical detailing on the prescribing behaviour of doctors in university hospitals (4). Many university hospitals in the US enacted policies to manage conflicts of interest during this period, after the American Medical Student Association (AMSA) introduced its annual "Scorecard", which rates medical schools and university hospitals on the independence of their teaching from the pharmaceutical and medical device industry (2). These policies are stricter than the code of conduct issued by the association that represents the US pharmaceutical industry, PhRMA. They include measures to limit gifts to doctors and drug reps' access to patient care areas, as well as mechanisms to oversee and enforce the policies (4).

A large study on the effect of pharmaceutical detailing on prescribing. The study's authors analysed the prescriptions of 2126 doctors from 19 university hospitals, before and after the hospital introduced policies to regulate pharmaceutical detailing. These data were then compared with the prescriptions written by a control group of 24 593 office-based doctors from the same region with a similar prescribing profile. The total number of prescriptions analysed exceeded 16 million. The 262 drugs studied belonged to 8 drug classes subject to intense promotion: cholesterol-lowering drugs, neuroleptics, hypnotics, and drugs used in gastroesophageal reflux disease, diabetes, hypertension, attention deficit hyperactivity disorder, and depression (4).

Very restrictive policies are more effective.

The analysis of the prescriptions showed that, overall, the introduction of these policies led to an 8.7% loss in market share for drugs promoted by drug reps, and a 5.6% gain in market share for drugs not promoted by drug reps (statistically significant differences). Statistically significant differences were found for all the drug classes apart from the anti-diabetic and neuroleptics classes (4).

The most effective policies were those combining three measures: restriction of gifts to doctors by drug reps, restriction of drug reps' access to patient care facilities, and mechanisms for oversight and enforcement of these measures, with sanctions for non-compliance (4).

Promising developments in some French university hospitals.

In France, in the wake of the *benfluorex* (Mediator[®]) disaster, the General Inspectorate of Social Affairs (IGAS, Inspection Générale des Affaires Sociales) recommended prohibiting pharmaceutical detailing (our translation): "*The task force is of the view that there is no alternative to banning pharmaceutical detailing, as attempts at regulation in recent years have shown. The sums at stake amount to €1.1 billion*" (5).

In early 2018, none of France's 32 university hospitals had followed this recommendation. However, in 2017, Paris Hospitals (AP-HP, Assistance Publique Hôpitaux de Paris) introduced certain restrictions on pharmaceutical detailing, including the requirement for such contact to take place "*in front of several healthcare professionals*", and set out sanctions for non-compliance (6). And Toulouse University Hospital set up a body for the prevention of conflicts of interest, which among other measures has decided to regulate pharmaceutical detailing (7).

In November 2017, the presidents of the national committee of deans of medical schools and the national committee of deans of dentistry schools adopted a code of ethics and professional conduct. This code states that "*Marketing representatives from the pharmaceutical and health products industries (in the broadest sense) are not permitted to meet with university staff in patient care areas or in the presence of students*" (8,9).

The code also includes sanctions for non-compliance: "*Schools agree to refer any salaried employee of the institution or any student who violates all or part of this Code to the appropriate disciplinary bodies*" (8).

In practice This code of conduct was adopted in its entirety by almost every school of medicine or dentistry in France. Let us now hope that they will put it into practice and that the threat of sanctions will overcome any resistance. Especially since the above-mentioned US study showed that, to have a practical impact against the intrusion of company representatives into health professionals' places of work and training, very strict policies are the most effective at preventing corporate influence on drug therapy.

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