

► treatment, time after relapse. Coefficients are applied to the time with toxicity and the time after relapse.

The Q-TWiST scale, derived from TWiST, takes into account patients' perceptions. These two scales are used to compare the duration and quality of survival in clinical trials (9).

## In practice: difficult to interpret

Quality of life assessment scales are mainly used by specialised teams in clinical trials.

Yet we have found no examples, from 1981 to the end of 2009, in which French or European marketing authorisation has been granted to a cancer drug solely on the basis of improved quality of life (see inset page 189).

Furthermore, in practice, healthcare professionals sometimes need to interpret the results of quality of life data provided in trial summaries.

It is not an easy task and requires considering a number of questions. We suggest a few such questions in the inset on page 188.

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## Pharmaceutical marketing: nurses are also targeted



### ● A sense of déjà-vu.

With their right to prescribe medical devices, their proximity to patients and doctors, and the trend towards task transfer, nurses have become prime targets in the marketing strategy of pharmaceutical companies (1).

The authors of a New Zealand survey investigated nurses' views about the influence drug companies might have on their practice (1).

**Influence underestimated.** 65% of the nurses who were questioned said they had frequent or occasional contact with pharmaceutical sales representatives. 67% considered that the information provided by the drug companies probably or definitely improved their practice (1).

As in other studies involving doctors and students, half of the nurses questioned believed they were capable of recognising misleading information (2,3). However, the majority were convinced that their colleagues could be influenced by pharmaceutical companies: only 16% considered that their colleagues were also capable of detecting misleading information (1).

**If doctors do it, why shouldn't we?** Three-quarters of nurses questioned said they had received gifts from pharmaceutical companies (such as pens or notepads). More than half of nurses said

they had accepted a free meal or attended a buffet sponsored by a drug company; the majority considered these practices acceptable, conditionally or unconditionally. Similarly, 70% of nurses considered that drug company funding for organising or participating in a conference was ethically acceptable (1).

Some nurses pointed out that if doctors consider these practices acceptable, they should be acceptable for nurses as well (1).

**Putting one's house in order.** As the authors of the survey suggest, it is time for the nursing profession to engage in a vigorous debate over its position on pharmaceutical marketing. This is yet another reason for other health professionals, particularly doctors, who have long been subjected to drug companies' marketing strategies, to re-evaluate their own stance on pharmaceutical company influence.

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