

The opinion of patients at a local South Africa teaching hospital on physician-industry relations

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Abstract

Objectives: This study aimed to determine how South African patients at a regional state hospital perceived the practice of physicians accepting gifts from the pharmaceutical industry. The physician-patient relationship is built on trust, with an understanding that the physician will act ethically and in patients' best interests. This trust is violated when physicians make patient management decisions that are motivated by a desire for personal gain. Gift giving is a technique that is commonly used by the pharmaceutical industry to influence physician prescribing and procurement practice.

Design: This was an observational, cohort study that used a questionnaire among postoperative patients.

Setting and subjects: Written informed consent was obtained from 200 postoperative adult patients at Grey's Hospital, Pietermaritzburg.

Outcome measures: Patients' opinions regarding physician-industry relations focused on four main areas: acceptability of gift giving, the monetary value of gifts, patient knowledge of physicians' involvement with the medical industry, and the perceived potential influence of gifts on physicians decision-making.

Results: Sixty-two per cent of patients felt that it was unacceptable for physicians to accept a gift from a pharmaceutical company, and 80% believed that doctors were influenced by accepting gifts. Eighty-one per cent of patients preferred to be cared for by a doctor who had no relationship with, or did not accept gifts from, pharmaceutical companies.

Conclusion: The majority of patients in this study do not agree with the practice of gift giving, particularly when it led to personal gain for the physicians. Patients believed that when physicians accepted gifts it influenced their decision-making, and indicated that they would prefer to be cared for by physicians without ties to the medical industry.

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Introduction

The relationship between physicians and their patients is built on trust, with an understanding that the physician will always act ethically and in patients' best interests.^{1,2} The physician must act as the patient advocate and has an ethical responsibility to provide optimal patient care within the financial constraints of the system within which he or she practises. This ethical responsibility and trust is violated when physicians no longer make patient management decisions that are motivated by a desire to maximise patient benefit, but rather by a desire for personal gain. In recent years, considerable attention has been drawn to how the

relationship between physicians and the medical industry has impacted on the physician-patient relationship.

The primary focus of the pharmaceutical industry is to generate profit by maximising product sales. Given that the physician is the gatekeeper to the patient who uses the product, industry makes a tremendous effort to influence the prescribing and purchasing behaviour of physicians. Gift giving is a technique that is commonly used by the pharmaceutical industry to generate feelings of reciprocity and obligation in physicians, and research has clearly demonstrated that physicians are susceptible to this practice.¹⁻³ As a result, the pharmaceutical industry spends

Table I: Demographics of the study participants

Demographic information		Male, n = 66	Female, n = 134	Total, n = 200 (%)	p-value
Age	18-24	13	21	34 (17)	0.74
	25-64	46	100	146 (73)	
	65+	7	13	20 (10)	
Unemployed		47	102	149 (75)	0.49
Household income per month	< R 1 000	40	73	113 (57)	0.24
	R 1 000-R 10 000	23	59	82 (41)	
	> R 10 000	3	2	5 (3)	

large sums of money giving gifts in order to influence physician prescribing and procurement practice, product information distribution and research.¹

Little research has been undertaken in South Africa into understanding patient opinions and perceptions of physician-industry relationships. This study was undertaken to determine how South African patients at a regional state hospital perceived the practice of physicians accepting gifts from the pharmaceutical industry. It aimed to determine patients' perceptions of physicians accepting gifts from pharmaceutical companies, the type of gifts that would be acceptable, whether or not patients felt that physicians were influenced by accepting these gifts, if patients preferred to be cared for by doctors who did or didn't accept gifts, and how socio-economic and education levels influenced these perceptions.

Method

This prospective observational study was conducted at Grey's Hospital, Pietermaritzburg, after obtaining ethics approval from the Biomedical Research Ethics Committee, University of KwaZulu-Natal (Ref No BE220/09). Postoperative adults who were older than 18 years of age and being treated as inpatients at Grey's Hospital were eligible for inclusion in the study. Only South African citizens were included. A convenience sample of 200 postoperative patients was taken from four surgical wards which included patients from plastics; general surgery; ear, nose and throat; orthopaedics; urology and ophthalmology. Written informed consent was obtained from patients prior to commencing the interview, and a questionnaire was presented to the patient in either English or *isiZulu*.

Categorical data were analysed using descriptive statistics and presented as percentages. Where appropriate, Fisher's exact test or Pearson's chi-square were used to examine categorical data. Continuous data were analysed using descriptive statistics and presented as mean and standard deviation. A p-value of < 0.05 was considered to be statistically significant.

Results

Data collection occurred over a nine-month period (March-November 2011). The characteristics of the participating 200 patients are provided in Table I.

Seventy-five per cent of the sample were unemployed, and 57% of them had a household income of less than R1 000 per month. Of the 51 employed patients, 25 (49%) were employed in a skilled job, while 26 (51%) performed manual labour.

Patient responses to the question: "Which of the following gifts do you think doctors should be allowed to receive from pharmaceutical companies?" are shown in Table II.

Table II: Responses to the question: "Which of the following gifts do you think doctors should be allowed to receive from pharmaceutical companies?"

Gifts	Yes, n = 200
Free attendance at conferences and education classes	56% (111)
Free drug or medicine samples	46% (98)
Small gifts, e.g. pens, notepads, cooler bags, mugs and clothing	38% (76)
Fees for speaking at conferences that are sponsored by pharmaceutical companies	21% (42)
Free food and dinners	12% (24)
Travel or holidays as gifts	2% (4)

Sixty-two per cent of patients felt that it was unacceptable for physicians to receive a small gift from pharmaceutical companies, and 89% of these patients believed that the value of this gift should be R50 or less, irrespective of their employment status, household income or level of job skill. Eighty per cent believed that doctors' decisions were influenced by accepting gifts, 14% that they might be influenced, while only 7% thought that this was not the case. Sixty-six per cent of patients felt that it was important to know about their physician's financial relationship with a pharmaceutical company, 16% believed it to be unimportant, while 19% thought that it was neither important nor unimportant.

When asked who they would like to care for them, 81% of patients preferred a physician who had no relationship with, or who did not accept gifts from, pharmaceutical companies. These responses were similar, irrespective of the respondents' employment status, household income or level of job skill (p -value > 0.05 for all analyses).

Discussion

Summary of findings

Our findings indicate that patients believed that physician decisions are influenced by the acceptance of gifts from the pharmaceutical industry, irrespective of respondents' employment status, household income or level of job skill. The vast majority would prefer to be treated by physicians who do not have financial ties with, or accept gifts from, the medical industry.

When patients were asked about which gifts doctors should be allowed to accept from pharmaceutical companies, the answers appeared to be influenced by the potential benefit of that gift to the patient. For example, sponsorship to educational meetings was perceived to be more acceptable as it allows physicians to stay up to date with current medical knowledge. Patients did not agree with personal gain from gifts, but were satisfied that educational activities would benefit a larger community. This is particularly relevant in the South African setting where the pharmaceutical industry plays an important role in funding continuing medical education.

Small gifts were deemed to be acceptable by just over a third of patients, while over 80% of these patients felt that the value of the gift should be limited to R50. It is interesting to note that even small gifts and samples, irrespective of size, promote feelings of obligation, brand loyalty and reciprocity.⁴⁻⁶ The majority of respondents objected to gifts valued R50 or greater, as well as to speakers' honorariums, food, travel and holidays.

The data on household income and employment reflects the high unemployment rate in South Africa and dependence by families on a single breadwinner. The economic status of patients did not play a role in how they perceived the physician-industry relationship, or their preference for what they found to be acceptable. This perception was not influenced by respondents' economic or social status. It probably reflects the universal importance that patients place on protecting the trust in the physician-patient relationship.

Our results agree with those of Gibbons et al,⁷ who after conducting a similar study in the developed world, found that patients believed that the receipt of gifts inappropriately influenced physician prescribing practices. In addition, they reported that physicians did not believe that accepting

gifts influenced their practice. This refusal of physicians to accept the effect of accepting gifts has been demonstrated in multiple studies.⁸⁻¹⁰ Two factors seem to drive this perception. Firstly, people tend to deny that they are biased if the bias serves their needs,⁶ and secondly, the larger the number of gifts received by physicians, the more likely they were to believe that the gifts did not bias or influence them in any way.¹¹

A recent Australian survey, conducted by a large pharmaceutical company, reported that 70% of patients were concerned that payments to doctors influenced the advice they received from them, while 54% felt it compromised doctors' integrity. Interestingly, two thirds of these patients found payments to be acceptable if they were fully disclosed.¹² Several studies have concluded that there is a need for clearer and more accessible information on medical industry sponsorship and funding.^{13,14} New regulations, such as the Sunshine Act in the USA,¹⁵ have been passed which require financial disclosure of any payment to doctors that is greater than US\$10. Much of the disclosure that is achieved in developed countries occurs via the Internet.¹²

Financial disclosure by speakers is a requirement at South African medical meetings. However, even this simple measure is often poorly adhered to. Although there is a need for greater disclosure, the challenge to provide accessibility to disclosures remains a problem when a large proportion of South Africans cannot access the Internet. It is likely that South African policy will be affected as international regulations become more stringent regarding the regulation and monitoring of disclosures, but accessibility by the public thereto will have to be addressed.

South Africa has some guidance in terms of gift giving and marketing in the medical field. However, specific information remains vague.¹⁶⁻¹⁹ The South African Code of Practice for the Marketing of Medicine includes recommendations for the practice of gift giving and promotional items (Section 18). It states that gifts and promotional items must be "inexpensive and of minimal intrinsic value ...not for personal use ...have educational and/or scientific value ...benefit the patient, and/or be relevant to the practice". In addition, the code encourages industry to publicly disclose information about its gift-giving activities. This code is currently under review, and will hopefully provide more definite recommendations on the permissible value of gifts, clear forms of regulation and compulsory disclosure.

Compliance and disputes involving the code are largely self-regulated, although the Marketing Code Authority is in the process of developing a revised version of the South African Code of Practice for the Marketing of Medicine and measures to enforce its implementation. Patients' opinions need to be consulted and included in future regulations and

codes which govern the relationship between physicians and the medical industry.

This study provides important insight into the value that South African patients place on the physician-patient relationship. Generally, patients clearly perceived the practice of accepting gifts to be an action that violates this trust. Patient beliefs should play an integral role in highlighting ethical concerns and this study should encourage physicians to review their own behaviour. It is of utmost importance to uphold the ethical responsibility and integrity of the patient-physician relationship, and to avoid any action which may undermine it.

It must be appreciated that for the most part the interaction between medical industry and doctors is beneficial. These benefits include exposure to new devices, technology, information, educational opportunities and training.³ It is also abundantly clear that within this interaction lies the potential for unethical behaviour. The relationship between doctors and the medical industry is necessary, but existing aspects of this practice are unacceptable to patients and should be reviewed. This study prompts further examination of the relationship between physicians and the pharmaceutical industry, particularly with regard to the practice of gift giving.

Limitations

By design, this was a convenience sample, and so not all patients from all wards were included. Further, the sample was drawn from a state hospital in KwaZulu-Natal and its results may not be generalisable to the rest of South Africa, and in particular, to the private sector. While it is possible that wider sampling may have resulted in different findings, we believe that the strength and consistency of our findings across all demographic and economic factors makes this unlikely.

Conclusion

In this study, the overwhelming majority of patients felt that it was inappropriate for physicians to accept gifts from the pharmaceutical industry, particularly when this resulted in personal gain for doctors. It is important to note that 80% of patients believed that accepting gifts influenced physicians' decision-making. The majority of patients would prefer to be cared for by doctors who do not have any financial ties with the medical industry. While the relationship between doctors and the medical industry is necessary, existing practices that pertain to gifts are unacceptable to patients. It remains the ethical responsibility of physicians to determine the degree to which they should involve themselves with the pharmaceutical industry. The findings of this study should encourage the considered review of current practices and how these may cause damage to the patient-physician relationship.

Declarations

Dr Wise declares that he has no financial or personal relationships which may have inappropriately influenced him in writing this paper.

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