TESTIMONY OF JEROME P. KASSIRER, M.D.

TO
SENATE SELECT COMMITTEE ON AGING

HERB KOHL, CHAIR
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WASHINGTON DC

I am Jerome P. Kassirer, M.D., Distinguished Professor at Tufts University School of Medicine in Boston and Visiting Professor at Stanford University. I am a former Editor-in-Chief of the *New England Journal of Medicine,* and author of the Oxford University Press book, "On The Take: How Medicine's Complicity With Big Business Can Endanger Your Health." I represent no institution and no medical professional organization. I have been asked to provide a brief overview of the complex intertwining of the medical profession and the pharmaceutical, biotechnology and device industries and the consequences of these relationships. I will assert that the medical profession has become excessively dependent on the largesse of industry, that these financial connections have a negative influence on the quality and cost of patient care and the trust of the public, and that the profession's response to these threats has been inadequate. (1)

American doctors train for many years, and many accumulate substantial debt to become physicians. They then work long hours, struggling in a complex health care delivery system to reduce the burden of illness. There is no other country where I would prefer to get care for my family or myself. Our physicians, hospitals, medical centers and medical professional organizations are respected around the world.

In the same vein, the pharmaceutical, biotech, and device industries have revolutionized clinical practice by developing, often with the help of academic physicians, new diagnostic tools, prostheses that improve day to day living, and life saving medications. The companies are also a vigorous engine that accounts, in part, for our country's phenomenal economic growth.

But these companies require big profits and to do so they mount massive marketing campaigns, much of it directed at doctors. And doctors are human, and like the rest of us they respond to financial incentives. (2) I need not remind any of you what a struggle it has been to eliminate physician self-referral of patients to their personally owned health care facilities. But the extent of self-referral pales compared with the enormous financial incentives generated by these industries.

The magnitude of drug promotion astonishes. 100,000 drug reps visit doctors, residents, nurses, and medical students every day and ply them with free gifts, meals, and gadgets; (3, 4) medical meetings are mini-circuses, replete with enormous glittering displays and hovering attractive personnel. (5, 6) (Although couched as education, these marketing efforts are thinly disguised bribes. Just as surprising is the magnitude of physician involvement with industry. Among a random sample of doctors reported just weeks ago, more than 3/4 had taken free samples, free food, and free tickets to sporting events from industry, more than 1/3 accepted free continuing medical education, and another 1/3 had received payments for speaking or consulting for the companies or enrolling patients in clinical trials. (7) Some estimate the industry's total advertising bill at 70 billion dollars. (8)

There is nothing fundamentally wrong with advertising products, but when financial incentives yield inappropriate or dangerous care, when they inordinately raise the cost of

care, when they risk patients' lives in clinical trials, and when they damage the profession, they have gone too far.

We need not look far back. Only two weeks ago the NY Times reported that drugs were being selected for cancer patients depending on the profit they would achieve for a medical practice. (9) The same week we read a study that showed that sponsorship of controlled trials of statins was closely correlated with positive results of such trials. (10) Three weeks ago we learned that payments for enrolling patients in clinical trials were leading to shabby research practices by unqualified researchers. (11) This spring we learned that physicians with financial ties to the company that makes Epogen were inappropriately represented on a National Kidney Foundation committee that recommended potentially dangerous doses of the drug. (12-15) These recent revelations are just a continuation of reports over the past 10 or so years; (11, 16-24) dozens more are detailed in my book, "On The Take." (1)

Financial payments have swayed professional medical organizations to make inappropriate clinical recommendations, (25, 26) influenced industry-paid speakers to recommend risky drugs, biased FDA panels, and yielded inappropriate behavior by NIH scientists. Free drug samples encourage doctors to use the newest and most expensive drugs, and the samples themselves often get into the wrong hands. (27) Drugs such as Natrecor, approved for acute heart failure only in the hospital, found widespread use in doctors' offices, costing taxpayers hundreds of millions of dollars. (28)

And what have leaders of the profession done to counter a trend in which the profession has become increasingly beholden to industry, at times to the detriment of the public? Not much. The American Medical Association and many other physician organizations permit their members to receive gifts and meals and to serve on pharmaceutical companies' speaker's bureaus. (25) Most have no proscription against members' involvement as consultants to industry for marketing or for the development of educational materials. In fact, most medical society rules are no more stringent than those of PhRMA! (1)

Last year my colleagues and I recommended conflict-of-interest policies for academic medical centers. We proposed that industry-paid gifts and meals be eliminated; that faculty should not join industry speaker's bureaus, that all faculty consulting with industry be strictly overseen by contract, that drug formulary committees be free of conflicted physicians, and that free drug samples be regulated by a voucher system. (29) Incidentally, the recommendations in my book are even stricter. Since then a number of medical centers, including Stanford, Penn, Yale, and UC Davis have revised their policies along these lines, (4) but most have "picked off the low-hanging fruit," proscribing visits by drug reps and eliminating industry-supported meals. None has eliminated faculty involvement on speaker's bureaus or consultations on marketing issues.

Doctors are at risk of corruption from the perverse incentives from industry. I prefer that the profession police itself, but in the three years since publication of my book, progress in extricating medicine from industry influence has been minimal. Newspaper reports and

state reporting requirements have not been sufficient. I'd like to see a congressional mandate to the Institute of Medicine for studies that mirror those that called attention to medical errors. We must put more pressure on both the profession and the industry. In my opinion, both have reneged on their ethical responsibilities for the care of the sick.

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