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Urologists' Views on Contact With Industry Representatives: A Pilot Survey



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BACKGROUND

A substantial body of research examines the nature of physician-industry relationships, with many authors concluding that such intimate ties invite major conflicts of interest. The most comprehensive definition for conflict of interest can be found in a 1993 NEJM article¹: "A set of conditions in which professional judgment concerning a patient's welfare...can be influenced by financial gain. Paid speaking engagements, gifts, travel, owning of company shares etc." Conflicts of interest arise because physicians are the target of substantial product marketing. Doctors' offices are inundated with drug samples, pens, notepads, all for purpose of creating familiarity with a drug name or device brand. Doctors also receive lunch-hour presentations billed as educational events aimed at teaching the group about new medications or the updated version of a device being introduced to market.

Doctors feel that industry reps provide important teaching and training opportunities which would otherwise go unfulfilled². Indeed, reps can have such intimate roles in patient care that a study of surgeons found that these physicians viewed their device reps as valuable members of the surgical team². But research shows that despite doctors' insistence otherwise, sponsored CME demonstrably leads to increases in prescription rates of the promoted medication by the attendant physicians^{3,4}. In the surgical suite, it has been shown that in much the same way as regular interaction with PR increases the chance of a drug being added to a hospital's formulary⁵, regular contact with DMR increases the likelihood that the devices they market will be used over a competitor's, regardless of differences in efficacy or functionality. This problem is further compounded by the brand loyalty that surgeons maintain for an extended time⁶. This has significant effects on healthcare costs. One study found that up to 61% of a hospital's expenditure on surgical devices goes to preference items⁷, an area where the presence of a device rep has a substantial impact. Despite the amount of "education" physicians are receiving, research has also shown that having an established relationship with pharmaceutical representatives actually reduces rather than increases physician awareness of adverse drug effects⁸. A 2000 landmark article was published in JAMA reviewing 16 previous studies regarding these relationships, reporting averages of 4 monthly interactions and the receipt of 6 gifts per year from industry representatives³, either pharmaceutical representatives (PR), or device manufacturer representatives (DMR). Later studies showed even greater numbers of meetings per month with industry representatives⁹. Indeed these interaction are pervasive, accepted as simply part of the healthcare industry milieu, but the effects are undeniable, and greater awareness of them is paramount to ensuring equity in healthcare delivery.

CURRENT PROJECT

Purpose: The current survey aims to determine the various ways in which urologists at all levels of training view the nature of their relationships with industry representatives, and the effects these relationships may have on clinical practice and behavior.

Methods: We sent an anonymous SurveyMonkey® questionnaire to a cohort of approximately 1700 practicing urologists in various urologic subspecialties across the country. The questionnaire elicited information related to demographics, personal awareness of institutional guidelines regarding PR/DMR, and opinions regarding the following:

- the ability of industry-supplied gifts to compromise judgment
- the utility and appropriateness of industry representatives in the clinical setting
- the effects of governmental regulations addressing physician-industry contact
- the effects of receipt of promotional items in influencing clinical behaviors
- the need for laws governing physician contact with industry representatives

Opinions were reported on 5-point Likert scales ranging from "Strongly Agree" to "Strongly Disagree" allowing the respondent the freedom to be "Undecided". Finally, a free text response was made available at the end of the survey for comments and feedback regarding the survey.

In the analysis phase "Strongly Agree" and "Agree" responses were pooled, as were "Strongly Disagree" and "Disagree". Four respondents were excluded from the final analysis because they failed to complete the opinions sections regarding PR/DMR.

PR=Pharmaceutical Representatives
DMR=Device Manufacturer Representatives

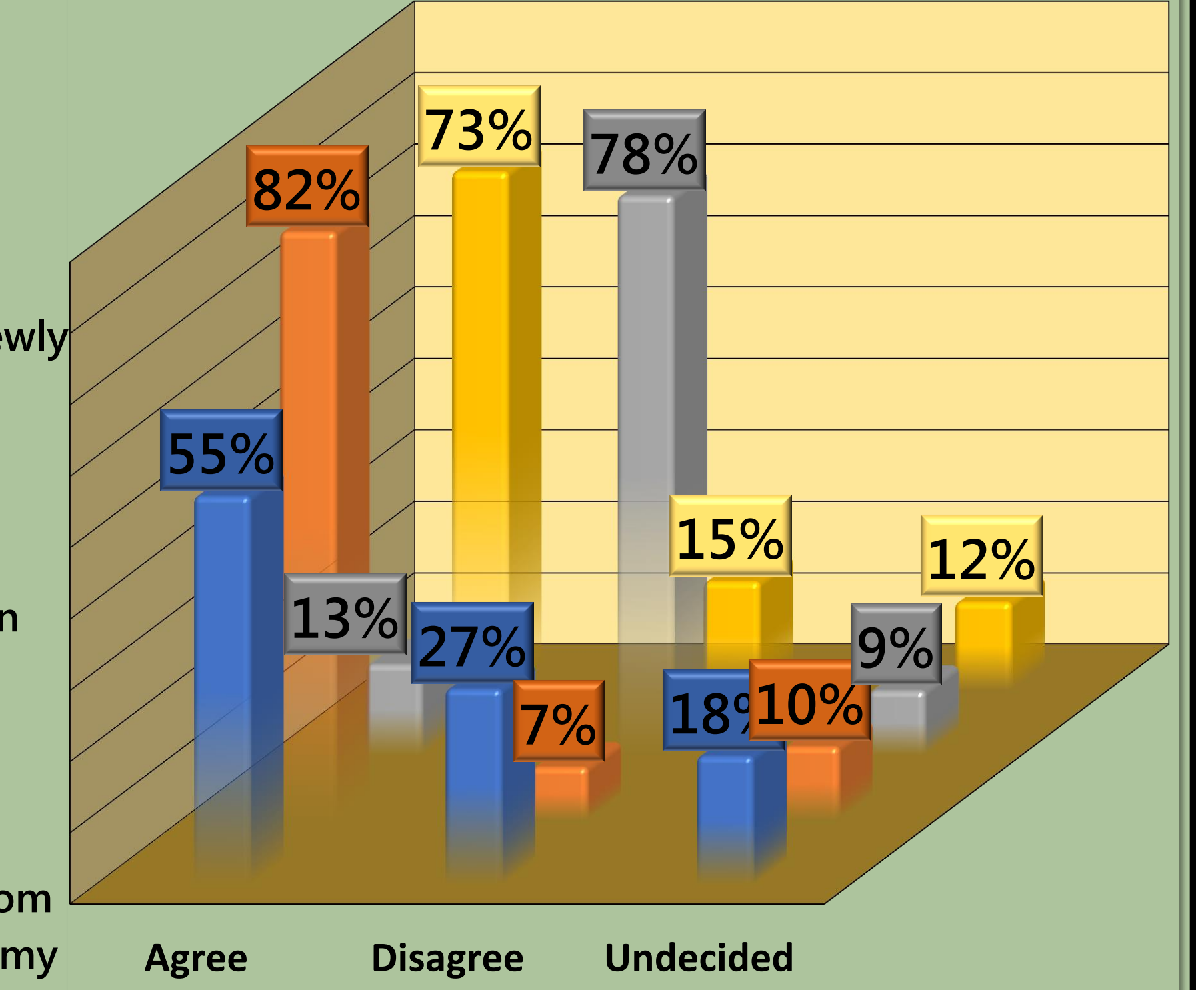
RESULTS

OPINIONS ON PR & DMR

PR...	Agree	Disagree	Undecided	DMR...	Agree	Disagree	Undecided
perform an important teaching function	55%	27%	18%	perform an important teaching function	85%	7%	8%
provide useful information about newly introduced drugs	82%	7%	10%	provide useful information about newly introduced devices	94%	3%	4%
should be banned from making presentations in physicians' offices	14%	73%	13%	should be banned from making presentations in physicians' offices	7%	83%	10%
should be banned from giving education dinners/courses	13%	78%	9%	should be banned from giving education dinners/courses	8%	82%	10%
I was given sufficient training during medical school/residency about interacting with PR	35%	50%	15%	I was given sufficient training during medical school/residency about interacting with DMR	38%	43%	19%
Current regulations on the interaction with PR hurt physician education	44%	34%	22%	Current regulations on the interaction with DMR hurt physician education	42%	31%	27%
Discussions with PR have no impact on my prescribing behavior	52%	32%	16%	Discussions with DMR have no impact on my use of surgical devices	44%	43%	13%
Acceptance of promotional items from PR has no impact on my prescribing behavior	73%	15%	12%	Acceptance of promotional items from DMR has no impact on which surgical device I use	69%	16%	15%
Information on how much physicians receive from pharmaceutical companies should be made public online	52%	30%	18%	Information on how much physicians receive from DMR should be made public online	50%	31%	19%
				should be banned from the OR	2%	92%	6%

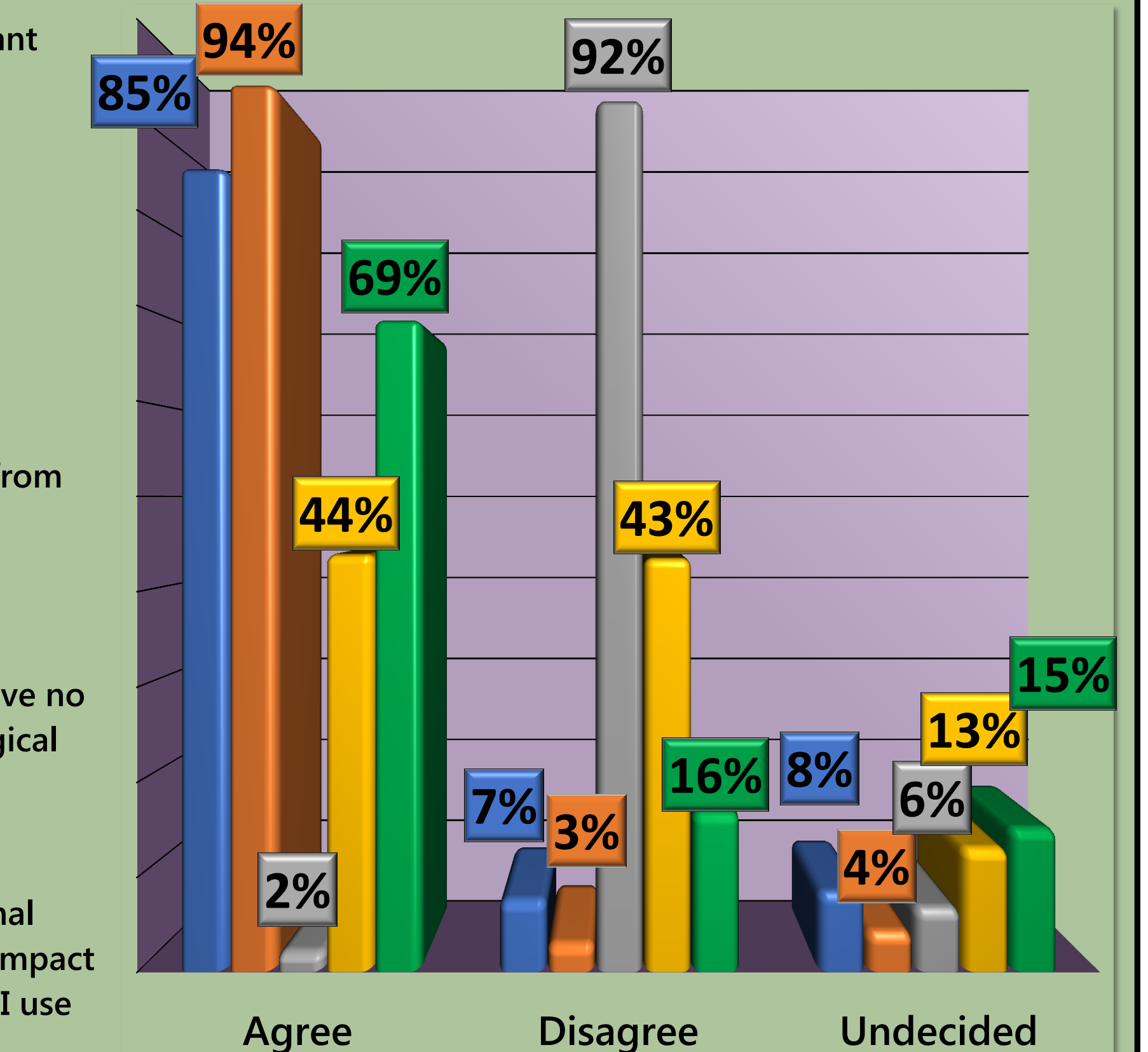
OPINIONS ON PR

- PR perform an important teaching function
- PR provide useful information about newly introduced drugs
- PR should be banned from giving education dinners/courses
- Acceptance of promotional items from PR has no impact on my prescribing behavior



OPINIONS ON DMR

- DMR perform an important teaching function
- DMR provide useful information about newly introduced devices
- DMR should be banned from the OR
- Discussions with DMR have no impact on my use of surgical devices
- Acceptance of promotional items from DMR has no impact on which surgical device I use



RESULTS

		All Respondents		Residents		Fellow		Attending	
		Frequency	%	Frequency	%	Frequency	%	Frequency	%
PR	Complete ban: I am allowed no contact with PR	26	27%	3	33%	6	100%	17	39%
	Promotional speakers are banned	32	33%	6	67%	1	17%	25	57%
	Educational dinners are banned	33	34%	1	11%	2	33%	30	68%
	I am prohibited from attending presentations given by PR	29	30%	3	33%	1	17%	25	57%
	Other/ Not sure	42	43%	6	67%	3	50%	33	75%
DMR	Complete ban: I am allowed no contact with DMR	5	9%	0	0%	1	20%	4	9%
	Promotional are speakers banned	25	45%	4	67%	2	40%	19	44%
	Educational dinners are banned	22	40%	1	17%	1	20%	20	47%
	I am prohibited from attending presentations delivered by DMR	16	29%	2	33%	1	20%	13	30%
	Other/ Not sure	28	51%	2	33%	2	40%	24	56%

Regulations on PR

- Complete ban: I am allowed no contact with PR, 27%
- Promotional PR speakers are banned, 33%
- Educational dinners from PR are banned, 34%
- I am prohibited from attending presentations given by PR, 30%
- Other/ Not sure what the PR restrictions are, 43%

Regulations on DMR

- Complete ban: I am allowed no contact with DMR, 9%
- Promotional DMR speakers are banned, 45%
- Educational dinners from DMR are banned, 40%
- I am prohibited from attending presentations delivered by DMR, 29%
- Other/ Not sure what the DMR restrictions are, 51%

IMPORTANT HIGHLIGHTS

In our survey cohort, most respondents (80%) believed that physicians could be compromised by gifts in excess of 50USD. 43% of respondents had either an ill-defined idea or no awareness at all of the limits their institution places on contact with pharmaceutical representatives, with a comparable 51% lacking awareness of policies regarding device manufacturer representatives. Most respondents viewed industry reps as performing important educational functions. 73% believe that acceptance of promotional items from pharmaceutical reps has no impact on their personal prescribing behaviors, versus 15% of clinicians who believe that receipt of promo items from reps does impact clinical decisions. Respondents were split on that same measure regarding promo items from device reps, with 44% perceiving an impact and 43% perceiving no impact. Regarding free-text responses, comments included suggestions for syntax and stylistic changes, as well as calls to clarify various items on the questionnaire to better elucidate distinctions in opinion which can be quite nuanced.

CONCLUSION

This pilot survey replicates well known research on clinician-industry contact. Urologists are generally comfortable interacting with industry representatives, and most feel that maintaining a relationship with industry is important to both patient care and physician education. Importantly, there persists an erroneous belief that contact with industry representatives does not impact clinical decision-making. Based on free-text feedback from the original survey, future iterations will expand and clarify options for institutional limits on contact/involvement with industry, and various opinion questions will be rephrased to remove implicit bias.

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