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Continuing medical education and pharmaceutical industry

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VIEWPOINT

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ABSTRACT

Continuing medical education providers' (academia) and industrial relationship is drawing attention all over the world. To date, there are no national commercial support guidelines available in Pakistan to properly regulate cooperation between the two distinct entities. However, the fact is that the future of all continuing medical education depends on pharmaceutical support and the providers are heavily dependent on the pharmaceutical industry to remain in action. It should always be remembered that medical education and profession is regarded as a moral of enterprise based on a blind faith between the physician and the patient. The funding support by the industry should not bind or influence physician's prescription for any reason. To be trusted, medicine must be free of all such dependency; it should be accountable only to the society it serves and to its own professional standards.

Key words: *Pharmaceutical Industry. Continuing Medical Education. Funding. Commercial support guidelines.*

Continuing Medical Education and Industrial support: This is a fact that all CME (Continuing Medical Education) providers i.e. academia, rely heavily on financial support from pharmaceutical industry to remain in business. "For smooth translation of the continuing education and to persist, commercial funding must remain healthy. The future of CME depends on pharmaceutical support".[1]

The study by Smith *et al.*[2] provided the evidence that commercial support of individual CME programs was prevalent among all types of provider organizations.[2] In the author's recent research (unpublished work) on exploring the learning needs of the physicians, (80%) of the physicians rated local CME activities excellent when organized in collaboration with the academic institutions and pharmaceutical industry.

Alternatives: The CME providers without this infusion of funding from the pharmaceutical industry would be remote and would have to find other resources to meet the actual cost of the programming. The CME providers in the academic community would be hard pressed to receive financial support from institutions. Often, the only funding available is earmarked for administrative support. Perhaps, there may be organizations that contribute some seed funding for pilot activities of the CME office. On the contrary, the CME office is often viewed as one that should be a source of profit for the academic institution, the department, or, at the very least, the program director of the activity.[3]

The very next possibility for the providers when not entertaining funds from the industry is to charge higher registration fees from the participatory physicians to meet the actual cost of the program. Again this is not a realistic approach. It really opposes the existing culture in which the physicians expect to obtain continuing education at minimal or no financial cost.[3]

Considerations: The importance and provision of the funds from the pharmaceutical industry for CME promotion in this part of the world is not to be neglected. Research indicates that industry funding can skew CME activities in various ways to match the goals of industry.[4] Given that, the ethical aspect which triggers the CME providers need to define and determine the appropriate boundaries between them and the pharmaceutical industry. It must not be forgotten what CME is all about? physician-learners and their patients. In that vein, following steps may be adopted:

Efforts should be taken by the academia and the industry to organize, dialogue and develop national commercial support guidelines for Pakistan.[4]

The CME providers (academia) should be vigilant to control the commercial supporters influence on the continuing educational activity.

The curriculum for continuing medical education should be entirely in the hands of the academia and funding should not compromise, or even call into question, the integrity and independence of what is taught.

Full-time faculty at medical schools and teaching hospitals should be expected to teach in the CME programs of their institutions. This would reduce costs

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and form independence of the academic settings and probably improve the quality of the CME activities.[5]

To maintain transparency, financial contributions by the industry should be deposited to a central repository of funds, which, in turn, would disburse funds to that continuing medical education activity.[1]

Academia should clearly spell the contribution of the commercial industry, so that physician-learners can recognize the degree of support.

The funding support by the industry should not bind or influence physician's prescription for any reason. To be trusted, medicine must be free of all such dependency; it should be accountable only to the society it serves and to its own professional standards.[5]

The relationship between the pharmaceutical industry and the academia is coming under increased scrutiny, for which Pakistan is in dire need of National commercial support policy for defining the collaboration and transparency in the interactions. Proper compliance between the CME provider and the pharmaceutical industry would gain more respect and distinction between the two, and would lead to healthier and more honest relationships. It is time for the leadership of the medical profession and the CME providers to make it clear to an increasingly skeptical public that academicians, and not the pharmaceutical industry, are in charge of the continuing education of physicians. Industry and the medical teaching institutions should each recognize their separate and distinct responsibilities, and should not encroach on the other's sphere.

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