

Editorial

Redemption of Professional Ethics

In theology, redemption means 'to rescue from sin and its penalties'. It is therefore most apt to describe the recent promulgation of the "Indian Medical Council (Professional Conduct, Etiquette and Ethics) (Amendment) Regulations, 2009-Part-I" as an act of redemption of professional values (pages 66-68 of this issue).

The perspective of this landmark development may be viewed in the context of profound concern expressed in the address delivered on 01 November, 2008 at the 48th Convocation of the National Academy of Medical Sciences, held at Jammu (pages 4-10 of this issue). As the Address was a part of the Annual Report of NAMS, and following the approval of the report by NAMS Council where the President, Medical Council of India as well as Director General, Health Services are Ex-officio Members, its subsequent publication, presentation and endorsement at the 49th Annual General Body Meeting held on 31st October, 2009 at Lucknow, provided the document a status of official position statement of the Academy, initiating a thought process

contributing to the MCI review of professional conduct and ethics. Hence the need of an explanatory rationale and justification in its support.

Over the last several decades, those of us involved in biomedical research, clinical patient care, health policy planning, and medical education, have witnessed an ever growing impact of pharmaceutical industry's (and it includes manufacturers of biomedical devices such as stents etc.) effort to transform physician's behaviour. While physicians' capacity of independent decision making may have declined, the retail price of drugs and products have shown a steep increase. From 1997-2005 in Minnesota, USA, drug manufacturers reportedly paid at least \$ 57 million to doctors, nurses and other health care workers. In addition, \$ 40 million was provided to clinics and research centers (1). As a striking example, one physician alone received more than \$ 798,000 while another got \$ 710,000!

Apart from individual-centered approach, a more subtle way to produce a 'mass' effect is through industry's endeavour to subsidize continuing

medical education (industry sponsored/ supported CME programmes). Dissemination of 'appropriate' information through professional publications notably journal supplements is another source of major expenditure. As the requirements of regulatory bodies regarding the compulsory accrual of a predefined number of credit hours of accredited CME programmes have become mandatory for the purpose of maintaining license to practice, industry has stepped in to subsidize such programmes not for any altruistic reasons but for creating a captive marketplace for its products.

Industry sponsored drug research, presumably to facilitate development of evidence-based medicine, has well and truly degenerated into evidence-b(i)ased medical practices (2). Bekelman et al, on the basis of meticulous Medline search, found strong and consistent evidence that industry-sponsored research tends to favour pro-industry inferences. It is rightly surmised that bias in drug trials is common and generally favours the sponsor's product (3). Compounding these aberrations is the fact that peer reviewers may themselves show bias in so far as they may approve or reject an article simply because it 'favours or contradicts' their own interests.

An incredible example of misconduct by a reviewer of a manuscript has received world-wide attention as it was highlighted in *The New York Times* (4). An internationally acclaimed diabetes investigator, while reviewing a confidential study for *The New England Journal of Medicine*, sent a copy of the manuscript by FAX to GlaxoSmithKline (the manufacturer of the drug under study), thus tipping the company to the imminent publication of safety concerns in relation to anti-diabetes drug, AVANDIA (Rosiglitazone). According to *Nature*, the expert, being unable to explain his conduct, stated: 'why I sent is a mystery. I don't really understand it. I wasn't feeling well. It was bad judgment'. Nevertheless, the same expert acknowledged having received \$ 75,000 in consulting and speaking fees from GlaxoSmithKline since 1999 (5).

It is high time that nefarious activities of such physicians (both national and international) who travel luxuriously to promote specific drugs or biomedical devices manufactured by their sponsors, who enthusiastically join Advisory Boards of pharmaceutical companies, who create industry-supported clinical practice guidelines, and who accept substantial company-

sponsored gifts or all-expenses-paid trips for self and their families/companions, must be curbed by not only enforcing rigorously the MCI Amendment referred to above, but also imposing severe

penalties irrespective of the 'status' of the offenders. *In these measures alone lies the only hope of redemption!*

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4. <http://www.nytimes.com/2008/01/31/business/31censure.html>.
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