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Prescription for Conflict: Should Industry Fund CME?
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In 1987, I started as a pharmaceutical representative with the Upjohn Co. At the time, pharmacists and biology majors were frequently selected for rep jobs, partially based on their knowledge and dedication to science and health care.

We were trained and encouraged to develop long-term relationships with physicians and other health care providers. I loved the job and performed very well. What I enjoyed most was developing a relationship of trust where the physician could ask me any important question and be assured that he received the best response for his patient. I was willing to lose business to protect the safety of the patient.

We had salaries, but no bonuses. The executives opposed a bonus structure because they feared that reps would be tempted by short-term gain that would conflict with the long-term goal of proper patient selection and treatment. With no bonuses, there was no incentive to promote a drug off-label to get additional sales.

Around 1996, my company started offering incentive bonuses for sales. Representatives immediately began to violate policies even after their manager told them not to. When I confronted reps, they just said that they needed to make their numbers.

When I started in pharmaceutical sales, we had no prescription tracking data. Around 1996, a method of physician tracking showed up that tracked sales to each physician. This allowed any representative, even a brand-new one, to concentrate their efforts on offices that generated a high volume of prescriptions, and subsequently high bonuses. Prescription tracking data also resulted in management putting more pressure on reps to get the high-volume businesses. Marketing activity became concentrated at offices that wrote the most prescriptions.

A movement away from hiring science majors and towards hiring reps with degrees in marketing was well under way by 2000. Newly hired reps had no real knowledge of or commitment to science but excelled at providing an excellent scripted marketing message over and over again. These reps were trained to leverage everything. The industry now defined a detail as a repetitive marketing message. The industry now defined a rep's success as "making your numbers" (i.e reaching prescription goals) for the short -term bonus period. Reps who didn't make their goals would receive written warnings for failure to make goals. This resulted in a totally different mindset. Reps became willing to spin the message to get the script. They got good at it; and maybe a little cynical. I have seen reps laughing after getting a prescriber's buy-in on a marketing message with a false claim.

Some managers and senior reps ignored compliance policies and regulations and nothing happened to them. There appeared to be no fear whatsoever about violating compliance regulations. However, there was genuine fear of stepping out of line or not making ones sales forecast. *Selling Power*, an industry magazine, had a nice article on this sort of phenomena. Once the sales force sees that top performers are making their numbers and getting away with

prohibited behaviors, then compliance is no longer a big issue to the entire sales force. The sales force falls into a selling free- for- all. For many reps, the attitude was: whatever it takes to get the business.

Interestingly, when I confronted some individuals on compliance issues, their response was that if they did not make their numbers they are gone anyway**.** There was tremendous pressure on reps to make their numbers. And that is basically what I saw the last few years of selling. Pharmaceutical sales have become a very cutthroat business; many reps do not last long. For pharmaceutical companies with patents running out, the need for increased sales, reduced costs and the constant pressure to make ones sales forecast all added to the environment of unethical business practices.

For example, speaker programs were basically used to get the speaker to write more prescriptions. Physicians were invited – and paid - to participate in speaker training programs based on their prescribing habits, not on their expertise or speaking ability. There was no intention of ever using these physicians as educational speakers. Some of the speakers that were actually used were taken to physicians' offices of their own choosing to speak. This was more of a matchmaking service designed to increase the speaker's referral base than it was an educational service. Speakers were given more speaking opportunities if it was clear that speaking opportunities influenced their prescribing. Speakers were often unaware of the rules regarding off-label promotion, and it seemed like they brought up off- label uses easily during speaking programs.

Marketing has taken over now. We see marketing messages even in journal articles. Now the reps are supplied with a journal article with the message right in the article. The problem is that the data do not necessarily support the marketing message. Perhaps the entire research project was designed to support the message by manipulating the research to get the desired result. When I was a rep, we did not have time to check each journal article for scientific credibility. We were basically looking for the best lines to sell the drug with. I assumed the company product review committee had properly reviewed the articles and that the articles were peer-reviewed prior to publication. Now the credibility of both journal peer review and company committee review are in doubt.

Reps tend to be gullible. Most do not believe that a manager would purposely mislead them. Many believe their managers when a manager states this journal article or marketing piece was approved by the FDA. But the FDA does not approve marketing messages. In fact, the FDA reviews only a tiny fraction of promotional materials, and doesn't review peer-reviewed journal articles at all.

Physicians don't have enough time to review each article either. I have seen low doses of a short-acting drug compared to high doses of a long-acting targeted drug. Of course the higher-dose, long- acting drug will be superior to the short-acting drug at, say, 12 hours. That is what marketing wants - a superiority claim. But a superiority claim without mentioning the dosing it is very misleading comparison.

I have seen articles in which the primary endpoint changed from the methods section to the conclusion. Reps have been given journal articles with a cover page disclaimer that says the data do not support the conclusions; but the article is meant to be shown to a physician to influence him to use a drug. These are just a few of the ways marketing people are getting what they want from the journal articles.

This is scary. Marketing is undermining science to make a profit. If I were a physician I would be very skeptical of any journal articles written by scientists paid by the industry.

So basically we seem to have deterioration of integrity and ethics in the industry related to the rush to make money now. Some judges have even commented that paying the fines for illegal marketing is just a cost of doing business. It seems like big pharma has lost their way. Whistleblowers are fired and blackballed from the entire industry. Some physicians are saying the trust is irrevocably broken.

I think physicians need a safe haven where they can go, trust the research and not be influenced with marketing spin. I am in favor of removing corporate sponsored CME. Even so, the problem with corrupted journal articles will remain.