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"... Your old road is  
Rapidly agin'  
Please get out of the new one  
If you can't lend your hand  
For the times they are a-changin'."  
-Bob Dylan

**A**s physicians, we represent a very high profile entity, which in turn means that we are open to a higher degree of scrutiny than many other professions. Unlike in Canada, the newly enacted "sunshine laws," as part of the "Obamacare" plan in the United States, will lead to open disclosure of how much compensation physicians receive from pharmaceutical companies. Rightly or wrongly, few of us will argue the point that over the years we have had unique involvements and relationships with industry.

A week before Christmas, in December 2013, GlaxoSmithKline (GSK) announced policy changes that undoubtedly will escalate, and affect the medical community and its interaction with pharma and technology firms in the foreseeable future.<sup>1</sup> In essence, the GSK action will lead to the cessation of paying physicians "honoraria" to speak on products and disease states associated with those products, and also to stop support for attending conferences. Furthermore, the sales representatives will no longer be compensated, based on a physician/number of prescriptions written for compound "X" model, instead using qualitative measures.

There is no doubt that our relationships with industry have been overly comfortable. As a mid-1970s medical graduate, I must personally plead *Mea Culpa*, having worked closely with industry in supported research and as a speaker. Indeed, in academics, many educational events, such as visiting professors, journal clubs, and travel support, have routinely been strongly supported by industry. Some pharmaceutical and technology representatives have been fixtures in our various practice settings, even being considered to be "part of the urology family" and invited to events, such as holiday parties and graduations. Their ongoing (financial) support and inevitable interpersonal relationships continued, and there is no doubt that in return, products were prescribed. In our modern "evidence-based" mentality, such evidence was surely lacking for the "newest," "best," and "most effective" product on the market in most cases. Did I say also more, or most expensive? The reps were doing their jobs, but did the promise of bearing gifts influence our behaviour and ethics, and affect patients and even the economy?

There is not a huge difference between a "boondoggle" paid vacation, "complimentary" tickets to a concert or sporting event, the fancy dinner, or "pseudo advisory board" honoraria, which to any critic might be considered bribery. This is in opposition to a positive symbiosis between physician and industry that is devoid of conflict of interest. GSK has been involved in a serious scandal since this past summer, when it admitted that a small fraction of its employees in China were bribing physicians to prescribe GSK products. The company also has been fined \$3 billion in the USA, for marketing, promoting and safety disclosure issues. GSK is only the obvious lightning rod at this time, as they have been the first to act (react?), but their past actions and indiscretions are likely not unique to them, but to the industry, and to the relationship with medical practitioners as a whole.

In reality there has been little regulation regarding physician-industry relations. We as physicians, me included, have been just as guilty as big industry, by accepting various unscrupulous promotions that may affect the way we practice. However, the entire consumer process has changed dramatically over the past years. GSK's new policy is

no doubt a reaction to its own past errors to some extent, but also perhaps to the realization that the physician component of writing a given prescription is being more stringently influenced by other factors. In hospitals, who actually purchases the products and why? Of equal importance is who pays for a product? Insurance? Government? With modern advertising modalities, marketing is also becoming more of a direct-to-consumer model, with patients asking for a product or treatment, rather than relying on the doctor's judgment. In reality, the importance of the doctor in the chain of prescribing or treatment philosophy may have diminished in the eyes of industry as these other influences predominate.

So what is the ultimate reaction and future interaction between our specialty and industry? A total lack of support from industry from a fiscal perspective would have a major impact on a small specialty like urology, and at least in Canada, on the CUA and the CUAJ, not to mention the education of trainees. Clearly transparency is the buzzword

and, optimally, any relationship should be disclosed to avoid ambiguity in relationships.

Nowadays, to obtain external industry support, in the form of "an unrestricted educational grant," a very cumbersome process of paperwork takes place. It can be almost as time-consuming (and frustrating) as writing a grant. Despite the major headaches involved with this process, it is totally above board and truly is not rubber-stamped. Hopefully these processes can be simplified and standardized and, importantly, be entirely squeaky clean, so that support for major meetings, associations, publications, and educational proceedings can continue in a positive manner.

## Reference

1. GSK announces changes to its global sales and marketing practices to further ensure patient interests come first [press release]. GlaxoSmithKline Inc., December 17, 2013. <http://www.gsk.ca/english/html/media-centre/2013-12-17.html>. Accessed January 8, 2013.

# OPINION

## Showing your cards

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*"...When you got nothing, you got nothing to lose  
You're invisible now, you got no secrets to conceal..."*  
-Bob Dylan

We live in an age of transparency. Regulatory authority websites display physician standing, complaints against care,

disciplinary actions and undertakings. Comments on quality of care are posted on RateMDs.com. Why not provide full public disclosure of our relationship with industry? Canadian Rx&D Guidelines have regulated this symbiosis since 1988 and strive to discourage fraudulent practice. Disclosure will reveal that our post-graduate training programs and continuing professional development activities are largely underwritten by industry. The onus will be on physicians to demonstrate that such monies are used in a manner which