Hamor questions ‘the ethics of the ethicists’ without addressing the substantive points made in our paper.1 While our empirical findings were that physicians and members of the public consider that some gifts are appropriate, we go further and explore the implications of those findings.2 Just as a public survey finding support for capital punishment would not be sufficient to convince us that it was right, we argue that pharmaceutical industry largesse should not be accepted simply because it enjoys popular or professional support. Data are important, but are not the only consideration. Values, including the independence of clinical decision making and the primacy of patient welfare, should also be considered. These are accepted ethical commitments within the profession.

For these reasons, we question pharmaceutical marketing and the use of ‘gifts’ to influence doctors’ prescribing. There is concern in the literature about the potential for this strategy to bias doctors’ judgments. The giving of ‘gifts’ to doctors has the intended outcome that doctors prescribe from loyalty to the ‘gift’ giver rather than prescribing on the basis of evidence of drug efficacy and safety. Even a small gift like ‘post-it’ notes can have this effect. Hamor, however, appears to argue that acceptance of gifts from industry is not morally problematic without addressing the primary concern that this may undermine the independence of clinical decision making and potentially put patients at risk.

This is no trivial matter when pharmaceutical companies have been estimated to spend $50 billion on promotional activities, which is more than is spent on research and development.3 Our paper was about these marketing activities, not about pharmaceutical industry support for education, research, drug development or academic meetings. We do not deny the important role played by the pharmaceutical industry in drug discovery, development and translation. Other concerns about the relationship between industry and the medical profession, including the contribution of the industry to medical education, research and consumer/patient advocacy and support groups, were not the focus of this paper.

Whether or not Hamor is right in his claim to be speaking for a significant number of College members, we would argue (as we do in our paper) that, because of a potential for harm, ‘it is time to eliminate giving and receiving of promotional items between the pharmaceutical industry and members of the health professions’.2
References