



In the Literature

A NATIONAL SURVEY OF PHYSICIAN-INDUSTRY RELATIONSHIPS

Eric G. Campbell, Ph.D.
Russell L. Gruen, M.D., Ph.D.
James Mountford, M.D.
Lawrence G. Miller, M.D.
Paul D. Cleary, Ph.D.
David Blumenthal, M.D., M.P.P.

*New England Journal
of Medicine*
April 26, 2007
356(17):1742-50

Full text is available at:
[http://content.nejm.org/cgi/
content/full/356/17/1742](http://content.nejm.org/cgi/content/full/356/17/1742)

For more information about
this study, contact:

Eric G. Campbell, Ph.D.
Institute for Health Policy
Massachusetts General
Hospital-Partners
HealthCare System
ecampbell@partners.org

or

Mary Mahon
Senior Public Information Officer
The Commonwealth Fund
212-606-3853
mm@cmwf.org

This summary was prepared
by Christopher Gearon and
Deborah Lorber.

Commonwealth Fund Pub. 1033
June 2007

In the Literature presents brief
summaries of Commonwealth Fund-
supported research recently pub-
lished in professional journals.

THE COMMONWEALTH FUND
ONE EAST 75TH STREET
NEW YORK, NY 10021-2692
TEL 212.606.3800
FAX 212.606.3500
E-MAIL cmwf@cmwf.org
<http://www.commonwealthfund.org>

A new national survey finds nearly all physicians (94%) have some type of relationship with the pharmaceutical industry—from receiving drug samples or food in the workplace, to being reimbursed for professional meetings, to receiving consulting fees.

The authors of “[A National Survey of Physician-Industry Relationships](#)” (*New England Journal of Medicine*, Apr. 26, 2007) document widespread relationships between physicians and the pharmaceutical, medical device, and other medically related industries, and also find that such relationships vary according to type of specialty, practice setting, and other factors.

The research team included Eric G. Campbell, Ph.D., of the Institute for Health Policy (IHP) at Massachusetts General Hospital-Partners HealthCare System, and former Commonwealth Fund Harkness Fellows Russell L. Gruen, M.D., Ph.D., of the University of Melbourne, and James Mountford, M.D., of IHP, among others.

Food and Drug Samples Top List of Benefits

Physician-industry relationships have been the subject of examination in recent years. Prompted by these concerns, the Pharmaceutical Research and Manufacturers of America implemented a new code of conduct in 2002 stating that interactions should primarily benefit patients and enhance the practice of medicine. The American Medical Association and American College of Physicians also adopted new rules. The research team conducted a national survey of 3,167 physicians in six

specialties in late 2003 and early 2004, after much of the new guidance went into effect, to assess the extent of relationships between doctors and the industry.

Overall, the researchers found that the most common benefit received by physicians from the pharmaceutical industry was free food or beverages in the workplace (83%), followed by drug samples (78%). More than one-third of responding physicians (35%) received reimbursement for costs associated with professional meetings or continuing medical education, while more than one-quarter (28%) received payments for consulting, lecturing, or enrolling patients in trials.

Perks Differ by Specialty, Setting

The researchers found the frequency and benefits of physician-industry relationships differed significantly based on specialty and practice setting. For example, pediatricians were less likely than internists to have received payments or reimbursements. Anesthesiologists were less likely to have received reimbursements, payments or samples, compared with family practitioners, internists, or cardiologists. Family practitioners met more frequently with industry representatives than did doctors in other specialties. Meanwhile, cardiologists were more than twice as likely as family practitioners to receive payments and were significantly more likely to accept payments than were pediatricians, anesthesiologists, or surgeons.

“[O]ur findings suggest that industry may focus marketing efforts on physicians who are perceived as influencing the prescribing behaviors of other physicians,” they say,

adding that cardiologists may be sought after by pharmaceutical representatives because of their role as thought and opinion leaders and ability to influence other, nonspecialist physicians.

The survey also showed that physicians in solo, two-person, or group practices were far more likely to have industry relationships than physicians in hospitals or clinics. Physicians in group practices were also several times more likely to receive sample, gifts, and payments for professional services, compared with hospital- or clinic-based physicians and those in staff-model HMOs. Possible explanations for this pattern include: the likelihood that solo, two-person, or group-practice physicians may have more freedom in prescribing choices than those in hospitals or clinics, which may use drug formularies; the existence of formal policies in hospitals or clinics designed to limit physician-industry relationships; and the likelihood that hospitals and clinics provide medical education programs, making physicians less dependent on industry representatives as sources of medical information.

Conclusions

Relationships between physicians and the pharmaceutical industry are a double-edged sword, with both benefits and risks. Some medicines promoted by industry are underused in the United States, and industry sponsorship of professional gatherings may enhance physician education. However, relationships have also been associated with “problematic changes in prescribing behaviors, hospital formulary additions, and increased perceptions of conflicts of interest among physicians,” the authors say.

“[T]he high prevalence of physician-industry relationships underscores the need to consider their implications carefully,” the authors conclude. “The variations in the nature and frequency of physician-industry relationships among specialties and practices settings suggest that specialties, organizations, and practice leaders with an interest in reporting and managing physician-industry relationships may need to develop guidelines and recommendations that are specific to the context of each specialty and setting.”

Physician-Industry Relationships, by Benefit Received

Benefit	Percent of Respondents
Drug samples	78
Gifts	83
Food or beverages in workplace	83
Tickets to cultural or sporting events	7
Reimbursements	35
For admission to continuing medical education meetings (free or subsidized)	26
For meeting expenses (e.g., travel, food, lodging)	15
Payments	28
For consulting	18
For serving as a speaker or on a speakers' bureau	16
For serving on an advisory board	9
For enrolling patients in clinical trials	3
Any of the above relationships	94

Source: E. G. Campbell, R. L. Gruen, J. Mountford et al., “A National Survey of Physician-Industry Relationships,” *New England Journal of Medicine*, Apr. 26, 2007 356(17):1742-50.