Nurses and the Pharmaceutical Industry: Part 1

The subtle and not-so-subtle efforts to influence clinical practice.

Evidence is emerging that pharmaceutical marketing campaigns aim to influence nursing practice.

Every physician and nurse I’ve questioned denies being influenced by drug company gifts or literature. Still, the pharmaceutical industry’s spending on promotion to health care professionals and directly to consumers has surged in recent years—from $9.2 billion in 1996 to $19.1 billion in 2001—with a consequent growth in drug sales. Although most of the industry’s efforts are directed at clinicians with prescribing authority—chiefly, physicians—the pharmaceutical industry’s influence touches all health care providers, including bedside nurses, and they are increasingly being seen as potential targets.

The care nurses give should not be or appear to be influenced by the interests of drug manufacturers. A therapeutic nurse–patient relationship requires that the patient be confident the nurse will act solely for her or his benefit, and likewise society must trust that nurses are dedicated to serving their patients’ best interests.

However, the marketing and promotional activities of the pharmaceutical industry include practices that directly threaten the public’s trust in the nursing profession. Companies directly promote drugs to nurses with gifts, both large and small; free samples of medication; and money for professional education. Indirect strategies include direct-to-consumer marketing, which influences nurse–patient education as well as how nurses with prescribing authority select drugs; funding patient advocacy organizations that nurses might recommend to patients; and perhaps most pernicious of all, promoting the idea among consumers and clinicians that the ordinary ups and downs of daily life require medication.

In this two-part series I will explore the ethical issues these marketing and promotional practices raise for nurses. Part 1 examines how pharmaceutical marketing influences those whom it targets, and Part 2 will examine the ethical issues that arise when nurses accept gifts from the industry.

THE PUBLIC’S PERCEPTION

News reports in recent years reveal a pharmaceutical industry beset by ethical problems. Criminal and civil actions are being pursued against Eli Lilly for promoting off-label uses of its antipsychotic drug Zyprexa (olanzapine); in October 2008 it agreed to a $62 million settlement to be paid to 33 states for improper marketing.1 Merck’s decision in 2004 to withdraw the pain medication Vioxx (rofecoxib) from the market because it increased the risk of heart attack and stroke was followed by thousands of lawsuits from people claiming that they or their family members were harmed.2 And whether or not industry-sponsored clinical trials of antidepressants were published was determined by a bias “toward the publication of positive results.”3 Such revelations have damaged the public’s trust in the pharmaceutical industry, and this in turn could damage patients’ trust in nurses if they believe the industry influences nursing practice as well.

Trust as an aspect of good care. The nurse–patient relationship is grounded in trust. Nurses build trust by showing respect for patients, which is a primary tenet of nursing. Establishing trust is also important to clinical outcomes, because nurses must be able to obtain the personal information necessary for assessment. This is only possible in an atmosphere where nurses are viewed as uncompromised by outside influence and dedicated to the patient’s welfare.4,5 The information nurses provide to patients must also be seen as strictly for patients’ benefit. If patients believe that other factors, including nurses’ personal gain, are influencing the guidance nurses give them, trust is diminished and adherence to clinical instructions may be undermined.
The importance of trust for clinical efficacy is underscored by the American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements. The ANA confidentiality standard, section 3.2, refers to the need to maintain the “fundamental trust between patient and nurse.” And in an article on “the ethics of everyday practice,” Austin states, “The necessary fiduciary relationships of healthcare environments are diminished when practitioners cannot fulfill their claim to be trustworthy.”

Besides ensuring their own ethical conduct, nurses must also be alert to the possibility that the information they use to teach patients might be skewed by inadequate government oversight of the drug industry or an inappropriately close relationship between the industry and the nursing profession.

Profit versus patients. Some of the ethical difficulties that arise for nurses are rooted in the pharmaceutical industry’s profit-driven nature and nurses’ professional duty to be uninfluenced by “considerations of social or economic status,” according to provision 1 of the ANA ethics code. What’s good for profit is not necessarily good for individual patients.

The conflicts between clinical practice and profit may be more difficult for nurses than for physicians to discern because the two groups typically have derived their income in different ways. Physicians in the United States have traditionally practiced as small businesses providing a service. Rahul K. Parikh, a California pediatrician who writes frequently about medical practice issues, commented in the New York Times, “The physician–patient compact basically states that a doctor will care for a patient in exchange for compensation and that the patient will heed the doctor’s advice. Patients who disagree with their physicians, or just dislike them, are free to go elsewhere.” In line with this is the American Medical Association’s Principles of Medical Ethics, which holds that physicians are “free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.”

In contrast, nurses have traditionally been salaried hospital employees. Most nurses socialize professionally through bedside hospital nursing, and terminating a clinical relationship because a patient is uncooperative or cannot pay is not an option for bedside nurses. Consequently, nurses may be less likely than physicians to be attuned to the economic forces affecting clinical practice, and they might not be as aware of the ways the profit motive can affect their practice. Andereck states that “by removing an emphasis on beneficence as a crucial component of the medical encounter, there is no longer a basis for trust.” Nurses should be aware that health care’s duality as a moral endeavor and a saleable commodity may compromise a patient’s trust.

STEALTHY INFLUENCE

In a national survey of medical students, Sierles and colleagues concluded that drug company gifts and advertising may influence students without their recognizing it. Even when the students considered a gift—a catered lunch or a coffee mug, for example—inappropriate, they often accepted it. In a large metaanalysis of study data on drug company interactions with physicians, Wazana concluded that even when physicians deny being influenced by drug companies, contact with the industry and its representatives changes their prescribing practices.

Promotional practices by the pharmaceutical industry have been found to influence clinicians’ choices of drugs for their patients.

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- A 1994 study found that physicians who, compared with their colleagues, had more often interacted with or received gifts and monetary rewards from drug manufacturers were more likely to request that the companies’ products be added to the hospital formulary.
- When physicians had more contact with manufacturers, they prescribed brand-name drugs more frequently than lower-cost generic drugs.
- Chew and colleagues found that the availability of free drug samples increased the likelihood of those drugs being prescribed.

Although these studies focused chiefly on physicians, they illustrate the influence of pharmaceutical industry marketing. Evidence is emerging that these marketing campaigns also aim to influence
As drug companies increasingly target nurses, it’s naïve to assume that simply being more conscious of industry influence than physicians may have been will allow nurses to resist it more effectively.

**Beware of gifts.** The pharmaceutical industry has a long history of bestowing gifts with the hope of influencing prescribing choices. Some gifts bear directly on clinical practice, such as free medication samples and grants to support education, training, and research. Others—coffee mugs, pens, and free meals, for example—aim to generate good will and receptivity among clinicians. Drug companies also pay clinicians consultants’ or speakers’ fees. Many of the low-cost gifts probably have little to no influence on nurses’ behavior, but it’s important for nurses to be aware of the continuum of influence employed by the industry. Consider the cases of two Harvard psychiatrists and researchers who are under investigation by the university’s conflict of interest committee for allegedly failing to disclose an estimated $1.6 million each in consulting fees that they accepted from drug companies. Many industry gifts are easily recognizable as advertising efforts, while others, like free samples and education grants, may appear to be more altruistic. But clinicians who accept gifts—whether large or small, overt or subtle—present a confusing picture to patients who, perceiving that other interests are competing with that of their own welfare, may lose trust in their care providers.

**‘Medicalizing’ beyond reason.** These financial ties to clinicians, professional organizations, and patient advocacy groups in combination with direct-to-consumer drug advertising have allowed the pharmaceutical industry to create demand for its products that may not be clinically warranted. Spending an evening watching television, especially the commercials, amply demonstrates the pharmaceutical industry’s efforts to transform the ordinary ups and downs of daily life into illnesses requiring medication. As more of life’s problems are characterized as illnesses, the industry makes more money.

**BETTER GUIDANCE FROM NURSING ORGANIZATIONS**

The pharmaceutical industry’s financial ties to professional associations can compromise nursing practice. Although nursing organizations accept financial support from drug companies for education, research, speakers’ fees, and awards, no nursing organization has issued a position statement on the nursing profession’s relationship with the pharmaceutical industry. The growing intensity of pharmaceutical marketing requires these organizations to provide formal guidance.

Also damaging to the public trust are financial relationships between the pharmaceutical industry and patient advocacy organizations. In a *JAMA* study of potential ethical conflicts among participants at Food and Drug Administration (FDA) advisory committee meetings, researchers found that at 73% of 221 meetings, at least one advisory committee member or voting consultant had a conflict of interest related to a drug company that would be affected by the FDA’s decision, typically a consulting arrangement, contract, grant, or investment. However, the relationship between advisory committee members’ or voting consultants’ conflicts of interest and their voting patterns was not statistically significant. Still, nurses should consider how public perception of such relationships can undermine patients’ confidence that the health care system and its clinicians are working primarily for their good.

As nurses seek to enlarge their roles in both clinical and policy arenas, it’s not enough for individual nurses to assert that drug company gifts and other promotions have no effect on their judgment. The best way to achieve professional credibility and secure patients’ trust is to eliminate any perception of conflict of interest. Each example of participation in pharmaceutical industry marketing—using a logo pen, accepting a free meal, soliciting or accepting commercial sponsorship for an educational event—must be subjected to the standard “What would my patients think?”

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REFERENCES


