Interview with Dr. Joel Lexchin

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Dr. Joel Lexchin

Dr. Joel Lexchin received his MD from the University of Toronto in 1977. For the past 33 years, he has been an emergency physician at the University Health Network. He taught health policy in the School of Health Policy and Management at York University from 2001 to 2016 and is now a Professor Emeritus at York University. He has been a consultant on pharmaceutical issues for the province of Ontario, various arms of the Canadian federal government, the World Health Organization, and the government of New Zealand. He is a frequent outspoken critic of the pharmaceutical industry and the way that Health Canada regulates drugs. His book *Private profits versus public policy: the pharmaceutical industry and the Canadian state* was published by University of Toronto Press in September 2016 and his new book *Doctors in denial: why big pharma and the Canadian medical profession are too close for comfort* was published by Lorimer in May 2017. In 2012, he was elected as a Fellow of the Canadian Academy of Health Sciences.

Conflict of Interest Disclosure

In 2017-2020, Dr. Lexchin received payments for being on a panel at the American Diabetes Association, for talks at the Toronto Reference Library, for writing a brief in an action for side effects of a drug for Michael F. Smith, Lawyer, and a second brief on the role of promotion in generating prescriptions for Goodmans LLP and from the Canadian Institutes of Health Research for presenting at a workshop on conflict-of-interest in clinical practice guidelines. He is currently a member of research groups that are receiving money from the Canadian Institutes of Health Research and the Australian National Health and Medical Research Council. He is a member of the Foundation Board of Health Action International and the Board of Canadian Doctors for Medicare. He receives royalties from University of Toronto Press and James Lorimer & Co. Ltd. for books he has written.

SK: How does the pharmaceutical industry influence medical education?

JL: So, to start, one of the major ways that industry exerts its influence is not necessarily by what it does for medical students, but by the relationships that it has with faculty, either in hospitals, attending staff, or faculty in the medical schools. Throughout medical education, students look at how their people above them are behaving, and they model themselves on that kind of behaviour. If students look at the doctors who are lecturing them, and guiding their decisions in hospitals, and also see that these same doctors have financial relationships with drug companies through advisory boards and speeches, many of them are going to think, well, that's just the norm, and it's okay to do that. Now, in terms of more what's happening in medical schools, in 2013, my colleagues and I published a paper examining how well each Canadian medical school regulated and managed conflicts of interest with industry. We used a metric that assessed 13 aspects of each school's conflict of interest policy that included things like whether gifts were allowed, whether faculty had to declare conflicts of interest, and gave each school a final grade. After our assessment, 12 of the 17 Canadian med schools scored below 50%, and only a single school (Western) scored above 75%. U of T was given a score of 33%. Now, things have certainly changed since 2013 (author's note: U of T's current industry-relations guidelines were created in 2013, and last revised in 2019). But, the overall takeaway is that the policies currently, or at least until very recently, used by medical schools for managing industry relations are or were largely inadequate.

And what we also know from previous research is that medical students and trainees attending schools with stronger policies for regulating industry-relations are less likely to interact with drug companies once they get into independent practice. They're less likely to see sales reps or start prescribing newly released drugs and are more skeptical about information that comes from the drug companies. And that's important because there are systematic reviews, some of which I've contributed to, showing an association between getting information directly from drug companies, and poorer prescribing, meaning prescribing the wrong medication, using unnecessary medications, or prescribing more expensive medications. So, decreasing interactions between doctors and drug companies benefits patients.

SK: You mentioned that doctors sometimes meet with representatives from the pharmaceutical industry. What happens in meetings between physicians and industry representatives? What kind of information is discussed?

JL: So, a meeting between a physician and an industry sales rep can be structured in many ways. Sometimes, a sales rep has been around for a long time, and has a very established relationship with the doctor - they may talk about their golf game, or their kids, and then there's just a brief mention of a drug at the end. Sometimes the visits are very quick – a sales rep goes in, takes samples out of her bag, the doctor signs a form to receive the samples, and that's the extent of the visit.

But when there is an information exchange between sales reps, and doctors, that information exchange is often problematic. So in 2009-2010, my colleagues and I did a study where we examined how much safety information the sales reps gave to doctors. We recruited family physicians in the United States, Vancouver, Montreal, and a site in France who typically saw sales reps. We asked these physicians to fill out a survey after every visit with an industry rep to learn about the information provided by industry reps in these visits – in the end, we collected about 1600 surveys. We found that safety information, even common information, things like minor side effects were only mentioned in one in four visits. Serious safety problems were mentioned one in 20 visits, and drug-drug interactions were mentioned in one of 50 visits. We then asked these same doctors how their meeting(s) with industry reps would affect their prescribing decisions – most of the physicians responded that they were somewhat or more likely to start prescribing the advertised medication if they've never done it before, or they were more likely to increase the prescribing of the medication, despite the fact that sales reps give so little safety information about the products that they were promoting.

SK: Briefly, on the topic of free medication samples – why do you think industry representatives like to give them out? Isn't it possibly a way for patients to access medications that they potentially can't afford?

JL: Drug companies do not give out samples of old medications. They give out samples of new medications, because those are the medications that they want to get established. And what we know from a variety of studies is that when samples are available, doctors will choose those to give to people, even if those drugs would not necessarily be their first choice of treatment. Sometimes, free samples are given because of the patient's financial situation. But in the end, if that drug actually does work for that patient, it's going to cost the patients more money in the long term, because newer drugs tend to be more expensive than older drugs. So free samples often end up costing patients more money than if they had chosen an older, equally effective, but less expensive product.

SK: If physicians are so well educated, aren't they aware of the influence that industry representatives can have on their prescribing habits?

JL: Well, unfortunately, doctors have an incredible sense of naiveté when it comes to their own individual decision making. We, as individuals, think that we can eat meals paid for by drug companies and take gifts like a two or three-hundred-dollar book, and think we're not going to be affected. But when you ask those same doctors – "what about your colleagues sitting beside you?", we're not quite as sure that those people are as pure as we are. We think that individually, we're invulnerable but that other doctors may not be quite as good as we are. And that creates a serious problem, if you don't think that you're going to be influenced. In 2016, pharmaceutical companies were spending about $450 million in Canada on visits by sales reps, and ads in medical journals alone. Drug companies are run by very smart people – they would not be spending $450 million if they weren't going to get more than $450 million back. And that shows that advertising to doctors works the same as advertising to anybody else. People, doctors included, are influenced by promotion.

SK: Beyond pharmaceutical industry representatives meeting with physicians, I was surprised to learn of the research you've done on some on the influence of pharmaceutical industry on clinical guidelines. Can you tell me about that?

JL: The research shows that there is a pattern where organizations that write clinical practice guidelines will take money from pharmaceutical industry sponsors, and then subsequently publish clinical practice guidelines evaluating medications that are produced by their industry sponsors. Between 2016 and 2018, 93% of the Canadian organizations that produced clinical practice guidelines received industry funding. But none of these organizations provided any policies to manage financial conflicts of interest, and no financial relationships with industry were declared in any published guidelines. Furthermore, every guideline that was published evaluated medications produced by their industry sponsors. So organizations and medical societies get money from industry, don't declare it, and then recommend the drugs made by the people who provide them with the money. A lot of people, myself included, would then question whether or not the conflict of interest between the clinical practice guideline producing organizations and their sponsors had an influence on what the guidelines subsequently say. And that destroys and erodes trust in the guidelines themselves. That's not what we should be doing.

SK: I'm honestly astounded. In our medical school curriculum, we're often tested on clinical practice guidelines. Even though our professors always publicly disclose their individual conflicts of interests, I'm left wondering if the influence of industry on our learning resources is bigger than I thought. What do you think is happening between clinical practice guideline producing organizations and their sponsors? It sounds like something sinister could be going on.

JL: Just to be clear: individuals and organizations are not being bribed. What's going on is referred to as a gift relationship, which is the subconscious feeling of an obligation to repay a gift after receiving one. A large number of studies have demonstrated that it exists. In more concrete terms, think about holiday greeting cards, Christmas, Hanukkah, etc. You get a card this year from somebody you didn't bother sending one to, maybe you forgot, maybe you didn't like them all that well. But next year, you'll probably send a card to that person. And if you want to look at it in prescribing terms, there's studies out there in the United States that

show an association between getting a meal worth less than $20 and increasing the prescribing of drugs made by the company that paid for the meal, so it doesn't take a lot of money to set up that gift relationship.

SK: To follow up: in your recent paper in The British Journal of General Practice, you and your co-authors state that the European Society of Cardiologists receives 77% of their budget from industry. So how would you respond to the fact that without industry sponsorship, these guideline-producing organizations may not have access to the funding they require to function?

JL: Fair question. The response is, what are they doing with the industry money? Why is the industry money necessary? What would happen if you weren't getting the industry money? We'll go back to Canada for a second. The College of Family Physicians of Canada holds an annual scientific meeting called the Family Medicine Forum. Recently, the college made a decision to stop taking commercial money, be it from pharmaceutical manufacturers or marijuana companies, for the Family Medicine Forum. And then they asked the attendants whether or not they would support a $50 increase in fees to the college to replace industry funding. The large majority of doctors did not support that $50 increase. You know, you can have lunch for more than $50! So, in the end, commercial influences can be eliminated or mitigated, but it's a question of, where are your priorities? Clearly, that's a question that we have to think about as a profession.