



EDITORIAL

No such thing as a free lunch

As midwives move into roles where they are prescribing and working as independent practitioners, they will increasingly be targeted by marketing from pharmaceutical, breast milk substitute and biotechnology industries. The web site ([No free lunch.com](http://No.free.lunch.com)) and its UK partner encourage an open debate about the relationship between the drug industry and the medical profession. In the UK, they are campaigning for complete transparency through a public register of all contact, hospitality and payments received by health professionals from the industry. They suggest that the current relationship between the health professions and the pharmaceutical industry is based on hospitality and patronage which is unknown and undeclared to the general public. In sum, they argue that doctors should accept no gifts, large or small, from drug companies. So what issues does it raise for midwives, women and their babies? The educational preparation of student midwives regarding the politics of health is rare, and there is little professional guidance regarding ethical practice for midwives finding themselves on the receiving end of such approaches. Common examples are pens, mugs, lunches, free samples, baby packs, sponsorship of individuals to educational events and conferences and sponsorship of the speakers and events themselves.

It is already known that pressures on doctors from the pharmaceutical and technology industries to deploy their products are strong. Research funding from these groups outstrips that from governments and charities throughout the world. In the UK, it is the third most profitable economic activity after tourism and finance, and has been estimated to fund 65% of all health-related R&D in the UK ([House of Commons Health Committee, 2005](#)). The influence of the pharmaceutical industry is important since, despite regulation, there is evidence that its funding can lead to results biased in favour of its products. The UK House of Commons

Health Committee Enquiry into the Influence of the Pharmaceutical Industry was informed of several high-profile cases of suppression of trial results, selective publication strategies and ghost-writing. In general, it has been found that industry sponsored research is more likely to report drug benefits than non-sponsored trials ([Lexchin et al., 2003](#)), and that industry supported reviews of drugs should be read with caution as they were less transparent, had few reservations about methodological limitations of the included trials, and had more favourable conclusions than the corresponding Cochrane reviews ([Jørgensen et al., 2006](#)). The suppression of negative clinical trial findings leads to a body of evidence that does not reflect the true risk/benefit of the medicine in question. If all the evidence is not published, accurate guidance cannot be issued and prescribers are unable to make evidence-based decisions. The literature suggests that prescribing behaviour *is* influenced by promotion ([Wazana, 2000](#)). Because gifts create relationships, they can be influential. Gifts, unlike other forms of advertising, create a sense of indebtedness, and a need to reciprocate. It is suggested that (i.e. in relation to mugs and pens), the sense of indebtedness is not related to the size of the gift ([Dana and Loewenstein, 2003](#)), and creates a conflict of interest ([American Journal Bioethics, 2003](#)).

In 2007, a US Senate Finance Committee investigation found that 'pharmaceutical companies were routinely using educational grants to help build market share'. In the UK, industry funds over half of all postgraduate education and training for doctors (and increasingly for nurses), often meeting the travel and accommodation costs of attendance (1). It is often argued that industry funding of conferences, educational events and bursaries provide a source of ongoing or additional education for midwives and students who could not otherwise afford to attend. This raises issues for delegates

and speakers at such conferences who may be unaware that their expenses and free educational day could be funded by a source with which they would wish to have no association. In addition, delegates are often unaware of who is paying for the speaker and whether the speaker's contribution might be influenced by such payments or other sponsorships or benefits.

So why should midwives and other health professionals be held to a higher standard than other people working in other industries who get a range of perks? Because the professional–woman relationship, unlike many 'business relationships' is a *fiduciary* relationship. Women trust their midwives and expect their midwife to act in their (the woman's) best interest. Women should be confident that the drug/technology being advocated is the most cost-effective, not the most promoted. And as fiduciaries, midwives are expected to avoid conflicts of interest.

UK NMC guidance is clear on the avoidance of personal endorsement of particular products and declaration of financial, or other direct conflicts of interest. However, education and conferences is a grey area. Although it is now normal practice for health and medical journals to require authors of papers to declare competing interests, this practice is often not followed at meetings and conferences. As a result, it has been suggested that where a contributor to an educational meeting, or the meeting itself, has been sponsored by a company, this should be announced at the meeting and disclosed in all papers relating to the meeting and in the published proceedings (Lenzer and Brownlee, 2008). The World Medical Association (WMA) published its first guidelines on how doctors should handle their relationship with commercial enterprises in 2004 (The World Medical Association, 2004). The WMA acknowledged that industry support helps doctors carry out medical research, attend scientific conferences and learn about new medical developments. But conflicts of interest occur when commercial considerations affect a doctor's objectivity. The statement states: 'Rather than forbidding any relationships between physicians and industry, it is preferable to establish guidelines for such relationships.' These guidelines could be equally applicable to midwives. The guidelines set out a list of principles that should be met before health professionals agree to attend commercially sponsored conferences.

These include the following:

- The main purpose of the conference must be to exchange professional or scientific information.

- Hospitality during the conference should be secondary to the professional exchange of information.
- The name of a commercial entity providing financial support should be publicly disclosed.
- Presentation of material by a speaker must be scientifically accurate, give a balanced review of possible treatment options, and not be influenced by the sponsoring organisation.

The guidelines also state that doctors should not receive a gift from a commercial entity unless they are allowed to do so by law and/or by the policy of their national medical association. Any gift should be of nominal value, not in cash, and not depend on a doctor having to prescribe a certain medication, use certain instruments or materials, or refer patients to a certain facility. If a doctor conducts research sponsored by a commercial body he or she should disclose the sponsorship when publishing the results of research and be free to publish any unfavourable results. And if doctors enter into affiliations with commercial entities they should ensure that this does not compromise their integrity or conflict with their obligations to their patients and that their affiliations are fully disclosed.

These issues are particularly important for opinion leaders in any profession, as their behaviour sets the example. Drawing on the RCOG guidelines on commercial sponsorship,¹ (<http://www.rcog.org.uk/index.asp?PageID=2024>) below are some suggestion for questions for you to ask before you attend your next free conference or educational event as a delegate or a speaker:

- That no sponsorship or advertising is knowingly accepted from any company, which produces tobacco, manufactures arms or exploits women.
- That no sponsorship is knowingly accepted from companies producing breast milk substitutes, infant formula (including follow-on formula), bottles and teats or subsidiary/related organisations of such manufacturers/distributors and their educational subsidiaries.
- That a disclaimer accompanies advertisements in any published material.
- That a disclaimer is placed in the programme of meetings where there are trade exhibitions.
- That manufacturers and advertisers conform to the British Code of Advertising Practice. The advertiser warrants that advertisements supplied do not contravene the Trade Descriptions

¹Sponsorship includes funding of catering, subsidised places and participants, speakers expenses, funding, gifts, catering, payment from exhibitors, subsidised travel, etc.

Act 1968, the Sex I Discrimination Act 1978 and the Race Relations Act 1968.

Midwives are increasingly frontline targets for marketing because they are trusted and authoritative sources of expertise on a range of women's health issues. Although many midwives and students benefit from sponsorship, there is no such thing as a free lunch.

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