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Dear Dr Chadwick

Thank you for your letter of 28 October 2009 inviting the Australian Medical Association (AMA) to attend a pre-decision conference in relation to the draft determination issued by the Australian Competition & Consumer Commission (ACCC) on 16 October 2009 proposing to grant authorisation to Medicines Australia Limited Code of Conduct edition 16. The AMA is unable to attend the pre-decision conference but wishes to make a written submission to the proceedings.

The AMA understands Professor Philip Morris is requesting that payments made by pharmaceutical companies to doctors to attend overseas conferences be made accountable and publicly transparent. The AMA has assumed this to mean the creation of a public register to provide information on the financial support named individual doctors have received from pharmaceutical companies to overseas conferences.

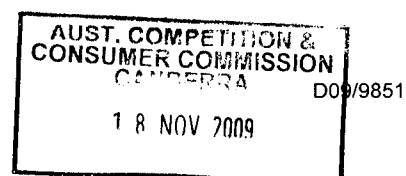
The AMA has the following points to make in relation to such a proposal.

Interactions between doctors and the pharmaceutical industry are a necessary part of ensuring that patients have access to new and improved medicines that save lives and improve the quality of life for Australians with illness. It is in the best interests of patients that doctors are fully informed about new or improved medicines, including its benefits and possible side effects.

The educational events provided by pharmaceutical companies are a rapid and readily available source of education about these new or improved medicines. Similarly, attendance at overseas conferences provides doctors with access to international colleagues and experiences that can only improve patient outcomes in Australia.

The AMA Code of Ethics expects doctors to maintain clinical independence when choosing the best treatments for patients. Doctors should refrain from entering into any arrangement which may conflict with their professional integrity or clinical independence. In that context, the AMA encourages doctors to disclose financial interests to peers, employers, patients and ethics committees as appropriate.

However a register that identifies individual doctors and sponsorship received to attend overseas conferences may lead the broader public to think that this type of sponsorship is inappropriate. A public register does not provide the doctor with an opportunity to explain their sponsorship as they can on a one to one basis.



Such a register would leave the public to decide whether the doctor had been unduly influenced. It is impossible for the public to determine the reason/s a doctor attended an event and whether or not it influenced their behavior in either a positive or negative way. A doctor's reputation may be questioned merely because his or her name appears on the register.

A public register for individual doctors' sponsorship by pharmaceutical companies to attend overseas conferences will not provide useful information about whether or not a doctor is prescribing appropriately, or has been unduly influenced by the sponsorship. For PBS medicines, Medicare Australia's audit and compliance strategies already provide objective mechanisms for determining whether or not a doctor is prescribing medicines according to listed indications, or is prescribing differently to their peers.

It is not clear of what public benefit a register that identifies individual doctors and sponsorship to attend overseas conferences would be. The AMA does not see how such a register would contribute to the quality use of medicines in Australia.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Pesce', written in a cursive style.

Dr Andrew Pesce

13 November 2009

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