

Pfitzner, Laura

From: Blanch, Belinda on behalf of Adjudication
Sent: Monday, 30 July 2012 1:03 PM
To: Basile, Mark
Subject: FW: ACCC authorisation of Medicines Australia Code of Conduct [SEC=UNCLASSIFIED]

Follow Up Flag: Follow up
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From: Philip Morris
Sent: Monday, 30 July 2012 10:44 AM
To: Chadwick, Richard; Cunningham, Megan; Adjudication
Subject: ACCC authorisation of Medicines Australia Code of Conduct

30/7/2012

ACCC Authorization of Medicines Australia Code of Conduct

Dear ACCC,

I wish to make the following requests of the ACCC concerning authorization of the Medicines Australia Code of Conduct.

1. I would like to ask the ACCC to make it a condition of authorization of the Medicines Australia Code of Conduct that the Code include full disclosure of individual payments and gifts (and conversion to money amounts of 'in kind' payments and gifts like overseas travel expenses to international meetings) in the same way the USA Sunshine Act will require. Remarks justifying this condition are set out below in this email (Public disclosure of payments to doctors from drug companies).

2. I would like to ask the ACCC to call a compulsory pre-authorization conference of all the parties who have made requests for changes to the Code to meet with the ACCC in one location to discuss these matters.

Yours sincerely,

Prof Philip Morris.

Public disclosure of payments to doctors from drug companies

I note a recent newspaper report in The Australian on 18/2/12 recorded that "GlaxoSmithKline drug company has stepped up its push for greater disclosure of industry payments to doctors, warning research shows the public only supports such financial links when they are fully declared". Pfizer and Eli Lilly are also making attempts at greater disclosure of doctor payments.

Back in 2009 I requested the Australian Competition and Consumer Commission (ACCC) to require public disclosure of cash payments and gifts of sponsorship in-kind support (for primarily business class overseas travel, five star accommodation, and registration fees to overseas conferences and meetings) in the Medicines Australia Code of Conduct. I hoped the AMA would support this reform, but its support was not forthcoming at that time.

On that occasion the ACCC encouraged the pharmaceutical industry and Medicines Australia “to consider these issues with respect to disclosure and transparency of such sponsorship”.

Since then the American ‘Sunshine Act’ has made it compulsory in the USA for drug companies to make a record available publically of payments to individual doctors of over \$10. A US federal government database of these payments will be available in 2013.

And now I am pleased to note that the AMA will not stand in the way of greater individual disclosure of payments made by drug companies to doctors.

I have no objection to a collaborative interaction between the medical profession and the pharmaceutical industry and I acknowledge the good work drug companies do in supporting medical education particularly with unrestricted educational grants.

It is good to see that the ACCC currently expects the Medicines Australia Code of Conduct to require drug companies to publish for public review their summary (aggregate) expenditure on educational (and other) expenses for doctors to attend company meetings.

However, a more significant influence over the medical profession is made possible by drug companies providing doctor 'key opinion leaders' sponsorship gifts of business class travel, five star accommodation and meals, and payment of registration fees to attend overseas conferences and meetings. All up this often equals the equivalent of \$15-25,000 per trip. Some 'key opinion leaders' receive two or more trips per year.

It is clear the drug companies do not provide this form of sponsorship gift to all doctors. It is limited to a small number of leading members or ‘key opinion leaders’ of each specialist group – doctors who are likely to influence prescribing practices of the profession.

These arrangements raise the possibility of undue influence or conflict of interest concerns being brought to bear on doctors receiving sponsorship in terms of them covertly or overtly giving support to a company product due to the effect of receiving this sponsorship gift or hoping for sponsorship gifts in the future.

I am not against this sponsorship gift support, but I believe the profession and the public should know what financial in-kind support a doctor is receiving from a drug company, especially if that doctor is involved with influencing prescribing habits in medical practice.

These payments to individual doctors should be made accountable and transparent – both in a publically searchable database and at the beginning of any doctor’s presentation to colleagues or to the public. While legitimate privacy issues need to be addressed, the greater good is achieved by public disclosure of these payments that are at present hidden. The current proposal in the Code to only make these payments public in aggregate form is not acceptable.

Prof Philip Morris.