

Submission to the ACCC in relation to Medicines Australia Limited - Revocation and Substitution - A91436 - A91440 - draft determination

I fully support the ACCC's proposed imposition of a condition requiring Medicines Australia to amend its Code to require the reporting of all relevant payments and transfers of value to health care professionals. The idea that health care professionals can refuse to consent to having payments or transfers of value made to them reported has the potential to seriously undermine the whole transparency model.

While I fully understand that it is not up to the ACCC to construct and impose its ideal or preferred system of self regulation, I am concerned that approving the Code without addressing at least one other critical issue is not in the best interests of the Australian community. As I argued in my earlier submission, funding for research and development by the pharmaceutical industry far exceeds that of all other industry payments to health care professionals.

Over the last two and a half decades the pharmaceutical industry has *"gained unprecedented control over the evaluation of its own products"* (Angell, 2008) and *"this threatens the independence and impartiality essential to medical research"* (Angell, 2010). There is now irrefutable evidence that shows a clear association between pharmaceutical funding for clinical trials and pro-industry results. Healthcare professionals play a crucial role in the marketing of new pharmaceutical products as members of advisory boards and researchers and in the dissemination of research findings to their colleagues. Frequently, the more influential physicians, sometimes referred to as 'key opinion leaders', play multiple roles in this 'system'.

There would be no more salient place to focus the 'spotlight' than on those parts of the system that are central to the creation and distribution of the evidence base on which 'evidence-based' practice stands – on payments or other transfers of value to researchers, research institutions and 'key opinion leaders'. These are the areas in which the pharmaceutical industry makes by far the largest investment. As Sismondo argues *"the larger payments to physicians are primarily intended not to affect their prescriptions, but rather to purchase their influence on other physicians' prescriptions; the same is true to payments to researchers. In other words, companies hope to lead medical opinion in their preferred directions through a two step model of influence by hiring and otherwise enrolling some physicians and researchers who will, in turn, influence many others."*

The funding of health care professionals by the pharmaceutical industry for carrying out pharmaceutical research has a far more serious and detrimental impact on the patterns of physician prescribing than any other payments or transfers of value provided to health professionals. The level of importance to the pharmaceutical

industry of research funding can be clearly seen in its determination to exclude these payments from the proposed Transparency Model.

It has been argued that it is hard for physicians to learn the truth about the efficacy and safety of drugs since so many of the articles published in reputable journals are distorted by commercial sponsorship. Public disclosure of research funding is going to allow them to make more informed decisions when it comes to determining who and what to believe. Research has shown that disclosure of industry sponsorship does colour physicians' views about the quality of the research and their willingness to believe and act on the findings.

I would strongly urge the ACCC to consider imposing a further condition on Medicines Australia to amend its Code to include the reporting of payments and other transfers of value made by the pharmaceutical industry to health professionals for conducting research. This would be a major step forward in trying to bring real transparency to bear on the evidence base that underpins clinical treatment of members of the Australian community.