

Cancer Voices Australia

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cancer voices **australia**

Australian Competition & Consumer Commission
PO Box 3131
Canberra ACT 2601
adjudication@acc.gov.au

Dear Commissioners

**CVA Comment on ACCC Draft Determination in respect of the
Medicines Australia Code of Conduct edition 18**

Cancer Voices Australia (CVA) thanks the ACCC for this opportunity to comment on its Draft Determination in respect of the Medicines Australia Code of Conduct edition 18.

We continue to hold the views we made to both Medicines Australia directly and to the ACCC earlier this year. Those submissions are attached for your reference.

In addition, we make the following points. We also look forward to participating in the conference to discuss this draft determination.

**Reporting requirements of pharmaceutical companies regarding their interactions with
healthcare professionals**

CVA strongly agrees with the ACCC that such reporting only works if it is fulsome and not optional. To make it optional would, from a patient/consumer perspective, render the entire regime worthless. That is, without this, we don't see the point of proceeding at all as it makes no improvement on the current highly flawed situation.

CVA represents all Australians with cancer, their families and carers. Therefore we are aware of the community view on such matters. It is clear to us the community expects such matters to be disclosed, without exception, and certainly without the need of the consent of each individual healthcare professional. What is being proposed here ie compulsory disclosure, is a regime that exists in for example the political sphere and we think it is equally important here.

Coverage

We reiterate that relevant drug names should be included in the reporting. Without a link of some kind to a drug name, it will be difficult for a consumer/patient to understand the information or to recognise its potential relevance.

If the purpose of disclosure is to be open and transparent about relationships between healthcare professionals and pharmaceutical companies, then whether a healthcare consumer can truly access and understand this information is highly important. This goes to both the form and content of the disclosure.

As most patients/consumers will be familiar with drug names rather than company or other names, it is important the information be accessible in this way by patients. The complexity added to the reporting regime will not be so great as to be overly burdensome compared to the utility and transparency in doing so. We are confident it is possible to provide a way to search by drug or practitioner name in a way that it can be accessed by patients/consumers. We would be pleased to assist in developing such a system. We also agree with the ACCC that this information needs to be in the most accessible format possible, if it is to be of use.

We repeat our view that gifts etc to small practices are most often akin to a gift etc to an individual practitioner and should be treated as such.

We also agree that provision of meals should be enclosed as we agree this can be a significant benefit to a practitioner.

We stand by our comments that the delay in provision of the information, as proposed by Medicines Australia, means its value will have reduced dramatically. A consumer should not have to wait ten months for "transparency". At that point, it is likely to be no longer relevant and so worthless.

Health consumer organisations

CVA agrees that it is important to maintain transparency and reporting regarding support provided to health consumer organisations. Such relationships raise exactly the same issues as relationships between pharmaceutical companies and healthcare professionals and the information should be freely available and accessible to all.

Thanks you again for the opportunity to provide the view of the many, many Australians with cancer, their families and carers.

Yours sincerely



Sally Crossing AM

6 November 2014

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Dr Richard Chadwick
General Manager
Adjudication Branch
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adjudication@acc.gov.au

Dear Dr Chadwick

Medicines Australia Code of Conduct

Cancer Voices Australia writes to ask the ACCC not to approve the Medicine's Australia Code of Conduct. We were invited to, and attended, several consumer forums organised by Medicines Australia regarding their proposed changes and we remain highly disappointed that the proposed amendments to the transparency provisions of the Code of Conduct will not at all provide cancer patients and their families with transparency around sponsorship and fees paid to health care practitioners ("practitioners").

We consider what has been proposed is totally insufficient. It needs to be recognised that, in our society, gifts are seen, and usually designed, to influence people. Relying on a practitioner to consent will defeat the purpose of the changes to the Code. There is no incentive for a practitioner to consent. While Medicines Australia say they will monitor the number of practitioners who consent, this will just mean a further delay while we see if this "model" works before further changes are made which have some remote chance of giving patients information which really they should be entitled to know now.

As a number of people advocated at the forums we attended, including Cancer Voices, there is a simple way to achieve what Medicines Australia say they want using the same model they have developed – members of Medicines Australia agree they will not provide sponsorship or gifts to a practitioner unless consent is given to publicly disclose the information. While it is true that consent may later be withdrawn by a practitioner, we strongly believe that if Medicines Australia and the ACCC are serious about providing such information to patients, the starting/default position must be disclosure.

We also consider the proposed delay in provision of information to be so great as to render the information essentially useless to patients. We understand of course there would need to be an *initial* period to allow practitioners and companies to set up the necessary systems to ensure disclosure was accurate. We are not unreasonable. However beyond the initial set up, it should be possible to provide timely information to the public. The current proposal sees delays of up to 10 months between receipt of the gift by a practitioner and notification. This is not acceptable and frankly such a delay means the information will be of limited, if any at all, use to patients. We draw your attention to, for example, the Parliamentary Register of Pecuniary Interests which requires Members and Senators to disclose gifts etc within 28 days of receipt. If some of the gifts

and benefits received by the medical profession were routinely received by our politicians, the community would be rightly outraged. The MA proposals are a waste of time.

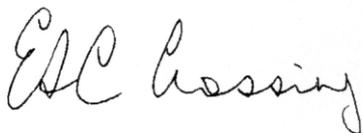
We are also concerned about the method of disclosure. From a patient's perspective, we will need to search each company individually to see (10 months later) any activity relating to our practitioner (assuming they have provided consent). We strongly recommend a central database be developed as a priority – one which can be searched by both drug and practitioner name. Until that can be developed, at the very least companies should have reports which can be similarly searched. It is also important that the information remains available for longer than the two years MA has proposed. We think five years is a period which provides a sufficient balance between the patient's right to know and the administrative burden on the company.

We are also concerned that the proposal relates to sponsorship or gifts given to individual practitioners only and not, for example, sponsorship or gifts given to a small practice. This remains an obvious way around the proposed regime.

We are incredibly disappointed with the proposal as it currently stands and do not think such tokenism advances transparency for patients at all. The upshot of the current proposal is that, from a patient's perspective, we will be able to see that our doctor has directly received (ie not through their practice etc) a benefit from a pharmaceutical company regarding the new drug she/he put us on, if our doctor consents to it being made public, about 12 months later. Such limited information, provided after such a delay, is hardly worth the effort and expense of bringing in a new system.

We hope the ACCC does not endorse the Code in this form. To do so would only give it a cloak of respectability and, frankly, also diminish the reputation of the ACCC.

Yours sincerely



Sally Crossing AM
Executive Committee

1 August 2014

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