

**Submission
No 2**

THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES

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Submission for the NSW Parliament Inquiry into the Promotion of

Misleading Health Information (18th November 2013)

I would like to make a submission to this inquiry to ensure that the HCCC is given the powers to address the promotion of misinformation on health that is currently endangering public health in Australia.

It is stated that the aim of the inquiry is to address ‘the promotion of unscientific health-related information or practices which may be detrimental to individual or public health.’

However, the terms of reference present a different aim:

- a) ‘The publication and/or the dissemination of false or misleading information that may cause the community to mistrust an accepted medical practice.’

Preventing the dissemination of false and misleading information is a worthy aim however preventing any information that leads the public to ‘mistrust an accepted medical practice’ results in the suppression of proper scientific debate on health issues – and this is dangerous to public health.

In 2013 it is known that industry sponsored research in medicine has resulted in a peer-reviewed system of knowledge that is flawed. This system is now providing false and misleading health information that doctors and governments are using to make important decisions on public health. Here is a quote that sums up the flawed peer-reviewed system:

‘Members of corporate driven special interest groups, in virtue of their financial power and close ties with other members of the group often get leading roles in editing medical journals and in advising non-profit research organizations’ (Krimsky 2003 p.10).

Many prominent scientists and journal editors have now exposed this flawed system including Marcia Angell MD, former Chief Editor of the New England Journal of Medicine, for 20 years.

In addition, it is known that the following practices are rife in the current model of medicine in Australia:

- Doctors being paid to give presentations using pharmaceutical company slides with pharmaceutically funded research and statistics
- Doctors given free international trips and paid to give presentations to promote drugs
- Pharmaceutical sales representatives given large bonuses to sell a drug even after concerns were raised about the side-effects of the drugs
- The hidden industry ties of academics in universities and similarly in government advisory boards.
- The conflicts of interest in the media presentation of drugs and their side-effects
- The conflicts of interest in Australia's National Immunisation Conference presented by the Public Health Association of Australia (PHAA). This conference is funded by the pharmaceutical companies
- The hidden ties between industry and the chief-editors on peer-reviewed journals, who are selecting against articles with negative findings on drugs/vaccines.
- Little research funding being provided for research in the public interest. In particular, the possibility that the chemicals in the 11 vaccines now recommended to infants under 12 months of age, are causing the steep increase in chronic illness in our children.

If these practices are known to exist in the practice of medicine and they are not made transparent to the public, then it is important that everyone is allowed to present scientific information for debate – not just medical professionals.

It is also important that the public is included in decisions made on public health policy so they can present *the science that is in the public interest*. Industry representatives are not going to present this science for inclusion in health policies.

The suggestion that only ‘medical doctors’ can provide the science on health issues is a fallacy and it places the emphasis of the debate on the ‘qualifications’ and not the ‘science’.

Here is a brief outline of the evidence showing that doctors are no longer educated with balanced and disinterested information on drugs:

Medical Education and Advertising

The line between medical ‘education’ and ‘advertising’ has also become blurred for doctors and industry. Whilst it is illegal for drug companies to offer doctors ‘kick backs’ to prescribe drugs to patients, an exemption is given if the information is provided for ‘educational or research activity’. Under this umbrella the drug companies can present unlimited gifts to doctors so the drug companies decide whether their information is ‘educational’ or ‘advertising’ (Angell 2005). Drug companies are claiming that their ‘advertising’ is in fact ‘education’.

In order for doctors to maintain their license they are required to undergo continual medical education from accredited institutions. This education is controlled by the Accreditation Council of Continuing Medical Education (ACCME) (Angell 2005). It is this organisation that accredits companies to participate in the education of medical professionals.

Pharmaceutical companies fund 60% of doctor’s education and ACCME has accredited around 100 for-profit companies that are hired by drug companies to provide medical education to doctors (Angell 2005). This information is not impartial because the information is supplied by companies that are employed by drug companies. The ACCME board ignores this conflict of interest in the education of doctors because half of its board members are from pharmaceutical companies or other industries (Angell 2005). Again the authorities are

'pretending' that the medical information that doctors receive is from a disinterested source. Angell (2005), states that ACCME has even accredited Eli-Lilly pharmaceuticals to prepare and present education material for doctors (p.140).

In order to get support the medical schools and hospitals must go along with the sponsors. It has been demonstrated that doctors who have attended continuing education programs prescribe more of the sponsor's drugs than any other drug (Angell 2005). Doctors may also receive training to join speaker's bureaus and speak on behalf of the industry (Angell 2005, Peterson 2008). Drug companies also try to recruit the heads of hospitals and other prominent medical experts in medical schools to act as 'leaders' and give talks at medical meetings. These individuals are enticed with 'food, flattery and friendship' (Angell 2005 p.142). This often includes favours, honoraria for being a consultant or a speaker or paying for posh resorts at conferences (Angell 2005). Doctors would lose travel and entertainment packages if industry was not paying for doctor's education and it is thought that membership of professional medical societies would be lower if this was the case (Angell 2005 p.147).

Pharmaceutical companies are also sponsoring 'patient advocacy groups' (Angell 2005 p.151). Many of these lobby groups are fronts for the drug companies to promote their interests and they are presenting science that is hindering public debate. The pretence that pharmaceutical marketing is 'education' involves the collaboration of both industry and the medical profession. It is well established that medical education requires an impartial assessment of all the evidence and this must be led by 'experts' that do not have vested interests. Knowledge that is influenced by commercial interests is not 'true' medical knowledge because it is not produced with the integrity of the scientific ethos (Angell 2005 p. 154). The medical establishment has been complicit in the deception of the public and they have abdicated their duty of care to the public (Angell 2005). This is evidence that the medical profession has become corrupted by money and the overuse of drugs. Governments

and the medical profession need to acknowledge that industries do not provide disinterested information about their own products (Angell 2005 p. 155).

In 1980 the Patent Act was changed so that patentable inventions no longer had to be 'novel, useful and non-obvious' and this made it possible to patent many more 'inventions' (Angell 2005 p. 176). The most lucrative activity for industry is to create a monopoly on a drug through the US Patent and Trademark Office (USPTO) and ensure it is extended for as long as possible (Angell 2005 p. 173). Another method is to obtain exclusive marketing rights from the FDA (Angell 2005).

Conflicts of Interest in Policy Development

The new academic - industry paradigm has resulted in an unprecedented rise in conflicts of interest (COI) particularly in the areas of public interest research (Krimsky 2003). COI amongst scientists have been linked to research bias as well as the loss of disinterestedness among academic researchers. Researchers know that positive results get published and negative results do not, therefore they need to shape the results using selected criteria and methodologies in order to get the financial rewards (Krimsky 2003, Michaels 2008). The commercialization of universities results in laboratories selecting faculty members in line with their goals and fewer opportunities are available in academia for public-interest science. This has significant consequences to society.

When global market mechanisms are uncontrolled and focused on profit they threaten the objectivity of clinical research (Krimsky 2003). These mechanisms nurture the COI's that generate bias and unreliability into research and medicine.

This statement is supported by the previous editor of the New England Journal of Medicine (NEJM), Marcia Angell MD. She states:

'It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of the New England Journal of Medicine' (Angell 2009).

Over the past three decades the research environment for scientists has changed significantly and it is now common for scientists to be affiliated with industry and to have equity in the companies funding their research (Krimsky 2003). The existence of COI in research institutions is also largely a hidden problem and the COI that the public hear about are only the tip of the iceberg (Krimsky 2003). The great majority remain undisclosed. In many universities and research institutions they are accepted as the norm and a person's position is rarely threatened even if it gives the appearance of bias. There are many types of COI and they are occurring with increasing frequency in academic institutions and non-government research centers. Some examples of COI are professorships within state owned universities that are being financed by private corporations (Krimsky 2003).

The fact that it is possible for doctors to be educated with biased information due to industry sponsorship of their education means that they *may* be misinforming the public. Industry sponsored medical education and research puts public health at risk. Doctors are no longer being educated with disinterested science and therefore they should not be the only members of society presenting science for public debate.

In order for the HCCC to effectively prevent the promotion of misinformation to the public on health issues it is essential that all members of the public can present scientific information and participate in public debates on health issues. Debates on health must be about the science and not the qualification of the presenter.

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References

Angell M, 2005, *The Truth About Drug Companies: How they deceive us and what to do about it*, Random House Trade Paperbacks, New York, USA

Angell M, 2009, Drug Companies and Doctors: a Story of Corruption, *The New York Review of Books* <http://www.nybooks.com/articles/archives/2009/jan/15/drug-companies-doctorsa-story-of-corruption/>

Krimsky S, 2003, *Science in the Private Interest: has the lure of profits corrupted biomedical research?* Rowman and Littlefield Publishers Inc, USA.

Michaels D, 2008, *Doubt is Their Product: How Industry's Assault on Science Threatens Your Health*, Oxford University Press, New York, USA