Ethical Standards in Healthcare promotion
National Department of Health Perceptive

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Background

• Ethical standards refer to a set of values and principles used in decision making.

• Why is this so important in health care
  – Information asymmetry
    • One party to a transaction has relevant information whereas the other(s) do not
    • Can result in adverse selection
Background (2)

• It is unethical to advertise products or services with claims that are:
  – Not evidence based,
  – Inflate the effect size, or
  – Omit information, such as important safety information.
In order to implement an ethical marketing campaign, any healthcare institution or provider should answer the following questions.

– What is the purpose of the marketing campaign?
– How much does it benefit the community as a whole?
– Is the information provided in the campaign completely truthful, or is it biased or misleading?
– Can the amount of money spent on the campaign be justified as against its use for treatment for those who cannot afford it?
Current perspective
National Drug Policy (NDP)

• 1996 **Advertising and marketing of drugs**
• Objective ensure that advertising and marketing is in compliance with
  – National regulations
  – Voluntary industry standards.
• All promotion-making claims shall be reliable,
  – accurate,
  – truthful,
  – informative, balanced,
  – up-to-date,
  – capable of substantiation and
  – in good taste.
National Drug Policy (NDP) - 2

• Promotion should not:
  – Contain misleading or unverifiable statements or omissions.
  – Be designed to disguise its real nature.
  – Offer financial or material benefits.
    that are likely to induce medically unjustifiable drug use or to give rise to undue risks

• International benchmarking
  – Ethical Criteria for Medicinal Drug Promotion adopted by the World Health Assembly (WHA) and
  – Pharmaceutical Manufacturers Association (PMA) Codes of Marketing

• Health care professional should receive training on:
  – Issues related to pharmaceutical promotion and
  – comparative independent sources of drug information
Door has been shut in the USA

• IOM 2009 report “Conflict of Interest in Medical Research, Education, and Practice”

• Physician Payments Sunshine Act
  – From 1st quarter in 2008 supplies must disclose all payments over $25 in value made to "to a physician, or to an entity that a physician is employed by, has tenure with, or has an ownership interest in."
  – Penalties range from range from $10,000 to $100,000 for each violation, and can go up to $1 million.
Rising tide of Comment in the literature

- **BMJ**
  - June 2008 article exposed the role that Key opinion Leaders or KOLs play in the development and marketing of medicines - *R Moynihan et al BMJ 2008(336).*
  - 2011 article reviewed STG development for hyperlipidaemia or diabetes
    - 5 of 14 STGs published between 2000 and 2010 did not have disclosure.
    - 52% of panel members had declared conflict of interests and 12 of those members who had not declared interests were identified as having such.
    - Government sponsored guidelines were less likely to have conflict of interest concerns that non-government sources.
Rising tide of Comment in the literature (2)

Rising tide of Comment in the literature (3)


- **More stringent regulation is necessary, including the elimination or modification of**
  - small gifts,
  - pharmaceutical samples,
  - continuing medical education,
  - funds for physician travel,
  - speakers bureaus,
  - ghostwriting, and
  - consulting and research contracts
Leaving the emerging markets vulnerable

• IMS 2005 Pharmerging concept
  – Little growth in OECD countries.
  – Emerging markets were predicted to grow from 12% of the global market in 2005 to 28% by 2015.
  – South Africa is classified as a tier 3 country