

Relation Physicians – Pharmaceutical Industry

have grown to such proportions that the resources of an industry are necessary for the conduct of modern Good Clinical Practice trials.

In Denmark, this is echoed by an ongoing debate regarding a possible stronger regulation of contact between pharmaceutical industry and physicians, and the provision of state funding for clinical trials. The awareness of potential problems has already led to a significant degree of self-censorship in the industry, cur-tailing levels of promotion and mar-

keting by enforcing greater focus on medical-scientific content. The topic is, however, open to debate, and the outcome is difficult to predict.

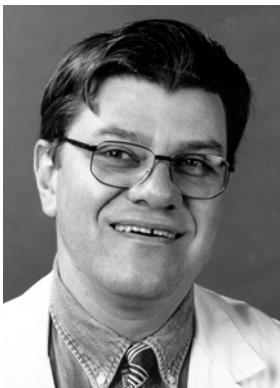
What may legitimately be said is that the patients, the dermatologists and the pharmaceutical industry have obvious and natural common interests. These interests can, of course, be corrupted by any one of the parties, but it need not be so, of which the fact that inappropriate behaviour rarely occurs is convincing evidence. A strong professional identity and

code of ethics in all parties involved can prevent criticism of collaborative ventures. For dermatologists it is essential that all decisions are first and foremost taken with a view to help and protect patients. The strong common aims of developing and using the best drugs for the treatment of patients, have the potential to be a significant positive force in dermatology by providing a forum for sustained development and independence for all involved.

Relations with the Pharmaceutical Industry in Sweden

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Every day, dermatologists at university hospitals receive more than 300 pages of new scientific information. For many years, doctors in Sweden have had a good relationship with the pharmaceutical industry. The education and information about their products have been of great value in

clinical practise. However, a few doctors have not understood where the limits are in regard to contact with the industry. Compared to other sections of society, doctors have a closer collaboration with the industry and what we think is normal is considered bribery by others.

In any case, I think it is important to have rules concerning the cooperation with the pharmaceutical industry. New rules have been introduced in Sweden but the problem is that several county councils have their own rules, often more strict.

The general rules in Sweden say that a maximum of 50% of an educational trip may be paid for by industry. No personal invitations are allowed. Instead, the invitations should go to the head of the clinic who then selects the member of the staff that should come in question for the educational trip.

The more strict rules will have implications for our education but perhaps not as much as we thought. Most of the cost for education comes from allowing doctors to educate themselves during working hours instead of taking a vacation.

The last annual education meeting for private practitioners in Sweden was held without financial support from industry. I think the programme committee did a very good job.

It is extremely important that public employers set aside enough money for further education of doctors. There is a risk that this will be diminished. In view of the rapid expansion of knowledge it is important that enough resources are reserved for education. In other professions, such as e.g. airline pilots, enough money is set aside for education. Who would like to fly with an airline company that has decreased education for pilots?

Recently, a workshop regarding treatment of atopic dermatitis was held in Sweden by our medical products agency. It was quite evident that newer (and more expensive) treatments are better evidence-based than older therapies.

Nevertheless, we need information about new drugs from the pharmaceutical industry. Taking part in international and national conferences is important.

Regarding clinical research; it is important that it be performed as usual, as is also, of course, transparency.

Stricter Rules for Doctor-Industry Relations in Norway

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In Norway, the pharmaceutical industry is not allowed to participate in meetings recognised as part of specialist training and continuing medical education. Hospital doctors may participate in meetings organized by pharmaceutical companies only with the approval of their employer.

These are some of the points in a new agreement between the Norwegian Association of Pharmaceutical Manufacturers and the Norwegian Medical Association on relations between doctors and the pharmaceutical industry. The new agreement took ef-

fect on January 1st, 2005. The Norwegian Society of Dermatology is part of the Norwegian Medical Association.

According to a recent article in *Tidskrift for Den norske lægeforening* (1), the main purpose of the agreement is to contribute to credible and confidence-inspiring doctor-industry relations and better development and proper use of drugs. Doctor-industry cooperation must not create any dependency or doubt regarding the independence of doctors. All forms of cooperation should be clear, open and transparent.

The agreement contains an initial declaration of its purpose, and in eight chapters detailed rules regarding doctorindustry relations are outlined. Laws, regulations and rules, including anti-corruption laws, are referred to. Here are some central elements of the new agreement.

Written and open agreements

All agreements between pharmaceutical companies and medical associations/societies must be in writing, except for visits by pharmaceutical representatives during ordinary working hours. This require-

ment also applies to doctors doing consultancy work for pharmaceutical companies. The written agreements must be available for the general public. Meeting organizers must not favour one company. All speakers at meetings must give information on any conflicts of interest.

Courses, congresses and meetings

Pharmaceutical companies may not sponsor or co-organize meetings recognised as part of specialist training and continuing medical education. Expenses for travel, accommodation and meals for such meetings may not be covered by pharmaceutical companies.

For meetings sponsored or organized by pharmaceutical companies, the programme must be sent to the Council for Drug Information before the meeting. Expenses for travel, accommodation and meals must not exceed government rates. Doctors employed by a hospital or company may participate at such meetings only with the approval of their employer. There are several limitations on meetings abroad, and all meetings organized primarily for Norwegian doctors should be held in Norway.