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REBUTTAL:

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“A good reputation is more valuable than money”
Publilius Syrus (100BC), Maxims.

How can one argue with such a thoughtful, provocative and positive opinion on the role of pharmaceutical money in Emergency Medicine research? Indeed, one initially really does feel like the Grinch to even begin to rebut such a positive outlook. However, there are some very important points missing that must be addressed.

We would agree that it is time to wake up and stop hiding our heads in the sand. The collision of ideology and reality has shown that the pharmaceutical industry has profited some in medicine enormously, but at a great cost to society ⁽¹⁾.

Ideology is defined as the integrated assertions, theories and aims that constitute a sociopolitical program. What this means to the medical community may vary depending on who is asked. However, most physicians would agree that this means sticking to fundamental goals of medicine. Do no harm: protect our patients. To live by your beliefs and to do what is proven to be the right thing for your practice is what this would encompass. Simply accepting what is believed to be reality will ultimately hurt many people. The goal of industry is, frankly, to make money. Often industry and medicine can work together for a common goal, often they cannot ⁽²⁾.

Before accepting the very generous money from the pharmaceutical company, there are basic facts to consider. Despite the work of many talented researchers successfully using industry dollars to promote ground breaking medical advances, there are also many physicians taking these funds to simply supplement their income and build a career. We all receive invitations to the best restaurants and are offered other lavish gifts ^(3,4). As a matter of fact, it is not unusual for speakers to be sought after to promote heavily marketed drugs. The reimbursement is impressive and tempting to say the least. Honoraria for “consulting panels” are typically \$3,000 to \$5,000. Not bad money for a couple days away from home at the best resorts. Simple math will show that this translates into potential earnings of tens to hundreds of thousands of dollars a year, depending on how much of this “education” you want to do. This is a huge jump in pay from most of our academic positions, where we work for each penny!

Many of us have decided that this kind of money really does not make us biased. We are told we should stop putting our heads in the sand and realize that this is the way it is done. But do we really believe that we can be completely unbiased for this kind of money? As a matter of fact, for those not returning these funds into their research account, this begins to become a necessity to maintain a cost of living. Some may even believe this is their right. The medical literature already shows us that prescribing patterns toward more expensive drugs and formulary changes may be guided by physicians with industry ties ⁽⁵⁾.

We are still left with the “real” fact that research dollars have dried up. . What is the answer? The development and implementation of guidelines for clinical research is an essential first step in reigning

back the beast. Indeed, it is our belief that it is possible to do good quality and ethical research using industry money. However, it requires a good deal of truly independent and aggressive oversight. We have observed that this is often not the case; the guidelines of the societies are rarely read and there are no police to enforce them ⁽⁶⁾.

Aside from remaining unbiased and monitoring activities with these studies, we should also promote studies that will move medicine forward. The medical literature contains a plethora of studies of small sample size and poor methodology that cannot really answer questions. Pharmaceutical sponsored research is also well known for its research on “me too” drugs, research that moves us forward not at all. Results are often tweaked for a positive spin.

The issue raised of encouraging the interaction with drug representatives is simply a waste of time. Over 10% (and probably higher) of the information they present is completely inaccurate. While talented educators may make the interaction a teaching moment, generally these are mostly uncomfortable and time consuming interruptions in a busy day ^(7,8). We do encourage critical evaluation of drug company studies in print form for all academic and community physicians alike.

There are many good arguments on both sides of this debate. Remember in the end, the one that pays gets the last word, because they can afford it — that is not necessarily good for anyone ⁽⁹⁾.

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