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MASQUERADE

Executives in pharmaceutical companies are sophisticated operators and, however altruistic their stated aims, the reasons they struggle and strive is to make their shareholders happy and their bottom lines healthy. Along the way, people's health may be improved but anybody who has any dealings with pharmaceutical companies should have no illusions about their motives.

Over the past five to 10 years, for example, the concept of "medical education" has taken hold. It has been evolved by marketeers (not education-ists) in order to better inform doctors — and other health professionals, including pharmacists — about a company's products. The professionals will learn more about a disease and how it can be treated as well, but if you read a booklet or see a video, or whatever form the "education" takes, you should be aware of the messages that come as part of the package.

Placing articles in biomedical journals is another questionable method of disseminating views. Authors with good reputations propose articles that will be of interest to the journal's readership and then slip in the name of a product or two, or a particular approach to treating that disease. Unless the editorial team is sensitive to this tactic, journals may discover too late that the idea for the article originated within a pharmaceutical company and that the text, if not actually written by the company, will have been "checked" for accuracy before being presented for publication.

Now the spotlight has turned on charities, which, according to *Which?* — published by the Consumers' Association — receive a great deal of funding from pharmaceutical companies. *Which?* argues (p503) that there should be more transparency by the charities about where they obtain their funds. The charities, not surprisingly, are highly defensive about their relationships with their sponsors and strenuously deny that they are under any pressure to toe a particular line.

Pharmaceutical executives are not without subtlety. Many of them have found it useful, for example, to use patients' groups and charities to lobby the National Institute for Clinical Excellence while it is considering new therapies — after all, there are more column inches to be had from a group bemoaning the fact that patients are being "denied" a therapy (while the evidence for its cost and efficacy is under debate) than a press release from the company itself. And the close relationship between the industry and patient groups was to be seen last week at the annual dinner of the Association of the British Pharmaceutical Industry at which a director of a patient group delivered a speech before the Secretary of State for Health.

Transparency is the key to all this. Most people making their living from illness and health services understand why sound information is needed. The danger, however, is when innocent parties are hijacked by those with rather different messages to convey.