

# Whatever the appeal of drug lunches, take STEPS to avoid indigestion!

In this article, **Scott Pegler** and colleagues from Morrision Hospital in Swansea describe how hospital pharmacists can set the agenda for lunchtime meetings with pharmaceutical industry representatives and quickly appraise the information provided

*"Too often we... enjoy the comfort of opinion without the discomfort of thought." — John F. Kennedy (1917–63)*

*"During training, I was told, when you're out to dinner with a doctor, 'The physician is eating with a friend. You are eating with a client.'" — Shahram Ahari, former pharmaceutical sales representative for Eli Lilly (US)*

Lunchtime meetings sponsored by the pharmaceutical industry — drug lunches — are an established mechanism for pharmaceutical company representatives to present new information or reinforce current messages to hospital pharmacists regarding the drugs they are promoting within secondary and primary care.

A previous article has highlighted how the principles of information mastery can be used to evaluate promotional information from the pharmaceutical industry, ie, what they say.<sup>1</sup> This article will illustrate a few of the techniques used in the sales process (how they say it) and suggest how pharmacists, by taking a proactive approach, can set the agenda for meetings with representatives and quickly critically appraise the information presented.

We make no judgement on the ethics of industry-sponsored lunchtime meetings: the decision whether or not to attend must be a personal one. However, we think that such meetings, if organised appropriately, can form an important part of pharmacists' continuing professional development through use of pragmatic and practical critical appraisal skills.

## Food, flattery, friendship . . .

The local "drug rep" entering the hospital pharmacy department at lunchtime loaded with carrier bags is a common sight. The audience subsequently listens politely, interrupted occasionally by the sound of rustling crisp packets, to the well rehearsed message

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— essentially "prescribe/recommend my drug" — supported by a colourful PowerPoint presentation referencing "evidence" to support the verbal message.

This friendly, informal atmosphere is probably familiar to readers. However, from a social science perspective, the influence these meetings can have on subsequent behaviour may be more subtle than most pharmacists realise.

The influence of gifts in medicine has been reviewed extensively elsewhere and is beyond the scope of this article. However, the act of bringing food to a meeting also constitutes a "gift".<sup>2</sup> Recipients of gifts are culturally programmed to feel indebted to the gift-giver, as demonstrated by the commonly used response to a gift: "much obliged" as a synonym for "thank you".<sup>3</sup> A special relationship is developed between people who share food.<sup>4</sup> However, in the context of a drug lunch, the audience reciprocates the gift of food by politely listening to the representative's presentation.

It has been known for many years that individuals tend to be more receptive to information when eating enjoyable food. This is why food is "the most commonly used technique to detail the judgement aspect of decision making".<sup>3</sup>

Furthermore, the positive atmosphere created with good food and a friendly representative helps to break down professional barriers, with evidence showing that in this setting, individuals are more likely to accept

the delivered message even if they fundamentally disagree with it.<sup>5</sup>

Notably, so socially entrenched is the act of reciprocation that any individual who fails to adhere to this social stereotype (in this case, listening politely) is often considered to have bad manners by the rest of the group.<sup>3</sup> For example, an individual may be viewed as creating a bad atmosphere simply by asking a probing question based on the data presented by the representative, with the group viewing this action as giving the representative (gift-giver) "a hard time" inappropriately.

## "How they say and do it"

A pharmaceutical representative's primary aim is to sell his or her product and not to supply independent, unbiased information. Furthermore, the "evidence" used to support the marketing message may be of dubious relevance and validity, and is often accompanied by various emotional appeals and logical fallacies.<sup>6</sup> Indeed, one study analysing the accuracy of information from representatives found that one in 10 statements — all of which favoured their product — were at odds with the company's own literature.<sup>7</sup>

Using the STEPS acronym (safety, tolerability, efficacy, price and simplicity) described previously<sup>1</sup> can help focus the pharmacist on those aspects of a medicine that are essential when assessing its potential value to patients. However, communication techniques used by the representative when delivering information are probably equally important in deter-

mining how the new medicine under scrutiny is perceived.

**The appeal to authority** A common technique used by representatives is the “appeal to authority”.<sup>8</sup> The representative will name an eminent doctor or professor based at a nearby teaching hospital or centre of excellence and say that he or she is a major advocate and user of the medicine being detailed. This appeal is intended to make pharmacists feel vulnerable that they, too, should be recommending this medicine.

Occasionally, a representative may use the name of an eminent doctor who is unknown to the audience. The intention is again to make pharmacists feel vulnerable, but this time not only because they should possibly be using more of the medicine, but also because they have not even heard of the eminent person purporting to advocate its use.

The flaw with the appeal to authority is that the reason the authority is using the drug is not made clear. The eminent doctor, for example, may only treat the most problematic clinical cases or patients who have failed to respond to standard therapy, and that doctor, in fact, might also agree that widespread use of the medicine being promoted would be inappropriate. An example might be a consultant psychiatrist who uses significant amounts of venlafaxine for resistant depression, where widespread use of venlafaxine as a first-line therapy for depression would be inadvisable.

Many companies use the services of key “opinion leaders” who are paid to speak or write on behalf of the company. With some individuals the “independence” of this information can often be called into question, although others may naively become involved in a game being played out by a pharmaceutical company to promote its product. Many, however, are simply happy to take the financial reward and remain unaware of how they are actively influencing prescribing patterns either locally or nationally.

**The bandwagon effect** Related to the appeal to authority is the “bandwagon effect”.<sup>8</sup> A representative might state that his drug is the most widely prescribed drug in a particular hospital and use this fact as a suggested reason for increasing prescribing of that drug at another hospital. Again, the flaw with this appeal is that the pharmacist does not know the reason why the medicine is the most used. Despite this, the uncertainty creates a conflict that often results in enhanced use of the medicine through individuals “following the herd” and subsequently recommending the drug.

Representatives seek to be trusted so that the information they provide is considered credible. They may deliberately use subtle words such as “we” or “our” during their detailing, eg, “when we see our patients . . .” or “we treat our patients using . . .”. The suggestion here is that they (the representative and his company) are working directly alongside

## Current awareness bulletins available via e-mail

- **Current Awareness Bulletin (eCAB)**, available from [www.npc.co.uk/ecab/ecab.htm](http://www.npc.co.uk/ecab/ecab.htm)
- **National electronic Library for Medicines**, available from [www.nelm.nhs.uk](http://www.nelm.nhs.uk)
- **UKMi Central**, available from [www.ukmicentral.nhs.uk/headline/database/findnews.asp](http://www.ukmicentral.nhs.uk/headline/database/findnews.asp)
- **Daily InfoPOEMs**, available from [www.infopoems.com](http://www.infopoems.com)

us in patient care — a suggestion that is clearly not the case.

**The appeal to pity** The representative may make an “appeal to pity”<sup>8</sup> for the target patients or sometimes for themselves, eg, “what else can we offer these poor old patients with dementia . . .” or “I’m having a terrible week, I’m soaking wet, I couldn’t park the car and I’m now going down with flu, please can you give this new drug for angina a try . . .”. In both cases, the aim is to appeal to the audience’s emotions rather than their critical and rational minds, again with the intention of increasing usage of the medicine.

**The red herring appeal** The “red herring”<sup>8</sup> occurs when pharmacists are told an apparently interesting but often irrelevant fact about the medicine, with the suggestion that this confers a theoretical benefit to the patient. This might be a structural uniqueness of the drug molecule or drug selectivity for a specific receptor sub-type or increased potency. Although these characteristics might be of academic interest, they should not distract the pharmacist from a critical evaluation of whether the drug actually produces the claimed effects in the real world, ie, evidence from clinical trial data showing patient-oriented outcomes that produce tangible and clinically meaningful benefits to the patient being treated.

**The appeal to curiosity** The “appeal to curiosity”<sup>8</sup> is similar to the red herring and again involves highlighting a non-clinical unique feature of the medicine. The presentation may use complicated graphics or incorporate a practical demonstration using various gadgets. Once more, the aim is to distract the audience from the primary question of importance when assessing the value of a medicine, that is, does the medicine have proven benefits in the real world that actually make patients have a better quality of life or live longer?

**The testimonial** A powerful technique commonly used by representatives is the testimonial.<sup>8</sup> The representative presents the results of one or more clinical trials, possibly incorporating data on many hundreds of patients, and showing clinical benefit of the drug. The representative will then add a com-

ment like: “I didn’t believe it myself until my father took it. He was crippled with his arthritis and could barely walk, but now he can do the shopping and take the dog for a walk.” Once more, the representative is appealing to pharmacists’ emotions in order for them to make their decisions. The acknowledgement that they are right to be cynical about trial data shows an understanding of their way of thinking but, cleverly, this is supplemented by information that creates an emotional response, the subliminal message being “if he would recommend it for his nearest and dearest, then it must be OK for our patients, too”.

It is interesting to note that pharmacists can usefully employ the testimonial themselves when counselling patients. For example, a patient taking multiple medicines for various chronic conditions may ask the value of using a herbal remedy. In reply, the pharmacist might outline the available evidence but supplement the message by saying, “well, if it were my mother, I wouldn’t be recommending she take it”. In this situation, the patient may be cynical about the pharmacist’s appraisal of the evidence on the herbal product (“he would say that, wouldn’t he?”) but may be more receptive to the emotional appeal regarding the recommendation for his own mother not to use it.

## Why do they do it?

In 2002-03, the NHS spent £7.5bn on drugs in England of which 80 per cent was spent on branded medicines.<sup>9</sup> Promoting these medicines in the UK are approximately 8,000 drug company representatives. Many doctors state that they rely on representatives for information, especially in relation to new drugs,<sup>10</sup> and this is one of the reasons why the industry places such importance on their role in providing information, as this privileged position can mean they are hugely influential in subsequent prescribing decisions.

Furthermore, there is a generally held but naive view that advertisements and marketing immediately make you rush out and buy something and one demonstrates immunity simply by not acting immediately. However, the absence of a knee-jerk response does not prove immunity from advertising’s influence. Selling is subtle: all the representative might expect is that, all things being equal, any subsequent decision may hopefully benefit his product.<sup>11</sup>

## So what can be done?

Using the STEPS acronym can help pharmacists focus on the important clinical issues when assessing the value of a medicine to a patient,<sup>1</sup> and this philosophy should be combined with an awareness of commonly used verbal communication selling techniques, as together they can assist with spotting logical flaws or invalid claims made in promotional talks from the pharmaceutical industry.<sup>6</sup> Ultimately, however, any encounter with a pharmaceutical representative requires a degree of healthy scepticism.<sup>6</sup>

In their defence, pharmaceutical companies might suggest that their representatives alert pharmacists to new information faster than other sources. In addition to often having questionable relevance and validity, the argument about alerting clinicians faster to new information is also largely irrelevant nowadays because there are numerous clinical awareness systems available to deliver high quality appraised and unbiased information via e-mail on a daily basis for those wishing to remain up to date (see Panel).

The pharmacy department at Morriston Hospital, for example, has taken a proactive approach to lunchtime meetings with pharmaceutical representatives and directs them to present data in a specific format to meet our own requirements.

Representatives making an appointment for a "pharmaceutical industry meeting" — not, note, a drug lunch — are provided with a standard letter in which they are requested to present information regarding their medicine using the STEPS format. (The term "drug lunch" was dropped because it was thought to convey the wrong message, with the emphasis on food rather than the medicine being discussed.)

Presentations are no longer than 30 minutes after which the representative is asked to leave the meeting. A senior pharmacist then leads a group discussion using a crib sheet (available on request from the authors) on the perceived value of the medicine, using the STEPS criteria to guide group debate, while any verbal communication techniques used in the presentation are also highlighted and discussed.

This format serves to emphasise to pharmacists the various factors that influence formulary selection and drug choice by doctors, while also ensuring all pharmacists leave the meeting with a clear and consistent bottom line assessment of the real value of the medicine to patients and its true place in therapy.

In practice, we have found this format to be enjoyable and an excellent forum for continuing education. Supplemented by an introductory PowerPoint presentation outlining the basic principles described above, the meetings allow pharmacists to apply practical critical appraisal skills in the real world, while also increasing awareness and understanding of some of the more subtle techniques commonly used in the selling process.

A *Drug and Therapeutics Bulletin* article, "New drugs from old",<sup>10</sup> recently commented that most new drugs are "me-too" drugs or minor variations of established products sufficient to secure a new patent. Furthermore, many industry-sponsored clinical trials are designed to find small advantages that can be highlighted in promotional material<sup>12</sup> when the clinical significance of such benefit may be questionable.<sup>1</sup>

We believe that the most doctors and pharmacists have neither the time nor the necessary skills routinely to undertake detailed critical appraisal of promotional material from the industry, and few will ever have received

training on the associated marketing techniques used by representatives. So a working knowledge of quick and easily applicable critical appraisal skills that permit rapid and objective assessment of promotional information is essential to ensure evidence-based and cost-effective use of finite NHS resources.

Locally, there is an increased awareness of this format for appraising industry-sponsored information through inclusion in the junior doctor teaching programme and the non-medical prescribers' course. It is also being presented at consultant ward rounds and at meetings with local GPs and practice nurses.

Working with the pharmaceutical industry can undoubtedly be beneficial. However, an objective method of appraising "what they say" and "how they say it" will provide health care professionals with more independence in their objective assessment of promotional information.

**DECLARATION OF INTEREST** Scott Pegler works as a consultant for John Wiley & Sons, UK, regarding InfoPOEMs

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#### Resources

- Information mastery: feeling good about knowing everything. Available at: [www.npc.co.uk/information\\_mastery.htm](http://www.npc.co.uk/information_mastery.htm)
- Using evidence to guide practice. MeReC Briefing 2005;30(Sep):1-8. Available at: [www.npc.co.uk/MeReC\\_Briefings/2004/briefing\\_no\\_30.pdf](http://www.npc.co.uk/MeReC_Briefings/2004/briefing_no_30.pdf)
- Using evidence to guide practice — supplement. MeReC Briefing 2005;30(Sep)(Suppl):1-7. Available at: [www.npc.co.uk/MeReC\\_Briefings/2004/briefing\\_no\\_30\\_supplement.pdf](http://www.npc.co.uk/MeReC_Briefings/2004/briefing_no_30_supplement.pdf)
- No Free Lunch. Available at: [www.nofreelunch.org](http://www.nofreelunch.org) and at [www.nofreelunch-uk.org](http://www.nofreelunch-uk.org)
- Pharmed Out. Available at [www.pharmedout.org](http://www.pharmedout.org)

## Replica jars available for purchase from Museum

Hand-finished replicas of seven ceramic jars from the collections of the Museum of the Royal Pharmaceutical Society are available for purchase from the Society:

- Leech jars — copies of a fine example of a 19th century glazed earthenware show jar for leeches, 15cm high with a circumference of 15.5cm, £50
- Drug storage jars — replicas of a pot used for storing candied orange peel, bearing the inscription "C: CORT: AUR", which is an abbreviation of the Latin "Conditus Cortex Aurantium", 16cm high, £56
- Syrup jars — copies of a jar bearing the inscription "S ROSAR. CU AG", an abbreviation of the Latin "Syrupus Rosaceus Solutivus cum Agarico" (soluteive syrup of rose with agaric), 18cm high, £86
- Pill jars — replicas of a multicoloured jar bearing the date 1723 and the inscription "P COCH MAJ", an abbreviation of the Latin for cochia major pills, 8.5cm high, £25.
- Viper lozenge jars — copies of a late 17th century jar inscribed "T DE VIPER", an abbreviation of the Latin for viper lozenges, coral lozenges and extract of Peruvian bark, decorated in blue with Apollo and two peacocks, 8.5cm high, £25.
- Coral lozenge jars — replicas of a jar inscribed "T DE CARABE", an abbreviation of the Latin for coral lozenges, dated 1674 and with a design in blue showing an angel with outstretched wings, 8.5cm high, £25.
- Extract jars — copies of an 18th century jar inscribed "EXT CORT PERU", an abbreviation of the Latin for extract of Peruvian bark (cinchona) and decorated in blue with songbirds, 8.5cm high, £25.

The jars are available by mail order direct from the museum. Full details and an order form can be downloaded from the museum section of the Society's website ([www.rpsgb.org/informationresources](http://www.rpsgb.org/informationresources)), which also has photographs of the jars. Alternatively, orders can be placed by contacting the museum (tel 020 7572 2210; e-mail [museum@rpsgb.org](mailto:museum@rpsgb.org)).

The mail order postal charge within the UK is £22, which covers up to five leech or drug jars or two syrup jars. Postage charges for Europe and the rest of the world are given on the order form or are available by contacting the museum.

The jars and other merchandise, including cards and books, can also be bought in person from the Library at the Society's headquarters during normal working hours.