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BMJ Masterclasses

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PICTURE OF THE WEEK

These yellow men and women have been appearing in south and east London, provided by local NHS clinical commissioning groups, to remind people not to attend accident and emergency departments for anything other than serious emergencies.

RESPONSE OF THE WEEK

My surgery is located in an affluent suburb of Birmingham. Superficially alcohol does not appear to be a problem. In our area we do not experience fights, drunken individuals in the street, or obvious crime or family problems as a result of alcohol. However, my public health colleagues inform me that my patients drink excessively at home. Initially I found this hard to believe until we started checking liver function tests with the widespread introduction of statins several years ago—and discovered a large number of patients with elevated GGT levels. On further exploration, many were drinking up to a bottle of wine a night. This is used to treat anxiety symptoms arising from stress at work and from high expectations in personal lives. The drinking is often hidden.

Andrew Martyn Thornett, general medical practitioner, and Rhys Thornett, Streetly, UK, in response to “Under the influence” (*BMJ* 2014;348:f7646)

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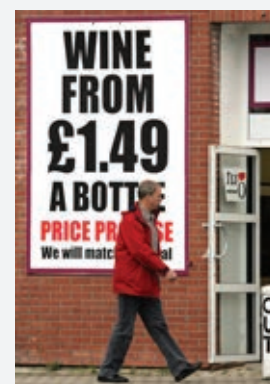
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 Were James Bond's drinks shaken because of alcohol induced tremor?
 Being right or being happy: pilot study
 Under the influence
 Like a virgin (mother): analysis of data from a longitudinal, US population representative sample survey

BMJ.COM POLL

Last week's poll asked: “Would minimum unit pricing for alcohol save lives?”

55% voted no
 (total 1350 votes cast)

▶ *BMJ* 2014;348:f7646



This week's poll asks:

“Should medical journals stop publishing research funded by the drug industry?”

▶ *BMJ* 2014;348:g171

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EDITOR'S CHOICE

Patients should know who pays doctors

Patients need to be able to ask whether tests and treatments are being ordered in their own best interests or to benefit their doctor

How much should your patients and colleagues know about who is paying you and why? Pretty much everything, argue two articles published this week. In an open letter to the UK General Medical Council, Margaret McCartney and colleagues say that patients should be able easily to find out what drug companies and others are paying their doctors (p 24). Currently no formal mechanism exists for doing this, despite evidence that such payments influence clinical decisions.

Leana Wen agrees (p 26). As a US physician she has become increasingly troubled by conflicts of interest that are apparent to doctors but hidden from patients. She sees full transparency as part of “a renewed professionalism.” This should extend beyond payments from industry, she says; doctors should also make clear to patients how they are reimbursed. Payment structures incentivise doctors to order tests or provide specific treatments. Patients need to be able to ask whether tests and treatments are being ordered in their own best interests or to benefit their doctor, she says.

Sums paid to individual doctors can be substantial. In high profile US cases uncovered by Senator Chuck Grassley, undeclared payments amounted to several million dollars (*BMJ* 2009;339:b3139). In the UK the stakes are lower, but a senior academic physician at Oxford, John Bell, is recorded to have been paid around £260 000 in 2011 by Roche (*BMJ* 2012;345:e8351). This was found only after digging in the company’s accounts.

For most doctors the sums will be much smaller, and many will be receiving money only from their employer. But payments to key opinion leaders for speaking or writing on a company’s behalf, and benefits in kind such as industry funded education, are widespread.

Attitudes do seem to be changing. When GSK recently announced it will stop paying doctors to market its drugs (*BMJ* 2014;347:f7579), the president of the Royal College of Physicians welcomed the move (<http://bit.ly/1aBGLDm>). But why did we ever think it was right for doctors to be involved in marketing drugs? If the college did think doctors should not accept payments for this kind of activity, why has it not done more to change the situation? Why not ask members and fellows to minimise such conflicts and require that they declare them?

The authors of both *BMJ* articles have set up websites where doctors can declare sources of income: whosmydoctor.com and whopaysthisdoctor.org. But such voluntary declaration is just the first step to restoring trust in the profession. Wen says declaration should be mandatory as part of informed consent. McCartney and colleagues ask the GMC to consider maintaining annually updated declarations of interest alongside details of qualifications and registration.

Not everyone will welcome such moves. Wen reports extreme hostility to her initiative from some doctors, and McCartney and colleagues acknowledge that being required to declare sources of income will concern some. But declarations of interest are now standard practice for publication in journals. The same should be true for our dealings with patients.

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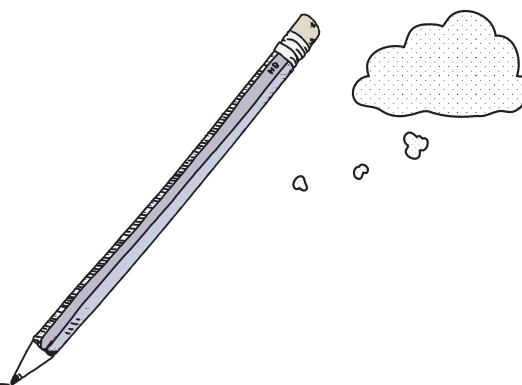
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