

LETTER FROM BANGALORE

Changing attitudes to drug company sponsorship?

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This journal, the society and its members have always been perceived to be anti-drug company. Certainly, we have published an entire issue on the pharmaceutical industry. One of us has been instrumental in abolishing drug company sponsorship for conferences held in his institution, another has done a study on pharmaceutical promotional practices. I, with others, have complained in *The Lancet* about the third world being treated differentially by companies. It is therefore time to admit that I recently attended a one and half day conference – organised entirely by a drug company.

The venue was a hill-station and about a hundred delegates were invited, along with spouses, and put up in a decent hotel. The expenses were borne by the company of course. However, it was a pleasant surprise to see that the course director, as well as the speakers were eminent and decidedly ethical physicians. The selection of topics for the 'Continuing Medical Education' was left to the course director and were unrelated, for the large part, to company products. He mentioned at the very beginning that he had been given a free hand in this. Indeed, the fact that my own talk, entitled 'Test the test', was on the subject of laboratory error should suffice as an example. Attendance was complete and to our delight, there were excellent discussions after the respective talks. Clearly, the audience learnt more here than they would have in a national conference. The drug promotion was limited to a few stills between speakers and to some samples in the inevitable conference bag.

I must admit that there are some grey areas (why were spouses invited?) but for all that, certainly, this group has educated many physicians while subtly promoting themselves. I was unaware, when initially invited, that it was a drug company CME. But would I do so in future, at least with this group? I think so. The purpose of education was served, more so of topics which would otherwise not have been included in a CME. I await flak from readers.

Disposal of organs

India has not had an Alder Hey. However, recently, the front page of some Bangalore newspapers carried an article about human

organs, including limbs, being found in a rubbish dump. Alarms about possible murder were raised before some letterheads of a hospital were found in the vicinity. This led to an investigation, which revealed that these were surgically removed organs. The hospital had outsourced the disposal of the organs to a contractor for a fee (all of which is legal). Some of the workers appeared to have decided that incineration was a waste of time and took an easier way out. After much negative publicity and embarrassment, the matter has been cleared. This part has yet to appear in the newspapers, though.

The changing face of medicine

The Lancet had carried an editorial about two years ago about the word 'client' rather than 'patient' in medicine. It had argued that 'patient' was still the appropriate word. However, my own laboratory has adopted the word 'customer', rather than patient in a mission statement. The reason, we are told, is that we as physicians do not always deal with patients. The person referring a patient sample to me in my role as a pathologist may be a physician seeking a second opinion, or an employer doing a drug-of-addiction test. A colleague from another hospital in a different city points out that in the age of annual executive health checks and such other things, many of the people being subjected to tests are normal, healthy people and not patients anyway.

The Dhananjay Chakravorty hanging took up much media space some months ago. Most people in India, it appears, are in favour of the death penalty. I must confess that 20 years ago, I too believed that it was an appropriate and just punishment. I am not sure exactly when and where I changed my mind. The Forum for Medical Ethics believes that we, as physicians, should convince society that this act is barbaric act. However, I find from informal discussions with doctor colleagues that many, perhaps most, are in favour of it. My explanation that there are enough instances in history where 'foolproof' evidence was eventually found to be flawed is met with "This problem can be solved by the use of DNA diagnostics." FME and the human rights activists have a long way to go.