

Attending a national medical conference last year, after a long gap, I was taken aback by the magnitude of the pharmaceutical industry's presence in the conference's every small activity and event. Industry advertising seems to have scaled new heights.

An Indian pharmaceutical company based in the city where this speciality organisation's conference was held apparently spent a crore of rupees on the programme. Selected doctors and their families were flown in from all over the country and put 'up in five-star hotels. The entire city was plastered with the company's banners, as if the conference was a political event. On opening day, hundreds of the company's staff members lined up to welcome the delegates, waving flags carrying the company's logo. For the duration of the conference they entertained the delegates' families, accompanied them on sight-seeing tours, and generally fawned over them.

Everything was sponsored by the pharmaceutical company: the audiovisuals, the meals, the lavish entertainment, the sight-seeing, and so on. The company's product names were everywhere: on T-shirts worn by the conference's volunteers; on balloons distributed to the children, even on the biscuits served with the afternoon tea.

Many delegates spent all their time at a 'fun-fair' tent where products were promoted through competitions, and stalls distributed various freebies. Needless to say, the conference halls were half empty. The early morning sessions were also deserted, probably because delegates were recovering from the previous night's cocktails. The medical organisation's general body meeting had a pathetically low attendance.

This scenario may not surprise those who have attended medical conferences recently. With slight variations, most medical conferences seem to be conducted in this fashion today. One occasionally hears people complain, but many medical professionals accept the trend as just another sign of the increasing role of market values in medical

practice, and many find nothing wrong in it at all.

Are there specific ethical and scientific objections to such practices? And if so, how should an ethics movement respond?

First, one can legitimately object to the dominant role of the pharmaceutical industry in medical conferences today. The relationship between the industry and our profession goes beyond what may be regarded as legitimate support for research and educational activities.

The issue has been addressed this journal earlier (1,2). Critics of the pharmaceutical industry-medical profession nexus point out that the industry passes on the costs of such spending to the consumer(2), thus hurting patients. It has also been suggested that the nexus amounts to plain corruption. After all, what is the difference between a drug company sponsoring a doctor's trip to a meeting in the hope that its products will be prescribed (or equipment bought) and a business house paying for a politician's election campaign in the hope of getting licences and other favors?

The other question is whether such meetings contribute to medical education and the exchange of scientific knowledge. If medical conferences were meant to disseminate advances in the field, and provide an opportunity for in-depth discussions, five-star conferences are not conducive to such exchanges. This is especially true for younger medical professionals: if they are not put off by the politicking of the medical elite, they are overawed by the glitter.

Such conferences also attract people whose primary interest is not necessarily academic. Many of my younger colleagues tell me they learn more from small meetings in their institutions.

We must go beyond criticism to create alternatives: those in the ethics movement may need to involve themselves more in the speciality organisations of their respective fields. They could start by lobbying to divert resources for more fruitful activities, such as setting up guidelines for standards of care, constituting working parties for studying disease patterns, and conducting multicentre trials.

It may also eventually be possible to organise medical

meetings which emphasise academics rather than hospitality. These will attract interested doctors albeit in smaller numbers. If held within an academic institution, delegate fees could even cover all expenses. (Colleagues involved with organising conferences tell me that organisers often make a tidy profit.) Costs could also be reduced by choosing speaking faculty for their work rather than political clout. It should then be possible to decrease the profession's dependence on the pharmaceutical industry, and the price extracted for such dependence.

In the 1970s and the '80s many idealistic doctors set up medical projects, especially in rural areas, to promote alternative models of medical practice. This movement commands respect from the mainstream medical profession, and attracts many young doctors. Those of us working within the confines of specialised, city-based curative medicine have similar scope to create alternative models within the field of medicine, medical education and health care. Promoting a better medical conference could be one such activity.

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References:

1. Mamdani MB, Mamdani B. Commercial support for continuing medical education. *issues in Medical Ethics*. 1997;5:43-5.
2. Magotra R. Sponsorships for medical specialists. *Issues in Medical Ethics*. 1997;5: 122-5.

Sponsored medical education?