

Staying Alive

Who are Those People in My Doctor's Waiting Room?

The Costs of Pharmaceuticals, Part II

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Contributing Columnist

You can spot them from afar. Most are young, almost all attractive, some remarkably so. Perfectly coiffed, the men stride forward confidently dressed in dark suits, the women in suits, tasteful dresses and high heels. As they sit, often demurely but at times with seemingly delighted animation, they project a perkiness and healthiness alarmingly out of character with the sad, tired, sick people stuffed into the armchairs near to them. Though they lack an appointment, they often address the doctor as soon as she or he appears at the waiting room door. They quickly take out laptop computers which they hold in their arms like armorial crests, brandishing electronic pens as they smile and walk inside, leaving you wondering how many extra minutes you will now wait for your already delayed appointment. When they leave, their smiles are redoubled, as they happily thank the office staff for their time of access.

Who are these people? They are soldiers in the army of Big Pharma. They are the drug reps, and they are costing you a packet.

Conservative estimates are that Big Pharma spends \$25,000 a year per physician in directly marketing doctors. Some of this pays for education programs where medical leaders explain the ins and outs

of new treatments. However, a much larger part of the physician "educational" budget pays for items like lunches for doctor's staff, trips to golf spas for physician "seminars," and the ubiquitous drug rep hanging out in the waiting room carrying "scientific articles" and "free" samples of medications while hoping for a few seconds of face time.

It was not always this way. In the old days, most drug reps were pharmacists. They were knowledgeable salesmen who knew what they were talking about and would point out the pros and cons of the pills they were selling. In time nurses were added to the mix.

Yet as the number of drugs increased, so did competition. Marketing mavens took over Big Pharma, abetted by CFOs addicted to the bottom line. Drug reps now went to boot camp like classes where they were drilled in explaining why their drugs were better than the opposition's. Thanks to payments to pharmacists, they walked into offices knowing just how much of their drug the targeted physician was prescribing, information physicians themselves don't know. If the



drug reps did not increase sales in their territory, they were out.

As any marketing professor can tell you, sex sells. Now, not just pharmacists and nurses became drug reps, but anyone attractive enough. According to the New York Times, the first group Big Pharma looks to for its drug rep sales force is college cheerleaders.

Plenty of former cheerleaders have gone on to stellar careers as marketers and CEOs. President George W. Bush was cheerleader of the Yale baseball team. However, many cheerleader-cum-drug representatives did not graduate from pharmacy, nursing, or medically related programs. Their week or two spent in distant hotels learning about their products generally does not include a full understanding of human physiology and pharmacology.

The result is a system that serves best caterers, Chinese tchotchke manufacturers, and the profit expectations of Big Pharma. Drug reps often hand over journal articles, which show their drug is better than the competition. When in the past I tried to point out that these articles are usually epidemiologic case studies of how not to perform a clinical trial, filled with volunteer bias, inadequate doses, preposterously short periods of study, and biased measures of success, I was told how very interesting that was, and I should contact higher ups in the company to explain further. The reps were too low on the totem pole to do much else.

Huge increases in the cost of drugs have not improved the situation. Payoffs to medical groups to take a "preferred" medication are hard to track, but if word of mouth means anything, have become

far more common. Though some doctors are allowed to say exactly what they think, other physicians are paid to give speeches to colleagues with PowerPoint presentations prepared by the companies. For many doctors, these speeches represent a welcome part of their income. Company handlers are always in attendance at these speeches.

Who's paying for all this? You are. With 70-90% of Big Pharma profits coming from the U.S., marketing has become an ever-bigger part of drug company "R&D." Drug reps, often very unhappily, have been reduced from well-educated salesmen to shills, hawking pizzas and pens. Museums have been formed of drug company paraphernalia (Confession — I particularly prize my Viagra reading light.)

What can be done to change this? Lots of things. Have Medicare negotiate drug prices directly. Make the NIH perform frequent clinical trials, to determine which drugs actually work best. Develop national formularies and practice guidelines. Provide incentives for Big Pharma to develop new, effective, innovative medications — not new marketing mantras. Recognize that soaring drug costs for Me-Too copycat medications are inversely related to improving the public health.

But don't expect drug marketing to change too quickly. Even if drug reps were more tightly regulated, there is still the public. Banned in other countries, television and radio drug ads have grown lushly in America. The "education" they provide to the public is generally very partial. To find out more, the company ads tell you to "ask your doctor."

Unless they're watching a lot of television, some will have to ask the drug reps.

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