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**“ASK YOUR DOCTOR ABOUT...” GIFTING AND DETAILING: HOW  
THE PHARMACEUTICAL INDUSTRY HAS INCREASED THE SIDE  
EFFECTS WHILE JEOPARDIZING PATIENT CARE**

A Thesis in

Media Studies

by

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## ABSTRACT

If health communication research is meant to improve the alliances between physicians and their patients, and also to strengthen public health practices, then one would assume that the patient must be perceived as a primary construct in the equation. The pharmaceutical industry is arguably an area that may not have the best interests of patients in mind, and is in need of research due to its ubiquity in society. The practices of the pharmaceutical industry were analyzed in this thesis, while providing concrete examples of the ways that commercial imperatives are overshadowing the importance of patient care.

The research questions addressed in this thesis are: In what ways does the pharmaceutical industry influence patient outcomes? In what ways do pharmaceutical sales representatives influence physician behaviors? Do the processes of gifting and detailing increase sales, and if so, to what consequence? A political economy analysis was the method used to reach conclusions for this research.

This thesis found that, while various determinants have impact, the real force behind the drug industry is the operations of sales representatives. These individuals are trained to study and befriend physicians in order to serve their company's bottom line. Literature provided in this thesis shows that pharmaceutical training, along with incentives provided to doctors, significantly increases prescribing habits. Physician prescribing behaviors increase with the association of gifting and detailing, and these practices significantly influence the sale of prescription drugs.

Limitations to this study included not having accessibility to pharmaceutical sales representatives for interviews and not providing data regarding the insurance sector.

Future research should focus on an observatory view of the health care setting in order to understand patient perceptions of care.

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## **Introduction**

Health care research is necessary for understanding the social construction of our current medical ideology. Its results provide more information on the benefits and consequences that come along with the practice of medicine. Patients are too often left out of the equation, because quantifying the stories, beliefs, and feelings of individuals is difficult. In a society where generalizability is key in order to advance medicine, many believe that time is the most critical factor. Taking the time to listen to, and understand, a patient's perspective is important, but too often falls to the wayside in an effort to keep medical treatment options advancing.

An area that requires consideration is the pharmaceutical industry's presence in the socially, and politically, constructed sphere of health care in the United States. Available data has provided a strong foundation for this area of research, most notably in providing the numbers to suggest that prescription manufacturers have a bottom line – to make money. Important policies have shifted over time to offer a skewed representation that health care marketing techniques are put in place to benefit patients, but a deeper analysis of these adjustments sheds light on the negative implications that can be seen as a result.

This thesis will consider: how the prescription drug industry influences patient care, how pharmaceutical sales representatives influence physician behavior, and whether practices of gifting and detailing increase sales. The conclusions will be reached through the use of a political economy analysis. Research provided in this analysis shows that pharmaceutical companies have a pro-business agenda, with market-driven motives

emphasizing private enterprise to favor economic objectives. This often times results in drug manufacturers exchanging high quality care for greater profit. In order to find whether the drug market is compromising patient care, it is necessary to take a closer look at the networks that structure this industry. One would believe that, due to their prevalence, drug advertisements have the strongest impact on prescribing behaviors; yet, further analyses show that a pharmaceutical sales representative is the most influential factor in this sector.

My research approach included reviewing published literature in order to link important concepts together, while simultaneously filling in the gaps present in current findings. This middle-range theory aided me in forming more hypotheses and important social questions. The method used was a political economy analysis, where general concepts concerning macro theory were linked with the economic side of a business (Green & Thorogood, 2009).<sup>1</sup> Specifically, each chapter features empirical data that frames the interconnected relationships present in the prescription drug industry. By illustrating the broader behaviors present in association with physicians and pharmaceutical sales representatives, concerns for future studies related to patient perception can be illuminated.

I conducted this research because I suspect that the quality of the relationship between a physician and patient is diminished in light of drug marketing practices. I believe that the pharmaceutical industry's sales efforts have a corrosive impact on patient care. The reason I decided to analyze this field deals largely with my own health care experiences. At the age of 16, I was on so many medications that I was unable to attend full days of high school. I began to see my quality of life diminish, and the side effects of

taking so many prescription drugs left me feeling worse than if I had not treated my Chiari Malformation at all. At the same time, I began to notice that well-dressed, friendly individuals with brief cases were often leaving my physician's office. Prior to researching these issues at the graduate level, as a 16-year-old girl, I was unaware of the pharmaceutical network that doctors were a part of. Once I learned more about this industry, I felt my physician was not the person I once thought they were. That lost feeling led me to this work, where I wanted to find out if patients are being considered the most important person throughout their treatment programs.

Each chapter in this thesis will reveal specific aspects of relationships between physicians and the pharmaceutical industry. The first chapter will outline the research questions and method, while addressing why it is that a political economy analysis is most useful in examining prominent relationships within the health care industry. The second chapter will describe the prevalence of medical advertising in the United States and its relationship with the Food and Drug Administration, including policy adjustments in 1997, that may have been put in place with a business mindset rather than solely emphasizing patient care. Chapter three will describe the role of pharmaceutical representatives in the health care setting and their practices of gifting and detailing in an effort to complement the use of political economy analysis in this research. Chapter four will address the network between a physician and a pharmaceutical sales representative and the ways in which the interactions embedded in the health care culture rely on network identity in order to increase prescription sales. Chapter five will describe the ways in which sales representatives categorize physicians in an effort to increase revenue, as well as outline how free samples have been incorporated into the process of patient

care as a distinct and powerful marketing tool. The conclusion will summarize all findings, and offer direction for future research that aims to understand the experiences of a patient.

## Chapter I.

### How Strategic Communications Research Frames the Pharmaceutical Industry as a Dominant Player in Health Care

A field of research that directly influences all individuals due to its importance and prevalence is that of health care. At some point, one will encounter a situation where they are in need of medical attention, whether it be for the self or for a loved one. Health care research aids in understanding the social construction of our current medical ideology because it sheds light on the benefits and consequences that come along with the practice of medicine. Examining health communication issues becomes an important piece in understanding patient perceptions of care. This chapter will outline research questions, describe the method used to answer these questions, and explain how a political economy analysis is necessary for understanding the networks associated with the pharmaceutical industry.

In any health care setting, the relationship between a physician and their patient is central to receiving the best care possible. By patients trusting their physicians, and maintaining an honest dialogue, physicians are best equipped to do their jobs. Physicians have numerous responsibilities, but patient advocacy is always the primary goal. Physicians read the Hippocratic oath upon receiving their licenses, and the foundation is based on the practice of ethical care. The classic English translation reads as follows:

*“I swear by Apollo the Physician and Asclepius and Hygieia and Panacea and all the gods, and goddesses, making them my witnesses, that I will fulfill according to my ability and judgment this oath and this covenant:*

*To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art—if they desire to learn it—without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken the oath according to medical law, but to no one else.*

*I will apply dietic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.*

*I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect. In purity and holiness I will guard my life and my art.*

*I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work.*

*Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.*

*What I may see or hear in the course of treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep myself holding such things shameful to be spoken about.*

*If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honoured with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot.” (Edelstein, 1987).<sup>2</sup>*

This means that physicians are expected to be truthful and faithful to their patients, and patients literally put their lives in the hands of these physicians. In order for the relationship to thrive, patients must believe that their physicians are practicing in their best interests. This means that the relationship is not only necessary, but also essential, in giving and receiving the best care possible.

### **Influence of the Prescription Drug Market & Research Questions**

Throughout the treatment plans of many individuals, prescription drugs are introduced. On the surface, it may seem as though pills are merely a factor in the process of patient care, but further analyses suggest that the prescription drug market acts as a third force that integrates itself into the physician-patient relationship. The pharmaceutical sales industry carefully enters into the private conversations and decisions between physicians and their patients, and does so in a way that is repetitive and forceful. Through the use of broadcast advertisements and sales representatives, the prescription drug sector permeates itself into the discourse of health care. Direct-to-consumer (DTC) advertising involves any commercials, promotions, or print materials shown to consumers in an effort to sell specific drugs, and common knowledge would lead one to believe that this tactic is most influential in the market. This thesis will show that this is an illusion - the real driving force is the presence of pharmaceutical sales representatives and the processes they are part of in relation to the practice of health care.

The goal of health communication is patient advocacy, but the problematic nature of the pharmaceutical industry leads one to question whether patients are being considered in the equation. Once prescription drugs are introduced into the interpersonal

relationship between a physician and their patient, it can be argued that individuals transform from being seen as a *patient* to a *consumer*, with the ability to acquire products and feed a bottom line. All too often, health care messages focus on how to prescribe or how to obtain, leaving out the aspect of patient advocacy. This thesis is about examining the strategies used by the pharmaceutical industry to influence health care, with each chapter revealing specific aspects of pharmaceutical sales. The research questions addressed in this thesis are: In what ways does the pharmaceutical industry influence patient outcomes? In what ways do pharmaceutical sales representatives influence physician behaviors? Do the processes of gifting and detailing increase sales? If so, what is at stake in this instance?

The prescription drug market is an extremely successful business. A traditional media studies approach to answering the above research questions would be concerned with the messages created to increase profit by this industry, but this thesis is about shedding light on the fact that sales representatives are the key players in health care today. This calls for a focus in strategic communications, with an emphasis on what factors structure the current physician-patient relationship. This research will reveal that patients are not being informed of the practices between their physicians and representatives. Critically analyzing the interactions involved matters because it shows that physicians may have a dual responsibility: to serve the needs of their patients, and to serve the needs of a business providing incentives. This jeopardizes the physician-patient relationship, and can lead to a decrease in the availability of quality health care. If gifts result in physicians prescribing certain drugs at higher rates, then their reasons for doing so no longer involve solely the patient. If a physician's first role is to do no harm, then

examining this sector becomes necessary in evaluating the effectiveness of a health care network. Maintaining an effective dialogue between a physician and a patient is about more than having a good rapport. Doing so also enhances mutual respect and trust, which have the ability to increase patient compliance with a recommended regimen.

### **Method**

Political economy analysis was the method used in attempting to answer the research questions. This method was necessary for this research because it served to bridge the gaps between the relationships that exist between the pharmaceutical industry, physicians, and patients. This research involved utilizing the library index at Penn State University. Journal publications, books, and magazines articles were included in the search, with the key words being: *pharmaceutical sales, prescription drugs, doctor-patient relationship, gifting, detailing, and FDA and prescription drugs*. 79 references were included in the final analysis. More recent resources were included to show the amount of money being spent by the pharmaceutical industry, but the facts cited range from the year 1990-2011. In instances where theory or common medical practice terms are referenced, older sources were considered permissible. Certain data available should be readdressed in order to compare any new findings to policy changes that took place in 1997. This issue will be revisited in chapter two.

Political economy is the process of studying the interconnected relationships between institutions, both political and economic, which can aide in explaining the ways in which policies affect the allocation of money, power, and discourse. In this case, the very nature of the pharmaceutical industry, and the economic interests present on behalf

of it, often dictate law and policy formation that directly impacts the health care options of individuals.

### **How Political Economy Analyzes the Interconnected Relationships**

Traditionally, the roots of political economy in the communications industry are found through scholars such as Harold Laswell and Edward Bernays, who developed strong theories surrounding the implications new technologies have on shaping social character. Laswell suggested that significant symbols seen throughout culture begin to take value, meaning that these symbols become engrained in society and are given elevated meaning once they are expressed through attitudes and beliefs (Laswell, 1927).<sup>3</sup> Political economy was also grounded in the “knowledge monopolies” concept, which was developed by economist Harold Innis in the 1940s. Innis argued that certain privileged groups have had a monopoly throughout history, granting them special access to knowledge and power over social structure (Innis, 1944).<sup>4</sup> The concepts presented by Laswell and Innis are generally Northern American versions of political economy, and for the purposes of this research, this perspective was most useful. In this respect, the symbols Laswell referred to could be identified as the common themes present throughout pharmaceutical advertising, or the presence of free samples in the offices of physicians. In these instances, these symbols are common in society, and patients become accustomed to their presence – seeing four commercials for various prescription drugs each hour becomes normal, and obtaining free samples of prescription drugs from a physician is a regular occurrence. The “knowledge monopolies” concept is also seen in this realm through the power and control that brand name drug manufacturers have over

the form of generic medications in our health care industry. Pharmaceutical companies have been successful in positioning themselves as key players in the health care sector, having a strong presence with lobbying efforts in Washington. This could suggest that business efforts and high profitability have gained them a position that comes with having more knowledge, influence, and power over public policy decisions being made.

In terms of an analytical approach to research of the pharmaceutical industry, political economy analysis allows researchers to view the industry from a macro social level and examine the ways in which its links with business motives allow this industry to have increased power over language, advertising, and economics across the health care domain. Using this method is necessary because institutional protocol of the pharmaceutical industry can be further examined by looking at it as series of interpretive interactions, including: the language of policy and practice, symbolic practices, and the profit-driven motives present through marketing tactics.

### **Viewing Business as a Culture**

In assessing the practices of the business that is the pharmaceutical industry, it is important to address the concept of culture. Every business has its own culture, which it expects its employees to adopt. In order for a business to be effective, all members of that specific culture must share a common worldview, whereby members all have aligned views and goals for the business. Ideally, the members of an industry will share the basic precepts about their organization, meaning that these principles become engrained in their minds. This leads to members of the business culture sharing a common objective, and performing in a way that causes them to do what is expected

without having to ask questions. The coherence of particular business cultures is largely responsible for successful companies, because a shared worldview creates a variety of unspoken assumptions and professional cohesion. This results in greater productivity and sales (Clancy, 1989).<sup>5</sup> This concept ties in directly with the pharmaceutical industry and its use of pharmaceutical sales representatives in the offices of physicians. Even though separate companies are working to promote individual prescription drugs, there is a shared assumption among the industry that the role includes practices of gifting and detailing. These employees understand how physicians need to be categorized, and use common practices in order to suggestively sell a new drug. This will be explained further in chapter three. They understand the field, and know how drugs must be presented in order to have them seem appealing to physicians and patients, even during challenging times. Johnson & Johnson have attributed their success following a fatal Tylenol incident in the 1990s to their specific corporate culture – each representative of the brand understood the “right” response for physicians and patients asking difficult questions, and each was able to deliver these answers almost instinctively while simultaneously defending the brand name (Clancy, 1989).<sup>6</sup>

### **Protecting the Business Culture**

Within the culture of each business lies a main goal: to make money. Scholars such as John Clancy have looked at how organizations strive to maintain that goal. Businesses have a stake in the value of their longevity. They view themselves as more than just financial entities, but also view their organizations as something valuable that needs to be immortalized in order to protect the foundation of the entity. Essentially,

money needs to be made, but the basic structure of the business must be protected in order to ensure that the institution itself can be perpetuated (Clancy, 1989).<sup>7</sup> To do so, businesses seek independence, and, ironically, seek independence from the very structures of the market (customers, suppliers, and shareholders). In doing so, outside members become placated, and this distance protects the profit sector. Control should be left to management, and often times, opinions of the customers are considered irrelevant when attempting to protect the foundation of a business (Clancy, 1989).<sup>8</sup> This knowledge offers many overlaps in terms of the pharmaceutical industry and its ability to keep its customers (physicians and patients) at bay. It can be suggested that the pharmaceutical industry is concerned with making money, and once a physician agrees to prescribe a certain drug in certain cases of patients, the involvement of the patient or physician with the industry ceases. Pharmaceutical representatives are not permitted to interact with patients in the offices of physicians, but these patients are not their number one customers. The pharmaceutical sales industry has been formed in order to accommodate the very notion to which Clancy outlines. By diminishing patient participation, the pharmaceutical industry is able to independently do what it does best: make money.

### **How Pharmaceutical Language Becomes Common Within Society**

Revealing the ways in which the pharmaceutical industry positions patients within a commercial agenda by the use of language is also useful. Specifically, the language behind pharmaceutical advertisements is not presented simply as fact, but rather, advertisements are framed to tell an intimate story of an individual who has benefitted from taking a certain drug. What this means is that patients may believe they

are getting all necessary information about a prescription drug, when in reality, an industry is strategically playing on emotion and vulnerability while taking a drug's information and repackaging it in a way that makes it seem more personal and appealing. It is at this point that the words used in the advertisement are no longer natural. This breakdown is called entextualization. Entextualization occurs when socially or culturally significant events (in this case, an ailment or disease within culture) are taken out of their original context by advertisers (Mautner, 1963).<sup>9</sup> These events are first decontextualized, and then recontextualized into a new scenario (a prescription drug commercial), where a new metadiscursive context is created. This means that the new accompaniment (putting a personal side to an ailment in a commercial through the use of a celebrity or paid actor) suggests that all aspects of the account are texts. If consumers would be asked to deconstruct these messages, and proactively examine which aspects of the pharmaceutical advertisement may be reality, they would find the rhetorical impact of the messages to be different from their initial interpretation (Mautner, 1963).<sup>10</sup>

Not only does the choice of language in pharmaceutical advertisements shape the ways in which consumers understand prescription drugs and their benefits/consequences, but the rhetoric also becomes engrained in social domains. Through the pervasiveness of these advertisements, and the normative approach to rhetoric used throughout them, the messages contributed become naturalized within society. These forms of advertisements become expected by consumers, and the expressions used in them blend into culture so easily that their true meanings are rarely contested (Mautner, 1963).<sup>11</sup> A political economy analysis would suggest that, from a business perspective, this integration is beneficial for profits in the sense that misleading

connotations often go unnoticed by patients. Additionally, this examination into word choice could also be useful in addressing the ways in which patients understand the practices behind the relationship involving sales representatives and, namely, their doctors. Rhetoric used in these instances, in concert with symbolic engagements, are the driving forces behind the pharmaceutical industry's marketing tactics to increase prescribing behaviors. The pharmaceutical industry is spending great amounts of money in this area by looking at the specific patterns of physicians in tandem with the tactics used by their representatives in order to maximize the effectiveness of this very interaction.

### **Marketing of the Pharmaceutical Industry**

Traditional marketing operates under the premise that consumerism is key, meaning a customer becomes contingent upon the consumption of a particular good or service. The case of the pharmaceutical industry, however, is unique in the respect that the industry cannot legally give their product to a consumer without first going through a physician. They become the gatekeeper in this process, because, without their signature, a prescription cannot be filled. This means that the pharmaceutical industry is indirectly responsible for selling, promoting, and suggesting their products not only to patients, but to physicians as well. Customerism becomes the goal. Customerism is a marketing term that refers to an industry making its organization, its forms, and its employees conditioned based on the needs of its customers (Skalen, Fougere, & Felleson, 2008).<sup>12</sup> In this case, this refers to the pharmaceutical industry using sales representatives to target physicians. By informing physicians about their company's products, the goal is to then

have physicians conditioned to prescribe a specific drug to patients. Essentially, customerism is a form of consumerism that delivers information in a way that responds to the developing practices, concepts, and technologies aimed to foster positive attitudes by attributing certain features to the main gatekeeper (Skalen, Fougere, & Felleson, 2008).<sup>13</sup> This means representatives are delivering sales information in a way that caters to the needs of physicians and their demanding roles. Representatives are often used as a source of new empirical data for physicians, and are also the main source of information sought when asking questions about a new drug available for patient use on the market.

Wroe Alderson provided a strong foundation for the principles of marketing theory in 1957. Under his theory, with the final goal being to make a sale, three concepts are crucial in order to ensure that the objective is reached: opportunity, effort, and management. “Opportunity” and “effort” are associated with “supply” and “demand” for a product, but in the case of the pharmaceutical sales industry, “management” becomes key. “Management,” in this sense, refers to a pharmaceutical sales representative having a skillful direction of effort, through extensive training, in relation to an understanding of patient needs (Alderson, 1957).<sup>14</sup> This means that sales representatives are trained to take a functionalist approach to explain to physicians why it is their patients would benefit from taking a specific drug. The goal is always to make a sale, meaning that physicians, to a certain degree, are manipulated to agree to prescribe a specific drug for specific instances.

Marketing theory has stood the test of time, and these marketing tactics are still being used today, across a wide variety of business industries. According to Alderson, “...management should not lose sight of the fact that the values achieved in

production rest to a large extent on marketing decisions and marketing effort.” (Alderson, 1957).<sup>15</sup> In this respect, pharmaceutical companies often participate in strategic communication that is suffused in the logics of providing physicians with pens, cups, samples, and various other gifts labeled with the name of their drug. This practice often associates itself with synergy, when pharmaceutical companies use multiple forms of marketing in an effort to more strongly promote their product. Gifting and detailing are both examples of synergy. Providing a physician with a free lunch, giving them monetary coverage for a golf tournament fee, or leaving free samples for patients to take home, promotes a specific drug much more than simply showing one advertisement on television. Looking at the broader conception of advertising allows researchers to see its pervasiveness. For this reason, qualitative research becomes necessary in order to determine the function these forms of advertisements serve for patients in these relationships.

### **Beginning to Address How an Industry Becomes Corrosive to Patient Care**

Scholar Benjamin Amick, has suggested that political economy is the main source of health care information for individuals. Understanding the networks behind the political economy of health care helps to explain patient understanding. If it can be shown that specific macro economic indicators and patterns of consumption are the main determinants in health patterns of the population, then public policies formed must also be considered main determinants in patterns of our nation’s health (Amick, 1995).<sup>16</sup> This suggests that in order to best understand the ways in which individuals are interpreting

their health care information, not only is it necessary to look at the economic factors involved behind the pharmaceutical industry, but it is equally necessary to examine the interconnected relationships present within the industry as they pertain to manifesting the industry's overarching logics.

In an effort to put the focus of research back on the patient and issues of public policy, research needs to first address the larger, holistic relationship of medicine in association with its key actors: pharmaceutical advertisers and representatives acting as an economic entity with economic imperatives, patients acting as consumers, and physicians acting as the gatekeepers.

By first addressing the pervasiveness of pharmaceutical advertising in the United States, and looking more closely at the industry responsible for regulating the information provided through these advertisements, research begins to suggest that political and economic ties are impacting our health care system. The interconnected relationships present are corrosive to patient care and these ties may be making it more difficult for patients to receive all of the relevant and truthful information necessary in order to make the most informed health care decisions with their physicians.

## Chapter II.

### Medical Advertising in the United States and the FDA: The Ties that Bind an Industry

Pharmaceutical advertisements have become engrained in American culture in a way that makes the names, images, and symbols of prescription drugs instantly recognizable to consumers. This chapter will consider the ubiquity of the pharmaceutical industry, and the large amount of profitability seen as a result of aggressive sales tactics.

Relaxations in policy have given pharmaceutical corporations more authority not only in advertising their products, but also in the area of clinical trials, where there has been a reduction in the length of time it takes for corporations to obtain drug approval. Quantitative research has looked at the decline in clinical trial length, but the aspect of qualitative research looking at the relationship between the FDA and the industry user fees paid by drug manufacturers is nonexistent. While brand name drug manufacturers claim they are guilty of nothing more than successful advertising tactics, the close ties between the FDA and these manufacturers cannot be ignored.

More drug industry lobbyists exist in Capitol Hill than lawmakers themselves. Beyond the potential conflicts of interest, patients may be suffering as a result of political economic motives. Once business mindsets begin to overshadow what is best for consumers, patients are taken out of the equation. Patients may not be fully aware of the outside business practices that exist, and the ways in which the pharmaceutical industry has positioned itself in Washington to have a voice in policies that directly impact the structure of health care. Upon looking more closely at the networks in place that regulate

this information, this chapter will delineate that the organization in charge of protecting the public's welfare may have profit-driven motives.

### **Ubiquity of Prescription Drug Advertising in the United States**

Vigorous forms of prescription advertising in the United States can be used to explain the fact that Americans consume more drugs than any other developed nation. Enough drugs are prescribed to equal 11 pills per American each year, and of the estimated \$466 billion spent on prescription advertising worldwide, nearly half (\$215 billion) of this amount is spent by the United States alone (Sagar & Socolar, 2003).<sup>17</sup> The United States and New Zealand are the only two countries in the world that legally permit the advertisement of prescription drugs (Frosch et. al., 2007).<sup>18</sup>

Numbers are able to paint a picture of an industry that has the ability to commodify and brand health problems at an increasing rate. In 1997, \$1 billion in the United States went toward DTC advertising, and by 2005, this number increased to \$4.2 billion per year (United States, 2006).<sup>19</sup> Top pharmaceutical companies spend more money every year (approximately \$160 million) on advertising than other well known consumer goods, including: Budweiser (\$146 million), Pepsi (\$125 million), and Nike (\$78 million) (United States, 2006).<sup>20</sup>

Marketing for medicinal purposes has been occurring since the late 1800s. However, the development of the modern prescription drug between 1938 and 1951 raised serious debate concerning medicine being used to make a profit rather than serving the best interests of the public (Tomes, 2010).<sup>21</sup> Historically, prescription advertisements were initially targeted toward physicians who had the ability to prescribe these

medications. As technology and treatment options evolved over time, patients began taking a more proactive approach in their healthcare and wanted more of a voice in their treatment. Seeing the potential to make more money by targeting a second audience, this shift prompted prescription advertisers to view patients as consumers. This profit-driven motive can be seen today through the 2003 finding that, for every \$1.00 spent on pharmaceutical advertising, pharmaceutical retail sales increase by \$4.20, with this amount increasing each year (“Impact of direct-to-consumer,” 2003).<sup>22</sup> Although the focus of this review is centered on broadcast advertisements, the ability of advertisements to generate revenue is a function of their ubiquity on television, the Internet, newspapers, radio, and magazines.

### **The Role of the FDA as a Regulatory Agency**

In the United States, the Food and Drug Administration (FDA) regulates DTC advertising. In 1954, the FDA had jurisdiction over all drug labeling and the Federal Trade Commission had jurisdiction over all drug advertising, until the two entered a working agreement to avoid any duplicate endeavors. Amendments to this agreement gave the FDA exclusive control of drug advertisements in 1971 through the implementation of the Federal Food, Drug and Cosmetic Act (FDCA) of 1938 (Palumbo & Mullins, 2002).<sup>23</sup> The FDA oversees this through the Division of Drug Marketing, Advertising and Communications (DDMAC) under the Center for Drug Evaluation and Research (CDER). The FDA’s responsibilities are to ensure the safety of the public regarding prescription drugs, advertisements for these drugs, and the ways in which pharmaceutical companies use their employees to sell their products. A more detailed

review of the relationships that exist within this industry suggests that the FDA may not be fulfilling its role as the public watchdog as best as it can.

Analyzing the practices of media content creators for pharmaceutical industries provides concrete examples of the ways in which advertisements are being produced with a double objective: not only to inform populations, but to make money as well.

Reviewing pivotal policy adjustments made in the 1990s reviews how pharmaceutical advertising is operationalized as a tool for gaining profit. A closer consideration of the specific amendments as they relate to statistical evidence underscores this point.

The FDA sums up its advertising provision in one paragraph, containing the requirement that advertisements include the drug's generic name and formula along with a brief summary describing the effectiveness of the drug and its risks. To comply with this, the FDA developed two regulations to impose these requirements, namely the brief summary and the fair balance doctrine. The brief summary requires that advertisements must provide a drug's side effects, warnings, indications for use, and its precautions. The fair balance doctrine provides that "the entire advertisement must present a balanced account of all clinically relevant information; the risks must be presented prominently and legibly so that the benefits are not unfairly emphasized" (Palumbo & Mullins, 2002, pp. 428-429).<sup>24</sup>

The FDA recognizes three types of DTC advertisements: "product claim advertisements," which name a drug and the condition it treats while evaluating both its benefits and risks, "reminder advertisements," which give a drug's name but not its uses and "help-seeking advertisements" which describe a disease or condition without suggesting specific drugs ("Keeping watch over," 2008).<sup>25</sup> Being that product claim

advertisements reveal the name of the drug and its indication, these advertisements are required to satisfy both the brief summary and fair balance doctrine requirements.

From the 1970s to the early 1990s, pharmaceutical companies communicated with consumers primarily through the use of non-branded public service announcements, meaning specific diseases and illnesses were addressed without saying that a prescription could provide a quick-fix (Chandra & Miller, 2010, pp. 33-34).<sup>26</sup> The motives behind a shift in the policy of prescription advertisement regulation are questionable when taking a closer look at the restrictions loosened surrounding DTC advertising in the mid-1990s.

### **Policy Adjustments in 1997 that Empowered the Pharmaceutical Industry**

A paramount shift occurred in August of 1997, when the FDA relaxed the restrictions cited above for broadcast advertisers, only requiring that they give their audience the “most important risk information,” as long as the commercial informs the viewer of resources where they can obtain further information on the drug and its uses, side effects and interaction risks (“Keeping watch over,” 2008).<sup>27</sup> This is the reason why DTC advertisements inform patients to “ask their doctor about drug X,” “visit this website for more information,” or “call this toll free number to speak with a representative.” The FDA claimed that these regulations were eased because of the limited amount of time broadcast advertisers had to give consumers a great deal of information. It could be suggested that the term most important risk information is too vague, meaning that the FDA could be, either advertently or inadvertently, involved in the manipulation of patient understanding. By pharmaceutical companies acting as gatekeepers, pro-business agendas may result in the most critical information not being

provided to patients in advertisements in order to ensure that a specific drug maintains its appeal.

From a political economic standpoint, it could be suggested that the FDA relaxed these restrictions in an effort to benefit the consumer, and it can be suggested that a secondary motive behind this relaxation stemmed from the profit-driven goals of pharmaceutical companies and their influence on the FDA. The relaxation in regulations in 1997 made it easier for pharmaceutical advertisers to broadcast their messages. Drug companies now only have to direct consumers to where they could find additional information on a drug by referring consumers to an Internet website or a telephone number (Sheehan, 2007).<sup>28</sup> Rather than going to these sources for more information, Sheehan's research shows that consumers now go directly to their physicians and request these medications without fully understanding the full benefits and risks. Not only does this impact patient safety in a significant and direct way, but it may also diminish the relationship between a physician and their patient in the sense that both parties are veering away from a cooperative effort and attempting to find individual treatment plans. This means that the patient's condition may no longer be viewed in a holistic sense, and may instead identify an individual based on a limited number of symptoms. Research conducted in the year 2000 has shown that viewing television commercials leads to more than one third of patients asking their health care providers about medications. When they then ask for these drugs by their brand name, they are more likely to receive the prescription three times out of four, meaning that commercials are highly influential. (Huaang & Phil, 2000).<sup>29</sup> DTC advertising spending increased by 28% from \$0.6 billion

in 1996 to \$2 billion in 2001, with this increase taking place after the policy adjustments took effect (“Prescription drug trends,” 2003).<sup>30</sup>

### **The Modernization Act**

Subsequently, policy changes in 1997 took place when President Bill Clinton signed the FDA’s Modernization Act. Under this policy, two amendments were made. First, the FDA permitted a reduction in the time it took to have new pharmaceutical drugs approved for marketing, meaning that clinical trials were shortened and less of an emphasis was being placed on patient safety (Kenneth & DiMassi, 2000).<sup>31</sup> Quantitative data shows that the percentage of new drugs approved in less than six months increased from 4% in 1992 to 28% in 1999 following the regulatory change (Kenneth & DiMassi, 2000).<sup>32</sup> It can be suggested that the strong business ties between the FDA and brand name drug manufacturers could be an influential source behind the decrease in clinical drug trial phase lengths. In an effort to increase revenue and push drugs into the market at a faster rate, clinical trials are being shortened, meaning that drugs that may not be safe for consumer use may be given premature approval. Additionally, this becomes problematic for society in the sense that DTC advertising of prescription drugs has been found to influence sales growth, meaning that consumers who cannot afford name brand prescription drugs are not being informed of their options to purchase a lower-cost alternative, therefore decreasing their potential to receive appropriate care.

Secondly, the Modernization Act impacted the prescription drug market by extending exclusivity rights of brand name drugs by an additional six months (Buck, 2000).<sup>33</sup> Analyses in advertising of prescription drugs of the top five brands of 2000

found that there was an average 10% increase in DTC advertising of these top brands as a result of the extended rights, which resulted in a 1% sales increase for these specific drugs (“Prescription drug trends,” 2003).<sup>34</sup>

### **How the Influence in Washington Helps to Promote the Brand Name Sector**

Industry lobbyists have become main actors in the health care industry. At the beginning of the year 2000, 600 drug-industry lobbyists were in Washington, versus 535 senators and representatives, meaning that the drug-industry is represented more than our own government (Angell & Relman, 2002).<sup>35</sup> As the profits of the drug industry grow, the number of industry lobbyists increase as well, meaning that the 600 lobbyists from 2000 has likely increased to greater than 700 in the past decade. More money is spent on pharmaceutical lobbying than any other industry. \$188 million went toward this sector in 2009, approximately \$50 million more than both the insurance and telecommunications areas (Newman, 2010).<sup>36</sup> Brand name drug manufacturers generate more revenue than generic companies, meaning their influence with lawmakers in Washington is much greater. Half of the budget for the FDA is comprised of industry user fees. Brand name drug manufacturers pay higher industry user fees to the FDA, which means that the more expensive a drug, the higher the fee a manufacturer pays. The FDA then receives the most money in industry user fees from those medications that are brand names and have the highest price tags for consumers. Essentially, it is most financially beneficial for the FDA when brand name drugs get approved. It has been found that multiple members of advisory committees for the FDA have direct business ties to these brand name industries, either through employment or stock ownership (Kenneth & DiMassi, 2000).<sup>37</sup>

These advisory committees are the groups that make the final recommendations on drug approval, suggesting that brand name drug companies are given more power.

After the FDA approves a drug, it is given a brand name patent that can last up to 20 years. This gives exclusivity to the manufacturer of the drug, allowing them an extended period of time where they have the ability to be the only entity manufacturing and marketing the drug. It is only after the 20-year period that other manufacturers are permitted to have access to the drug's bio molecular formula in order to create a generic version. Not surprisingly, companies invest great amounts of money into marketing their medications during the first 20 years because this is the time when most of the profits are made (Rhee, 2009).<sup>38</sup> From a larger scope, patients may be susceptible to having their health care jeopardized as a result of potential conflicts of interest. When profit-driven motives enter the equation of health care, from the perspective of the pharmaceutical industry, it can be suggested that making money becomes the main priority. It is at this point that patients become less of a concern, meaning the ways in which they understand the information they are consuming regarding specific prescription drugs becomes less meaningful. Once the pharmaceutical industry makes their sale, meaning a physician writes a prescription, the patient no longer becomes the responsibility of the industry. It becomes up to the physician to ensure that patients understand their treatment programs.

Research must bridge the gap in this field, and needs to assess the physician-patient relationship, including examining the ways in which the pharmaceutical industry impacts that dyad. Essentially, the power of profit dominates the value of patient care. This can be seen through the limited availability of affordable prescription drugs in the United States. The average retail prices of brand name drugs for consumers are more

than triple the cost of generic forms, with prices for prescriptions increasing more than three times the inflation rate from 1998 to 2000 (“Prescription drug trends,” 2001).<sup>39</sup> By the FDA giving priority to brand name drug manufacturers in terms of influence in Washington, and also through extended manufacturer exclusivity, these drugs are marketed toward consumers as being largely their only option when visiting their physician. Patients then identify with these brand names and tend to mistrust alternative forms. Although generic medications are widely used in the United States, comprising 63% of all prescriptions written, there is still much work to be done in terms of alleviating high health care costs (“Prescription drug trends,” 2007).<sup>40</sup> Statistics have suggested that by switching all brand name forms of medication in the United States for a bio molecular equivalent (a generic form), overall drug spending in the United States could be reduced by 11% (Haas, Phillips, Gerstenberger, & Seger, 2005).<sup>41</sup>

Research has also indicated that patients being prescribed generic medications may have a greater adherence rate in terms of correctly taking their medication according to dosage instructions and following up with their physicians. In a 2006 study, researchers followed claims for six classes of chronic pain prescription medications and measured patient adherence to dosage instructions based on the proportion of days covered under insurance. Upon controlling for sociodemographic characteristics, it was found that patients who had received generic medications achieved 62% greater adherence to their treatment plans with their physicians (Shrank, Hoang, Ettner, & Glassman, 2006).<sup>42</sup> While this shows an example of the promise that the practice of prescribing more generic forms can have, qualitative studies have yet to examine why it is patients are more likely to adhere to these medications. Additionally, quantitative

studies have been able to support the notion that generic medications are just as effective as brand name medications. Yet, qualitative studies have not yet fully studied the impact the brand name sector has on the relationship between a physician and a patient.

Analysis of the relationship between the pharmaceutical industry and the FDA is necessary, but certainly not inclusive of all that is essential in order to best understand patient perceptions of care. While looking at the macro social presence of this industry is key, research must also begin to take a “top-down” approach in addressing the key actors involved in this process. Research must go behind the doors of physicians in an effort to understand what it is specifically that makes them prescribe a certain drug. Further analysis suggests that these decisions are not being based on expertise and empirical data, but rather, the health care market has strategically put individuals in place to advance sales.

### Chapter III.

## Giftng and Detailing: The Political Economy of Common Practices

### Behind the Doors of Physicians

The pharmaceutical industry is, first and foremost, a business. In 2008, *Fortune Magazine* reported the sector as placing in the top three of the most profitable industries in the United States for the past twenty years (“Our annual ranking,” 2008).<sup>43</sup> Many critics have pointed to the economic ties between physicians and brand name drug manufacturers (Kenneth & DiMassi, 2000).<sup>44</sup> This suggests that doctors are given incentive to prescribe brand name drugs because of rewards put in place by sales representatives. What makes this situation most troublesome is the idea that patients are essentially being left out of the equation when it comes to the relationship between pharmaceutical sales representatives and physicians. This chapter will consider the role of representatives and the specific marketing tactics used to encourage physicians to prescribe a specific drug. While the government has made attempts to intervene, the ethical dilemmas associated with detailing and gifting have largely been left to self-regulation. By addressing these practices, this chapter suggests that pharmaceutical sales representatives use not only rewards, but also reciprocity, as marketing tools, which potentially risks clouding the judgment of both the physician and the pharmaceutical company.

While brand name drug companies have continued to claim that higher medication prices are put in place to finance further research for new developments, quantitative data suggests that advertising takes precedence over experimentation. The United States General Accounting Office reported that, from 1997 to 2001, of the nine

top drug companies, DTC drug advertising and marketing costs increased 145%, while spending on research and development increased only 59% (“FDA oversight of,” 2002).<sup>45</sup> This aggressive advertising extends beyond the patient and goes directly to the physician in the form of rewards given by the prescription drug industry.

### **Defining Detailing and Gifting Practices**

Pharmaceutical companies are unique in the sense that they do not sell their product as most manufacturers typically would, which would involve giving treatment directly to a patient. In the case of a specific treatment plan, a unique network exists in that there are two main players for the drug industry to target: patients (who are pursued through DTC advertising), and doctors themselves. Physicians become the main focus in this triad because pharmaceutical companies recognize that they are the gatekeepers – without their signature on the prescription pad, the patient will not be able to get the pills. Recognizing that, in order to make a sale, physicians must be cooperative in designing a treatment plan with a specific drug, the drug industry gains access to the gatekeeper through a process called detailing. Detailing occurs when pharmaceutical companies hire sales representatives to make sales calls in person with physicians and nursing staff, whereby they provide information on their product. Sales calls are often associated with providing free samples of the drug, pens featuring the company’s logo, or other promotional items. What may be most problematic is that this practice often extends to the “gifting.” “Gifting” refers to the efforts used to encourage physicians to prescribe products more frequently. This often involves directly giving doctors personal gifts, for example, new medical books, vouchers for an evening out at dinner with their spouse,

vacations, and the monetary coverage of golf tournament fees (Jastifer & Roberts, 2009).<sup>46</sup> The effort to influence prescribing rates raises numerous ethical concerns, namely whether physicians are accepting these handouts and putting the patient's best interests as a second priority. The instances of detailing and gifting are widespread. In 2008, the top brand name drug manufacturers spent \$20.5 billion on promotional activities. Of that amount, \$4.7 billion was spent on DTC advertising, and more than \$12 billion was spent on detailing and gifting directly to physicians and staff members (Grande, 2009).<sup>47</sup> This suggests that while DTC advertising costs are extremely high, sales representatives play an even larger, and more secretive, role regarding their efficacy.

### **How Ethical Guidelines Take the Place of Legal Action**

It was not until 1991 that the American Medical Association (AMA) issued a series of ethical guidelines associated with pharmaceutical marketing and industry gifts, and in 2002, Pharmaceutical Research and Manufacturers of America (PhRMA) issued a set of voluntary principles for physicians. This thesis is suggesting that an important emphasis should be placed on the word "guideline," seeing that that neither of these suggestions can legally be enforced. The AMA and PhRMA each state that incentives valuing less than \$100 are "acceptable" if they directly benefit a patient or are directly associated with the practice of the physician ("PhRMA code on," 2009).<sup>48</sup> Upon deconstructing this, it can be argued that adopting this principle is not in the best interest of the patient. This means that any reward can be manipulated into being viewed as associating with practice. For example, many physicians justify having a representative

buy them dinner because it offers an opportunity to review medical literature, which is valuable for medical practice. The series of suggestions also express that modest meals, drug samples, and other gifts are acceptable when offered with an educational component.

Several states have considered putting statutes in place that would ban gifting entirely, but Minnesota is the only state that has accepted such a statute. Even so, loopholes have allowed pharmaceutical sales representatives to still have an influence on prescription practices in the state. Many representatives from surrounding areas, such as South Dakota, have simply been assigned to cover the area. This is legally permissible because the representative's career is not based in the state that has the ban.

Rather than forbidding the process entirely, one of the most popular approaches taken by states deals with disclosure. Many states have enacted "sunshine laws," which require pharmaceutical companies to disclose the amount given in payments as gifts to physicians (Ross, Lackner, & Lurie, 2007).<sup>49</sup> While these laws have the potential to be effective, recent data collected from Vermont and Minnesota has shown that drug companies are still able to avoid punishment by claiming that incentives are "trade secrets." This means they are not legally obligated to disclose the dollar amount of a gift because doing so could risk the exclusivity of the company's drug formulas and patents (Ross, Lackner, & Lurie, 2007).<sup>50</sup>

Furthermore, public policy could be effective in introducing legislation to limit the sales of prescribing data. Pharmacies sell de-identified patient information and prescription records to data collectors on a yearly basis. This data is not used to look at medication usage rates, but is instead analyzed to determine the prescribing profiles of

physicians. Pharmaceutical companies then purchase this data to target specific doctors who are most likely to prescribe certain drugs. One study has shown that this practice can increase the prescribing of new drugs by as much as 30% (Greene, 2007).<sup>51</sup> While the best solution would be to address these issues at a federal level, the political influence in Washington from drug lobbyists would make such legislation nearly impossible.

### **Patient Rates of Awareness and Acceptance**

Physicians may not see the risks associated with accepting gifts because they are inheriting the benefits while potentially compromising their judgment when creating treatment plans for patients. Furthermore, generic drug companies are not given a fair opportunity in this market. Generic drug manufacturers do not generate the high revenue that brand name manufacturers do, meaning they do not have the resources for sales representation. This means that physicians are not rewarded for prescribing generic forms of medication, which in many instances, are all that some patients can afford. The presence of the brand name sector is strong. In a review that compared 29 studies regarding the interactions present in the drug industry, it was found that approximately 90% of physicians interacted with pharmaceutical representatives. Furthermore, this review discovered that the scientific evidence presented to physicians concerning a drug was slightly skewed in favor of the brand name. Inappropriate prescribing habits were likely a result in these instances (Moynihan, 2003).<sup>52</sup>

With more than half (\$12.5 billion) of the promotional spending by top brand name drug manufacturers going toward physician detailing and gifting in 2008, it is arguable that this practice has the greatest impact on the way physicians prescribe

medications. Quantitative data has been able to show that, overall, patients are generally aware that doctors are on the receiving end of detailing and gifting, but they are not aware of the high monetary value or prevalence. A study in 2009 used self-report surveys to assess patients' awareness of, and attitudes toward, physicians receiving incentives. The study determined that the rates of awareness of specific gifts were: drug samples (94% aware); ballpoint pens (76.2%); medical books (38%); conference and travel expenses (34%); dinner out (36.6%); dinner out with a spouse present (23%); and coverage of golf tournament fees (19%) (Jastifer & Roberts, 2009).<sup>53</sup> The rates of patient approval for accepting these things were: drug samples (69% approved); ballpoint pens (54.2%); medical books (49%); conference and travel expenses (14%); dinner out (12.1%); having a spouse present during a dinner out (7%); and coverage of golf tournament fees (3.7%) (Jastifer & Roberts, 2009).<sup>54</sup> These findings suggest that patients may not be fully informed on how doctors may be being influenced, nor agree with it in practice or principle.

This suggests that brand name drugs are being commodified in the United States in an effort to increase profits for pharmaceutical companies rather than to help alleviate health care costs for individuals. Patients become impacted because they may have inaccurate perceptions of the systematic relations and discourse related to conversations with their physicians. If they are unaware of the practices between their doctor and sales representatives, then they risk having their view of the network, based on trust and respect, being distorted.

What becomes more problematic than the relaxed restrictions given by the FDA are the semiotics behind DTC advertisements. The commercials are constructed to sell

an ideology to patients. By analyzing specific symbols used, and by applying common themes to concrete examples with the use of a textual analysis, the misrepresentation of health risks and consequences associated with consuming prescriptions can be operationalized for research purposes. Doing so allows audiences to become more aware of how to deconstruct the messages they are viewing on a regular basis. This suggests that further research needs to be conducted in two areas: scholars must look more closely at the construction of DTC advertisements, and secondly, the relationship between physicians, pharmaceutical companies, and patients must be followed in detail. For the purposes of this thesis, an emphasis on these networks will be addressed in an effort to more comprehensively ascertain and frame the important players involved in this network.

In order to focus on patient experience, research must first understand the ties created between physicians and pharmaceutical sales representatives. Through further analysis, it can be seen that physicians do not believe the presence of pharmaceutical sales representatives negatively impacts their judgment. Yet, they do believe that sales representatives negatively impact their colleagues. By examining the business network present, a more accurate representation of the dynamics of the treatment process is revealed, opening up several questions and trajectories for future analyses regarding patient perceptions of care.

## **Chapter IV.**

### **When the Triad Becomes a Dyad: A Closer Look at the Relationship Between a Physician and a Sales Representative**

When looking more closely at the links between physicians and pharmaceutical sales representatives, it can be seen that multiple factors contribute to sales representatives gaining the trust of physicians. Communication skills, networking, and overall likability become factors that work in favor of a representative. With relationship management tactics proven to be a primary tool in regard to prescription behavior, looking at the dyad more closely becomes essential. Three aspects of network identity have been found to lead to higher prescribing behaviors, thereby leading to greater financial gain by both the pharmaceutical companies (in terms of sales), and physicians themselves (in terms of gifting) (Singh, 2008).<sup>55</sup> This chapter will further examine the power of discourse and interpretive interactions in this industry, suggesting the importance of interpersonal interaction in these relationships. This chapter will also suggest that in order to best understand the industry, accessibility to the actors involved is essential.

### **Difficulties with Accessibility to Observe an Industry**

In order to best understand the players involved in the process of prescribing, it is necessary that research be conducted from a first-person approach. By observing, following, and questioning practices directly, scholars have the ability to approach the industry from multiple angles, thereby gaining insight regarding the ways in which patients are being impacted during treatment. Anthropology and ethnography are most

appropriate for this work. By assessing relationships from a point of view where the researcher can become fully entrenched in the processes, critical cultural work can then be conducted in an effort to more effectively address policy concerns. It is important to note that using this research approach may be easier said than done. Due to the fact that these inquiries deal with health care, many policies and laws make it extremely difficult for individuals to gain an all-access pass where they are able to directly watch the relationships in full effect. Privacy laws may limit accessibility and, often times, certain key players are not interested in their practices being seen by others. Specifically, the relationship between a pharmaceutical sales representative and physician presents itself as being exclusive, and is not often openly discussed by either party. In nearly all cases, it seems as if all elements are purposefully kept secret.

For the purposes of this thesis, the original objective was to shadow a pharmaceutical sales representative for one week in order to better understand the profession and its practices. Individuals were approached in an effort to provide a glimpse of the industry. In asking for participation, no information on the angle of this research was provided, and requests noted that my observations would serve in “learning more about the day-to-day practices of pharmaceutical sales representatives”. No information was provided regarding the scope of this thesis. Of the seven sales representatives approached, four declined to participate as it was strictly against company policy to be involved in any form of interview. The remaining three individuals said “no thanks”, citing the reason being that they did not want their career to receive a negative representation in research.

This series of feedback presented a challenge, which is certainly not to say that ethnography in this field is impossible. Simply stated, time is a factor in this process. In order for scholars to fully address the relationships involved in this industry, steps need to be taken early in the process to comply with privacy laws, and to assure all parties involved that the observation being conducted will be done without malice. Perhaps the boundaries created in the health care sector are one of the reasons why it has infrequently been viewed from a first-person perspective. Even in attempting to gain data for one chapter of this thesis, I directly experienced the exclusivity and secretive nature of the physician-pharmaceutical representative relationship. Each “no” was abrupt and stern, giving me a strong indication that the players involved know they are self-conscious about their actions, which raises the question: If the pharmaceutical market is truly meant to serve patients, then why is no one willing to talk openly about their approaches to advocacy?

### **What Anthropology Provides in Regard to Patient Care**

Van Der Geest conducted the last, most comprehensive, anthropological review of the pharmaceutical industry in 1996. This work relied on looking at the entire “life cycle” of a drug: production, marketing, prescription, distribution, purchasing, consumption, and efficacy (Van Der Geest, Reynolds, & Hardon, 1996).<sup>56</sup> This serves as a foundation for ethnographic work in the health care setting because it sheds light on each phase of a drug as having its own particular context, actors, and transactions. This means that while looking at this industry from a holistic point of view can help to address broader problems and resolutions, it is most important to start by addressing each

individual player in the process (Van Der Geest, Reynolds, & Hardon, 1996).<sup>57</sup> The authors noted that pharmaceutical sales representatives have attracted very little attention from anthropologists and ethnographers, suggesting that the need for this type of research has been established. In the field of health communication, precedence is given to quantitative over qualitative research. In terms of looking at data as an ideological construct, it is necessary to look at findings in two ways: empirical evidence that shows factual information, and qualitative work that richly describes interconnected relationships present. Based on this, it can be argued that the pharmaceutical industry has privileged one set of data over others.

To understand the commodification of prescription drugs, scholars need to use a “top-down” approach in looking more closely at the actors involved in each stage of the process. Beyond this, the network connections should be analyzed. By first reviewing the macro level, organizational structure of the health care industry, interpretations can be formed that will enrich data found from a sociological standpoint. This will lead to a micro social analysis of the health care culture and its interpersonal connectedness.

Mutually dependent relationships exist throughout all facets of business, and the health care industry is no exception. Physicians have often been scrutinized for their association with pharmaceutical sales representatives, with many critics claiming that these relationships create conflicts of interest, whereby the physician’s judgments are blurred. Multiple negative consequences can result from this, including increased health care costs for individuals, and the nation as a whole, due to the over-medication of patients. The drug market is often associated as having a domino effect on patients, meaning that in some instances the side effects for a medication prescribed lead to the

need for a subsequent prescription in order to fix the previous drug's complications. What patients begin to see is a never-ending cycle – for each new medication given, the side effects present result in a new prescription being needed. Not only does this become confusing for the patient, but also it is dangerous. The need for subsequent medications can lead to adverse drug reactions (ADR's), and research has found that more than 106,000 deaths annually are attributed to these instances (Starfield, 2000).<sup>58</sup> More than two million patients are hospitalized each year due to drug interaction side effects. The aging population is most at risk in these situations. Patients over the age of 60 in the United States are prescribed, on average, at least four different medications to be taken at the same time. The health of the patient, at this point, may become jeopardized, and if a physician's judgment is veiled because of incentives, it is questionable as to whether patients really have a source to advocate on their behalf.

### **How Physicians Serve Patient Needs and Business Goals**

With a physician's primary commitment being to their patient, an association with a pharmaceutical sales representative creates a conflict where a secondary commitment is formed to a drug company in exchange for some form of financial gain (Jost, 2010).<sup>59</sup> Furthermore, it can be argued that doctors do not have a singular commitment to their patients, but rather are dually committed to a patient and a business. In the United States, 94% of physicians report having some type of relationship with the pharmaceutical industry's representatives (Campbell, 2007).<sup>60</sup> While it is true that a conflict of interest may not directly result in a bias, literature often views the relationship between physicians and pharmaceutical representatives as negative. Empirical studies have shown

that incentives provided to individuals affect judgment. Even the giving of “small” gifts (pens, free samples, etc.) to physicians forms an expectation within the relationship of reciprocity (Dana & Lowenstein, 2003).<sup>61</sup> This means that once a doctor accepts an invitation for a paid dinner, they then feel obligated to return the favor by means of increasing their prescribing habits. While evidence has shown that this inherent reciprocal agreement creates a form of bias, many physicians do not believe that their reasoning is altered in the process. These same doctors do, however, feel that these networks influence the behaviors of their colleagues (Katz, Caplan, & Merz, 2003).<sup>62</sup>

Physicians claim that this type of dyad, which relies on the inclusion of gifts and free meals, does not influence their decisions. Yet, a study in 2000 found that all health care providers interviewed would “significantly decrease” the number of interactions with pharmaceutical sales representatives if there were no incentives offered (Wazana, 2000).<sup>63</sup> In order for any company to achieve financial success, the satisfaction of its customers becomes an essential criterion. In the case of the pharmaceutical industry the customer is not the patient, but rather, the physician is because they are the gatekeeper in having a drug prescribed and purchased. From the perspective of the drug sector, the patient is ostensibly viewed as a third party.

Empirical evidence has suggested that sales representatives are the single most important marketing tools used to influence the sale of prescription drugs. In a study that reviewed 101 questionnaires of physicians, along with 19 face-to-face interviews, the key question being addressed was whether physicians’ satisfaction with sales representatives correlated with the economic success of a drug (Scharitzer & Kollarits, 2000).<sup>64</sup> The results found that the quality of a sales representative’s service was one of the main

factors influencing market competition. Interestingly, the quality of a representative's service was not measured by physicians according to their knowledge of treatment for a specific ailment. Instead, the quality of a sales representative was measured based on the individual's personality and their ability to convey information effectively (Scharitzer & Kollarits, 2000).<sup>65</sup> Higher quality resulted in the greater economic success of companies, in some cases by as much as 60%. This means that relationship management tactics are extremely effective within this sector (Scharitzer & Kollarits, 2000).<sup>66</sup>

### **Three Aspects of Network Identity that Increase Drug Sales**

Only one study that could be found for this thesis has examined the network connectedness of pharmaceutical sales representatives with physicians as it relates to detailing practices. This study relied on quantitative methodologies. Prior to this research by Singh in 2008, network connectedness aspects of the physician-representative dyad had not been addressed. Network connectedness is the level of cooperation and commitment present in an association, in this case, between a physician and a sales representative (Singh, 2008).<sup>67</sup> One of the reasons this relationship's level of network connectedness was found to be so high is because physicians have such large time constraints. By relying on representatives for information on new drugs and treatment options, physicians are given reliable clinical trial information at a reduced cost (Hunt & Newman, 1997).<sup>68</sup> This approach of data collection by physicians is easiest during a time when technology has provided information, but at an increasing rate where it becomes difficult and time-consuming to search for this information. By using sales representatives as educational tools, many physicians feel they are doing their patients

justice by not sacrificing more of their time. This means that the one-on-one time between physicians and their patients faces less risk of becoming decreased.

Singh studied the exchanges by addressing the network as a business. For this study, detailing efforts were controlled variables, along with the number of visits made to physicians by representatives each month. Singh's research found that positive economic effects existed for each of three network identity aspects found within the relationship: resource transferability, complementary activity, and actor-relationship generalizability (Singh, 2008).<sup>69</sup> Resource transferability refers to the extent to which knowledge gained from one source can be transported for developing and maintaining other relationships. Essentially, this means that pharmaceutical sales representatives learn information about a disease from one physician, and then use that knowledge in order to establish a connection with other doctors. Research has found that high levels of resource transferability enhance network identity, which is the perceived attractiveness of an individual based on their connections with other businesses and links to other activities (Anderson, Hakansson, & Johanson, 1994).<sup>70</sup> Singh's study discovered that the uses of these resources impact the prescription behavior of physicians in two ways: first, the credibility of the sales representative is enhanced, and secondly, the brand equity is increased. The result is higher prescribing behaviors by physicians (Singh, 2008).<sup>71</sup>

Complementary activity, the second factor found, refers to the positive reaction of physicians concerning a new drug simply because other known professionals have accepted the drug and have already begun to prescribe it. This suggests that physicians may be susceptible to peer pressure, tending to prescribe medications more often when they hear that their colleagues are already doing so. Previous studies have found that

complementary activity increases prescription behaviors among physicians, especially in cases where sales representatives use overall prescribing rates as a form of data to give credible product claims and to build network ties with medical professionals (Chase, 2005).<sup>72</sup>

The third aspect of network identify found, generalizability, is a marketing concept that refers to the management of business relationships. In this case, it is when a pharmaceutical company emphasizes the value of feedback from physicians, thereby putting a strong emphasis on the dyadic relationship. By making it known that the physician's input is respected by the pharmaceutical company, trust of representatives increases. Doctors then interpret the data provided by sales representatives as more valid. Physicians see personal sources of information (other physicians or salespersons) as more credible than non-personal sources (mainly advertising), so Singh concluded that actor-relationship generalizability leads to higher prescribing behaviors by physicians (Singh, 2008).<sup>73</sup>

### **Physician Perceptions of the Sales Industry**

Qualitative research has looked further into the perceptions physicians have regarding the representatives that visit their offices on a frequent basis. A survey of approximately 400 physicians in the Pennsylvania region obtained results that mirror much of the current research available. Physicians were asked about how they viewed their relationships with the pharmaceutical industry. They reported that the most important reason for maintaining relationships with sales representatives is education, meaning they can use representatives as sources of scientific or medical information,

however, they also felt they were capable of getting the information from other sources (Andaleeb & Tallman, 1996).<sup>74</sup> Physicians did not feel that sales representatives took up too much of their time, and often described their association as a friendship rather than a business arrangement (Andaleeb & Tallman, 1996).<sup>75</sup> What was most interesting about this study was the list of physician behaviors reported which could potentially have a negative impact on patients. Greater than half of the participants for this study reported having participated in medical studies sponsored by pharmaceutical companies, approximately 70% agreed they would accept a gift in exchange for delivering a lecture for a pharmaceutical company, and more than 25% of the physicians questioned owned stock in at least one drug (Andaleeb & Tallman, 1996).<sup>76</sup>

In order to understand the negative consequences associated with the pharmaceutical industry's force in the health care setting, the first step is acknowledging that a triadic relationship exists between physicians, sales representatives, and patients. Arguably, the most problematic relationship within that sphere lies between physicians and sales representatives. While it is necessary to approach research from the perspective of the physician, current research surrounding the practices of pharmaceutical sales representatives show an immediate need for a dual approach in academic studies which looks at the physician in tandem with the representative. In reviewing data that shows the perspective of pharmaceutical sales representatives, it can be suggested that political economic motives are the foreground in encouraging doctors to write their prescriptions.

## Chapter V.

### The Categorization of Physicians: How Sales Representatives Are Trained to Befriend Clients

Research in the field of health communication has examined the specific marketing efforts used by the drug industry. Studies have outlined the ways sales representatives befriend, influence, and often times even manipulate, physicians in an effort to have a product prescribed. Pharmaceutical sales representatives form a friendly bond with doctors to strengthen trust. At this point, physicians begin to depend on representatives as main sources for gathering medical information. Furthermore, the gifts provided become a factor in the health care for an individual. While pharmaceutical companies claim that free samples are provided to offices in order to alleviate the health care costs of individuals, research has supported that patients already having health insurance are most likely to obtain these samples (Chimonas & Kassiser, 2009).<sup>77</sup> This suggests that the pharmaceutical company's motives could be interpreted as inaccurate or misleading, but a pharmaceutical corporation may frame these motives as being selective or persuasive.

Additionally, more and more prescription drugs companies are having their medical evidence, the premise of their product, retracted (Begley, 2011).<sup>78</sup> The drug sector has also been charged for its involvement in offering physicians direct monetary compensation for the prescribing of certain drugs (Newman, 2010).<sup>79</sup> Instances such as these are the reason why the health care culture is in need of further research. When headlines are beginning to suggest that patients are being left out of the equation, and making money becomes the objective, research needs to critically examine the players

involved in an effort to change the playing field. This chapter will review the specific training practices put in place by the pharmaceutical industry, and the ways in which this is often seen as normative throughout the field of health care. It will also examine instances of prescription data collection and the giving of free samples, in an effort to show that the main motive of this industry is indeed profit. This chapter concludes that pharmaceutical sales representatives are trained to use specific marketing tactics in an effort to make a sale, suggesting that patient comprehension and understanding may not be the primary goal.

### **How Sales Representatives Befriend Physicians to Influence Behavior**

One of the most influential pieces of literature within the field surrounding the practices taught to sales representatives came as a result of litigation between the Attorney General Prescriber/Consumer Education Program and Warner-Lambert, a division of Pfizer. The data was published as part of a 2004 settlement, after allegations that Warner-Lambert conducted an unlawful marketing campaign for the drug Neurontin, citing that consumer protection laws were violated (Fugh-Berman & Ahari, 2007).<sup>80</sup> This literature was based on conversations between Shahram Ahari, a former drug representative for Eli Lilly, and Adriane Fugh-Berman, a physician who researches pharmaceutical marketing. This article was one of the first to give the public insight into the ways in which sales representatives manipulate doctors.

The relationship between a representative and a physician is based on acquisition and reciprocity. Ahari, having been an actor in the process, offers an exclusive perspective on the dynamic, saying, "It's my job to figure out what a physician's price is.

For some, it's dinner at the finest restaurants, for others it's enough convincing data to let them prescribe confidently, and for others it's my attention and friendship...but at the most basic level, everything is for sale and everything is an exchange" (Fugh-Berman & Ahari, 2007).<sup>81</sup> Ahari often uses the term "friendship" in order to describe the network—it is never referred to as a business relationship, but rather, the approach taken is to befriend the physician. Sales representatives get their jobs based on their confidence, personality, and people skills. In return, they are expected to study the personalities, interests, and prescribing habits of medical professionals. By intimately getting to know their target, sales representatives build rapport with physicians, allowing each party to approach any exchanges from a friendly, comfortable angle.

Drug industry employees are trained extensively prior to going out in the field, and the cost for training these employees does not seem to be an issue. Due to the fact that successful detailing increases revenue, pharmaceutical companies do not cut costs when it comes to molding a future employee. The average cost to recruit, hire, and train a pharmaceutical sales representative is \$89,000 (Goldberg & Davenport, 2005).<sup>82</sup> The primary aspect of training revolves around remembering details, which many scholars have suggested is the reason why sales representatives refer to their visits with physicians as "detailing." Representatives are taught to scan the offices of physicians, looking for family photos, alumni memorabilia, sporting equipment, or any other objects that can be used to establish personal and lasting connections (Fugh-Berman & Ahari, 2007).<sup>83</sup> This friendship becomes an association based on business exchanges, but one that is framed as being a meaningful, loyal kinship.

Research from the Kaiser Family Foundation has shown that out of 2,068 practicing physicians surveyed, three quarters found medical data provided by pharmaceutical drug representatives as “somewhat useful” (59%) or “very useful” (15%); yet, only 9% of physicians surveyed viewed this information as “very accurate,” 72% felt it was “somewhat accurate,” and 14% declared the data was “not very” or “not at all” accurate (“National Survey of Physicians,” 2006).<sup>84</sup> The friendship formed calls attention to the reliability of any information or data obtained. By viewing their source of information as a likeable companion, physicians may not be able to accurately identify when certain data is questionable or not medically sound. The ideological constructs of the physician and the sales representative become aligned as a result of the reciprocal association present.

Once a connection is established, behaviors are rewarded. Pharmaceutical sales representatives strategically use gifting as an incentive system for prescribing medications. What is most interesting about this practice may not be its exclusivity, but its hierarchy in terms of handouts. The best, most expensive gifts are given to those physicians that prescribe at the highest rate. Essentially, the more a physician prescribes a certain medication, the greater return they see through an increase in the monetary value of the gifts given. Michael Oldani, a former pharmaceutical sales representative and anthropologist, has written that this system is carefully maintained and executed with “...the essence of pharmaceutical gifting [being]...’bribes that aren’t considered bribes” (Elliott, 2006).<sup>85</sup> This means that sales representatives must know their audience.

Ahari offered a new foundation for health communication research by revealing the specific tactics he was trained to look for when meeting physicians. He has said that

these tactics are widely used, and accepted by, the pharmaceutical sales industry. Of course, these tactics can vary, but the fact that a former representative opened up about the exclusivity of this process in and of itself is telling and valuable for the field of health care research. These approaches were not only based on Ahari's experiences, but were also part of his testimony during litigation with Warner-Lambert. By deconstructing each of these categorizations, the real motives perhaps driving the dyadic relationship are revealing.

Ahari has reported that sales representatives put physicians into one of eight categories. This brief literature review will classify and deconstruct each category, citing methods used for each to increase sales.

### **Eight Categorizations of Physicians**

The first physician category consists of those who are "*friendly and cooperative.*" Ahari has written that representatives are trained to use a bond with these physicians in order to increase prescribing rates for a certain drug. A physician is convinced that the act of prescribing a drug would directly help their "friend" (the representative) by helping them to look accomplished to their employer. Ahari commented, "Outgoing, friendly physicians are every rep's favorite because cultivating friendship is a mutual aim. While this may be genuine behavior on the doctor's side, it is usually calculated on the part of the rep." (Fugh-Berman & Ahari, 2007).<sup>86</sup> This category ties in directly with the initial training for sales representatives. By cultivating a connection based on shared interests, friendships are formed. These friendships are then followed and nurtured due to the

frequent communication shared by both parties, and once the physician begins to trust a sales representative, a level of reciprocity is expected.

The second categorization for physicians includes those who may be “*aloof and skeptical.*” These physicians rely heavily on scientific-based evidence and literature in order to arrive at making decisions for their patients. The best approach to use with these individuals involves acting naïve and dense. In these cases, physicians have specific concerns regarding a drug and its side effects for a patient. Pharmaceutical sales representatives provide these physicians with scientific literature countering this opinion, but act as though they are unaware that this evidence refutes the belief. Representatives allow the physician to have the upper hand by asking them to explain the medical significance of particular research findings. By doing so, the sales representative shows a side of humility. Friendliness in these situations is rarely effective, but aggressive points made based on empirical evidence increase prescription sales (Fugh-Berman & Ahari, 2007).<sup>87</sup>

“*Mercenary*” doctors represent the third category, meaning they are eager to prescribe, yet they are not given the high amount of attention they crave. This is the closest a drug representative comes to making a direct commercial exchange. In an effort to increase sales, representatives fawn over the physician in order to put them in a greater position of power. The reciprocity in this relationship is seen with increased prescribing patterns serving as a “thank you” for giving this physician the type of groveling they feel they deserve. This is similar to that which takes place with the first category of physicians (those who are friendly), but in this case, the goal is to “buy out” the physician altogether by having them agree to a relationship based on continuity and praise. As

Ahari stated, "...closely associate your resource expenditure with an expectation – e.g., "So, doc, you'll choose Drug X for the next five patients who are depressed and with low energy? Oh, and don't forget dinner at Nobu next month, I'd love to meet your wife." (Fugh-Berman & Ahari, 2007).<sup>88</sup>

Winning over "*high prescribers*," the fourth category, is every representative's number one goal. These are the physicians that prescribe the most often, and have the least amount of questions concerning new drugs that hit the market. These physicians are highly sought-after by other representatives, so it often becomes a game as to which pharmaceutical company is best at befriending this type of physician. Ahari says these doctors receive better gifts, claiming, "Some reps said their '10's' might receive unrestricted "educational" grants so loosely restricted that they were the equivalent of a cash gift..." (Fugh-Berman & Ahari, 2007).<sup>89</sup>

The fifth category of physicians includes those that "*prefer a competing drug*." In these cases, representatives want to know why a competing drug is preferred. Sales representatives wear down a physician by asking them to repeatedly explain why it is they prescribe the competition, which becomes exhausting for a doctor to hear. The intent of this tactic is to open up a discourse about the drug concerning specific types of patients. The goal is not necessarily to have a physician agree to stop prescribing the competitor, because this would be a direct insult to the physician's judgment. Rather, the objective is to have a physician prescribe this drug in specific patient cases. In exchange for this agreement, some of the most lavish gifts are given to physicians. These gifts represent a "thank you" to the physician for taking a chance on something they may not

even be sure is effective, because they only possess familiarity with the competing drug they most often prescribe for patients.

“*Acquiescent docs*” comprise the sixth category, and these physicians believe that by simply agreeing with everything a sales representative suggests, they can avoid any conflicts of interest while still obtaining the free samples and gifts they desire (Fugh-Berman & Ahari, 2007).<sup>90</sup> Sales representatives counter these physicians by framing every conversation to gain a commitment, meaning that physicians are backed into a corner of prescribing. Often times, these doctors feel they are immune to the reciprocal arrangement provided through gifts. Representatives counteract this belief by becoming a nuisance to the physician if they are not holding up their end of the deal. Humility is often used, with representatives repeatedly asking doctors to justify their previous agreement that followed with a failure to deliver higher prescribing rates. By backing these physicians into a corner, the “friendship” may not be as strong as seen with other categorizations of physicians, but results are still seen in terms of rates and revenue.

The seventh category includes “*hard-to-see docs*,” or those who refuse to see pharmaceutical sales representatives for ethical reasons. They do not want to compromise the time allotted for their patients. Even in these cases, representatives still find a way to learn more about the prescribing patterns of an office, and they do so by detailing the office staff with dinners and gifts. Ahari claims that while this type of physician may be the most difficult to get on board, it is also the most rewarding sale for representatives. Hearing something from a sales representative may risk being interpreted as partially true, but if a representative is able to befriend a staff member, this individual can then act as a trusted third party with the physician. Once a nurse or

secretary relays a message, it is often taken more seriously and given more precedence by a physician. Ahari says, “One’s marketing success in a particular office can be strongly correlated to one’s success in providing good food for the staff. Goodwill from the staff provides me with critical information, access, and an advocate for me and my drug when I’m not there.” (Fugh-Berman & Ahari, 2007).<sup>91</sup>

“*Thought leaders*” make up the last category assigned to physicians. These include the doctors recruited to give lectures that nationally advocate for a drug. Representatives do not simply want a cheerleader for their product, but are rather looking for doctors that are capable of handling critical questions while remaining subtle. Sales representatives then treat these physicians as if they were auditioning for a celebrity role, claiming that being offered this position allows them to gain more integrity. Doctors are rewarded through their increase in popularity and networking opportunities. In these instances, sales representatives often keep them motivated by explaining that if their lectures are captivating enough, they will place them in a national role which results in greater notoriety. An example would be a doctor seen in national DTC television advertisement for a prescription drug. In this case, the physician can legally be compensated for the appearance because their role is now as actor, not strictly a medical professional.

Although all eight categories are comprised of individual characteristics, the ability of a pharmaceutical sales representative to create a category seems to be the common denominator. Additionally, one could argue that these categories are relative to the sales representative and their perceptions of their experiences, meaning these

categorizations may not be common across the industry. In reality, pharmaceutical companies have been found to regularly purchase data in an effort to form these profiles.

### **Using Prescription Data as a Profiling Tool**

Prescription tracking refers to discovering the return on investment for detailing and promotional efforts. Information distribution companies (IMS Health, Dendrite, Verispan, and Wolet's Kluwler) purchase records from pharmacies. What many consumers do not realize is that most pharmacies have these records for sale, and are able to do so legally by not including patient names and only providing a physician's state licensing number (Steinbrook, 2006).<sup>92</sup> Yet, sales representatives are able to identify specific physicians through licensing agreements in place by the American Medical Association. The number one customer for information distribution companies is the pharmaceutical industry, which purchases the prescribing data to identify the highest prescribers and also to track the effects of their promotional efforts. Physicians are given a "value," a ranking from one to ten, which identifies how often they prescribe drugs. A sales training guide for Merck even states that this value is, "...used to identify which products are currently in favor with the physician in order to develop a strategy to change those prescriptions into Merck prescriptions." (Merck, 2002).<sup>93</sup> The empirical evidence provided by information distribution companies offers a glimpse into the personality, behaviors, and beliefs of a physician, which is why these numbers are so valued by the drug industry. Ron Brand, an employee of IMS, wrote, "...integrated segmentation analyzes individual prescribing behaviors, demographics, and psychographics (attitudes, beliefs, and values) to fine-tune sales targets. For a particular product, for example, one

segment might consist of price-sensitive physicians, another might include doctors loyal to a given manufacturer's brand, and a third may include those unfriendly towards reps.” (Brand & Kumar, 2003).<sup>94</sup>

Pharmaceutical companies buy this data to determine how effective their detailing measures are. The most common, and arguably most influential, form of detailing to physicians involves free samples of prescription drugs.

### **The Distribution of Free Samples**

From the perspective of a representative, samples are the key to getting through the door of a physician's practice. In order for physicians to obtain the samples, they must meet with pharmaceutical sales representatives face to face. By gaining access, representatives can then begin to establish a personal bond. Once doctors accept samples, research has shown that their prescribing habits for the same drug increases significantly. Of those patients who are given a sample at the beginning of their treatment plan, most almost always end up receiving a written prescription for that same drug. Only the most promoted, and most expensive, drugs are provided in the form of samples to physicians (Sadek & Henderson, 2004).<sup>95</sup>

Physicians often accept, and even request, free samples. Samples are beneficial in the sense that they can be given to patients in order to start treatment plans instantly, and they also serve as a way of reducing the cost of a complete prescription for patients. Patients also respond favorably to receiving free samples from their physician, viewing it as a gift in exchange for their visit. Many pharmaceutical companies claim that free samples are put in place to help those patients who cannot afford high medication prices.

However, recent research shows that this is questionable. A 2008 study found that less than one third of patients receiving free samples are low-income individuals, with those in the highest income categories being more likely to receive them (Vincent, 2008).<sup>96</sup>

The data also found that those with continuous health insurance were more likely to receive samples from their doctors than those with no form of health insurance.

Additional studies have shown that free samples may not end up saving patients money in the long term. Patients given samples save an average of \$66 over a period of six months. Once physicians are provided free samples of brand name drugs, they more often than not prescribe that drug to their patient. Therefore, patients receiving free samples have been found to pay higher out-of-pocket costs overall because of the association with a brand name (Chimonas & Kassiser, 2009).<sup>97</sup>

### **Attempts to Improve the Physician-Patient Relationship**

Many practices have acknowledged the negative consequences associated with allowing pharmaceutical sales representatives to meet with physicians, and some have banned the interactions altogether. Johns Hopkins University School of Medicine began banning all forms of free samples without exception in July of 2009, and others have followed. Drs. Heather Paladine and Julie Howard, of Columbia University, decided to eliminate the presence of representatives altogether from their private family practice. Both chose to go “pharma-free” after reading research which concluded that, based on 29 studies, interaction with drug representatives is associated with higher costs to the physician as well as less rational prescribing practices (Wazana, 2000).<sup>98</sup>

The main reason these physicians decided to rid their practice of free samples was because they felt it was the best policy for their patients. Being that pharmaceutical companies spend almost twice the amount on marketing (\$57.4 billion) than they do on research and development (\$31.5 billion), it is clear that it is up to doctors to look out for the best interests of their patients (Gagnon & Lexchin, 2008).<sup>99</sup> Not allowing detailing or gifting efforts puts an emphasis back on the patient, because doing so gives time that would have been spent with representatives back to patients. Instead of listening to sales pitches, physicians have the option of hearing from their patients, allowing them to improve the doctor-patient relationship while simultaneously obtaining their own, unbiased medical information.

While this approach may be ideal, research suggests that most physicians do not feel they are personally impacted in their prescribing behaviors by the presence of sales representatives. Value can be found in the relationship in the sense that physicians rely on important scientific evidence provided by sales representatives in order to keep up with their field, however, recent news reports have suggested that there may be inherent problems with the medical information provided by representatives.

### **Questioning the Reliability of Medical Findings**

Too often, media outlets report the results of medical studies, only to report a few months later that the information was proven by another study to be invalid. In a society where so many DTC advertisements are present, consumers have the ability to set themselves up in a trap. By being exposed to so many prescription drug references, it is easy for consumers to suggest their own treatment plans to their physician in an effort to

be more proactive regarding their care. As a result, many patients may be prescribed drugs they do not actually need, including those that may be harmful to their health. A second factor in this process involves the domino effect referenced earlier in this thesis. Not only are DTC advertisements regularly seen by consumers, but also, studies published in medical journals are being retracted more often, resulting in a system where the framework of medical information is off course.

In the past two months, two major studies reversed common beliefs associated with preventive medicine. One study found that there is no evidence to suggest that statins, such as Lipitor or Crestor, help people with no history of heart disease, although the advertisements suggest that they do. Pfizer, which makes Lipitor, responded to the finding by saying that “managing cardiovascular disease is complicated,” and did not acknowledge that \$20 million of the nation’s health care budget went toward statins last year, and that according to these new findings, half of that amount could have been avoided when considering the most current retraction (Begley, 2011).<sup>100</sup>

A second study discovered that Vitamin D supplements, such as Boniva, might not be as necessary as sales representatives and advertisers suggest. Twenty nanograms per milliliter of vitamin D is necessary for all individuals to have good bone health, and research has found that most individuals obtain these amounts naturally from food without needing supplements or calcium prescriptions. \$425 million went to prescription vitamin D sales last year (Begley, 2011).<sup>101</sup> These turnovers suggest that consumers are being left confused, misguided, and lost in the process of determining their best treatment plans. This means that while sales representatives may offer physicians data which is

valid at the time, evidence suggests that the increase seen in medical data retractions may mean that physicians would be better off looking for and at the data themselves.

Many scholars believe that statistical “accidents” also play into this equation, adding to the puzzle that is the pharmaceutical industry’s advertising framework. A study for a drug is initially looking for one answer to one question. For example, a drug study for Lipitor would have first been conducted to determine the drug’s effectiveness in decreasing high blood pressure associated with cardiovascular disease. Due to the fact that so much money is invested into these products, thousands of tests are performed over a prolonged period of time. As a result, “false winners” present themselves; drugs are found to have other uses that they may not have originally been approved for. In the case of this example, Lipitor may have been found to decrease migraine headaches in certain individuals, which the drug company was not expecting to find. As a result of this false winner, physicians may begin prescribing Lipitor to an individual suffering from migraine headaches. This is not the primary purpose of the medication, but it still gets prescribed, and the physician is likely receiving a gift in exchange for their signature on the prescription pad.

In an industry that is so convoluted, more often than consumers realize, pharmaceutical companies advertise their medications to consumers for uses not approved by the FDA. Pfizer was fined \$2.3 billion for doing just that in September of 2010. The company illegally promoted four medications for uses not approved. What is even more problematic about this instance is that Pfizer was also accused of paying “kickbacks” to physicians in exchange for the prescription of their products (Newman, 2010).<sup>102</sup> When taking this information into account, it is important for researchers to

address where it is patients are in this process. These developments suggest that patients are no longer seen as patients, but instead, customers with the ability to acquire products. While this perception may be acceptable for the pharmaceutical industry, it can be argued that it can cause damage to a patient's health care experience. Once health care treatment programs become commodified, patient voices risk becoming quieter to physicians. Of even greater concern is that a patient's health becomes directly at risk.

The use of a political economy analysis in this research suggests that, too often, sales take precedence on behalf of the pharmaceutical industry. Furthermore, issues of reciprocity and clouded judgment make it more difficult for physicians to work closely with their patients in an effort to create a treatment plan that is safe, effective, and well understood by both parties. By providing a foundation for this field that rests on the motives present for doctors and the drug industry, it can now be seen why new approaches are essential in the inquiry of health communication as a discipline. Multiple analyses should be utilized in order to better understand the patient perception of care in association with the presence of pharmaceutical sales representatives, and these analyses should begin by having their foundations in qualitative research methodologies.

## **Chapter VI.**

### **Conclusion: How to Put an Emphasis on Patient Care**

This research set out to further examine, through a Political economy analysis, the relationships present within the health care industry in association with prescription drugs. The goal of this thesis was to analyze literature on the subject of the triadic relationship between a physician, pharmaceutical sales representative, and patient. Specific questions addressed included: In what ways does the pharmaceutical industry influence patient outcomes? In what ways do pharmaceutical sales representatives influence physician behaviors? Do the processes of gifting and detailing increase sales, and if so, to what extent?

### **Findings**

Based on this evidence it is reasonable to conclude that the patient perspective is often left out of the construct when profit-driven motives are considered. Negative consequences can be seen from the relaxed restrictions put in place by the FDA in terms of DTC drug commercials. By holding broadcast advertisers to a lower standard in terms of sharing serious risk factors associated with specific drugs, the quality of life for many humans may very well be diminished as a result of taking medications, because individuals do not fully know or understand all that comes with a prescription.

This analysis was able to show that, while DTC advertisements are effective, the real force behind the drug industry is the presence of sales representatives. These individuals are trained to study and befriend physicians in order to serve their company's

bottom line. Literature provided in this thesis has shown that pharmaceutical training, along with incentives provided to doctors, significantly increases prescribing habits.

Furthermore, this research has shown that the relationships between physicians and representatives are problematic. If a health care provider's first agreement in terms of practice is to do no harm, then patients are having their health and understanding compromised at the expense of a business mindset clouding ethical judgment. Pharmaceutical companies are increasing detailing practices, and as a result, revenue increases. At the same time, this industry is providing patients with misleading information that leads them to believe that prescribing to a product will offer an instant fix for a medical problem. The drug industry influences physician behavior in more ways than patients realize. Information from pharmacies is bought by this sector to create specific physician profiles that assist representatives in knowing what it takes to make them more likely to write a certain prescription. This final chapter will provide a discussion of the findings, limitations of this thesis, and trajectories for further research, all in an effort to reach the goal of better understanding the patient perception of care in association with the pharmaceutical industry's gifting and detailing efforts.

### **Discussion of Findings**

The findings of this thesis suggest that patients are not being recognized as a viable part of their own medical treatment. In an ideal health care relationship, a physician is engaged with the medical problems and concerns of the individual they are treating. Simultaneously, the patient discusses their thoughts and feelings in an effort to communicate what they think is best for their body. In this setting, a holistic approach

for treatment of a chronic condition, an ailment, or a terminal illness allows the doctor and the patient to work together in an effort to provide paramount care. Once prescription drugs are introduced into this relationship, the dynamic may become more problematic and pose serious threats to the individual's understanding of their health care plan, even more so in cases where pharmaceutical sales representatives are present.

While quantitative research has allowed scholars to expose the prevalence of the political economic ties between the pharmaceutical market and health care providers, qualitative research has the ability to tell the patient's side of the story, which is something that has rarely been done. By failing to address the thoughts, beliefs, and experiences of patients, research is only offering one angle on an issue that involves numerous actors.

The most serious threat to the findings of this research involves the physician-patient relationship. In an exchange where trust and respect have the ability to dictate compliance with treatment, patients need to be able to confide in a source that they believe has their best interests at heart. While the drug industry has proven to be a financially successful market, it has also placed itself as a third party in the decisions made for the health of patients. When a patient visits their doctor, they are looking for answers to symptoms that often leave them feeling physically ill, confused, and even scared. This individual is looking for a reliable, educated source that can guide them to better health. If the source they have reached out to is committed to a secondary business, then how can a patient expect to be given the most honest, most objective opinions? The pharmaceutical industry permits doctors to view patients as individual symptoms – one pill can temporarily mask this, but it is being forgotten that these patients are human beings. People need to be helped by medical professionals that

consider them more than just symptoms – patients have names, thoughts, feelings, careers, families, and goals. If no incentives were in place for doctors regarding prescription drug treatments, we are left to wonder if viewing patients as holistic beings would start to get the medical profession back on the right track.

### **Limitations**

The biggest limitation in research for this thesis was that access to interviews with pharmaceutical sales representatives was not possible. Including first-person accounts of the day-to-day practices in health care settings would increase the validity of the claims made. Additionally, the health care industry itself presents a challenge in research. Health care is an issue that is convoluted and has multiple facets, meaning that defining a narrow scope in attempting to answer research questions can become very difficult. For the purposes of this thesis, analysis of the insurance industry was not considered. Including this aspect of research could potentially provide a clearer picture of the relationship the drug industry has with physicians because many doctors are under the contract of an insurance company.

Lastly, the pharmaceutical industry is not transparent about its operations and goals. Literature reviewed to answer the research questions in this thesis was taken from multiple sources in order for me to remain as objective as possible, but the prescription drug sector is in the business of keeping what it does exclusive. For these reasons, gaining a clearer insight into how sales representatives justify their practices is challenging, yet necessary.

### **Direction for Future Research**

With such aggressive sales pitches being used, in order to correctly assess the physician-patient relationship, scholars must discover how aware patients are that associations between doctors and sales representatives exist. Although research has provided strong evidence of the practices used by pharmaceutical sales representatives to result in higher revenue, qualitative work has not yet performed critical analyses in relation to the network identity aspects between a physician and a sales representative.

Qualitative studies have not yet addressed the patient in this relationship by looking at the level of concern patients possess in association with gifting and detailing efforts made by pharmaceutical sales representatives. Once a patient visits their physician, in what ways (if any) do they feel their treatment plan is being tailored around the gifting or detailing practices of pharmaceutical companies? Additionally, research needs to address how the dyadic relationship between pharmaceutical companies and physicians impacts the patient's perspective. Patients need to be interviewed extensively to determine how they understand and interpret these outside relationships. They should also be asked how they feel these networks impact the relationship they have with their doctor.

A focused ethnography of detailing practices could be conducted in the field of health care to obtain more information. Ethnography is a method of research in which the researcher "participates, overtly or covertly, in people's daily lives for an extended period of time, watching what happens, listening to what is being said, asking questions; in fact, collecting whatever data are available to throw light on the issues with which he or she is concerned" (Hammersley & Atkinson, 1983).<sup>103</sup> Specifically, an ethnography

could aid in qualitatively assessing the political economic motives permeated through the sales tactics of pharmaceutical representatives, explaining the level of understanding patients, physicians, and pharmaceutical sales representatives have in regard to the processes of detailing and gifting, and answering how patients feel pharmaceutical representatives impact their relationship with their doctor, as well as their overall treatment plan. By incorporating an emic perspective into this field of research, and taking in all aspects of the health care culture, researchers will be able to use inductive reasoning to create a reiterative, cyclical approach to data collection. In doing so, future research will evolve as a process, with the intent of responding to the influential variables involved as part of the whole picture.

Further quantitative research should be done in order to obtain more recent figures on how many physicians have ties to stock in pharmaceutical companies. Furthermore, and perhaps in greater need, is qualitative research which analyzes these figures from a critical-cultural standpoint. Owning stock in a company can certainly promote a conflict of interest, and it would be important to ask physicians if they feel this involvement impacts their judgment when choosing to prescribe certain medications.

Future studies could also rest on the paradigm of critical theory. Rather than relying on one approach, research should combine a series of methods. Each method would set a series of principles for implementation. Phenomenology could be useful in getting a clearer picture of these issues because every hospital, physician's office, or clinic has its own culture, including characteristics that establish specific values, and traditions that become an essential piece of the puzzle in attempting to understand this

field. This means that the emphasis for this type of research will rely on the observance of specific relationships.

The work of Van Der Geest has provided a strong foundation for qualitative health research, but scholars need to re-examine these issues currently in order to see what changes have taken place in the past 15 years. More specifically, it is necessary that academic work be done in this industry in order to assess the ways in which the FDA's policy adjustments in 1997 have changed the playing field. This would aid in understanding the triadic relationship between a physician, sales representative, and patient fully because insight into the construction of networks provides meaning. Coming from the roots of philosopher Edmund Husserl, phenomenology argues that individuals do not passively understand objects within the world, but rather, meaning is actively constituted by subjective experiences (Green & Thorogood, 2009).<sup>104</sup> Observatory work would incorporate a first-hand account of a specific health care unit, and seeing that every space in our society has its own culture, while phenomenology would provide the foundation for understanding the meaning in this space based on interactions or relationships.

Critical discourse analysis could also be warranted in future studies because it is necessary to take a closer look at the techniques of sales representatives, seeing that the rhetoric behind their approaches are what allow them to achieve greater economic success. What becomes essential in examining the rhetoric of the pharmaceutical industry is acknowledging that the discourse of the health care industry changes based on the normative approaches used in medicine in association with the economic goals of medical industry corporations. For it must be remembered that the field of health

communication serves a discursive function, whereby, “the [medical] clinic - constantly praised for its empiricism, the modesty of its attention, and the care with which it silently lets things surface to the observing gaze without disturbing them with discourse - owes its real importance to the fact that it is a *reorganization* in depth, not only of medical discourse, but of the very possibility of a discourse about disease.” (Foucault, 1973).<sup>105</sup> Critical discourse analyses considers data in a way that reflects the constant change seen throughout an industry.

It is my hope that not only will the field of health communication be advanced, but also that democracy can be fostered through an increase in the education of an industry that lacks a variety of choices being provided for obtaining important health care information. In light of this research, new possibilities for how we understand health care and the relationships within an industry can be progressed. In order to see the whole picture, it is necessary to analyze the individual parts. By researching these issues on a consistent basis, and observing these interactions, it is with great hope that health care information can be better understood, and more proactively approached, by all.

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