

Letters to the Editor

Joseph Scherger, MD, MPH
Editor, Letters to the Editor Section

Editor's Note: Send letters to the editor to jscherger@ucsd.edu. We publish Letters to the Editor under three categories: "In Response" (letters in response to recently published articles), "New Research" (letters reporting original research), or "Comment" (comments from readers).

New Research

Drug Promotion in a Family Medicine Training Center: 21 Years Later

To the Editor:

The relationship between the pharmaceutical industry and the medical industry is in evolution. There appears to be a growing consensus that it is unprofessional for physicians, residents, and medical students in teaching hospitals to accept gifts, food, or other rewards from the industry in exchange for allowing sales representatives to promote their products.

In 1988, a family medicine residency training center in South Carolina was surveyed to determine the extent of drug promotion within the teaching environment.¹ The site trained 39 family medicine residents, as well as medical and pharmacy students. It contained 24 examination rooms and five nursing stations. Sales representatives were limited to a "display room" that physicians, students, and staff could visit to discuss advertised products. Samples were kept in a locked cabinet. The results are shown in Table 1. On average, 4.12 pieces of promotional material were found in each individual patient-care area.

The purpose of this study was to determine the extent of drug promotion in a family medicine training center in Minnesota in 2009 that was making efforts to avoid the influence of the pharmaceutical industry.

Methods

The family medicine clinic is a university-affiliated training site for 22 family medicine residents and medical and pharmacy students. The clinic has 29 examination rooms and three nursing stations. The clinic does not keep drug samples and has no pharmaceutical sponsored displays or lunches. A diabetic educator does obtain glucometers and demonstration insulin pens from device manufacturers.

Each patient care area was surveyed by the author for any type of promotional material that contained the name of either a drug product or a manufacturer that was in view of either the patient or the physician.

Results

The results are shown in Table 1. All but two of the items identified promoted diabetic products. These data do not account for items that individuals may have had on their person.

Comment

Our family medicine training center has successfully eliminated

some types of drug promotion material that were present in the 1988 study. The clinic has no drug samples or promotional notepads. Educational materials are printed from the computers used for the electronic health record. The clinic walls are stylishly bare of posters. However, the problem of monofilaments with drug logos has developed since the original study. A monofilament is placed in each exam room, because it is used routinely for diabetic foot exams. Because the clinic had difficulty identifying a place to purchase logo-free monofilaments, concealing stickers were placed over the drug logos of the promotional ones. At the time of the survey, however, the exam rooms contained 16 monofilaments with visible drug logos.

The clinic employs a diabetic educator as part of its efforts to embrace the new concepts of the medical home and team care. A large number of the clinic's patients have a low income and do not speak English. The diabetic educator finds it essential to be able to demonstrate the insulin pens and code the glucometers that she can then give to the patients. Unfortunately, this important service for diabetic patients inadvertently led to promotion of diabetic drugs throughout the clinic.

Family medicine training has changed in many ways since 1988.

Table 1
Promotional Materials in Patient Care Areas

Area	Number of Promotional Materials															
	Pens		Notepads		Drug Samples		Pamphlets and Educational Posters		Mono-filaments		Reflex Hammers		Trinkets		Total	
	1988	2009	1988	2009	1988	2009	1988	2009	1988	2009	1988	2009	1988	2009	1988	2009
Examination rooms	0	1	20	0	0	0	35	0	NA	16	0	2	14	0	69	19
Nursing stations	5	37	11	0	1	0	9	0	NA	8	0	0	21	6	47	51
Hallways	0	0	5	0	0	0	8	0	NA	0	0	0	8	0	21	0
Waiting room	0	0	0	0	0	0	3	0	NA	0	0	0	0	0	3	0
Total	5	38	36	0	1	0	55	0	NA	24	0	2	43	6	140	70

With regard to pharmaceutical promotion, however, our survey demonstrates the truth of the adage: “The more things change, the more they stay the same.”

*Diane J. Madlon-Kay, MD, MS
Department of Family Medicine
and Community Health
University of Minnesota Medical School*

Correspondence: Address correspondence to Dr Madlon-Kay, University of Minnesota Medical School, Department of Family Medicine and Community Health, Smiley’s Clinic, 2020 East 28th Street, Minneapolis, MN 55407. 612-333-0774. Fax: 612-359-0475. madlo001@maroon.tc.umn.edu.

REFERENCE

1. Shaughnessy AF. Drug promotion in a family medicine training center. *JAMA* 1988;260(7):926.

Comment

Disparities in the Residency Match Process

To the Editor:

We are writing to express our concerns with the current residency matching process regarding an apparent loophole that treats sponsored US graduates differently than independent applicants from international medical schools. Allowing international graduates to enter the National Resident Match-

ing Program (NRMP) and then withdraw if offered a pre-Match position, is unfair to US graduates and programs that use the matching process in good faith.

Currently, a US graduate must go through the entire interview process and then wait until Match Day to find out which program they have matched with. They may not withdraw from the Match except through the dean of student affairs of their sponsoring medical school. On the other hand, an international graduate could start the NRMP process and then could independently withdraw from the Match if offered a pre-Match position prior to the rank order list certification deadline.

From a residency program perspective, one could interview a number of international graduates and not have the opportunity to match any of them if they all withdrew prior to the ranking deadline. A program will spend a lot of time and energy on individuals they are unable to match with. Having an agreement outside of the Match is also risky for applicants. Such loose agreements may lead to applicants refusing to show up or programs refusing to take on an applicant after initially agreeing to terms. The NRMP process, on the other hand, is a legally binding

agreement ensuring both parties a successful outcome.

We are concerned that this disparity creates an uneven playing field between domestic and international graduates and between programs that strictly use the NRMP process and those who routinely practice pre-matching agreements. We recommend that the NRMP sponsors and board of directors reevaluate the impact these policies have on both applicants and residency programs.

*John E. vanSchagen, MD
Phillip J. Baty, MD
Grand Rapids Family
Medicine Residency
Grand Rapids, Mich*

Humanizing the Clinical Gaze: Movies and the Empathic Understanding of Psychosis

To the Editor:

Since its earliest days, cinema has been recognized as a medium of profound cultural value. In particular, over the past century, cinema has been an influential source of education, shaping societal and professional attitudes to mental illness and more generally contributing to the cultural sensitivity of the contemporary world.