

Policies on marketing gifts to medical students

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Interactions between health care professionals and the prescription drug and medical device industries are common in the United States, especially in academic medical centers, and may include gifts to medical students such as textbooks and interactions of marketing representatives with students. Such practices have been criticized as potentially conveying biased information and reducing the students' skepticism about potentially misleading claims.

Numerous expert professional groups and medical societies support development of policies by medical schools to limit such interactions, and some medical schools have implemented such policies. However, whether such policies are effective remains unclear. James Yeh and colleagues (Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts, USA) compared the 2011 survey results of a nationwide random sample of first and fourth year US medical students (1610 responses; 49.3% response rate) regarding interactions with and [gifts](#) from pharmaceutical marketing representatives with policy dimensions reported for 121 allopathic medical schools on the American Medical Student Association (AMSA) PharmFree Scorecard and the Institute on Medicine as a Profession (IMAP) Conflicts of Interest Policy Database for 2010. The policy dimensions included individual–industry interactions, institutional–industry interactions, and industry involvement in educational activities.

The authors found that students from schools with the most stringent industry interaction policies were less likely to report receiving gifts

(AMSA score, odds ratio [OR]: 0.37, 95% CI 0.19–0.72; IMAP score, OR 0.45, 95% CI 0.19–1.04) and less likely to interact with marketing representatives (AMSA score, OR 0.33, 95% CI 0.15–0.69; IMAP score, OR 0.37, 95% CI 0.14–0.95) than students from schools with the lowest ranked policy scores. Adjusting for year in training and [medical school](#) size did not change the relationship substantially, but when they adjusted for funding from the National Institutes of Health, the association was no longer found. The authors suggest this may have been because schools with NIH funding have more experience implementing policies to address institution-industry interactions and more funding for compliance officers, or because schools with less NIH funding may be more dependent on pharmaceutical company gifts to help fund educational activities. The study's limitations included that it was cross-sectional in nature and the survey was conducted a year after the policy dimensions were rated.

The authors state, "Policies banning gifts were associated not only with reduced reports of receipt of industry gifts by students, but also with fewer interactions with pharmaceutical marketing representatives overall and greater perception of adequate separation between the faculty and industry. These results suggest that as US academic medical centers look to create or reform regulations on industry interactions for medical students, limiting receipt of gifts should be a central feature of the policies. Medical trainees who receive even small-value gifts from marketing representatives have been found to have more favorable attitudes towards pharmaceutical products and marketing representatives and tend to believe they are immune to the biases that can arise from such interactions." They conclude, "As medical schools review policies regulating medical students' industry interactions, limitations on receipt of gifts and meals and participation of faculty in speaking bureaus should be emphasized, and policy makers should pay greater attention to less research-intensive institutions."

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