

How much money does Big Pharma give Canadian health care providers? The information is far too difficult to find

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Drug companies often give payments to physicians, other health care workers and health care organizations for things like consulting fees,

sitting on advisory boards, speaking at sponsored events or funding research, as well as meals and travel expenses. However, in Canada, it's difficult to know how much was paid to whom.

Prominent on the website of [Innovative Medicines Canada](#) (IMC)—the organization that represents the research-based [drug companies](#) operating in Canada—is the statement:

"As part of our commitment to high ethical standards and enhancing trust, Innovative Medicines Canada has developed a Voluntary Framework on Disclosure of Payments made to health-care professionals and organizations."

Based on that commitment, starting in 2016, [10 companies](#)—fewer than one-quarter of IMC's members—have been reporting how much in total they gave to doctors and organizations.

In order to maintain faith in the integrity of treatments that doctors and other health-care providers and organizations offer their patients, it's vital that the public knows that the choice of therapy is based on the patient's best interest and not on the interest of the company that makes the drug.

Lack of transparency

When the disclosures began, the president of IMC said the [revelations were only the first step in increased transparency](#), and that more companies were expected to disclose payments in the coming years. However, since that time, there has not been an increase in the amount of information disclosed nor in the number of companies participating.

In fact, two companies have stopped disclosing information altogether so now only eight companies out of the 48 that belong to IMC make even

these minimum disclosures. Another company has not disclosed payments since 2021. The IMC website still lists 10 participating companies.

The disclosures are not centrally collected by IMC; anyone interested has to hunt around on the individual companies' websites to find the reports. Of course, there are no penalties for failing to disclose because it's voluntary.

What do we know from the information that has been disclosed? Over seven years (2016–2022) the 10 disclosing companies gave over \$236 million to doctors and almost \$213 million to organizations.

Which doctors and organizations have received these payments, what have they done to earn the money? We don't know, because the disclosures don't name names or give the specific purpose of the payments. And since names are withheld, the amounts given to individual doctors or organizations are also not available.

Transparency in other countries

In asking for the disclosure of so little information, IMC is unique among pharmaceutical industry associations in high-income countries. Disclosure systems in Australia, most European countries, [Japan](#), [New Zealand](#) and the United Kingdom are run by their respective industry associations. In some cases, they are still voluntary and there are also weaknesses in what they reveal—for example individual doctors can opt out of being named.

But they all also require that companies provide far more information than IMC does. The [European Federation of Pharmaceutical Industries and Associations](#) requires all member companies to disclose the names of professionals and organizations that have received payments or other

transfers of value from them. They have to disclose the total amounts of value transferred by type of activity such as grants, consultancy fees, travel payments and registration fees to attend a medical education congress.

These disclosures can tell us a lot about how companies and health-care professionals interact. In the [four years up to September 2015](#), 42 Australia-based companies sponsored 116,845 events for health professionals, on average 608 per week with 30 attendees per event. The median cost per event was \$263 and over 90 percent included food and beverages.

[France, Denmark, Greece, Romania, Latvia, Italy, South Korea](#) and especially the United States with its [Physician Payments Sunshine Act](#) go even further and have legislation making reporting a legal requirement.

The U.S. Sunshine Act mandates that pharmaceutical and medical device companies report gifts or any other transfer of value of US\$10 or greater to physicians and teaching hospitals. The types of payments that need to be reported include consulting fees, honoraria, gifts, entertainment, food and beverages, travel and lodging, education, research, charitable contributions, royalties or licenses, ownership or investment interests, speakers' fees and grants.

All of this information is publicly available in the [Open Payments database](#) maintained by the Centers for Medicare and Medicaid Services.

A key feature of the Open Payments database is the requirement for companies to name the product(s) that their payments are tied to. This feature has allowed researchers to examine links between doctors' payments and prescribing. As a result, we know that a \$20 meal—not much more than the price of a Quarter Pounder, fries and a Coke at McDonalds—is [enough to increase prescribing](#) of the drug(s) made by

the company providing the meal.

Ontario was poised to go even further than the Sunshine Act. Before the 2019 election, the government was finalizing regulations for [Bill 160](#), which would have required that all drug and device manufacturers that provided a "transfer of value" to individual health-care practitioners and health-care organizations, including patient groups, report those transfers to a public registry. The [election of a Progressive Conservative government](#) killed that initiative.

Canadians deserve more transparency about pharma companies' payments to health-care providers. Multiple studies, including [one that I participated in](#), have looked at what happens when doctors take payments from drug companies. Their prescribing almost never improves. It either stays the same or, more worrisome, it gets worse. Canadians need to know what Big Pharma is paying to whom, since these payments may not be to the benefit of patients.

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