Medical education provider Medscape has bowed to pressure and agreed to permanently remove a series of accredited medical education courses on smoking cessation funded by the tobacco industry giant Philip Morris.
International (PMI), The BMJ and The Examination have found.

The global company has acknowledged its "misjudgment" in a letter to complainants and says it will not accept funding from any organization affiliated with the tobacco industry in the future.

The move comes after an investigation by The BMJ revealed the PMI deal and the widespread protests among doctors and academics in reaction to the partnership.

According to an internal Medscape document seen by The BMJ and The Examination, Medscape had planned to deliver 13 programs under a multi-million dollar deal with PMI—called the "PMI Curriculum"—as well as podcasts and a "TV-like series."

Other PMI-funded programs with different continuing medical education (CME) providers have also emerged in Saudi Arabia and South Africa.

This apparent global push by the tobacco giant into certified medical education has been met with alarm and calls for certification bodies to issue a ban.

In response to the criticism, a spokesperson for Philip Morris International told The BMJ, "Health agencies around the world have recognized the beneficial role that smoke-free products can play to improve public health. We are concerned that known special interest groups are actively blocking medical education that the U.S. Food and Drug Administration and medical community have determined are needed. These actions stand to prolong use and possibly increase consumption of combustible cigarettes—the most harmful form of nicotine use."
But Tim McAfee at the University of California, San Francisco and former director of the Centers for Disease Control and Prevention Office on Smoking and Health, called PMI's partnership with Medscape, "the ultimate example of the fox not only signing up to guard the hen house but offering to sit on the eggs.

"It is a perversion of ethics surrounding continuing medical education to allow the very companies that caused and profit from the continuing epidemic of tobacco-related death and disease to be involved in any way," he says.

Medscape claims that the course content complied fully with standards set by the Accreditation Council for Continuing Medical Education (ACCME), but Pamela Ling, director of the Center for Tobacco Control Research and Education at the University of California San Francisco, said if so, "then the standards need to be strengthened to ensure they don't allow merchants of death to educate doctors."

This view is supported in a linked editorial by Professor Ruth Malone at the University of California San Francisco, who says "health professionals, health leaders, their societies and professional organizations must demand that the bodies accrediting continuing medical education for clinicians enact policies banning content sponsored by tobacco-affiliated organizations."

Health professional and patient organizations should also caution their members to be aware that the tobacco industry is attempting to influence patient care in favor of its products, she adds.

She highlights that Medscape is not the only company offering CME, and PMI may not be the only tobacco company working to influence health professionals in this way, and says similar offerings should be widely publicized and the relevant educational providers notified that
tobacco industry sponsorship is unacceptable.

"The tobacco industry cannot be allowed to influence medical education, health practitioners, or patient care in this way as it desperately seeks to secure its future profits," she concludes.

**More information:** Hristio Boytchev, Medscape caves in on courses funded by tobacco giant Philip Morris, while medics fear global push into medical education, *BMJ* (2024). [DOI: 10.1136/bmj.q948](https://doi.org/10.1136/bmj.q948)

Ruth E Malone, Stop tobacco industry sponsorship of continuing medical education, *BMJ* (2024). [DOI: 10.1136/bmj.q950](https://doi.org/10.1136/bmj.q950)

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