

---

# Drug companies, dermatologists, and the patient

Marvin J. Rapaport, MD,<sup>a</sup> and Michael Franzblau, MD<sup>b</sup>  
*Los Angeles and San Francisco, California*

In the past two years, an array of editorials, commentaries, conjectures, and speeches have appeared in the lay media and in scientific journals concerning the changing relationship between the drug industry and the physician. Concerns about conflicts of interest, especially if the physician had either participated in researching the medication/device or presented lectures about the efficacy of the products have involved all areas of medical subspecialties.<sup>1-4</sup> We in the dermatologic community are not alone in expressing thoughts ranging from dismay to anger about various practices.<sup>5,6</sup>

As individual dermatologists, our concerns are summarized as follows:

1. The pharmaceutical companies have intruded subtly but aggressively into the American Academy of Dermatology's scientific meetings. Material presented by members of the AAD is often screened, processed, and manufactured by the companies, because they control the data.
2. The pharmaceutical companies are permitted to present educational sessions (industry-sponsored symposia) on-site at summer meetings sponsored by the AAD. We believe these are, in reality, marketing sessions.
3. Even when there is disclosure of monetary payments and research support involvement, lecturers may still have conflicts of interest. Disclosure is good, but it does not mean that there is not a conflict of interest. There still remains an appearance of bias in discussion and publications.<sup>7,8</sup>

4. Industry-sponsored studies concerning the efficacy of medical devices and drugs constantly appear in our peer-reviewed dermatologic journals. When the data is analyzed in-depth, there are often only minor statistical differences between drug/device and placebo. (Recent statin studies prompting a demand from the National Institutes of Health for lower cholesterol levels were found to be barely significant.) It was noted that the advocating physicians were paid consultants. The barely significant statistics<sup>7</sup> are often buried in the papers, but they are complemented by an abstract editorial bespeaking of great significance.

From discussions and correspondence with our colleagues and from an unpublished survey, not to mention just reading the newspapers, we know that we are not alone in having grave concerns about a variety of drug company practices, and it is time to address them more vigorously than we have up to this point in time.

From the 1960s through the 1980s, research projects concerning new drugs and devices were undertaken by the scientific dermatologic community, usually in university settings. Small stipends were paid to the subjects, the university, and the research faculty. If the data warranted a scientific paper, it was written by the research investigator and published in a peer-reviewed journal. There was little if any direct or obvious marketing, lecturing, or symposia sponsored by the drug companies. There were few incentives to "learn" about the new drug or devices, such as dinners or symposia in near and distant locations. In the past, the medical research division of a drug company had limited funding and therefore their support of professional education was minor. Now, the marketing arm of the companies infuses resources to disseminate information concerning approved medications or devices as professional education.

There has been conjecture that the method of drug approval by the US Food and Drug Administration is based on publication in scientific journals. Now protocols are being questioned, data has been shown to be only minimally statistically significant, and at times the gathering of data has been suspect.<sup>9-12</sup>

---

From the Departments of Dermatology at the University of California—Los Angeles<sup>a</sup> and the University of California—San Francisco School of Medicine.<sup>b</sup>

Funded by the authors.

Conflicts of interest: None identified.

Correspondence to: Marvin J. Rapaport, MD, Clinical Professor of Dermatology, UCLA, 436 N Bedford Dr, Ste 306, Beverly Hills, CA 90210. E-mail: rapndad@aol.com.

J Am Acad Dermatol 2007;56:333-4.

0190-9622/\$32.00

© 2007 by the American Academy of Dermatology, Inc.

doi:10.1016/j.jaad.2006.08.026