

Making the difficult leap from academic to clinical ethics

Organizers hope that a new program in Edmonton will help bridge the gap between academic and clinical ethics. The Royal Alexandra Hospital program offers ethicists a year-long lesson in ethical issues that arise at the bedside. "Many hospitals have hired ethicists with a very strong theoretical background, but you often have a strong sense that they have never had to deal with the practical issues at the bedside," Dr. Rick Johnston, who helped launch the program, says.

The goal of the program, which is funded by the hospital's foundation, is to teach ethicists how hospitals actually work and the kinds of ethical challenges that staff face. Johnston, the clinical chief of adult intensive care, said ethicists provide valuable assistance. Without it hospital staff "always feel that they are flying by the seat of their pants."

Gary Goldsand interrupted his doctoral studies at the University of Toronto to become the program's first participant last September. Despite a "sharp learning curve," he says the program is everything he hoped it would be. He says that being able to define his own role in clinical situations, such as in a dispute between a transplant surgeon and an intensive care physician, has been "an eye-opener."

Goldsand divides his time between different hospital services and physician mentors, as well as teaching assignments and attending classes.

Dr. Peter Singer, director of the Joint Centre for Bioethics at the University of Toronto, welcomes the program. "There are relatively few people in Canada trained to do this, so this development is extremely important. Ethics has to add value by engaging the clinical and organizational problems of a hospital." — *Heather Kent, Vancouver*

Doctors asked to take pledge to shun drug company freebies

A group of US health care providers is asking physicians to take a pledge to be "drug-company free." The organizers of No Free Lunch (www.nofree-lunch.org) believe that "pharmaceutical promotion should not guide clinical practice."

Its director, New York City general internist Bob Goodman, says the pledge drive is designed to educate and convince physicians not to accept free products from drug companies. US pharmaceutical companies spend about \$13 billion annually on drug promotion, and since 1994 their sales forces have grown from 35 000 to 56 000 people.

Doctors who sign on to the "drug-free-practitioners list" must pledge to be "free of company money and influence in their clinical practice, teaching and research." In a Jan. 15 interview, Goodman said that he has not yet tallied the number of physicians who have taken the pledge.

Gifts from US drug companies to physicians range from free flights to attend conferences to tickets to sporting events and enticements such as free drug samples and pens. Some studies (www.camtech.net.au/malam/bibliogr.htm) indicate that gifts of this type affect prescribing practices.

In Canada, drug companies have increased their self-monitoring (*CMAJ* 2000;163[6]:749) and now publicly rap the knuckles of companies that violate industry rules concerning the continu-

ing medical education events they sponsor. But Dr. Joel Lexchin, a Toronto emergency physician who has been a longtime critic of drug company promotions, says freebies are still common.

Goodman is particularly concerned about the free drug samples that are provided routinely in both countries. He

says that even though the samples may help poor people, patients end up paying for them through generally higher drug prices.

They may also end up paying higher out-of-pocket costs because samples are usually provided for only the newest, most expensive medications. If they work, says Goodman, a physician is more likely to pre-

scribe them, increasing the cost to the patient or insurer. "When physicians use samples they are more likely to prescribe inappropriately more expensive drugs. Physicians accept these samples at the expense of the patient, literally.

"Samples force the doctor into marketing for the drug company," adds Goodman. "It's ingenious."

Goodman's hospital, the Columbia Presbyterian, has already banned samples, as has the Boston Medical Center and the University of Wisconsin Hospital and Clinics.

Lexchin, who has taken the no-free-lunch pledge and forwarded it to about 65 colleagues, says the people who sign on are likely the ones who least need to do so, but he thinks the pledge is still important because it sends the message that "free" items come with strings attached. — *Barbara Sibbald, CMAJ*

