The PMAC Code of Marketing Practices: Time for improvement?

Editorial

Éditorial

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Abstract

IN THIS ISSUE (see pages 351 to 356) Dr. Joel Lexchin proposes reforms that could help the Pharmaceutical Manufacturers Association of Canada (PMAC) adapt its Code of Marketing Practices to changing times. The PMAC code reflects the ethical concerns of drug manufacturers and speaks to the need for high standards in promotional activities. The code is a commendable beginning, but it does not go far enough in ensuring ethical practice. The PMAC should take this opportunity to address the concerns raised by Lexchin. For example, proactive assessment of advertising would improve the current system.

Résumé

DANS LE PRÉSENT NUMÉRO (voir pages 351 à 356), le Dr Joel Lexchin propose des réformes qui pourraient aider l'Association canadienne de l'industrie du médicament (ACIM) à adapter son Code de pratiques de commercialisation à l'évolution de la conjoncture. Le code de l'ACIM reflète les préoccupations éthiques des fabricants de médicaments et traite du besoin de normes rigoureuses dans les activités de promotion. Le code est un début louable, mais il ne va pas assez loin pour assurer une pratique éthique. L'ACIM devrait en profiter pour répondre aux préoccupations soulevées par le Dr Lexchin. Par exemple, une évaluation proactive de la publicité améliorerait le système actuel.

In this issue (see pages 351 to 356) Dr. Joel Lexchin describes how the promotional activities of drug manufacturers can give rise to conflicts between commercial objectives and the need for ethical and scientific standards. These conflicts can seriously impede the enforcement of codes of conduct administered by industry associations. Lexchin focuses on 5 critical aspects of the Code of Marketing Practices[1] of the Pharmaceutical Manufacturers Association of Canada (PMAC) and underlines serious weaknesses.

Codes of conduct set out norms of behaviour that a profession considers essential to honourable practice. In so doing, they help to safeguard the integrity of the profession. The Canadian pharmaceutical industry is conscious of the responsibility it bears in providing prescription drugs and services to medical professionals and the public. The PMAC code is a public statement of the commitment of drug manufacturers to ethical conduct in promotional activities. Wisely, the code integrates CMA policy concerning professional interactions between physicians and the pharmaceutical industry.[2] The code is a commendable and useful document and should be supported. Nevertheless, it has certain limitations. For example, it makes no provision for peer review of promotional materials and does not address the issue of conflict of interest. Similar shortcomings have been noted with respect to other professional codes.[3] Now that the PMAC code has become established, it is time to consider how it may go further.

In Canada, promotional material used by pharmaceutical manufacturers is regulated by two separate bodies. The first is the Pharmaceutical Advertising Advisory Board (PAAB), which independently examines, before their dissemination, advertisements and promotional messages in medical journals and other media, as well as service-oriented communications. The other body is, of course, PMAC,

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whose members are required to adhere to the standards defined by the Code of Marketing Practices.

The PMAC code is more comprehensive than the PAAB requirements, covering 8 forms of promotion: advertising and information dissemination, distribution of samples, sponsorship of continuing medical education events, displays at conventions, activities of sales representatives, postmarketing clinical studies, use of service-oriented and promotional items, and marketing research.[1] Violations of the code usually come to light by means of a complaints mechanism. Complaints are investigated by the Marketing Practices Review Committee, which is composed of 4 industry representatives, 1 PAAB representative and 2 physician representatives appointed by the CMA. The sanctions imposed for code violations depend on the number of violations; after the fourth violation, the matter is referred to PMAC's board of directors, who may recommend that the company be dismissed from the association.

The reporting of violations is accomplished through the industry newsletter *PMAC News*. The publication of reports in *PMAC News* serves an educational rather than punitive purpose. Unlike in Australia and the United Kingdom, complaints are not published in medical journals. The reports in *PMAC News* identify the category of the infraction and the company involved but, as Lexchin points out, do not reveal such details as who made the complaint and when, the product involved, the seriousness of the offence or the sanctions imposed.

The sanctions set out in the PMAC code are equivalent to those imposed in Australia and the United Kingdom; they result in the withdrawal of the offending material and deter further infractions. Companies who occasionally breach the code are fined and reported. Drug manufacturers do not like to receive this publicity and most, if not all, will not repeat the infraction. Most often the code is broken inadvertently. If, however, a company repeatedly violates the code it could be expelled from PMAC. This has never happened.

Lexchin suggests that the constitution of the Marketing Practices Review Committee should be similar to the corresponding Australian body, which includes consumer representatives. PMAC took a step in this direction in 1993 by inviting 2 CMA-appointed physicians to sit on the committee. However, the inclusion of members of the public could prove to be a timely and beneficial reform.

Lexchin asserts that PMAC's complaints mechanism is weak; many violations go unreported and thus avoid detection. Although anyone can lodge a complaint, few health care professionals actually do. In the current system, complaints usually originate from competing manufacturers. To be more effective, the Marketing Practices Review Committee should become proactive, reviewing the advertising practices of PMAC members by means of a formal peer-review process.

In these times of rapid change in our health care system, codes of conduct must evolve. Lexchin makes valid suggestions that should be taken seriously. Reports of code violations should be published more widely, and proactive continuous monitoring of promotional activities should be carried out to complement the present complaints mechanism. In addition, the public should be represented on the Marketing Practices Review Committee. The PMAC Code of Marketing Practices was exemplary at the time it was established, but it is now clear that there is room for improvement.

References

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