Big Pharma and Physician Education

To the Editor:

I looked in vain at the October 2015 issue of Psychiatric Annals for any mention of the role of Purdue Pharma in influencing the American Academy of Family Physicians (AAFP), and doctors in general, to prescribe sustained-release oxycodone through aggressive and misleading advertising. The role of the AAFP in resisting physician education was noted, but it seems to me that good journalism would have led to interviewing the AAFP as to why they refused to endorse physician education and what their relationship is with “big pharma.” The story makes for a riveting reading and can be found in a 2009 article.

Not mentioning the role of advertising in any of the articles in the October 2015 issue strikes me as a serious omission, and makes me wonder if Psychiatric Annals is overly concerned about “biting the hand that feeds it.”

My intention here is not to demonize big pharma (however much this might be appropriate these days), but to not merely criticize doctors and patients for the opioid epidemic.

REFERENCES

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Response:

I thank Dr. Dreyfus for his comments about my editorial in the October 2015 issue of Psychiatric Annals, and it reassures me that someone is actually reading my editorials. If my editorial was an investigational piece, further query into the question he raises would have been appropriate.

Because my editorial was a commentary directed toward fellow clinicians who practice psychiatry, I focused on what we might contribute to help solve the opioid problem. I did not review the literature for support, but clinical experience suggests that it is not uncommon that symptoms of depression or anxiety increase the perception of pain.

Psychiatrists in general are not targets for most of the advertising relating to physical pain management and opiates. The publisher of Psychiatric Annals confirms that no advertisements for Purdue Pharma have run in the journal at least for the past 2 years.

My view of pharmaceutical advertisements is that although they may remind me about the existence of a medication, I would certainly not depend on them to decide if a medication is appropriate. I would look at the peer-reviewed published data on the medication and perhaps talk with a colleague who is familiar with its clinical use.

The purpose of my editorial was to consider what clinical psychiatrists could do to help in the current situation in which opiates are being overprescribed, given what we know about their long-term effectiveness and the risks of addiction that goes with them. My purpose was not to assign blame or do an investigational piece on the contribution of the pharmaceutical industry to the problem. I agree that a review of the role advertising has played in the origin of this problem is relevant, but it was not the goal of the articles in that issue; rather, it was simply to look at what psychiatrists can do to address the problem.

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