

Ties between doctors and the pharmaceutical industry are particularly widespread in psychiatry. In the UK psychiatrists do not have to report to any agency or authority how much industry income they receive each year.

An open letter written by many concerned medical professionals was recently published in the British Medical Journal (Jan 2014):

Trust between patients and doctors is critical to good medical practice, and doctors are still highly trusted by the public.¹ But we should ensure that we deserve it. The Association of the British Pharmaceutical Industry has estimated that the drug industry pays £40m (€48m; \$65m) a year to [U.K. based] doctors for speaking fees, flights, hotels, and other travel expenses.² Yet who is being paid what is opaque. It is clear that exposure to pharmaceutical advertising adversely affects future prescribing.³ There is also evidence that if doctors accept gifts from the drug industry, patients trust doctors less.⁴ Citizens can access MPs' central register of their financial conflicts of interest,⁵ yet patients cannot find out whether their doctor has a financial conflict of interest.⁶

The above article refers to doctors from the whole of medicine. At CEP we are predominantly interested in the links between industry and psychiatry, especially because research suggests that over the last 30 years the ties between psychiatry and industry may have become closer than in almost any other medical specialism. For instance, a recent study conducted by ProPublica, a respected Watchdog charity, has shown that half of the highest payments made by the pharmaceutical industry to the *whole* of medicine were made to doctors from a *single* specialism: psychiatry.⁷

This was a study of American psychiatrists, but these payments are widespread in Britain too. This can be inferred from an inspection of the 'declarations of interest' that researchers disclose in their published research. These reveal that most British leaders in psychiatric drug research have had financial ties to industry at one point or another. Furthermore, most British and American psychiatry departments now receive income from drug companies for research and or other activities. A recent Freedom of Information request asked eight British universities chosen at random to disclose industry funding to their psychiatry departments or psychiatric faculty. These universities included Oxford, Cambridge, Manchester, Liverpool, The Institute of Psychiatry (Kings London), University College London, Newcastle and Edinburgh.

Two of these universities declared they hadn't gathered the figures, a third declared (it turns out wrongly) that their psychiatrists had received no money, a further set of figures is outstanding, while the remaining four declared their payments:

- The Psychiatry Department at the University of Newcastle took over £5.5 million from the industry in years 2009 to 2012 (this figure was only for research funding, and does not include payments received by individual psychiatrists for consultancy work and speakers' fees – so the final figure will presumably be far more).
- The Institute of Psychiatry reported receiving £1.87 million between 2009 and 2012 (this figure does not include payments for consultancy work and speaker's fees).
- The Psychiatric Department at University of Oxford had received £687,000 from the pharmaceutical industry from 2009 to 2012 (this figure once again does not include payments received for consultancy work and speakers' fees).

- The Division of Psychiatry at The University of Edinburgh received £1.59 million in research funding the last 3 years (again, this figure does not include payments for consultancy work and speaker's fees).

None of the above universities would disclose their psychiatrist's private industry income for consultancy work, speaker's fees etc. And in many cases this was simply because the university did not request this information. As Liverpool University put it, psychiatrists 'are not required to report individual payments to the University so we don't hold any information which could be provided in response to this part of the request'.⁸

Turning our attention to the diagnostic manuals, many members of the committees who put together the DSM have had strong industry ties. With respect to DSM IV (the DSM edition used in psychiatry between 1994 and 2013) a recent study by the University of Massachusetts showed that of the 170 panel members of DSM IV, a full 56% had one or more financial associations with the pharmaceutical industry.⁹ And for the disorders for which drugs are the first-line of treatment (e.g. the mood disorders, eating disorders, psychotic disorders and anxiety disorders), an average of 88% of all DSM IV panel members had drug company financial ties. This trend has continued in the new DSM-5 (published May 2013). Of the 29 Taskforce members writing the manual, a full 21 have received honoraria, consultancy fees or funding from pharmaceutical companies, including the Chair of the Taskforce, Dr. David Kupfer, and the Vice Chair, Dr. Darrel Regier.¹⁰

The Sunshine Act in the U.S. is now tackling these problems by obliging U.S. doctors to declare their pharmaceutical ties publicly. Right now in Britain, there is no equivalent; no public register of payments. There is a European initiative to change this (see ¹¹) as well as the 'Who Pays this Doctor' campaign (see ¹²), but the specifics and implementation of the former are still unclear, while the latter is only a voluntary register (to which, at the time of writing, only a handful of doctors have signed up).

Until all doctors are legally obliged to lodge all payments received on a public register, there is no way of identifying those doctors with potential conflicts of interest. The same must be said for mental health organisations and charities: we have a right to know whether a mental health organization that speaks favourably about antidepressants, receives yearly donations from antidepressant manufacturers. To quote James Davies¹³:

Until there are public websites where such payments are made fully transparent and which therefore enable the full extent of the problem to become clear, the real debates about how to reform industry ties won't even begin: should there be limits placed on what doctors receive yearly? To what extent should industry payments be donated to charity? To what extent should un-paid voluntary industry service be obligatory (for which companies then reimburse the NHS)? These are no doubt thorny issues, which warrant long and hard debate. But right now these debates are not only avoided, they aren't even being proposed in the places that count.

CEP supports full transparency in the form of an online register that documents industry payments to individuals and organisations.

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¹ Ipsos Mori. Trust in professions poll 2013:

<http://www.ipsos-mori.com/researchpublications/researcharchive/15/Trust-in-Professions.aspx>

² Drug companies pay doctors £40m for travel and expenses. Guardian 5 Apr 2013:

www.theguardian.com/society/2013/apr/05/drug-companies-pay-doctors-40m

³ King M., Essick C., Bearman P., Ross J.S., 2103, Medical school gift restriction policies and physician prescribing of newly marketed psychotropic medications: difference-in-differences analysis, *BMJ* 2013; 346:f264.

Also: Wazana A., 2000, Physicians and the pharmaceutical industry: is a gift ever just a gift? *JAMA*, 283: 373-80.

⁴ Green M.J., Masters R., James B., Simmons B., Lehman E., 2012, Do gifts from the pharmaceutical industry affect trust in physicians? *Fam Med* 2012; 44:325-31

⁵ House of Commons, Register of members' financial interests:

<http://www.ipsos-mori.com/researchpublications/researcharchive/15/Trust-in-Professions.aspx>

⁶ McCartney, M et al, 2014, Why the GMC should set up a central registry of doctors' competing interests, *BMJ*, 2014; 348: 236

⁷ See: <http://projects.propublica.org/docdollars/>

⁸ A similar response was given by UCL when asked: 'Please provide all figures regarding monies received from the pharmaceutical industry by any individual faculty member (records going back 3 years)'. They responded: 'This information is not held. Whilst individuals are required to declare any interest, they are not specifically required to declare the payments received'.

⁹ The money they received was for research (42%), for consultancies (22%) and for talks and presentations (16%). See: Cosgrove L., Krinsky S., Vijayaraghavan M., Schneider L., 2006, Financial Ties between DSM-IV Panel Members and the Pharmaceutical Industry, *Psychotherapy and Psychosomatics*, 75:154-160

¹⁰ See DSM-5 website: <http://www.dsm5.org/MeetUs/Pages/TaskForceMembers.aspx>

¹¹ See <http://www.bmj.com/content/347/bmj.f4342>

¹² See <http://www.whopaysthisdoctor.org>

¹³ Quoted from Davies J., *Cracked: why psychiatry is doing more harm than good*, (London: Icon (2013))