

**HOUSE OF COMMONS HEALTH COMMITTEE: THE INFLUENCE OF THE  
PHARMACEUTICAL INDUSTRY**  
**Fourth Report of Session 2004-05, Volume 1: selected extracts**

The consequences of lax oversight is that the industry's influence has expanded and a number of practices have developed which act against the public interest. The industry affects every level of healthcare provision, from the drugs that are initially discovered and developed through clinical trials, to the promotion of drugs that are initially discovered and developed through clinical trials, to the promotion of drugs to the prescriber and the patient groups, to the prescription of medicines and the compilation of clinical guidelines. We heard allegations that clinical trials were not adequately designed – that they could be designed to show the new drug in the best light – and sometimes fail to indicate the true effects of a medicine on health outcomes relevant to the patient. We were informed of several high-profile cases of suppression of trial results. We also heard of selective publication strategies and ghost-writing. The suppression of negative clinical trial findings leads to a body of evidence that does not reflect the true risk:benefit profile of the medicine in question. Guidance produced by NICE and others relies on the published evidence. If all the evidence is not published, or if negative findings are hidden, accurate guidance cannot be issued and prescribers cannot make truly evidence-based decisions.

What has been described as the 'medicalisation' of society – the belief that every problem requires medical treatment – may also be attributed in part to the activities of the pharmaceutical industry. While the pharmaceutical industry cannot be blamed for creating unhealthy reliance on, and over-use of, medicines, it has certainly exacerbated it. There has been a trend towards categorising more and more individuals as 'abnormal' or in need of drug treatment.

We often do not know what funds or support in kind patient groups receive from pharmaceutical companies. Limiting or legislating against such support is not appropriate; this would disadvantage both the charities that rely on industry funding and the industry itself, by cutting off a source of valuable feedback from the eventual consumers of its products. Measures to limit the influence of industry on patient groups are needed, however. Patient groups should declare all significant funding and gifts in kind and the Government should seek to make appropriate changes to charity law to ensure this.

The Government must ensure that areas of research that are not addressed by the pharmaceutical industry are resourced. Non-drug approaches, for example, are rarely investigated. Sir Iain Chalmers told us that most clinical trails relating to osteoarthritis of the knee are commercial studies of drugs whereas patients, rheumatologists, physiotherapists and GPs have made clear that what they need, instead of more drug trials, are rigorous evaluations of physiotherapy, surgery and educational/coping strategies.

Government has been slow to see the importance of these areas, perhaps because the pharmaceutical industry funds such a great proportion of other medical research. The industry cannot be expected to fully fund areas of research that are not directly in its interest, however, and so it falls to Government to address areas of need such as non-drug treatments, combination studies and iatrogenic illness.

A healthy generics market is important for the NHS and patients. We recommend a systematic review of so-called evergreening and other practices that impede the entry of generic drugs on to the market.

Many patients want more information about diseases and their treatment. Patient organisations and disease awareness campaigns can be important vehicles for providing such information. In the absence of alternative sources of funding many depend on funding from pharmaceutical companies. We recommend that the current guidelines on disease awareness campaigns be strengthened. When a campaign is sponsored by a company that is developing or marketing a product to treat the condition that is the subject of the campaign, any related literature should carry a statement to this effect.

Patient groups, which often depend on funding from the pharmaceutical industry, are not required to make their sources of income, or funding policies public. We recommend that patient groups be required to declare all substantial sources of funding, including support given in kind, and make such declarations accessible to the public.

Measures to limit the influence of industry on patient groups are needed. Patient groups should declare all significant funding and gifts in kind and the Government should seek to make appropriate changes to charity law to ensure this. It would in any case be greatly preferable if patient groups were funded by companies' charitable arms, rather than by companies themselves.

Areas of research that are not of direct interest to the pharmaceutical industry but may significantly benefit patients, such as non-pharmacological treatments, should be funded by Government.

Clinical trials have significant limitations. We recommend that the MHRA work with the pharmaceutical industry and outside experts to design clinical trials that establish the real therapeutic value of new medicines using measures that are relevant to patients and public health. Trials should be designed to more accurately predict the performance of drugs in routine clinical settings. We recommend that research ethics committees encourage where appropriate the inclusion of comparator drugs and non-drug approaches in the evaluation of proposed clinical trials.