LETTER

Is our focus on pharmaceutical company influence too narrow?

Lance Gravatt

The 4 September issue of the Journal reports the findings of accuracy and bias in pharmaceutical industry advertising in New Zealand, and is accompanied by an editorial by Toop and Mangin.¹

We would like to see the suggested transparency of the commercial relationship by the medical profession and the pharmaceutical industry extended to include the medical-device industry. This does however beg the question is there any evidence to suggest we should be concerned about any commercial relationship between the medical profession and medical-device companies.

In 2014, the US federal government reported that drug and medical-device makers gave nearly USD $6.5 billion to US doctors and teaching hospitals. What is not made clear is how much of this was paid by medical-device companies.²

In 2006, a renowned spinal surgeon appeared before the US Senate Committee seeking funds for research into a bone-graft device made by Medtronic, which was granted. What the surgeon did not disclose was that his trip to Washington was paid by Medtronic, and he had been on the Medtronic payroll for several years—to the tune of USD $1.14 million. Medtronic would directly benefit from the funding.³

In 2007, five medical-device companies (dePuy Orthopaedics, Zimmer, Biomet, Stryker and Smith & Nephew) entered into a USD $311 million settlement with the Department of Justice to settle allegations of violating the law prohibiting kick-backs and inducement agreements with orthopaedic surgeons.⁴

In 2015, NuVasive Inc settled a false claims case regarding certain spinal surgery devices with a USD $13.5 million federal payment.⁵

This type of direct financial benefit is relatively obvious. However, there is a less obvious, indirect benefit that may be just as influential on the medical profession. In the period 1990–1996, US physicians held 5,051 medical-device patents, which represented nearly 20% of all medical device patents granted during this period. More than 60% of the doctor-inventors were practicing healthcare practitioners.⁶ The authors of the research presented evidence that doctor-inventors demonstrated bias in their publications.

New Zealand doctors are encouraged to practice an arm’s length, transparent, relationship with the pharmaceutical industry, but should we be broadening our approach to include the medical-device industry too?

We do not have to look too far for reason to be potentially concerned. While transparent, it is surprising to see that the University of Auckland School of Medicine Foundation Trustees include the CEO for the Medical Technology Association of New Zealand, which is the peak industry body for the medical device companies in New Zealand. I ask myself how comfortable the medical profession would feel if the CEO for Medicines New Zealand was a member of the HRC?

New Zealand is one of the least corrupt countries in the world, and let’s work to keep it that way. Making one group the scapegoat for the ills of a profession is not constructive. The bullying and sexual harassment reported by our junior doctors is not industry-made and yet needs attention. Let us all expect integrity and transparency, not just from the pharmaceutical industry, which, as it happens, is a mere remnant in New Zealand.
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