



## Proper and Improper Influence

### Description

By Lee Pheng Soon

*All industries will try to influence their customers, usually in a way acceptable to regulators. It's that way too with the Pharma Industry. But after we become senior doctors (and hence "key opinion leaders") we can by individual choice decline excessively lavish treatment from the industry. And if we become doctors employed by the Pharma Industry, it will be up to us as individuals to find ways that are proper, to make an impact.*

### The Drug Rep

The drug rep is someone many doctors will make some time for despite their hectic schedules. She usually looks pleasant and professional and gets to the point quickly in very little time. She gives the doctor quick, organised updates about new drugs and industry trends, and at the end of her visit she will leave behind a variety of small mementoes, all engraved with the name of the drug of the day.

Some say the drug rep is just a pretty face. Some say she is a refreshing distraction from the endless stream of ill patients. Is she an instrument of industry to improperly influence the doctor? In a way the pharmaceutical representative is also giving the doctor she visits a glimpse of the future of medicine. The doctor is the medical expert but the rep is the product expert. The savvy doctor will take the product information and add in his context, his training, and the wider body of evidence to make it useful for his practice.

### Commentary

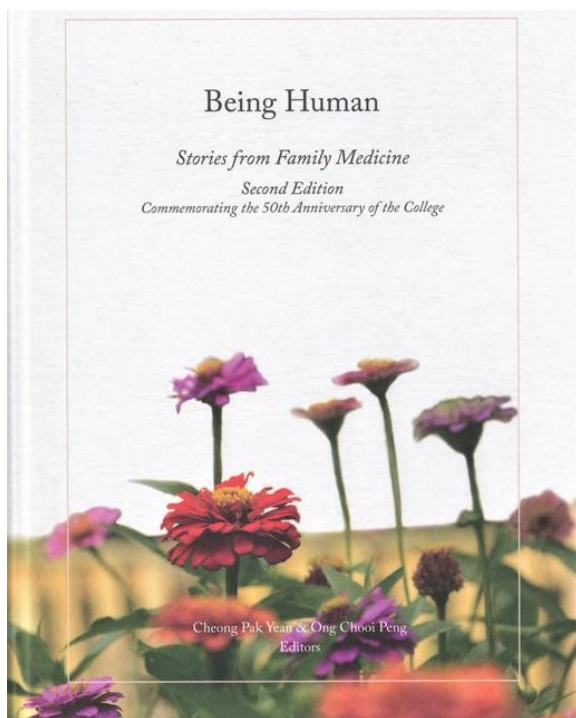
I was a junior doctor in 1985. In my spare time I tried to write up some data I had collected during my national service days into a paper. It was about the immunosuppressive adverse effects of an anti malarial drug, made by a UK company called Wellcome and used in large quantities by the Singapore Armed Forces. I met with the Singapore-based regional medical director of Wellcome, Dr Hamish Dyer. Although he knew that my report would mark the end of purchases by the SAF, he looked through my data and made several suggestions to improve the analysis. I asked why he, as an employee of a company whose business would be affected by my work, was so supportive of it. He

replied that he was firstly a doctor, and that this professional interaction with another doctor was proper and expected, even though it may eventually be costly to the company. In the two years it took to edit and submit the paper, he never once tried to reshape the way I expressed my findings. The paper was eventually published in the British Medical Journal in 1988.

Dr Dyer's collegiate approach had a huge and lasting impact on me. My path eventually led me to over thirty years of work in the pharmaceutical industry, and I have tried my best to interact with other doctors in a professional, positive manner.

It is simplistic to think of pharmaceutical companies as prospering thanks to many faceless doctors prescribing their product. A more fruitful perspective is to realise that meaningful interaction is possible by getting to know the doctors employed within the industry. Both parties — without and within — can benefit from the expertise and ideas of the other, leading to potentially better treatment for patients.

Dr Lee Pheng Soon is a family physician in private practice who is also a pharmaceutical physician employed by the industry. He is a past president of the Singapore Medical Association and comes from a long family tradition of GPs spanning four generations.



The commentary and vignette were reproduced with permission from the book “Being Human, Stories from Family Medicine” edited by Cheong Pak Yean and Ong Chooi Peng and published in 2021 by the College of Family Physicians Singapore. Pictures of illness experiences were drawn by NUS medical students in workshops conducted from 2012-2017 by Assoc Prof Cheong Pak Yean. Senior Family Physicians subsequently shared vignettes and commentaries based on the pictures