



Gifts and Meals:

Best Practices for Academic Medical Centers*

The Problem:

Pharmaceutical and medical device companies offer gifts and meals to medical professionals in order to influence their prescribing behavior. Gifts range in value and can involve services such as entertainment and vacations, as well as items such as pens, notepads, and textbooks. In 2009, a majority of U.S. physicians reported having accepted food and beverages or reimbursements from industry sources.¹ When physicians prescribe drugs on the basis of promotions rather than scientific evidence, the quality of clinical care suffers.

Industry-provided gifts and meals produce tangible effects on clinical behavior. The acceptance of gifts and meals is associated with reduced generic prescribing, increased overall prescription rates, and increased formulary requests for new drugs that lack proven advantages over existing options.²

Research indicates that the acceptance of a gift often produces a subconscious sense of indebtedness in the recipient, which then engenders an urge to reciprocate.³ This effect occurs even when the gift is of negligible value. Gifts influence the interpretation and processing of information on a subconscious level, so even physicians who consider themselves immune to influence can be affected.⁴ Because most physicians are not conscious of the ways in which gifts and meals bias their behavior, they cannot be relied upon to self-regulate their industry relationships. Official policies must govern these behaviors.

Best Policy Practices:

Gifts should be banned in their entirety, regardless of nature or value.

Since even small gifts can affect behavior, *de minimis* restrictions cannot effectively eliminate conflicts of interest.⁵ Furthermore, a complete and unqualified ban on gifting facilitates compliance by eliminating ambiguity. It removes the burden of

Model Policy

West Virginia
University

The policy prohibits all gifts and meals “directly funded or provided by industry or vendors, regardless of nature or value” both on and off-site. Further, the policy addresses meals at off-campus CME events, stating that individuals may accept meals in those circumstances so long as the conflict of interest policy of the sponsoring organization is followed. This caveat does not provide a loophole but, rather, provides for a real-world situation in which a total prohibition on meals is not necessarily feasible.

<http://medicine.hsc.wvu.edu/ConflictOfInterest/MediaLibraries/Medicine-ConflictOfInterest/Media/Documents/PDFS/Code-of-Conduct-SoM-03-15-11.pdf>

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decision from the physicians, who otherwise must determine the appropriateness of a gift on a case-by-case basis.⁶

Industry-sponsored meals and snacks should be banned in their entirety within the institution.

Industry representatives offer food and meals as incentives in order to gain access to physicians, residents, and nurses. AMCs that have eliminated meals from their hospitals note that fewer physicians are willing to sit through a sales pitch if food is not provided. The elimination of meals ensures that physicians meet with industry representatives only if they truly believe that the interaction is worthwhile—not just to obtain free meals. AMCs that choose to accept industry funds for food and meals should only accept such donations through a central institutional repository. Departments, programs, divisions and individuals should not accept meals or funds for meals directly.

Implementation:

Many AMCs with policies that ban gifts focus enforcement efforts on vendors, rather than hospital staff. Hospitals and academic medical centers that adopt new policies banning gifts should apprise vendors of the changes and outline repercussions for violating the policies.

Currently, some hospitals rely on meals provided by industry to feed house staff during meetings. Alternatives to industry lunches include: changing meeting times to the morning before rounds, providing lunch through departmental budgets, suggesting that medical residents and staff bring their own meals, and making attendance mandatory. AMCs should also consider offering prepackaged lunches or establishing an express line in the cafeteria for clinicians who do not have time to stand in line for lunch. ■

References

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Figure 1.

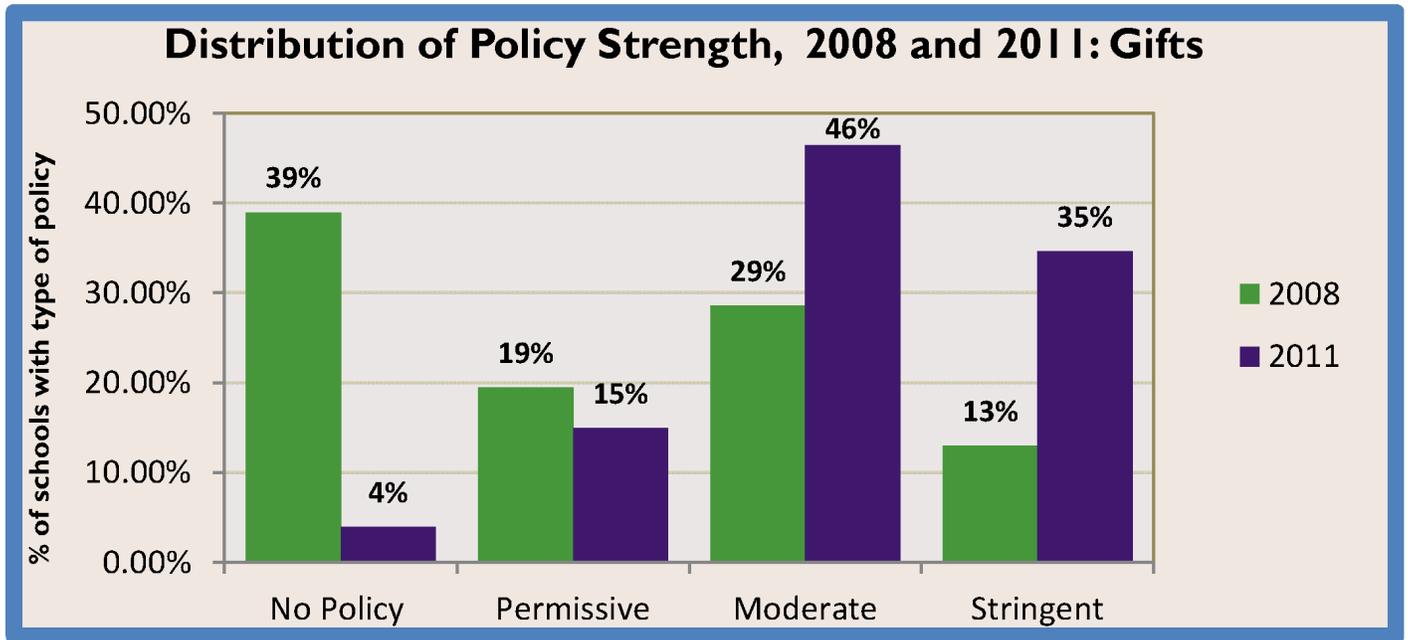


Figure 2.

