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Guest Editorial

Ethics in the pharmaceutical industry: acceptance of responsibility or a facet of marketing?

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Increases in knowledge and growing specialization in the fields of medicine and pharmaceuticals have accentuated a situation in which the patient is as a rule not capable of selecting the medicines most suited to his needs. The patient is obliged to consult a health professional, in whose hands he places his trust and perhaps his life. In putting himself in the hands of an expert, however, he necessarily forfeits a degree of personal sovereignty; for it is the expert who assumes responsibility for the therapeutic decision.

Yet the process does not end there. Very commonly the health professional will in making his choice of treatment consider it necessary in turn to rely upon pharmaceutical producers inasmuch as the latter will commonly be his only readily accessible source of information on the medicines which he may consider using; in their capacity as providers of information, the pharmaceutical houses thus necessarily assume responsibility for providing health professionals with drug data which are both accurate and complete.

The trust which both the health professional (and through him the patient) put in drug companies clearly must not be abused. All the same, drug companies are fond of stressing the fact that they are free agents; they will commonly prefer to acknowledge those responsibilities which they themselves have defined or voluntarily assumed (in the form of self-discipline or codes of ethics) rather than accepting a situation in which mandatory standards of behaviour are to be imposed upon them by the community. Fundamental to the entire situation is clearly the apportionment of trust and responsibility between the parties directly concerned, i.e. the state, the health professionals and the industrial producers of pharmaceuticals. It is the balance between the acts (and the omissions) of these three parties which determines the extent of each of the various forms of liberty, responsibility, right and duty which must function if medicines are to be used in a proper manner [1].

In this connection it is interesting to consider the role currently being played by the Ciba-Geigy company in promoting responsible behaviour by the pharmaceutical industry [2].

In the course of recent years, Ciba-Geigy have taken a series of steps which even earlier critics of the company have seen fit to applaud. Their declarations of principle (in particular as regards the duties incumbent upon pharmaceutical companies [3]), the rapidity with which they have reacted to adverse criticism [4] and the improvement in the standard of their exports to the third world [5] are all elements conducive to the emergence of an image of Ciba Geigy as an “ethical” firm in the strict sense of the word.

The company knew from experience the price which would have to be paid to develop a good corporate image; its withdrawal from the market of clioquinol and (in 1985) of phenylbutazone were both reactions to the harsh criticism which had been levied against the sale of these products [6]. Those currently responsible for policy within Ciba Geigy have drawn the necessary conclusions from the major crises which precipitated those withdrawals. They have also proposed that industry as a whole should benefit from the conclusions to which they themselves came:

“The short-term costs of responsible action and the sacrifice of potential – and perhaps ethically dubious – turnover and profit are thus, in effect, long-term investments in greater market share, turnover and profit... Freedom through responsibility is the most desirable alternative to more rules and rigid legal norms imposed by political majorities that derive legitimacy from well-publicised attacks on the industry for its mistakes and shortcomings” [7].

Patients, health professionals, the State and pharmaceutical manufacturers are in this view portrayed as having essential interests in common: “Good ethics are good business”.

Certain drug manufacturers thus seem to have found material reasons for assuming their responsibilities towards society. All the same, it is far from clear that within companies the proponents of more responsible behaviour will win the day as against those other managers whose over-riding objective is the attainment of profit in the short term.

Health professions are only marginally concerned with such debates as to the basis of industrial ethics. The arguments raised are directed primarily from one sector of the pharmaceutical industry to another, with the purpose of encouraging the latter to take a distinct stance on the issue. Health professionals will continue to make their own judgements as to what is right and wrong, seen from their own particular point of view. For it is in fact their vigilance, the demands which they set, in a word their own ethics which can in the long run determine whether the managers of the pharmaceutical industry do indeed move towards the permanent adoption of high standards of self-discipline rather than merely opting for a new form of publicity characterized by a series of spectacular but isolated acts.

References

- 1 Bardelay, G. Quatres acteurs. *Rev Prescr* 1989;9:185.
- 2 Von Wartburg WP. Improving drug safety: a joint responsibility. *Int J Risk Safety Med* 1990;1:153–156.

- 3 Saunders P. Fewer drugs, better therapy; learning from the third world. *Lancet* 1987;ii:1078–1079.
- 4 Note: Withdrawal of coramine from the market in 1989 as a consequence of a campaign mounted by the Medical Lobby for Appropriate Marketing (MaLAM).
- 5 Study conducted by Dr Hartog for the Declaration of Berne: *Med in Switzerland*, 8, Berne, 1989.
- 6 Hansson O. *Inside Ciba Geigy*. IOCU, 1989.
- 7 Leisinger KM. *Poverty, sickness and medicines – an unholy alliance?* I.F.P.M.A., Geneva, 1989. (Dr Leisinger is responsible for international relations within the Ciba-Geigy company.)