The High Cost of Free Lunch

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Most physicians deny their professional integrity can be "bought" by something as trivial as a cup of coffee or a free lunch. In this paper, we review the social science literature arguing that "gifting" physicians in this way is, in fact, a highly successful method of boosting drug sales. Unlike ordinary consumer goods, the sale of prescription drugs does not take place directly between the producer and the consumer; rather, prescription drug sales are mediated by the physician who writes the script for the medication. Pharmaceutical sales practices are geared toward influencing physician drug recognition so that, when prescriptions are written, their drug is the first one that comes to mind. Even small gifts produce in their recipients a disproportionately powerful willingness to reciprocate in some manner. The simple act of providing food has been shown to make any message more palatable and more likely to be favorably received. We argue that physician prescribing habits should be based upon careful consideration of what medication is really in the patient's best clinical interests, not on who most recently provided the doctor with a free lunch.
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The *New York Times* recently ran a news story about the prevalent practice of pharmaceutical companies buying lunch for physicians so they can have a meal while sales representatives extol their products.[1] A week later, the *Times* ran an editorial decrying this practice and praising those few institutions that "have wisely banned the free lunches."[2] Our personal experience (confirmed by published research) suggests that most doctors are not too concerned about the ethical propriety of free meals.[3] A survey by the American College of Obstetricians and Gynecologists (ACOG) of 397 members who participate in the Collaborative Ambulatory Research Network showed that 77% thought it was acceptable to accept a free "informational" lunch from a pharmaceutical company.[4] In fact, many physicians react with disdain (or even anger) at the suggestion that accepting free lunches from drug companies might somehow be professionally compromising.[4,5] Bert Spilker of the Pharmaceutical Research and Manufacturers of America (PhRMA) endorses this viewpoint when he argues that such critics apparently "fear that physicians are so weak and lacking in integrity that they would 'sell their souls' for a pack of M&M candies and a few sandwiches and doughnuts."[6]

What, then, are we to make of psychiatrist Kevin Hill's epiphany when a patient asked him the jolting question, "Dr. Hill, are we changing my medicine because they gave you a pen?" Hill confessed, "My cheeks and forehead were suddenly awash in warmth, as I looked down and saw my pen did indeed announce the availability of a popular benzodiazepine in a new formulation. At that moment I felt bought and paid for."[7]

As Dr. Hill realized, and as many observers of the pharmaceutical industry have documented,[1,8,9] tactics such as free lunch, pens, notepads, and coffee mugs are highly effective means by which to influence physician judgment and increase pharmaceutical sales. There are 90,000 pharmaceutical sales representatives in the United States selling their products to 567,000 physicians (one sales representative for every 6.3 doctors), and they spend $12 billion per year on physician marketing.[1,10,11] Pharmaceutical sales representatives are bright, personable, well-versed in the details of their products, trained to be politely persistent, and always ingratiating to physicians. As Jane Williams, a former award-winning sales representative for Roche Biomedical and Boehringer Ingelheim Pharmaceuticals writes in her *Insider's Guide to the World of Pharmaceutical Sales* (8th edition), "Know what the number one priority is in the pharmaceutical sales industry. The number one priority is 'sell-

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ing the product'!"[12] And sell product they do. The more contact doctors have with pharmaceutical sales representatives, the more likely they are to prescribe drugs unnecessarily and inappropriately.[13]

To understand why free lunches and similar sales gimmicks are so effective and why physicians routinely fall unwitting prey to these tactics, it is necessary to understand the nature of pharmaceutical sales. Unlike the sale of automobiles, laundry soap, Bermuda shorts, or beer, the sale of prescription medications does *not* involve a direct transaction between the pharmaceutical company and the consumer (the patient). All prescription drug sales are mediated by the physician who writes the prescription. The prescription is the key to pushing the product. Pharmaceutical sales representatives are taught to "close the sale" after they have made a product presentation to a physician. As Jane Williams insists, "Ask for the business. Always ask the physician to make a commitment to write prescriptions for your product. . . .Anytime there is an agreement to write prescriptions, whether it is for a few patients or many, you have made a successful presentation and have closed properly."[14] What interests pharmaceutical companies most is maximizing their leverage with physicians when prescriptions are written. When prescriptions are written, every company wants their product to be the medication that comes first to the physician's mind. The explosive increase in direct-to-consumer advertising of prescription drugs is another attempt to influence prescription writing by physicians by encouraging patients to "ask your doctor if Drug X is right for you."[15] Every sales strategy pursued by pharmaceutical companies is undertaken with the end of pushing their drugs. Does it work? Almost every doctor denies that this is true. . .at least on him or her[4,5]

In 1992, Orlowski and Wateska[16] examined the impact on physician prescribing patterns of a drug company providing all-expense-paid trips to a popular resort to attend company-sponsored educational symposia. Two symposia allowed them to track the impact of this program on the hospital prescribing patterns of two drugs, before and after the all-expense-paid trips occurred. Both drugs were available only as intravenous preparations for use in hospitalized patients. The authors tracked drug usage patterns for 22 months before each symposium and for 17 months afterward. Ten physicians who had attended each symposium were asked if they thought the free trip would influence their prescribing patterns. Not surprisingly, these doctors denied that such a trip would affect them in any way. Were they right?

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The study demonstrated a significant increase in the usage of both drugs within a few months of each symposium. Usage actually went up for both drugs as soon as physicians were given invitations to attend the courses, but before the symposia had even taken place. Thus, the mere *offer* to attend was highly effective in boosting prescriptions. Moreover, when the authors compared usage data from their institution with hospitals with more than 500 beds and for major medical centers, they could clearly demonstrate that the usage of both drugs increased substantially more at their institution than it did nationally over this time period. As they commented, "The temporal relationship to the expense-paid seminar is difficult to ignore and the two- to three-fold increase in prescribed units is impressive."[16]

Skeptics might say, "Of course an all-expense-paid trip to a resort is going to influence someone, but such practices were outlawed in 2002. This isn't done anymore. We really don't have anything to worry about. It is silly to suggest we can be bought for the price of a candy bar or a cup of coffee."

Michael Oldani is a pharmaceutical sales representative turned anthropologist who has written insightfully and analytically about the day-to-day activities of pharmaceutical salespersons.[8] His first manager was fond of quipping, "All things being equal, how are you going to sell your products?" Consider for a moment Oldani's personal description of how "gifting" small items has huge financial ramifications in pharmaceutical selling. As he acknowledges, ". . .drug reps are quite adept at using gourmet food and coffee as a strategy to increase sales."[8]

Toward the end of his time with "Company X," Oldani was quite desperate to make his sales quota for a hospital-based intravenous antibiotic, "Antibiotic S." Acting on a suggestion from an older successful sales colleague who had been positioning himself near a gourmet coffee cart in the hospital lobby to get some "face time" with his targeted physicians before they made morning rounds, Oldani decided to use coffee as his "gift of choice" for physicians. He made arrangements

to have special coffee cards printed, each card good for ten free cups of gourmet coffee when presented to the coffee cart at the teaching institution in question. Each card was emblazoned with an "Antibiotic S" sticker on the back, so that the logo and name of the antibiotic would always be visible just when residents and attending physicians were starting morning rounds and making clinical decisions on patients at the bedside. He targeted residents on those services that admitted the most patients to the hospital and generated the most prescriptions for antibiotics. He made up "gift packets" with file cards showing information on Antibiotic S, included a reprint on the drug's efficacy, and attached a coffee card with instructions on how it was to be used. In less than a month, *he* was the "drug rep of choice" in the hospital. Attending physicians were calling him to ask for coffee cards. He even stopped supplying clinical information and just carried around the coffee cards with the Antibiotic S logo on them. He handed them out to anyone who could write prescriptions. Within a few weeks, he received a phone call from the hospital pharmacist, (a paid speaker, friendly to the company) who was upset that *she* had not yet been given a coffee card. He immediately made sure she was well-supplied with coffee. His sales of Antibiotic S (measured in hospital antibiotic usage) went through the roof, and he easily met his sales quota.

This embarrassing anecdote about the impact of coffee on antibiotic usage emphasizes several salient facts. First, as Lexchin[17] noted nearly 20 years ago, "There is nearly universal agreement that the more heavily a drug is promoted the more it is prescribed." Second, there is enormous scope for the medical community to be influenced by what Mazzullo[18] called "the non-pharmacologic basis of therapeutics." Third, even small, seemingly innocuous gifts such as a cup of coffee may set enormous economic forces in play with important consequences for patients. As Orlowski and Wateska[16] noted, "Patients have a right to expect that a service or product is recommended or prescribed because it is needed and because it is the best, most efficacious, safest, and most cost-effective, based on sound professional judgment unbiased by extraneous factors or inducements." Would you want the treatment of your potentially life-threatening infection determined by who bought coffee for your doctor that morning?

Small things, especially gifts of food, can be extraordinarily influential in establishing relationships and creating in others a sense reciprocal obligation.[19–21] Randomized controlled experiments in social psychology have demonstrated that waiters and waitresses can dramatically increase the size of their tips simply by giving customers a small chocolate candy along with their bill. This technique works, regardless of the quality of service provided, and is a potent reminder of the unconscious power exerted by the obligation to reciprocate when we are given even small gifts.[22] This is exactly what pharmaceutical sales representatives do every day. Indeed, this "norm of reciprocity" undergirds the cycle of pharmaceutical gifting and subsequent physician prescription writing, even though most physicians remain oblivious to the effects on their habits.[23–25]

The provision of food is an especially powerful tool in shaping perceptions and increasing the sense of reciprocal obligation in cultures around the world. As F.L.S. Bell[26] wrote in a classic paper titled "The Place of Food in the Social Life of Central Polynesia," published 75 years ago, "Food *en masse* is a definite proof of either the economic ability or the political power of the exhibitor. . . .This generosity upon the part of one set of people always involved obligatory action of a similar nature upon the part of the other set of people. . . .Food is the key to all social intercourse." Not only does a gift of food produce a subconscious obligation to reciprocate, food *itself* increases the receptivity of the recipient to the message being presented. For example, political slogans presented to experimental subjects during a lunch have been shown to be viewed more favorably than when the same slogans were presented in a less pleasant environment.[27] Providing lunch has even been shown to remove biases previously introduced to experimental subjects.[28] In fact, the presence of food *by itself* increases the acceptance of a persuasive presentation, even though the donor of the food is not even the source of the communication under consideration.[29] No wonder pharmaceutical sales representatives want to provide free lunches: free lunch is one of the most effective sales techniques ever devised, and drug companies spend enormous sums on this activity. When the University of Michigan Medical Center decided to ban free drug company lunches, it discovered that the pharmaceutical industry was spending $2.5 million per year for free meals on its campus.[1] The spectre of such pervasive commercial influence on their campuses has prompted several universities to ban "free lunch" and other, similar promotions, including Yale,[30] Stanford, University of Pennsylvania,[31] and the University of California at Davis. (Regrettably, Wash-

ington University in St. Louis is not among their company).

Free lunches are not just given out randomly, either. Pharmaceutical sales representatives target specific doctors. As pharmaceutical sales mentor Jane Williams reveals, "How often physicians are called upon is determined by their potential, their actual writing habits and accessibility."[14] Pharmaceutical sales representatives usually know *exactly* what prescriptions physicians are writing and each physician's "potential" to become a high-volume script-writer for their products. This is because pharmaceutical companies purchase the electronic records of prescriptions from pharmacies through central data sources that provide them with individual physician prescribing information. This is a $1.75 billion a year industry, but the high return on this expenditure makes it one of the most useful tools in the sales representative's tool kit.[1,9,32] Physicians who interact most frequently with pharmaceutical sales representatives are the doctors most likely to request the addition of new drugs to hospital formularies (regardless of the merits of the product), which is the key to hospital drug sales.[33] Physicians who get most of their pharmacological information from sales representatives are also the most likely to be ill-informed about drug therapy.[13,34]

All of the pharmaceutical sales representatives' activities are directed toward producing and enhancing what Michael Oldani calls the "pharmaceutical gift economy," where "the plastic pen transactions, the free lunch, etc., works by 'limiting and disguising the play of economic interest and calculation' that exists at every level of pharmaceutical product promotion. The industry works very hard to maintain a *feel-good economy* for doctors and reps to coexist, where decisions for prescriptions can be based on other criteria. Thus, a paradoxical health-care economy has been created, one that is all about the patient, while simultaneously not about the patient at all."[8] Physicians justify their participation in this "cycle of gift exchange" through which free food and similar gratuities are exchanged for prescriptions simply by believing that they cannot be bought for such a low price.[5] They rationalize this behavior by invoking a self-serving bias that conflates a seemingly fair view of their professional integrity with that which benefits them: free coffee, a gourmet lunch, or the company of a personable pharmaceutical sales representative whose (often lucrative) livelihood depends upon maintaining and enhancing these small (but effective) favors to influence their judgment and conduct as physicians.[5,35,36]

Surely physicians can do better than this. Surely doctors can buy their own lunches. Surely the medical profession can cultivate sources of pharmacological information that are not irremediably colored by the commercial interests of those trying to influence their prescribing habits. After all, as Peter Mansfield[37] has adroitly pointed out, the dictionary definition of money or a favor given or promised to influence the judgment or conduct of a person in a position of trust is quite explicit: it is a bribe.

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