

# Does New Zealand need a Sunshine Act?

Professor Cindy Farquhar  
University of Auckland

# Declarations of Interest

- No industry funds received for travel or speaking since 1998
- Co-Director of NZ Cochrane Branch
- Uniservices Contract with Manawatu Diagnostics (NZ R&D company) in 2012
- Private Practice - Auckland Gynaecology Group

# Confession time

- Appointed as senior lecturer in 1989
- Published RCT
  - invited to speak at conference in Australia, able to take my family for a week....funded by Upjohn
- 1990-1998
  - Asked to speak for pharma around NZ
  - Funded to travel overseas 4-5 times
- In 1996 established Cochrane group in NZ
- In 1998 I chaired Guideline on HMB
  - I became concerned about my conflicts of interest and the recommendations we were making
  - Stopped receiving any further funds

# Sunshine Act

- Physician Payment Sunshine Act
  - 1<sup>st</sup> proposed in 2007 by Congress
  - Passed into legislation in 2013 and implemented in 2014
- Requires US drug and device firms report to the federal government payments and gifts that they make to physicians (doctors)
  - Includes payments for meals, travel, entertainment, compensation for consulting services, speaking for CME, research grants
  - Some areas still being resolved

# 30<sup>th</sup> September 2014

## OPEN PAYMENTS DATA FACT SHEET

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Table 1 provides a summary of the entire dataset in the 9/30 Open Payments Publication:

<b>Table 1 Open Payment Data Published on 9/30</b>	
<b>Categories</b>	<b>Total</b>
Total Value	\$3.5 Billion*
Total Number of Records	4.4 Million*
Total Number of Physicians	546,000*
Total Number of Teaching Hospitals	1,360*
Total Number of Reporting Applicable Manufacturers and Group Purchasing Organizations	1,419

\* rounded

# Why do we need the transparency?

- Make public the financial inducements used by commercial groups to persuade doctors to favour their products
- Reduce the influence that commercial interests have on doctors
- Underlying premise
  - that patients would respond negatively if they knew their doctor received payments, and that this would lead to doctors to being less likely to accept payments

# Evidence for concerns

- Pharmaceutical company sponsored research is more likely to favour the sponsor's product than independently funded research
  - Bekelman et al 2003, Lexichin et al 2003, Lundh et al 2013, Robertson et al 2010
- Payment to doctors has been shown to influence their prescribing behaviour
  - Robertson et al 2010
- Recipients of industry benefits are often academics or opinion leaders
  - influence large number of colleagues, students and trainees, and their drive for career advancement



- AMSA concerned that medical students & trainees are unduly influenced to prescribe drugs promoted by industry
- Produced the “PharmFree Scorecard”
  - grades US med schools on policies about interactions between students & faculty and pharma industries
- Reported that students are more likely to prescribe higher cost and lower value medications if exposed to industry marketing representatives



*No Kick Backs. No Speakers Bureaus. No Free Samples.  
JUST MEDICINE.*

Ross 2014, Austad et al 2014



# What's happening in NZ?

- Doctors/others are receiving gifts/benefits from industry without having to declare them
  - Conference travel not related to speaking
  - Generous hospitality
- Generally aimed at leaders in their field
  - Academics, clinical directors, prominent doctors
  - Trainees

# Examples

- Recent US conference at least 6 doctors from NZ all hosted by pharma
  - for travel, hotel, meals and conference registration
  - estimated value \$6000 per person
- Recent New Zealand conference
  - main sponsor hosted free evening function for all the clinicians (not the epidemiologists!) which was not on the conference programme – estimated costs per person  $\$180 \times 300 = \$54000$

# Guidelines regarding industry support for educational activities within the Faculty of Medicine, University of Otago

24 June 2010

- ‘Gifts’ from companies that market drugs or devices, however small, carry the risk of undue influence. Acceptance of such gifts is not consistent with good role-modelling.
- Teachers should be good role models in their relationships with companies that market drugs or devices that are used by patients.
- The medical school/campus also should be a good role model. As such, any educational activities which are under the auspices of the school/campus should remain free of undue influence. Sponsorship of such educational activities by companies that market drugs or devices that are used by patients should be avoided.

# University of Auckland

- Declare gifts > \$100
- And seek approval to accept
- “We don’t have much control over private practitioners and medical students receiving travel and hospitality via industry, but this is only one small aspect of University staff interactions with industry” (John Fraser, 15/11/14)

# Auckland Uni Medical Students Assn

- “AMSA has had an unofficial policy of not accepting pharmaceutical sponsorship for a number of years. Over the past two years there have been some instances of events sponsored by AUMSA also accepting pharmaceutical which once again brought the issue to the fore. “
- Policy was recently changed to allow some limited sponsorship

# State services commission

- Applies to all government employees
- Must decline gifts or benefits that place us under any obligation or perceived influence

**STATE SERVICES COMMISSION**  
Te Komihana O Ngā Tari Kāwanatanga



# District Health Boards

- “As a general rule, an ADHB staff member should not accept a gift or benefit (whatever its nature or value) if the gift or benefit could be seen by others as an inducement or reward which might place the employee under an obligation to a third party”

# Dominion Post 12<sup>th</sup> April 2014

- Nikki MacDonald used the OIA to ask all DHBs for information on gifts and benefits provided by Pharma
  - ADHB 17 drug company gifts/benefits worth \$32K
  - CMDHB 29 drug company gifts/benefits gifts worth \$45K
  - Waitemata DHB declared 1 gift
  - Southern DHB 56 drug company gifts
  - Several DHBs – no register



# DHB register of gifts & payments

- \$13,500 from Novartis for flights & hotel to attend 4 day osteoporosis meeting in Rome.
- \$11,000 from Biogen Idec for registration, accommodation and business class return flights to meeting of the European Committee for Treatment and Research in Multiple Sclerosis in Copenhagen.
- \$10,000 from undisclosed donor to attend annual oncology meeting
- \$10,000 from Abbvie for flights, accommodation and registration to attend

**DHB SMOS already receive CME funding \$17K**

haematology staff

- \$4723 from Synthes NZ to attend two-day thoracic trauma course in Bangkok.
- \$3000 from Boston Scientific for accommodation, taxis and meals for three days in Melbourne to observe use of a new product.
- \$3534 to attend two-day Vietnamese Society for Organ Transplant congress in Ho Chi Minh.

Source: District health board gift registers, obtained under the Official Information Act and reported by Dom Post 12/4/2014

# Take the GIFT test?

- Giver - Who is providing the gift, benefit or hospitality and what is their relationship to me?
- Influence - Are they seeking to influence my decisions or actions?
- Favour - Am I providing favour in return for the gift, benefit or hospitality?
- Trust - Would accepting the gift, benefit or hospitality diminish public trust?

**Or just say no ?**



# What are the New Zealand regulations?

- Medical Technology Association of New Zealand
- Voluntary code of practice



**Code of Practice** is a self-regulatory industry code that facilitates ethical interactions between healthcare professionals and the medical technology industry.



# MTANZ Code of Practice

- Purpose – to facilitate ethical interactions between companies and individuals and entities that purchase, lease, recommend, use or prescribe
- Advertisements must comply with the current New Zealand Advertising Standards Authority Therapeutic Products Code of Practice



- Medicines New Zealand is the industry association representing companies engaged in the research, development, manufacture and marketing of prescription medicines
- Code of practice
  - “represents an act of self regulation”

# New Zealand Colleges

- Some examples of good behaviour
  - RNZCGP – no pharma sponsors
  - RACPysch(NZ) – no pharma sponsors or booths or speakers
- The remainder have policies in place that seem to allow a range of gifts and benefits to be passed on to their members

# Advisors to health sector with COI

- Pharmac, HQSC, Medsafe, MoH committees
  - members are asked to disclose commercial COI but can remain on committees and boards at the discretion of the Chair

# In practice in New Zealand

- NZ policy is soft – self regulated and not transparent
- Hospitality at conferences is alive and well
- Offers of free travel to meetings/symposia are plentiful



# Pharma and Physicians Call for UK "Sunshine Act"

By *Ben Steele* on *Jan 30, 2013*

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## French Sunshine Act Finally Implemented

May 22, 2013

**Dutch Sunshine Act: Financial relations between pharmaceutical companies and healthcare professionals will be made public in the Netherlands in April**

***Do we a little miss Sunshine?: The potential impact of the US Sunshine Act in Australia***

**Speech to ARCS Conference, Sydney Convention and Exhibition Centre  
Brendan Shaw, Chief Executive, Medicines Australia**

# In Australia

- Medicines Australia
  - Considering making mandatory reporting how much pharma spends on hospitality and advisory boards
  - However, an “opt out” option for individual health professionals is possible
- Under the Code, the following are banned
  - the provision of gifts
  - entertainment & lavish hospitality

# What would work?

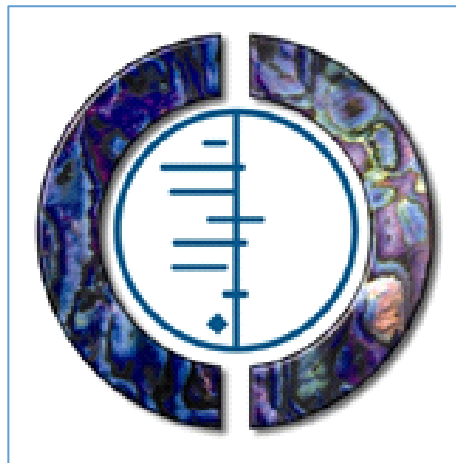
- Universities, DHBs, Colleges
  - developing and auditing of policies that promote transparency
  - reject pharma supported educational activities and restrict access of faculty and students to pharma
- A policy requiring pharma and related companies to disclose any gifts, benefits and sponsorship over a certain value

Where we would be without some  
sunshine...



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- Thanks to the ADHB, Otago and Auckland University, MoH



**@CochraneMDSG**  
**@cfar002**

**[www.cochrane.org](http://www.cochrane.org)**