

Dear Committee members,

I am, and have been since 1983, a full-time practicing clinical medical oncologist in both public and not-for-profit private university-based teaching hospitals.

Over this time I have observed closely as the influence of pharmaceutical companies on the 'education' of doctors, the direction and design of clinical research and the practice of medicine in Australia has steadily increased. It has reached a point now where a new culture of entitlement has developed amongst the medical profession, and most worryingly amongst the younger generation. I believe that there is significant observational and research evidence that this is now seriously eroding the independence and integrity of the profession and adding large and often unnecessary costs to our health budget.

Close relations between physicians and the pharmaceutical industry can be very beneficial for the medical profession and for society. However, as with all relationships between private enterprise and those with control over public spending, they must be open and transparent.

I am an Adjunct Clinical Associate Professor in the Department of Medicine at AMREP and Cabrini Hospital, Monash University, Melbourne, and have published a number of peer-reviewed papers on this topic which I attach. I gave sworn evidence to the Federal Court in 2006 on behalf of the ACCC in the hearing challenging the ratification of the proposed 16th revision of Medicine Australia's code of conduct that led to the Court, under Justice North, forcing Medicines Australia to amend its code and release 6-monthly aggregate reports of its spending on marketing to the medical profession.

As Professor Ken Harvey has stated, at the very least 'these activities can encourage conscious or unconscious reciprocity by the recipients which can manifest itself in uncritical acceptance, overprescribing and use of expensive new company

products and underutilisation of more cost-effective drugs and medical devices.'

More importantly however, these activities and largely concealed relationships have been shown to distort published medical evidence by influencing how studies are designed and conducted, by influencing which studies are published and which are not, and which results and side-effects in the published studies are emphasised and which are not. This can have the overall result of "stacking the deck" in favour of unproven new and expensive treatments which can also have undeclared and serious toxicities. It has also been shown to lead "key opinion leader" doctors to be more willing to advocate for certain treatments over simpler and less expensive treatments when adequate robust evidence is lacking. This advocacy and "control of what becomes medical evidence" by, and on behalf of, the pharmaceutical industry can extend to these expensive, unproven and potentially toxic treatments being put into very influential documents. These documents include current clinical guidelines reviews for doctors in areas ranging from childhood and adult psychiatry to diabetes to arthritis and to cancer. The cost implications of these distortions for our health system, which will continue to be under ever-increasing pressure to meet the treatment aspirations and expectations of an ageing population, are very significant indeed.

I attach recent research emphasized the crisis that has developed in clinical medicine in Australia, and worldwide, with this gradual erosion of the autonomy, independence and integrity of the medical profession.

We in Australia need a system that strikes the right balance between encouraging innovative research and development and maintaining transparency and accountability. This bill gives the senate an opportunity to restore that balance and make changes that will help us maintain an effective and cost-efficient health system for Australia.

Yours Sincerely,
Ian Haines