

Note: A version of some of these vignettes is available as a YouTube video, which can be found at the bottom of the ethics curriculum page. Discussion questions for each vignette can be found below.

Clinical Vignette 1:

Dr. Jones works in a very busy community outreach psychiatric clinic. He mainly sees patients who are considered to be under the poverty guidelines. Of these patients, many are homeless or at least unemployed, with no benefits and no income. He relies on pharmaceutical representatives quite often when patients who have largely been treatment-resistant to more affordable medications need a new expensive medication to maintain stability, and thus remain out of the hospital. He gets samples from a pharmaceutical representative to do a trial of medication with the patient, and then will have the case manager help the patient fill out a patient assistance program application. Fortunately, many of the newer medications are available under generous patient assistance programs by the pharmaceutical manufacturers. They will send Dr. Jones a 3-month supply of the medication for his patients at no cost to him or the patient.

Discussion Questions:

1. What are the benefits of using pharmaceutical patient assistance programs?
2. What are the negatives of using pharmaceutical patient assistance programs?
3. Is it unfair that Dr. Jones can use the system to get some of his patients' medications for free that would otherwise cost other patients thousands of dollars? What about the treatment resistant patients that would end up hospitalized without this service? Who ultimately pays for these very expensive "free" medications?

[As you can see, this starts to get very murky, as there are strong reasons for Dr. Jones to continue his current practice of accepting samples and using patient assistance programs, but also many reasons why he should not, as well.]

Clinical Vignette 2:

Dr. Faris works in a busy community psychiatry outpatient clinic and has been working in the field of psychiatry for almost 35 years. Dr. Faris has been out of school for a long time and finds it very difficult to keep up with all the new medications that have come out in the last decade. She would be unable to try the medications if it were

not for the pharmaceutical representatives that come to visit her, offering her updates on the newer medications and offering her samples to use to get her patients started on the medication. Dr. Faris knows there are risks to her interactions with the pharmaceutical representatives, but feels the education and the ability to keep up with the newer medications ultimately is beneficial for her patients. Thus, she feels her behavior is ethically sound. After all, her friend Dr. Redgy has been out of residency as long as Dr. Faris, and he refuses to see pharmaceutical representatives. Because he has no experience using them, he has not used many of the newer medications that have now become generic.

Discussion Questions:

1. What are your thoughts about how Dr. Faris operates?
2. What are some of the ethical issues that arise when looking at how Dr. Faris practices?
3. What about Dr. Redgy? Do you know of any physicians who have not been able to keep up with psychopharmacology? Do you think this affects patient care?

Clinical Vignette 3:

Dr. Martin has been in private practice for about 10 years. He loves operating his practice with the autonomy to make his own decisions regarding the day to day operations of running a clinic. He used to work for a larger practice and, although he liked having such close collegial relationships with his peers and the ability to consult others about tough clinical cases, ultimately he decided that he wanted less structure and rules. Since Dr. Martin has been out on his own, his relationships with his peer physicians have suffered and he often finds himself feeling isolated. He occasionally has difficulty when he feels he has “run out” of medication options, especially with some of his longstanding treatment-resistant patients who just never seem to get better. He has been invited to many pharmaceutical manufacturer lectures on new medications, but usually declines to go, as he has a conflicted view on the pharmaceutical companies. One day, he decides to go to an industry-sponsored lecture at a nice restaurant in town to connect with other psychiatrists. He attends the event and meets several doctors, and they exchange information and end the evening talking about the next dinner event coming up in two weeks. Dr. Martin feels rejuvenated after the evening is over, having had some very nice conversations regarding patient management and medications, and he finds himself very much looking forward to the next event. A few days later, the representative who organized the dinner shows up at Dr. Martin’s office wanting to talk about the patients he has personally had on the new medication that was discussed at the dinner event. Dr. Martin feels a sense of guilt as he explains to the representative that he has not yet had

the opportunity to prescribe the medication, as he felt it would be too expensive for his patients. The pharmaceutical representative then takes out a card that explains which insurance companies currently cover his medication, as well as some other materials to hand out to patients and co-pay cards that give the patient a month of medication for free with a prescription.

Discussion Questions:

1. Do you think Dr. Martin's prescribing habits may be altered by his most recent interactions with the pharmaceutical industry?
2. How do you feel about pharmaceutical company-organized educational dinners?
3. How do you feel about pharmaceutical representatives in general? Do you plan to meet with them once you are out practicing in the community?
4. What are some of the ethical dilemmas described in this vignette?

Clinical Vignette 4:

One of your long-time patients, Mary, comes in with a magazine article with an advertisement for the newest antidepressant medication on the market. She has been on several medications in the past. There are many other medications that would perhaps be less expensive than this new medication, but Mary is insistent that you start her on this new medication because she saw the commercial on TV, and she really feels it is the "answer" she has been looking for. You are familiar with this new medication because you keep abreast of the new medications as they are approved for use. Mary could be a good candidate for this medication. She is very depressed and has been for a long time, despite trials on several other medications.

Discussion Questions:

1. What are some of the things to consider as you try to decide what to do for Mary and what is in her best interest?

[financial part, her positive feelings about the medication and insistency that it will help her, the effort it will put on your office staff as you know the medication is going to require a prior authorization. Ultimately, you will probably get the med covered, but should you have chosen to switch her to some other medication that would be on her accepted formulary for her insurance plan instead?]

2. What will Mary think if you refuse to prescribe this medication to her?

3. Could your rapport be eroded depending on how you handle this situation?

4. What kind of conversation will you have with Mary about this decision that needs to be made?

The American Medical Association Working Group for the Communication of Ethical Guidelines on Gifts to Physicians from Industry (38)

Link: <http://journalofethics.ama-assn.org/2014/04/coet2-1404.html>

Many gifts given to physicians by companies in the pharmaceutical, device, and medical equipment industries serve an important and socially beneficial function. For example, companies have long provided funds for educational seminars and conferences. However, there has been growing concern about certain gifts from industry to physicians. Some gifts that reflect customary practices of industry may not be consistent with the Principles of Medical Ethics. To avoid the acceptance of inappropriate gifts, physicians should observe the following guidelines:

[1] Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members.

[2] Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notepads).

[3] The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

[4] Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can

use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

[5] Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.

[6] Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional or specialty medical associations.

[7] No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures.

The Council of Ethical and Judicial Affairs (CEJA) operational guidelines on gifts to physicians from industry: an update [39]

1. The gift primarily benefits patients.
2. The gift should not be of substantial value (defined by the AMA as more than \$100).
3. If the gift is an educational activity, it must be unbiased and legitimate (free of bias in content or selection of speaker).

4. No “strings” must be attached (gifts should not be contingent on physicians performing an activity specified by the company).

Clinical Vignette 5:

[adapted from Collins J. Professionalism and Physician Interactions with Industry. J Am Coll Radiol 2006; 3:325-332.]

Dr. Rogers receives an invitation from an antipsychotic medication manufacturer to attend a weekend symposium on current prescribing recommendations in psychotic illness. The event will be held at a very nice beachside resort. There is no cost to attend the conference and the lodging for each physician will be covered.

Discussion Question:

1. Based on the AMA guidelines, should the psychiatrist accept this invitation?

Clinical Vignette 6:

[adapted from Collins J. Professionalism and Physician Interactions with Industry. J Am Coll Radiol 2006; 3:325-332.]

All psychiatrists who are signed up on a website receive an email invitation to participate in an online educational program. This program details current approaches to the treatment of depression, sponsored by one of the pharmaceutical companies currently marketing a new antidepressant medication. The speaker has been widely published and is considered an expert in treating depression. Each psychiatrist who registers and completes the session receives an Amazon gift card for \$100 towards the purchase of a medical textbook.

Discussion Question:

1. Should the psychiatrist accept the invitation and participate?