The Physician Payments Sunshine Act: a smokescreen if no action!

TO THE EDITORS: The call of Shalowitz et al for action regarding interactions with industry is a commendable beacon. We applaud the clarity: Interactions are “strongly discouraged” (see Table1) because, of course, industry’s aim is “to influence (prescribers) behavior” and “transparency by itself is not a sufficient solution.” However, industry continues to argue that it “plays a valid and important role in the provision of medical education …” and that “medical representatives can be a useful resource for healthcare professionals …” despite evidence to the contrary. In addition, mere disclosure of conflicts of interests does not make them disappear. We should avoid euphemisms such as “social events and industry symposia” when they are actually “sham events to increase prescribing.”

Their analysis of data available with the Physician Payments Sunshine Act is revealing when they highlight that 765 gynecologists accepted research-unrelated payments totaling $1,957,004 in 2014 (mean value $2500 each), 48 receiving >$10,000.1 This way of portraying the data contrasts with other reports that minimize the problem, for example when pediatric authors summarize company-reported data as a “median individual payment” of $14,000 (see Table1) because, of course, industry’s aim is “to influence (prescribers) behavior” and “transparency by itself is not a sufficient solution.” However, industry continues to argue that it “plays a valid and important role in the provision of medical education …” and that “medical representatives can be a useful resource for healthcare professionals …” despite evidence to the contrary. In addition, mere disclosure of conflicts of interests does not make them disappear. We should avoid euphemisms such as “social events and industry symposia” when they are actually “sham events to increase prescribing.”

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References