



Commentary

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Mental health nursing is not for sale: rethinking nursing's relationship with the pharmaceutical industry

The relationship between the pharmaceutical industry and medicine has long been acknowledged as ethically problematic and a topic for ongoing reflection and debate (Komesaroff & Kerridge 2002, Green 2008). Such debate has been minimal in nursing, but has become increasingly important as nursing has obtained prescriptive authority in many countries and constraints on health and education budgets have led to a greater reliance on pharmaceutical company sponsorship for education, research and professional activity. Bracken & Thomas (2009, p. 245) have argued that the credibility of the psychiatric profession has been brought into disrepute '... through the corruption of our research and training agendas by the interests of major drug companies in alliance with senior individuals from our profession'. Nursing as a profession needs to critically consider its relationship with the pharmaceutical industry now in order to maintain the respect and integrity it currently enjoys.

This commentary does not dispute that drugs may work; that they may be a central part of the psychiatric enterprise or indeed that the pharmaceutical industry is necessary. Nurses also need good-quality and unbiased information regarding medical treatments. Clearly, the profession of nursing (as with medicine) has a relationship with the pharmaceutical industry and individuals who work in these industries are generally well intentioned. Bracken & Thomas (2009) warn against dichotomizing complex relationships as good or bad, and casting critics as heroes or villains. This commentary does not call for an end to a relationship, but rather a consideration of the terms of the relationship in light of a recognition of the different and sometimes conflicting interests of nursing as a profession and the industry.

The pharmaceutical industry may indeed provide some valuable even good services to medicine and nursing. However, these services are proffered not out of beneficent intent, but in order to influence the behaviour of health professionals (Rothman *et al.* 2009, Steinbrook 2009a, b). Some seven billion dollars (US) is spent annually on pharmaceutical company promotions to medical professionals in the United States (Steinbrook 2009a). A cursory review of nursing academic journals reveals a considerable number of drug advertisements directed at nurses and a burgeoning number of articles discussing or promoting particular products or classes of drugs. A pharmaco-centric bias has been described in nursing publications in which claims about the efficacy of drugs are uncritically expounded (Lakeman & Cutcliffe 2009). Recent consideration has been given to the extent of the exposure of students and nurses to pharmaceutical company marketing (which appears ubiquitous) and speculations regarding the effect that such exposure might have on prescribing practice (which is probably quite considerable) (Ashmore & Carver 2001, Spicer 2006, Ashmore *et al.* 2007). Jutel & Menkes (2008, p. 197) describe nurses as a 'soft target' for marketing, which has been '... at the expense of the health budget, evidence-based care, and nursing integrity'.

The receipt of gifts, education, resources, meals and the like from pharmaceutical companies is widely viewed as potentially ethically problematic in medicine (Steinbrook 2009a, b). Commentators have argued that the negative impacts of exposure to inducements such as these can be attenuated by education about the marketing strategies of pharmaceutical companies, maintaining vigilance and a critical stance towards claims by pharmaceutical company representatives and full disclosure of sponsorship by and interests in pharmaceutical industry by authors (Hemingway 2003, Carver & Ashmore 2004, Jutel & Menkes 2008). None of these practices are routine in nursing. An

obvious potential consequence of marketing might be that nurses are effectively seduced into recommending an expensive new drug over an equally effective off-patent drug. However, nurses are often drawn in more subtle ways into furthering the interests of the pharmaceutical industry. While there may be some overlap, these are not the same as nursing interests, the interests of service users or the interests of providing good health services.

The interests of pharmaceutical companies

The interests of pharmaceutical companies are first and foremost the maximizing of profits. Psychiatric drugs are some of the most profitable, often prescribed compulsorily for exceptionally long periods of time and subsidized by socialized health systems. Remarkably, such profits have barely been dented by a series of revelations and findings that cast the industry in less than a beneficent light and suggest that psychiatric drugs are sometimes ineffective, dangerous or both. For example, a series of highly publicized meta-analysis have concluded that newer classes of antidepressants (the most prescribed psychiatric drugs) are no more effective than placebo in most people that take them (Moncrieff & Kirsch 2006, Kirsch *et al.* 2008). A further review of trials registered with the United States Food and Drug Administration concluded that most drug trials of antidepressants with negative results were not published at all or were published to give the findings the greatest positive 'spin' (Turner *et al.* 2008). Furthermore, numerous deaths have now been associated with what has been called 'Serotonin Syndrome' (Boyer & Shannon 2005), casting doubt on the safety of the selective serotonin reuptake inhibitors (the packaging of which are now peppered with 'black box' warnings).

Of course antidepressants may be helpful for some people, but in a world of 'evidence based' medicine their use would be reserved for those with the most severe depression. Indeed, the National Institute for Health and Clinical Excellence (2007) recommends against using antidepressants in cases of mild depression and using them in combination with psychotherapy in severe cases. However, antidepressants continue to be prescribed in huge volumes. For example, in the first quarter of 2009 antidepressants accounted for 3% of the total drug spend in England, that is,

over nine million prescription items (an increase of 7% on the same quarter in 2008), at a cost of over £57 million. This is a marketing triumph that serves the commercial interests of pharmaceutical companies well.

It is also clearly in the commercial interests of pharmaceutical companies (but not always in the best interests of service users) to extend the prescription of already patented drugs to other indications through formal approval mechanisms or by encouraging off-label use (Fugh-Berman & Melnick 2008). Bristol-Myers Squibb recently agreed to pay state Medicaid programs a combined total of \$US 403 million to settle lawsuits against the company (Rizo 2008). Among other issues this settlement relates to allegations of bribing health professionals to buy products, for promoting the drug Abilify to treat children and dementia-related psychosis (which it was not approved for), and for overinflating prices for various prescription drugs (Bjorhus 2008, Rizo 2008).

The company Eli Lilly pled guilty in federal court and recently agreed to pay \$US 1.4 billion, the largest individual corporate fine in history, for marketing the drug Zyprexa (olanzapine) for off-label purposes, including the treatment of dementia, agitation, aggression and sleep problems (Zmietowicz 2009). Eli Lilly had already spent close to \$US 1.2 billion to settle 30 000 individual lawsuits from people who developed diabetes after taking the drug (Berenson 2008). When Zyprexa was first released, Eli Lilly was criticized for aggressive marketing of the drug, including offering university scholarships to those that switched to the drug (Josefson 1998). This paid dividends and in 2005 this drug brought in 4.2 billion dollars in revenue for Eli Lilly (Rosack 2007). The drug continues to be Lilly's number one seller, far exceeding its other popular products, which include popular treatments for diabetes (Lilly 2008), and it accounted for 1% of the English national total drugs spend in the first quarter of 2009 (NHS Information Centre 2009).

Nursing collusion with marketing and promoting the interests of pharmaceutical companies

Up to 35% of pharmaceutical company revenue is spent on direct marketing and inducements to clinicians (Green 2008). This is not an example of benign philanthropy but rather good business.

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Frequent and intensive exposure to marketing has been found to favourably influence attitudes towards drug companies (Civaner *et al.* 2008) and it would seem to reinforce the orthodoxy of drugs as the main treatment for almost any problem that people present with. A pertinent example of this is that between 1993 and 2003 the prescription of antipsychotic drugs to children and teenagers increased sixfold in the United States (Hopkins Tanne 2006).

The influence of pharmaceutical companies on the education of nurses in the workplace is pervasive and engineered in increasingly sophisticated ways beyond the provision of sandwiches, mouse pads and novelty pens. Some of the products, particularly multimedia resources relating to drug side effects, are exceptionally well packaged, highly relevant and valued by clinicians and educators. In Australia Janseen-Cilag (makers of Risperdal among other drugs) employ experienced nurses called 'Mental Health Nurse Advisors'. This appears to be a common practice. The motto of the scheme is 'Managing Mental Health Together' and the nurses travel the country providing education principally to other nurses.

While the sponsors apparently have no influence in the choice of topics for education, the promotion of 'concordance skills' in response to an apparent desire of nurses for training in psychotherapeutic skills (personal communication with a Mental Health Nurse Advisor) would seem to serve the interests of the sponsors well. Other 'brief therapies' such as problem-solving therapy (Pierce & Gunn 2007), cognitive behavioural therapy (Whitfield & Williams 2003), motivational interviewing (Rubak *et al.* 2005) or any number of 'evidence-based' brief therapies are independently effective for a range of mental health problems in their own right and would be the obvious choices to use to teach psychotherapeutic skills. However, concordance 'therapy' is firmly rooted in assumptions that drugs are the 'mainstay' of treatment; it capitalizes on nursing relationships to get people to take drugs. Some people will see the dissemination of large numbers of 'Concordance Skills' manuals (credited to Gray & Robson 2006) to nurses as a beneficent gesture; indeed, Janssen-Cilag writes on the back of the glossy manual, 'Prepared as a Service to Medicine'. Jansen produces the depot drug 'Risperdal Consta' that is widely marketed as helping ensure compliance and was projected to have earned \$US

1.2 billion in global revenues in 2008 (Business Wire 2008).

The influence of pharmaceutical companies extends to the very core of the nursing profession. The Australian College of Mental Health Nursing has for many years received sponsorship from drug companies for their annual international conference. Eli Lilly was the main sponsor in 'The Partnerships in Wellbeing Awards' in conjunction with the Centre for Psychiatric Nursing and the Australian Mental Health Consumer Network (ACMHN 2008). The 'partnership in wellbeing awards' were of \$AU 6000 for major prizes to support the development and continuation of existing programmes that help people with a mental illness to optimize their lifestyle and improve quality of life. This gesture was accompanied by a brochure outlining the importance of assisting people to lose weight. The studies cited to support weight loss programmes in the brochure advertising the awards (Pendlebury *et al.* 2007, Smith *et al.* 2007) include authors who are directly employed by Eli Lilly. The preponderance of articles cited emphasizes that people with serious mental illness are innately, perhaps even genetically predisposed to obesity and poor lifestyles and the now well-recognized contribution of specific drugs (such as olanzapine) to obesity and diabetes is minimized.

It is hard to imagine a better and cheaper form of advertisement for Eli Lilly who publicly receive tacit approval from service users, the nursing profession and the nursing academy. There may well be many people who construe nothing wrong with sponsorship of this nature, or it might be argued that it is virtuous for a company to settle law suites relating to the drug causing diabetes in one country, and be a 'partner in wellbeing' in another, promoting projects that do have beneficial outcomes. However, partnering with an organization representing nursing sends a strong public message about nursing's alliances and values. This in turn affects the public image of the profession and every individual nurse. This potential conflict of interests is now recognized in medicine and a complete ban on pharmaceutical and medical device industry funding for professional medical associations is now advocated (Rothman *et al.* 2009).

There are more subtle ways in which nurses can support a pharmaco-centric view that serves the interests of drug companies. For example, Hodge & Jespersen (2008) recently published a small survey

with a low response rate of people receiving clozapine ($n = 27$) and the views of some clinicians regarding side effects. This assumed the esteemed position of 'feature article' in the journal and won the coveted Stan Alchin award at the Australian and New Zealand College of Mental Health Nurses 2005 conference. The first author was the clozapine coordinator/nurse (this dual role might ordinarily be considered a threat to the validity and credibility of the study) and undertook semi-structured interviews with her clients.

The authors acknowledged that the study was paid for by Mayne Pharma (makers of clozapine). This disclosure is admirable as nursing journals rarely publish disclosures of competing interests or details regarding relationships with industry. The sponsors would undoubtedly be happy with the conclusions which included that clinicians overestimated side effects, a drooling mouth was experienced as the most severe side effect and only 19% of the 27 people stated that they were unhappy about blood tests. One statement that carried particular weight in the abstract (based on the clozapine nurse talking with the respondents) was that 'Clinicians and consumers agreed that clozapine lifts mood' (p. 2) (later we learn that 21 people described their mood as '... better on clozapine', p. 5). In a peer-reviewed journal these types of statement carry considerable authority and hint at a cause and effect relationship that could not possibly be supported by the design of the survey.

Even if the 27 respondents agreed with the statement that their mood was better some time after starting the drug than before, this could still be due to a myriad of factors quite aside from the drug. People are often commenced on clozapine when in crisis or when other drugs are perceived not to be working. They then take part in a very expensive monitoring protocol that initially involves at least weekly contact with a doctor, an especially employed nurse, as well as visits to pathology labs, cardiac specialists and so forth. Few groups of service users receive this kind of intensive involvement or support, yet health professionals will readily attribute any positive change to the drug rather than the obvious non-specific factors the person is exposed to. This paper is illustrative of a pervasive pharma-centric bias in recent nursing publications (Lakeman & Cutcliffe 2009) that clearly benefits the commercial interests of pharmaceutical companies.

Promoting the interest of nursing and service users

Some time ago, Barker (1999, p. 109) stated that nurses '... face a major ethical dilemma in choosing between our faith in biomedical explanations of ill-health, on the one hand, and listening to, and learning from, the people in our care ... on the other'. We also have a choice, regarding the extent to which we as a profession are to be aligned with an industry whose interests are principally about the promotion of market share and the maximization of profits and we have a duty to critically examine the evidence of what works to improve well-being and how this evidence is generated and presented. This is not a call to absolutely reject the idea of pharmacotherapy, but rather to examine our public relationship with the pharmaceutical industry and reconsider our alliances. Accordingly, and consistent with current calls for reform in medicine (Rothman *et al.* 2009, Steinbrook 2009a, b) and nursing (Ashmore & Carver 2001), the following recommendations are made:

1. All peer-reviewed nursing journals should require that authors submit and publish declarations of conflict of interest, and disclosures of any remuneration in money or kind received from the pharmaceutical industry.
2. Editors and reviewers of journals should ensure that articles relating to pharmacotherapy are critically reviewed so as not to overinflate perceptions of efficacy of particular drugs. Guidelines relating to advertising drugs in nursing journals (see Ashmore & Carver 2001) should be rigorously enforced and guidelines for web-based advertising should be formulated.
3. Nursing organizations should refuse direct funding from pharmaceutical companies and not enter into arrangements whereby companies are seen or promoted to be 'in partnership' with nursing or the organization. Professional nursing organizations have a responsibility to the wider professional body to present a non-partisan public face of nursing, not to enhance the image of commercial companies as caring benefactors.
4. Nursing education providers should work to prepare nurses to be sophisticated consumers of pharmacological industry marketing practices.
5. Health services must set aside sufficient resources for ongoing education of staff and reduce reliance on pharmaceutical companies as the principle source of education. At a political

level the cost of patented psychiatric drugs should be reduced and some of the vast sums presently spent on pharmaceutical marketing redistributed back to direct provision of front-line staff and education.

6. Nurses must receive sufficient training and supervision in psychotherapy and counselling skills to be competent. Peplau (1952) viewed counselling as the most important role that nurses could assume and this is further confirmed by recent findings suggesting that antidepressants are ineffective for any but the most severe cases of depression. The quality of the relationship that nurses adopt with service users and their competency in counselling have been and will continue to be crucially important to people's recovery. This should be celebrated and developed, not subtly subverted into a tool to get people to take drugs.
7. Governments should ensure that sufficient funding is available for good-quality pharmacotherapeutic and psychosocial research so as to reduce reliance on the pharmaceutical industry. Drug trials are undertaken (principally in order to obtain approval or extend the usage of already approved drugs) with the consequence that 'evidence-based' psychiatry is grossly biased towards pharmacotherapy. On the other hand, psychosocial approaches with no commercial value are neglected areas of research enquiry and receive a paucity of funding. This imbalance can only be addressed through public funding for research in most countries.

The public trust in mental health nursing stands to be eroded unless the profession repositions itself further away from the pharmaceutical industry. This is now crucially important as nurses increasingly assume prescribing roles and the public become increasingly sophisticated and critical consumers of health information. Nursing will be damaged by being seen to be sponsored and educated by, spokespeople for and partners with the pharmaceutical industry while simultaneously promoting, prescribing and in some instances compelling people to receive expensive drugs with sometimes dubious effectiveness and dangerous side effects. Nurses have a duty to impartially and critically evaluate evidence relating to psychiatric treatments and if necessary support people in their decision to take (or not to take) medications. They need to provide the care that people need. The public deserves a nursing service that is seen not to

be manipulated by commercial interests but rather, is aligned directly with the interests of service users.

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References

- ACMHN (2008) Partnerships in wellbeing flyer. Available at: http://www.acmhn.org/Lilly_Partnerships_Flyer.pdf (accessed 4 May 2008).
- Ashmore R. & Carver N. (2001) The pharmaceutical industry and mental health nursing. *British Journal of Nursing* 10, 1396–1402.
- Ashmore R., Carver N. & Banks D. (2007) Mental health nursing students' relationships with the pharmaceutical industry. *Nurse Education Today* 27, 551–560.
- Barker P. (1999) *The Philosophy and Practice of Psychiatric Nursing*. Churchill Livingstone, Edinburgh.
- Berenson A. (2008) Finance: Eli Lilly settles a suit on drug's side effects. *The International Herald Tribune* 17 March 2008, 14.
- Bjorhus J. (2008) Minnesota to get \$4 million in Bristol-Myers Squibb settlement [Electronic Version]. Pioneer Press. Available at: http://www.twincities.com/ci_9961621 (accessed 29 July 2008).
- Boyer E.W. & Shannon M. (2005) The serotonin syndrome. *New England Journal of Medicine* 352, 1112–1120.
- Bracken P. & Thomas P. (2009) Authors' response. invited commentary on . . . Beyond consultation. *Psychiatric Bulletin* 33, 245–246.
- Business Wire (2008) Alkermes reports financial results for fiscal 2008 and provides financial expectations for fiscal 2009 [Electronic Version]. Available at: http://findarticles.com/p/articles/mi_m0EIN/is_2008_May_22/ai_n25452217 (accessed 30 July 2008).
- Carver N. & Ashmore R. (2004) Anything to declare? Competing interests in mental health nursing journals. *Journal of Psychiatric and Mental Health Nursing* 11, 620–622.
- Civaner M., Sarikaya O., Alici S.U., *et al.* (2008) Exposing nursing students to the marketing methods of pharmaceutical companies. *Nursing Ethics* 15, 396–410.
- Fugh-Berman A. & Melnick D. (2008) Off-label promotion, on-target sales. *PLoS Medicine* 5, 1432–1435.
- Gray R. & Robson D. (2006) *Concordance Skills: A Manual for Mental Health Workers*. Janssees-Cilag Pty, Australia.
- Green S. (2008) Ethics and the pharmaceutical industry. *Australasian Psychiatry* 16, 158–165.

- Hemingway S. (2003) Mental health nursing and the pharmaceutical industry. *Mental Health Nursing and the Pharmaceutical Industry* 7, 2–29.
- Hodge K. & Jespersen S. (2008) Side-effects and treatment with clozapine: a comparison between the views of consumers and their clinicians. *International Journal of Mental Health Nursing* 17, 2–8.
- Hopkins Tanne J. (2006) Antipsychotic use among US young people has risen sixfold. *British Medical Journal* 332, 1407.
- Josefson D. (1998) Marketing of antipsychotic drugs attacked. *British Medical Journal* 316, 645.
- Jutel A., & Menkes D.B. (2008) Soft targets: nurses and the pharmaceutical industry. *PLoS Medicine* 5, 193–198.
- Kirsch I., Deacon B.J., Huedo-Medina T.B., *et al.* (2008) Initial severity and antidepressant benefits: a meta-analysis of data submitted to the food and drug administration. *PLoS Medicine* 5, e45 doi:10.1371/journal.pmed.0050045.
- Komesaroff I. & Kerridge H. (2002) Ethical issues concerning the relationships between medical practitioners and the pharmaceutical industry. *Medical Journal of Australia* 176, 118–121.
- Lakeman R. & Cutcliffe J. (2009) Misplaced epistemological certainty and pharmaco-centrism in mental health nursing. *Journal of Psychiatric and Mental Health Nursing* 16, 199–205.
- Lilly (2008) Press release: Lilly reports solid first-quarter results. Available at: http://www.prnewswire.com/cgi-bin/micro_stories.pl?ACCT=916306&TICK=LLY&STORY=/www/story/04-21-2008/0004796315&EDATE=Apr+21,+2008 (accessed 25 July 2008).
- Moncrieff J. & Kirsch I. (2006) Efficacy of antidepressants in adults. *British Medical Journal* 331, 155–157.
- National Institute for Health and Clinical Excellence (2007) CG23 Depression: NICE guideline (amended). Available at: <http://guidance.nice.org.uk/CG23/NiceGuidance/pdf/English> (accessed 9 July 2009).
- NHS Information Centre (2009) PSU national prescribing report 2008–9, quarter ending March 2009, England. Available at: <http://www.ic.nhs.uk/webfiles/Services/PSU/NatPresReport%20Q4%200809.pdf> (accessed 16 September 2009).
- Pendlebury J., Bushe C.J., Wildgust H.J., *et al.* (2007) Long-term maintenance of weight loss in patients with severe mental illness through a behavioural treatment programme in the UK. *Acta Psychiatrica Scandinavica* 115, 286–294.
- Peplau H.E. (1952) *Interpersonal Relations in Nursing*. Putnam: New York.
- Pierce D. & Gunn J. (2007) Using problem solving therapy in general practice. *Australian Family Physician* 36, 230–233.
- Rizo, C. (2008) Squibb settles with states for \$403 million. Available at: <http://www.legalnewslines.com/news/214168-squibb-settles-with-states-for-403-million> (accessed 15 September 2009).
- Rosack J. (2007) Lilly to pay out millions to settle lawsuits over zyprexa. *Psychiatric News* 42, 1.
- Rothman D.J., McDonald W.J., Berkowitz C.D., *et al.* (2009) Professional medical associations and their relationships with industry: a proposal for controlling conflict of interest. *JAMA* 301, 1367–1372.
- Rubak S., Sandbæk A., Lauritzen T., *et al.* (2005) Motivational interviewing: a systematic review and meta-analysis. *British Journal of General Practice* 55, 305–312.
- Smith S., Yeomans D., Bushe C.J.P., *et al.* (2007) A well-being programme in severe mental illness. Reducing risk for physical ill-health: a post-programme service evaluation at 2 years. *European Psychiatry* 22, 413–418.
- Spicer J. (2006) Clinical ethics and the commercial pressures on prescribing. *Nurse Prescribing* 4, 373–375.
- Steinbrook R. (2009a) Physician-industry relations – will fewer gifts make a difference? *New England Journal of Medicine* 360, 557–559.
- Steinbrook R. (2009b) Controlling conflict of interest – proposals from the institute of medicine. *New England Journal of Medicine* 360, 2160–2163.
- Turner E.H., Matthews A.M., Linardatos E., *et al.* (2008) Selective publication of antidepressant trials and its influence on apparent efficacy. *New England Journal of Medicine* 358, 252–260.
- Whitfield G. & Williams C. (2003) The evidence base for cognitive-behavioural therapy in depression: delivery in busy clinical settings. *Advances in Psychiatric Treatment* 9, 21–30.
- Zmiewowicz Z. (2009) Eli Lilly pays record \$1.4bn for promoting off-label use of olanzapine. *British Medical Journal* 338, b217.