Physicians Are Split on the Ethics of Free Drug Samples

BY PATRICIE WENDLING

TUCSON, ARIZ. — Physicians are divided over whether it is ethical to use free sample medications in their primary care practices.

Said Dr. John W. Scholer, Ph.D., and colleague Sanane McKeer at the annual meeting of the North American Primary Care Research Group.

Acceptance strategies were viewed either as being ethically questionable or as a useful way of helping provide health care to low-income patients, according to findings from a study of 24 family medicine and general internal medicine physicians, nurses, and administrators in practices affiliated with a large urban medical center serving low- and middle-income patients in New York.

Interactions with pharmaceutical representatives were viewed as a direct conflict of interest, an influence that could be controlled, or a source of useful information that helped keep the practice up to date on new medications. Of the total, 10 respondents felt that they could control the influence of drug firm representatives by keeping them away from residents, by setting limits on what gifts or favors could be accepted, or by always being mindful that representatives are selling a product, Dr. Scholer said in an interview.

For the respondents who drew a hard ethical line, “it wasn’t that they thought giving out samples to [patients] was unethical, but that it wasn’t good practice,” she said. “They understood why others did it, but they worried about conflicts of interest with their interactions with the reps.”

Those who accepted samples said medi-cal representatives were often required to try to get them to rely on gifts to care for their most needy patients.

All the respondents evaluated marketing practices from the perspective of protecting and serving their patients, said Dr. Scholer, professor of community health and social medicine, City University of New York, New York. No one was concerned that physicians were ignoring clinical symptoms to prescribe the “right drugs.”

The study included in-depth, qualitative interviews and was prompted by an administra-tive decision at the medical center to ban samples and pharmaceutical representa-tives from the community prac-tices. That decision left many providers uncertain about how to care for patients without adequate health care coverage.

Others suggested that the policy was changed because the administration didn’t want physicians spending time talking to sales representatives, didn’t trust that staff would avoid entering into agreements with pharmaceutical firms, and didn’t want a single policy because teaching sites had a “no-rep” policy and other sites didn’t need samples.

Officials at CMS are urging physicians who haven’t yet signed up to do so soon. A physician who submits a properly completed electronic application could have his or her NPI in 10 days. However, it can take 120 days to do the remaining work to use it, Mr. Hase said. The preparation includes working on internal billing systems, coordinating with billing services, vendors, and clearinghouses, and testing the new identifier with payers, he said.

So far, the process of obtaining an NPI has been relatively easy, said Brian Whitman, senior analyst for regulatory and in-surer affairs at the American College of Physicians. The application process itself takes only about 10 minutes, he said.

But one thing to be aware of is that you may already have an NPI. Because some large employers may have already re-gistered their providers, physicians may be surprised to learn that they already have a number, Mr. Whitman said.

As the May deadline approaches and more and more physicians get registered, the next question is how widely CMS plans to use the NPIs. CMS officials have said they are considering requiring some type of directory of NPIs that could be available to physicians and office staff.

———Mary Ellen Schneider

Physicians can apply for an NPI online at https://nppes.cms.hhs.gov or call 800-465-3203 to request a paper application.