

**Editorial**



We are not alone! There are people from Egypt, Turkey, Brazil, Belgium, Switzerland and Denmark, who are members of MEZIS.

In France, India, the Netherlands, Austria, Chile, Italy, Australia

or Spain, No Free Lunch groups and initiatives have already been founded and they are spreading the No Free Lunch idea. No Free Lunch India and No Free Lunch Turkey are about to be founded. In both countries, MEZIS have taken over a kind of godparenthood.

These MEZIS news present those groups in the North and the South. Corruption in the health care

system is a worldwide global issue and has many different faces. Solving those problems, however, also unite people in rich and poor countries. MEZIS and all No Free Lunch initiatives show that another medicine is possible! Worldwide!

*Christiane Fischer*

**Australia: Healthy Skepticism**

**Healthy Skepticism was founded by Peter Mansfield in Australia. Healthy Skepticism was the first organisation involved in health politics, rational drug use and in the evaluation of misleading or unethical marketing practices and the impact of pharmaceutical promotion. It can be seen as the start of the No Free Lunch movement.**

Healthy Skepticism Inc is a non-profit organisation based in South Australia. The founder, Peter Mansfield, is an Australian GP who aspires for Healthy Skepticism to be international. There has been little activity since 2011. There has been an attempt to have a planning process aiming for agreement on how Healthy Skepticism could be effective and viable. However there was not enough agreement on what process to use to enable success. However that planning process did achieve agreement on the aims listed below. Another attempt to reach agreement on how Healthy Skepti-

cism could be effective and viable commenced in 2015.

**THE AIMS OF HEALTHY SKEPTICISM**

1. Improving health by reducing harm from inappropriate, misleading or unethical marketing of health products or services, especially misleading pharmaceutical promotion.
2. Investigating and communicating about marketing practices.
3. Promoting healthy skepticism about marketing practices via advocacy, research and education.
4. Developing, supporting and evaluating initiatives to reduce harmful marketing practices, including reform of regulations and incentives.
5. Developing, implementing and evaluating educational strategies to improve health care decision making,

including evaluation of drug promotion.

6. Supporting compassionate, appropriate, sustainable, evidence-based health care, provided according to need, for optimal health outcomes. Evidence-based health care means making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected.

7. Providing practical opportunities to advance the aims of Healthy Skepticism Inc.

*Peter Mansfield*

*Peter Mansfield is an Australian GP.*

Conflicts of interest: Peter Mansfield is the founder and director of Healthy Skepticism.

The collective Formindep is the French No Free lunch organization and works for an independent medical education at the exclusive service of healthcare professionals and patients. It was launched in March, 2004 by Philippe Foucras, a general practitioner in the North of France and teacher in general medicine.

## ORIGIN AND MISSIONS

From the beginning, Formindep promoted the declaration of conflicts of interest in advanced medical education. In 2005, the collective was transformed into an association.

The association includes healthcare professionals, patients and ci-



tizens in favour of independent vocational training and information of the public that is cleared of any influence other than the interest of the patients.

The values which they defend are summarized in the charter of Formindep and all the people who share them are invited to sign it.

Every signatory of the charter can then, if he/she wishes, be a member of the association.

The membership opens straight to the inscription on our list of discussion. This list includes at present more than 200 members. It allows an information exchange between the members and is the main source of our actions.

## WHAT ARE THE SOURCES OF OUR FINANCING?

The association is financed only by the memberships and by donations. The means are thus very limited and the activities are largely based on voluntary work. For that reason the support of the people sharing our values and our objectives is essential for the sustainability of Formindep.

## THE FORMINDEP CHARTER

The signatories of the Formindep Charter consider that health professionals have received a mission from society to act in the sole interest of human beings, taken as individuals and as a community. Pursuing this aim, they must seek to act with total independence, pro-

tecting themselves from influences which could damage this mission, in particular special interests of an industrial, commercial or financial nature.

Under social control and with the help of the relevant authorities, health professionals have the duty to identify and expose such interests and refuse their influence in all fields of their activity: research, training, healthcare, prevention and information.

„As signatory of the Charter, I call for an end to such influences in the health care area. I support citizens acting to this end, such as those who have joined Formindep to act in the sectors of health education and information.“

## ACTIONS AND ACTIVITIES

See <http://www.formindep.org/>

*Jean-Claude Salomon*

*Jean-Claude Salomon MD (retired in 1999), Directeur de Recherche Honoraire au CNRS (National Center For Scientific Research) cancerology, immunology, group Princeps*

Conflicts of interest: In 1980 participated in the creation of a company of biotechnologies, Biotem Sarl, situated in 38140 Apprieu. Resold shares in 2005. Biotem is one of the first French companies to have developed and marketed monoclonal antibodies for academic and private customers. No link of interests since 2005 with this small-sized enterprise.

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## France: Princeps Network

The Princeps Network in France is devoted to the promotion of health. The main objective of the Princeps Network is to help to create a social economy of health based on non-profit enterprises. This will aim to:

- sell drugs and health products in the public domain at an optimal price for the public;
- encourage the use of essential drugs and health products,
- encourage rational prescription of drugs and health products, and rational use of health services, without interference from the market.

The Princeps Network does not contest the existence of the market in health, but prioritises the social economy.

It puts together, without space or time limits, people and organizations which declare their willingness to adhere to the present charter. The Princeps Network is committed to the promotion of individual and public health within the laws and regulations of the countries in which its members are active. Created in the context of globalization, the Network will facilitate by all possible means an extension of the public domain and limit the adverse effects of private enterprise on health. In admitting that competition can in some cir-

cumstances stimulate efficiency, the principles underpinning the Network are rigor, collaboration between partners, independence in interdependence, and solidarity.

The aims of reflection, information and action of the Princeps Network will be defined by needs identified by its members. Every member, whether an individual or an organization, can propose and initiate cooperation and/or recruitment within the members of Network, and recruit new members to the Network for cooperation, providing they adhere to the charter.

To facilitate contacts and exchanges within and outside the Network, it will establish links with people and organizations which share its aims and references, in part or in toto.



Jean-Claude Salomon

In the field of health the Princeps Network will be one network under the principle of *unus inter pares*.

The Princeps Network will set up discussion and exchange lists among its members. These lists will be moderated and the moderator will be chosen from within the list. A server with the following URL ([www.surmedicalisation.fr](http://www.surmedicalisation.fr)) is used.

No payment or subscription fee is required to join the Princeps Network. This Network will not be declared as an organization, no by-laws will be written, and there will be no general assembly, no council, no executive office, and no bank account.

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## India: Drug Action Forum – Karnataka

**In India there are several organisations representing the No Free Lunch idea. No Free Lunch India are still in their founding stages and are pushed by our Indian MEZIS members. We would like to present as one Indian organisation the Drug Action Forum – Karnataka (DAF-K).**

It is the aim of the DAF-K as an independent non-governmental organisation to realize the human right to health, rational use of pharmaceuticals and the access to essential medicines and health services. As part of the All India Drug Action Network (AIDAN)<sup>1</sup>, member of Health Action International AsiaPacific and Europe (HAI-AP<sup>2</sup>

and HAI-E<sup>3</sup>), as well as of People's Health Movements – India (PHM-India<sup>4</sup>), DAF-K campaigns for having these aims made known to and realized by the national and international public.

The DAF-K was founded upon the realization that even the significantly lower Indian drug prices

drove many families into extreme poverty especially in the rural regions of India. Since more than 80% of the population in India do not have a health insurance, the costs for drugs and treatment mostly have to be paid out of their own pockets. That makes affordable prices for vital drugs and good access to them for the poor even more important. In 1986 doctors from Karnataka founded the DAF-K. Journalists, lawyers and health groups joined as sponsoring members.

### MILESTONES

In 1987 the DAF-K successfully filed a suit at the High Court against the sale of unapproved medicines.

In 1994 the DAF-K was mainly responsible for various alarming drugs being banned from the Indian market.

### CURRENT ACTIVITIES

- “Free Medicines Campaign”: essential drugs and health services should be available to the poor in all governmental hospitals in the federal state of Karnataka. This initiative is also successfully supported in the neighbouring state of Tamil Nadu by the Medical Service Corporation.<sup>5</sup>

- Evidence based use of vaccinations: together with the Indian non-profit drug company LOCOST<sup>6</sup>, DAF-K is conducting research on clinical HPV trials. It is indisputable that vaccinations are a central element of public health care; however, overpriced vaccinations are extremely problematic in a poor country since they withdraw funds from the limited resources of the public health sector. Thus, DAF-K supports an evidence based use of the hepatitis B vaccination and is against a general vaccination of all.

- Ineffective medicines: nutrition-related anaemia is a major health problem especially among the poor in India. Hb-values of 7 or lower are quite often found. However, nutrition-related anaemia has to be fought with nutritional programmes and not with ineffective pseudo-drugs which merely strip poor people of the little money they have and urgently need otherwise.

- No patent on vital drugs: the DAF-K organised the public “Novartis Boycott” above all among doctors. The Supreme Court of India did not grant a patent on Imatinib mesylate (Gleevec<sup>®</sup>)

since the drug was not considered sufficiently innovative by the high court. This is provided by Section 3d of the Indian Patent Law. Products which are only small alterations of an existing form are considered „marginal“ innovations that may be advantageous for the patient but are not considered innovative enough to qualify for a patent. Novartis challenged this. However, Novartis lost two lawsuits in front of the highest courts of India – an impressive success for DAF-K.

*Gopal Dabade*

*Gopal Dabade is an ENT specialist in Dharward, Karnataka (federal state in India).*

Conflicts of interest: He is founder and president of DAF-K as well as member of PHM India.

- 1 <http://aidaindia.wordpress.com> [latest download: 11th Nov. 2015]
- 2 <http://www.haiasiapacific.org> [latest download: 11th Nov. 2015]
- 3 <http://haieurope.org> [latest download: 11th Nov. 2015]
- 4 <http://www.phmovement.org/india> [latest download: 11th Nov. 2015]
- 5 <http://www.tnmsc.com/> [latest download: 13th Nov. 2015]
- 6 *LOCOST only produces essential drugs mostly for non-governmental organisations mostly for 1/10th of the Indian price. In India, the prices for drugs are worldwide the lowest. <http://www.locostindia.com> [latest download: 11th Nov. 2015]*

## India: Medico Friend Circle

**The Medico Friend Circle (MFC) (<http://www.mfcindia.org/>) is a nation-wide platform of secular, pluralist, and pro-people, pro-poor health practitioners, scientists and social activists interested in the health problems of the people of India.**

### PERSPECTIVE

Since its inception in 1974, MFC has critically analysed the existing

health care system and has tried to evolve an appropriate approach towards health care which is humane and which can meet the needs of the vast majority of the people in our country.

The existing system of health care is not geared towards the needs of the majority of the people, the poor and the rural segments of our society. Thus, it requires fundamental changes. Since the health

care system is only a part of the total system, these would occur as part of a total social transformation in the country. We believe that, to achieve this goal, measures however small have to begin here and today, in all spheres of human social life. MFC is trying to build a nation-wide current committed to this philosophy.

After independence there has been a rapid growth in health care services organised by the govern-



ment. Yet, the private sector has increasingly become the major provider of medical care in India. However, like any other commodity in the market it is accessible only to those who have the money to pay. Medical care now resembles any other commercial sector and therefore, medical professionals are increasingly becoming driven by profit rather than by concern for the wellbeing of people. Commercial competition and personal interests of doctors lead to several kinds of malpractice.

This behaviour is encouraged and promoted by profit-oriented drug companies, which dump many useless or even harmful drugs on to the consumer through the doctors. All the above tendencies will be exacerbated with further privatization of medical services and medical education.

*We believe that medical and health care must be available to everyone irrespective of their ability to pay. This requires strengthening of public services. Also that medical intervention and health care be strictly guided by the needs of our people and not by commercial interests.*

The training of doctors is also responsible for this situation. Hospital based training by westernised and urban-oriented specialists produces a graduate conditioned to urban and hospital practice. Therefore, even after prolonged expensive training in a medical college, such a graduate is still not capable of dealing with the situation in rural areas.

## ACTIVITIES

MFC members are spread out across the country and engaged in a range of activities. Quite a few are part of rural or urban service delivery strengthening initiatives concerned with community health and development. Some are in

part-time or full-time private medical practice, others are serving in government hospitals or primary health centres. Some are teaching or studying in medical colleges, and others are involved in research and policy analysis in disciplines like public health, health economics, health administration and in health worker training.

The *MFC bulletin* (first published in 1975) has been the main medium through which we communicate experiences, ideas and information and stay in touch with each other. It carries articles which usually represent varying points of view of our membership within the broad MFC perspective. There are reports on relevant events and developments relating to health and health care. Importance is given to letters from members, either spontaneous or in response to articles. Publication of bulletin article anthologies has been done periodically.

We organize an *Annual MFC Meet*, usually focusing upon a particular theme or issue such as the role of doctors in society, misuse of drugs by doctors, medical education, child survival, medical technology, under-nutrition, community health workers, bias against wo-

men in medical care, tuberculosis and society, family planning, right to health care, quality of health care, public health education.

*Collective action* has been occasionally undertaken to study or act on a certain problem such as, a study of health effects of the Bhopal Gas Leak, a pregnancy outcome study in Bhopal nine months after exposure to the toxic gas, mobilization and legal action with women's groups in the campaign against hazardous hormonal contraceptives, technical support to the health activities of voluntary agencies and action groups among the Bhopal gas victims, mobilization and legal action on the issue of drug pricing and patent policies. MFC has been an active founder member of the All India Drug Action Network. (<https://aidanindia.wordpress.com/>)

*Gopal Dabade*

*Gopal Dabade is an ENT specialist in Dharward, Karnataka (federal state in India).*

Conflict of interests: he is founder and president of DAF-K as well as a member of PHM India.



## Italy: No Grazie, Pago Io!

During my 5th year of studies, I learnt of a group which met at the CSI (Center for International Health) at the University of Bologna to discuss conflicts of interests in the health care system... This is the beginning of my journey through Italian groups and associations dealing with this issue!

A little later, I met Luisella Grandori who had founded the group „No Grazie, Pago Io“. The group was founded in March 2004 and currently has about 200 members, among them doctors, students, other health care professionals and journalists. The condition for a membership is the acceptance of clear rules of conduct as regards the pharmaceutical industry: i.e. not to accept presents or payments.

The group develops projects for promoting transparency in the relations between the health care system and the pharmaceutical industry and puts pressure on institutions when conflicts of interest of their functionaries are revealed. In 2010 she invited EU delegates with a letter to vote against the introduction of the DTCA (Direct to Consumer Advertising) in the EU.

„No Grazie, Pago Io“ cooperates with various universities and student associations; it participates in the organization of workshops, conferences and advance training.

On its website, the group publishes a quarterly newsletter with about 1000 subscribers.

Meanwhile the group joined the organization „Healthy Skepticism“. Since 2012, however, the activities have decreased as a result of a change in leadership.

Fortunately medical students have noticeably shown more interest in recent years. Four years ago, the first national workshop on conflicts of interests was organized



Barbara Ariatti

by the Italian student association SISM and 70 students from various Italian universities took part. A great success and since then, the issue enjoys considerable attention. The group No Grazie and the CSI received enquiries from various universities on the realization of lectures e.g. regarding critical reading of scientific articles. In some Italian universities, these issues were adopted into the curriculum. Last year, the workshop was already being conducted for the fourth time.

I believe that the cooperation between groups of doctors and student groups in Italy could be an example for other countries. The earlier these issues are discussed during studies, the higher the respective sensibility is in later professional life.<sup>1</sup>

Barbara Ariatti

Barbara Ariatti is an Italian doctor living in Germany. In Italy she was a member of „No Grazie Pago Io“ and Center for International Health. She is a member of MEZIS.

Conflict of interest: none

1 Sierles FS et al. Medical Students' Exposure to and Attitudes About Drug Company Interactions: A National Survey. *JAMA*. 2005;294(9):1034-1042

## Austria: MEZIS section from 2008 until today

**For the later initiator of the Austrian MEZIS section, it started around the year 2000 in the USA. The problem of corruption had become so severe that the longtime publisher of the world's best medical journal, the New England Journal of Medicine, settled accounts with his corrupt colleagues. Jerome P. Kassirers book "On the take" was the signal for my awakening; in the book the "no free lunch" movement had been described. Whatever occurs in the USA will soon come**

**to us. And accordingly the foundation of MEZIS occurred in Germany in 2007; in 2008 MEZIS.at, the local section in Austria, was created.**

Three persons attended the first meeting in Vienna in October 2008. Our colleague Thomas Lindner of MEZIS Germany gave his remarkable lecture and one year later, we were already around 8 Austrian physicians including a hospital pharmacist. We had our own website with Austrian-specific conten-

ts and a closed internet forum had been created for the Austrian members ([www.mezis.at](http://www.mezis.at)).

The second Austrian meeting in September 2009 in Salzburg showed that the western part of Austria was more open-minded towards the topic of transparency than the eastern part where our colleagues were, and apparently still are, afraid of becoming a member. Frank Piribauer then tried to call attention to MEZIS by interviews and articles in medical media.

As was the case in Germany, media response could easily be obtained; however, contrary to Germany and similar to Switzerland, physicians showed very little readiness to become members. The Austrian Medical Association likewise refused any cooperation and even banned a MEZIS-stand at their own annual congress of advanced training in Italy in 2014.

During the general meeting in Augsburg in spring 2014, Franz Piribauer and Claudia Stöllberger met and since then, we have both shared the coordinating role for Austria. In addition to being actively present at medical congresses by distributing information material, we try to inspire medical students and students doing the clinical internship year for the ideas of MEZIS. Claudia Stöllberger enriches our MEZIS news with reports from the cardiological field. The topics addressed in recent months were the approach to

conflicts of interests in cardiology and critical analyses of the studies on the “new” anticoagulants.

*Franz Piribauer, Claudia Stöllberger*

*Dr. Franz Piribauer is Master of Public Health, Harvard Univ. and management consultant and, as such, not committed to any institution. His conflicts of interest can be viewed on his website ([www.pico.at/coi](http://www.pico.at/coi)).*



*Franz Piribauer*

*In his spare time, he is also the spokesman and coordinator of the workgroup Health Services of Transparency International, Austrian Chapter*

*University professor Dr. Claudia Stöllberger is a specialist for internal medicine and cardiologist and works at the hospital Rudolfstiftung, a communal hospital in Vienna. Since 2014 she has been a member of MEZIS and there are no other conflicts of interest.*



*Claudia Stöllberger*

## Netherlands: IVM - Institute for Rational Use of Medicine

Healthy skepticism (gezonde scepsis) initiative in the Netherlands was started in 2000 with financial help of the Dutch government and continued until 2010. In those years we accomplished a lot with regards to transparency of industry marketing, strengthening the sanctions on marketing violations, and opening a transparency register of financial ties between industry and health professionals (all still exist). All our reports are still available on the website of the IVM (Institute for Rational Use of Medicine, [www.medicijngebruik.nl](http://www.medicijngebruik.nl)). In 2010 we changed our objectives and we started the initiative Medicijnbalans (medicine balance) where we try to be a countervailing power in the introduction of new medicines by delivering fast and objective information to health professionals even before guidelines

are made. We collaborate with the organisations of general practitioners, the Health Care Inspectorate, the medicines evaluation board, the genesmiddelenbulletin et cetera. One of the things we do for example is the production of medicines news broadcasts about 8 times a year, in which we address the ac-



*Ruud Coolen van Brakel*

tual benefits (or the lack of them) of new medicines. We are involved in influencing the public opinion on industry marketing and we give lectures on universities on the subject of industry marketing. One of our accomplishments is that the Netherlands are the only country in the world with fewer prescriptions of the new diabetes medicines in 2014 than in 2013. Marketing for these medicines has totally lost its effect.

*Ruud Coolen van Brakel*

*Ruud Coolen van Brakel is a sociologist and educational scientist.*

*Conflicts of interest: Before he worked at IVM, he was chairman of the Dutch Society for Prevention and Health Promotion as project leader with the National Centre for health promotion and he worked for Stimio, a commercial PR and Marketing Agency.*



# Great Britain: RxISK „to find the right balance“

The market for pharmaceuticals is steadily growing. Their manufacturers advertise an increasingly diversified promise of benefits; however, the side effects caused by prescription drugs have also increased and become more diverse and this is not openly communicated. And these side effects are among others the main cause of death, of disabilities and of illnesses. In order to create transparency for patients, physicians and pharmacists, RxISK have set themselves the target of considerably simplifying the search for pharmaceuticals and their side effects.

„All prescription drugs have benefits and side effects“<sup>1</sup> – it says on the homepage of [www.RxISK.org](http://www.RxISK.org), an independent website for researching prescription drugs and their side effects. This website offers patients, physicians and pharmacists the possibility of identifying potential problems and risks at an early stage and to follow possible solutions before damage is done. This independent and transparent research is only possible as a result of a multitude of anonymous reports on experiences with prescription drugs.

This website was created by a team of doctors, pharmaco-vigilance experts and patient advocates. All members of the founding team around Dr. David Healy, chief executive officer and principal founder of „Data Based Medicine Americas Ltd.“ (DBM), have an expert profile and international reputation and have partly risked their careers in speaking out about adverse events in the pharmaceutical field. The main focus is on the multitude of adverse effects caused by prescription drugs including illnesses, disabilities and even death. RxISK refers to estimates made by experts



stating that only 1-10 % of serious adverse events caused by drugs are ever reported. Not to mention the millions of “medically mild” adverse drug events that occur each year – ones that compromise a person’s concentration, functioning and judgement.

Patients should actually be informed beforehand by independent sources. Yet most data on the adverse effects of prescription drugs is created and provided by the manufacturers themselves. Independent and transparent clinical trials are rare; unsatisfactory trial results are often not published. It is therefore even more important for patients and prescribing physicians to be able to refer to truthful and independent progress reports from consumers.

The design of the website is quite simple: in a search bar or in the header on the homepage one enters the name of the drug and sees all its trade names worldwide. The progress reports are structured according to general questions referring to the drug and its side effects. The patients are asked to evaluate their experiences with the drug according to a -5 to +5 scale. An average value is then calculated and indicated. Further questions relate to its side effects and their impacts, intake behaviour and possible benefits caused by the side effects. The answers are provided to the reader in anonymized and unaltered form. In addition it is possible to filter these experiences of side effects according to specific areas

such as hair, skin and nails, sexuality and suicide. On this basis, an individualized and printable “RxISK Report” can be created which, using the “RxISK Score” supplies patients with information on the medication consumed and its possible side effects.

This website also offers a blog and „RxISK eCONSULT“ which is the world’s first internet-based comprehensive drug event consultation service.

RxISK.org is mainly financed by donations. The website is owned and run by „Data Based Medicine Americas Ltd.“ (DBM) based in Canada.

*Katharina Foth*

*Katharina Foth is in her fifth semester of studying health communications at the university of Bielefeld. From August until November 2015 she worked as an intern at the Initiative unbestechlicher ÄrztInnen und Ärzte MEZIS (Initiative of incorruptible doctors).*

Conflict of interests: none

1 RxISK (2015). [www.rxisk.org](http://www.rxisk.org) [Access 7th Nov. 2015]



***Médicos Sin Marca* (Unbranded Doctors) was founded in 2012 by Juan Carlos Almonte, Rodrigo Irrarrázaval and Pablo Santa Cruz and has currently around 130 members. It is the second community of Spanish speaking doctors -following the Spain based No Gracias- against the influence of pharmaceutical marketing upon clinical practice, and also the first within Latin America.**

We have been online for three years already, producing contents for our website (<http://www.medicossinmarca.cl/>), Twitter (@medicossinmarca) and Facebook accounts. We have collected a great amount of data concerning marketing associated bias and our idea has been to share it with our colleagues as well as with the broader community. Apart from publishing in the web, we have been quite active debating in universities, hospitals, medical congresses, and a long etc. You can see one of our appearances [as video](#).

During this short period of time, we have been getting progressive success in setting our topic within the medical agenda. There is no doubt that our ideas face a strong resistance from the medical establishment. Nobody likes to be questioned about their behaviours or unconscious tendencies. However, it has been quite interesting to realise that junior doctors and medical students become easily in tune with issues raised by MSM.

Topics as transparency and accountability have been included in many countries' social and political discussion. Social movements through social media are extraordinarily active shedding light on such commonly hidden aspects of rea-



lity, and we as health workers are not free of conflict of interest which may distort our decisions regarding our patients.

Apart from discussing with colleagues, giving interviews, writing posts for our blog, we have been building networks with both government and non-government institutions in order to increase the influence on how medicine is delivered today. For instance, there was being discussed in the Chilean parliament a new bill for ultra-expensive treatments (for uncommon illnesses mainly). Thus we had decided to study the project in order to detect those weak points where conflict of interests might play a role. Then we were meeting with congressmen, ministry of health, among others, to propose improvements to the project which could guarantee that people participating in the approval of certain treatment, are not commercially bound to its manufacturer. Fortunately we managed to influence the final script. Anyway, legislative influence is still a sort of long term aim for us.

Currently we are actively inviting colleagues from Chile and abroad to sign our eight-point proposal. It basically is a call for taking responsibility about sources we use to form our clinical decisions. To put it another way, we ask our supporters to refrain from pharmaceutical reps visits, as well as from gifts, payments of congress fees or flight tickets offered by pharmaceutical companies. We have already a community of more than 250

supporters in Chile and abroad, all of them health care professionals (mainly doctors).

In a slightly different front, we are lobbying within medical and scientific societies for pharma-free congresses and Continued Medical Education (CME) activities. We are aware that monies originally spent in quite obvious merchandising are today becoming money for lectures and symposium in the fashion of CME – may I say ‘as if it were CME?’

We think we are in good time to drive the medical establishment towards a different ethical standard. One that takes into account all the literature from recent decades that has shown recurrently how the pharmaceutical industry has exercised an undue influence upon clinical practice. I am not discussing that point here, but we have uploaded some articles about it that you can read from our website. We invite you to check our homepage out (<http://www.medicossinmarca.cl/>), follow us in twitter (@medicossinmarca) and sign our proposal!

*Juan C Almonte*

*Juan C Almonte is an adult psychiatrist, MSc in Theoretical Psychoanalysis and currently an psychoanalyst trainee MSM*

Conflict of interests: none

# International networking

**MEZIS is a member of German and of international networks. The following are of particular importance in the No Free Lunch context.**

## HEALTH ACTION INTERNATIONAL (HAI)

HAI<sup>1</sup> are an international network of more than 200 individuals and public health groups worldwide. This network is coordinated from Amsterdam. In addition to the global and the European office, HAI also has regional offices in Africa (Kenya; Nairobi), Asia Pacific (Malaysia; Penang) as well as Latin America (Peru; Lima).

HAI fights for an evidence-based (rational) use of medicines and global access to essential medicines for all. Central parts of its work are advocacy in Brussels as well as with the national governments and important publications.

Main focus:

- prices, availability and affordability of pharmaceuticals
- global access to essential medicines for all
- pricing and quality control of medicines
- advertising of medicinal products and the change of the prescription behaviour of physicians connected therewith
- influences of the pharmaceutical industry on self-help groups
- activities to stop use of pharmaceuticals without therapeutic progress
- consequence of the international trade and patent agreements

HAI is a partner of the World Health Organisation (WHO): in response to Resolution WHA54.11 of the World Health Assembly of 2001<sup>2</sup> it is a declared aim of HAI Europe and of the WHO to publish drug prices in order to improve global access

to essential medicines for all and to support WHO member states in its implementation.

## PEOPLE'S HEALTH MOVEMENT (PHM)

In December 2000, 1600 people from 93 countries founded the People's Health Movement in Bangladesh, which is today active in more than 70 countries.

The PHM<sup>3</sup> is a global health movement bringing together grassroots health activities without participation of governments or corporations. The Indian Bioethics Conference<sup>4</sup>, at which we conducted a symposium on „Corruption in Health Care and Medicine“, was essentially organized by PHM. In addition to us, the Italian No Free Lunch group No Grazie, Pago Io! (see p. 6) is also a member of PHM Europe which is coordinated from Italy. The PHM moreover has offices in South Asia (India, Bangladesh, Sri Lanka), Africa (South Africa), the Pacific (Australia), South America (Brazil, Ecuador), Central America (El Salvador, Nicaragua, Guatemala) as well as North America (USA, Canada).

As an alternative world health report, Global Health Watch<sup>5</sup> examines the health situation of the people worldwide and thus offers an alternative to the official World Health Report of the WHO. The alternative health vision is based on the understanding of equality, the

human right to the highest possible state of health and the believe that *Health for All* is possible.

PHM fights against morbid conditions and drugs without therapeutic progress. It is based on the „Declaration of Alma Ata“, which advocates access to essential medicines for all. PHM's main focus is:

- the human right to health
- work against the privatization of health services
- transparency and anti-corrupt behaviour
- the political demand for a better Health for All

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Conflict of interests: She is member of the German Ethical Council and the Palliative Foundation. She has received remuneration for MEZIS lectures.

1 <http://haiweb.org> [Access 26th Oct. 2015]

2 [http://apps.who.int/gb/archive/pdf\\_files/WHA54/ea54r11.pdf](http://apps.who.int/gb/archive/pdf_files/WHA54/ea54r11.pdf) [Access 26th Oct. 2015]

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4 [http://www.mezis.de/tl\\_files/mezis/dokumente/Programme%20NBC%20-%20Final%20PLUS%20-%202005.12.2014.pdf](http://www.mezis.de/tl_files/mezis/dokumente/Programme%20NBC%20-%20Final%20PLUS%20-%202005.12.2014.pdf) [Access 26th Oct. 2015]

5 <http://www.ghwatch.org/> [Access 26th Oct. 2015]



# No Free Lunch has a future!

**Whereas so far only the global south has met with grave problems regarding access to essential medicines, this is also increasingly the case even for rich countries such as Germany. The problems are no longer restricted to one country: like the two sides of one coin, there are expensive fake innovations without therapeutic progress but at the cost of health insurances and/or the patients. At the same time, some medical drugs which are in great demand are often not available since either they do not exist or because they are so expensive that neither people from the North nor from the South can afford them. No Free Lunch groups from all over the world take a stand against growing problems and create solutions!**

## **ABOUT THE COMPANIES' GREED**

Important drugs are being sold at astronomical prices even if the companies did not have to render any or only little research effort:

Alemtuzumab was used as MacCampath® against CLL without any alternatives. When the patent almost reached the end of its protection period, it was taken from the market worldwide and, "spruced up", again granted as a new patent as Lemtrada® against multiple sclerosis (MS) at 44 times the price per mg...<sup>1</sup>

Sofosbuvir, with which 50-90 % of hepatitis C infections can be cured, was put on the German market for 63,000 € (overall therapy) and it still costs around 43,500 €. The reason: patents, profits and greed! Its production costs are in fact only around 100 € - which leaves a profit which is not only considerable but also immoral. In India, a patent was not granted on sofosbuvir since it is considered a marginal innovation (sofosbuvir is only a slightly altered older product). Thus it is not innovative enough to qualify for a patent. As a result, the

drug is available for about 1000 € in India. Alas, the pharmaceutical company Gilead caused the Indian generic producers to only supply people with an Indian passport with the low-cost generic. Thus, even in India, about half of the people affected are excluded from access.<sup>2</sup>

In the case of cancer drugs generally, the sharply rising prices lead to the fact that medical care for patients and the complete health care systems are in danger in the USA as well in Germany and even more so in the global south. According to estimates, it would at least cost 440 billion US\$ to prolong the lives of the 550,000 Americans annually dying of cancer by one year...<sup>3</sup> In poor countries, this price is a death sentence.

Since it is not profitable to research and develop drugs against very frequent diseases of the poor, there are simply no drugs at all against many diseases such as Ebola or Dengue fever. The "latest" drug against tuberculosis dates back to 1964 – a time when TB had also still been a grave problem here.<sup>4</sup>

## **EXPENSIVE FAKE INNOVATIONS STRAIN HEALTH CARE SYSTEMS**

Pharmaceutical companies market new expensive drugs all over the world even if those drugs offer no advantages or even involve disadvantages over conventional therapies, such as the new anticoagulants NO-ACs or testosterone gels against the male menopause which was entirely invented by the industry.<sup>5</sup> Even if there is no demand for these drugs, there is a large market. It is not uncommon that they reach the top positions in prescription frequency. A massive control of the medical development is taking place. Why is that so?

15,000 pharmaceutical sales representatives visit medical practices and hospitals 20 million times each year. They camouflage their product

advertising as respectable information, distribute presents, offer remunerations for observational studies, invite to lunch and pay for training and travelling costs. The result: advertisements for mostly new and expensive but not better medicines replace respectable information. Money, payment in kind, presents dinner and good wine influence the prescribing behaviour of doctors.<sup>6</sup>

## **HOW THE PRESCRIBING BEHAVIOUR OF DOCTORS IS INFLUENCED**

The prescribing behaviour of doctors is influenced by the industry all over the world. Opinion leaders are influenced; pharmaceutical representatives particularly visit the private clinics and medical practices in India but also those of the "unregistered doctors" working in slums. Corruption has many different faces in different countries but they have one thing in common: the industry's pursuit of profit takes priority over human health, over the human right to the highest attainable standard of health.<sup>7</sup>

## **TREATMENT GUIDELINES OR SUFFERING PRINCIPLES**

Clinical treatment guidelines should really offer physicians and patients an orientation to the best possible treatment of a disease and should exclusively be based on the available scientific evidence. In other words: they must not be influenced by the commercial motives of the manufacturers of drugs and medicinal products. Unfortunately, the opposite is the case all over the world: many doctors preparing medical guidelines are connected to the industry, for example by consultancy contracts, honorarium and industry-financed studies. Together with NeurogyFirst and Transparency International, we demand in a joint appeal: at least 50 % of the guideline authors should have no or at the most slight conflicts of



interest. The leading authors of guidelines must not have any conflicting interests. Our long-term aim is the independence of all guideline authors.<sup>8</sup> Only independent guidelines without the influence of the pharmaceutical industry will solely serve the patients' well-being.

To achieve this, all data of clinical studies have to be made public. And for a binding implementation, this provision has to be enshrined in international treaties.

### ADVERTISING OR MEDICAL EDUCATION?

About 80 % of continuous medical education (CME) programmes are sponsored or directly paid for by the pharmaceutical industry. Lecturers not infrequently receive five-figure amounts for lectures which are partly even written by the industry; the participants are invited, their travelling costs are born by the pharmaceutical companies, likewise their accommodation expenses and the buffet. Nevertheless, most of these pseudo-continuous medical education programmes receive the valuable CME credit points by the regional medical associations. Manufacturer-independent information and CMEs are needed in every country of the world!

### NO FREE LUNCH GROUPS SHOW ALTERNATIVES

As part of the international No Free Lunch movement, we take a stand. We and the international groups which we present here have the joint aim not to let us be bribed by the pharmaceutical industry by free lunches and presents, to recognize questionable pharmaceutical marketing and to work for a better and more transparent health care system. As it says: „There ain't such a thing as a free lunch!“<sup>9</sup> To put it differently: Anyone who permit their pens, lunch, studies, travelling expenses and observational studies to be financed can be influenced in their prescribing behaviour.

Thus we demand a clear and worldwide prohibition of manipulation and corruptibility. The anti-corruption act, which we helped to establish in penal law in Germany in the near future, is an important first step to which we contributed.

MEZIS was founded in 2007 and we plan a global No Free Lunch meeting in 2017 celebrating our birthday. „A different medicine is possible“!

Christiane Fischer

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Conflict of interests: She is member of the German Ethical Council and the Palliative Foundation. She has received remuneration for MEZIS lectures.

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## IMPRINT

**MEZIS Mein Essen zahl' ich selbst!  
Initiative of incorruptible doctors**

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