



Dr Peter J. Gordon

Saturday, 18th January 2014

To:

Andrew Howlett

Assistant Clerk

Public Petitions Committee

The Scottish Parliament

Dear Mr Howlett,

Scottish Parliament Public Petition PE1493/I on a Sunshine Act for Scotland

I understand from Chris Hynd, Committee assistant that my petition is to be considered by the Public Petitions Committee at its meeting on Tuesday 28th January 2014. I also have been made aware and that there will be no oral evidence heard at the meeting. I therefore thought it might be helpful to offer some thoughts in writing ahead of your meeting.

I will keep this short as you already have much evidence to consider.

Before I make two main points I would like to thank the Public Petitions Committee, Chrys Hynd, and Andrew Howlett for the huge amount of work that has gone into researching for this petition and for ensuring that all has happened in a most efficient way. The communication from Chrys Hynd has been so helpful and absolutely faultless. I have been very impressed with the Public Petitions Committee processes and my personal experience of involvement has been wholly positive.

As of today, 18th January, I have read all nine written submissions to the Petitions Committee offering thoughts on **PE1493/I**. In general it seems to me that there is agreement that a single, publicly open, searchable register of interests would be a good way forward in the interests of objectivity, patient well-being and general probity. I believe that this is a fundamental basis to science otherwise we will be blind to potential biases. Evidence has repeatedly found that treatments marketed through "education" where commercial success is a most significant determining factor, has resulted not just in the loss of scientific objectivity, but also significant harm. Transparency here would at least allow patients to weigh up if the treatment they are being offered might be vulnerable to anything short of scientific objectivity. I would argue that this is important to us all.

I want to make just two further points, the first is based on the most helpful response to this petition from the **General Medical Council (GMC)**, and the second considers updates on the **Association of the British Pharmaceutical Industry (ABPI)** letter to the Committee before the Petition was heard on 12th November 2013:

1. The GMC confirm that a “compulsory register would require legislative change.” I share the view of the GMC that if such legislative change is to take place that we need to consider that such should be part of regulation of doctors across all four UK countries. Perhaps this petition needs to evolve so that the Scottish Government, with legal advice, can consider this UK-wide dimension. Scotland could be a constructive and helpful lead on the need for legislation such as a Sunshine Clause as Part of the Medical Act.

The Committee may be interested to know that the GMC, through a Freedom of Information Request by myself have now confirmed that no Scottish doctor between 2011 and 2012 was referred to GMC for non-declaration of competing interests. For that calendar year, ABPI have confirmed that on aggregate, £40million was paid to UK doctors by the Pharmaceutical Industry. Estimating that £4million was paid to Scottish doctors it is concerning that this does not appear on Scottish Registers of interest for this year. I would suggest to the Committee that this is evidence is most concerning and should serve as call for action. Trust in the medical profession is crucial to good healthcare. Somewhere here, trust is being broken.

2. I have, in the time since presenting evidence to the Committee, met with Andrew Powrie-Smith of the ABPI. This was a most helpful meeting and it is very clear to me that the ABPI are committed to improving transparency. I understand from Andrew Powrie-Smith that last year, ABPI member companies agreed, as part of amendments to the ABPI Code of Practice, to disclose payments to individually named healthcare professionals, including consultancy services such as speaking and sponsorship to attend medical education meetings. It is proposed to come into effect in 2016, and is “enshrined in the EFPIA Disclosure Code” which the ABPI confirm has been “adopted across 33 European countries.”

However, if I understand correctly, any doctor who does not wish his or her payments revealed can simply opt-out. Such payments would then only be recorded in aggregate. This, I would suggest is a reason why legislation, as has happened in other Countries across the world, is necessary.

Some very good questions were put to me when I presented my petition to the Committee on the 12th November 2013. It is still the case that the practicalities of who keeps and maintains this register need to be discussed. Key players will be the GMC and ABPI but I also think that there needs to be a political overview given the likely need for legislation. The cost of keeping this register and excessive bureaucracy were raised as concerns. These are very legitimate concerns which I share. However I am of the view that the cost could be offset completely by medical practice which follows objective science where benefits and harms are given equal weight and therefore where costs of harm and over-medicalisation are minimised. I am of the view that this is an ethical, scientific as well as cost-effective approach to the health of our nation.

I hope these reflections are of some assistance to the Committee in their further considerations.

I am grateful to each and every one of you.

Yours sincerely,

Dr Peter J. Gordon