increasingly important market for pharmaceutical companies worthy of research and development investment. ART states that the pharmaceutical industry is fundamental for research because only it can afford the massive clinical trials needed for new drug treatments to be designed, tested and then made available to the public. Within the area of drug development, ART also sees its own role as vital for identifying potential targets for the development of useful drugs which can be taken up by the pharmaceutical companies. All this therefore supports our view that pharmaceutical company sponsored research is essential and not excessive for psychogeriatrics.

In conclusion, there seems to be a growing trend that sees links between pharmaceutical companies and doctors to be wrong or immoral. Drug companies work in relationship with doctors to develop promising and profitable new therapies. An ideal relationship between pharmaceutical industry and medical professionals would be one where "freebies" do not affect/distort the care given to the patient. Doctors are guided by acceptable policies and guidelines which are ultimately aimed at the patient. A doctor's primary obligation is the patient, and there can be no conflict if research or education sponsored by drug companies is ultimately for the benefit of the patient.

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Commentary

In 1919 the Dodge brothers successfully sued Henry Ford for his intended largesse, i.e. decreasing dividend payments by using his company to pursue broader social goals "to employ still more men, to spread the benefits of this industrial system to the greatest possible number, to help them build up their lives and their homes," one of the mechanisms of which included increasing their wages. The Michigan Supreme Court stated that a corporation exists to benefit its stockholders, and may not use profits for "other purposes" (Hood, 1998). This landmark case demonstrated that the prime purpose of any corporation is to maximize its profits for shareholders. Therefore, it is probably naïve of doctors, researchers and the general public to expect the pharmaceutical industry to be driven by other principles, regardless of how noble they might seem. As a result, the driving force that supports the interests of the pharmaceutical industry may

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not be always aligned with the interests of doctors, patients and the communities to which they belong. How are we to judge that this conflict has evolved in such a way as to produce "excessive" influence of the pharmaceutical industry over other interested parties?

Prescribing

Shah and Finucane have highlighted how industry has assisted in the creation of new diseases, sometimes well beyond community expectations. Medicalizing otherwise normal individuals and diverting health funding to relatively trivial conditions are potential harms associated with this practice. The evidence for so-called "off label" prescribing is stronger, and this practice is inappropriate in that doctors are asked to prescribe medications for indications of which there is little evidence of benefit. However, payment of money for trade shows is not evidence of excessive influence as Bhattacharyya and Burns have pointed out. In fact, one could argue that this transparent presentation of data favoring the industry's medication is entirely appropriate. Of more concern are covert payments to opinion leaders, which can only be justified to shareholders by the influence on the prescribing habits, not only by these individuals, but their colleagues. Respected colleges and medical associations have argued for greater transparency of these relationships so that other doctors can weigh up the arguments of these opinion leaders against any putative financial gain. Despite the support of colleges, medical associations and all our contributors to this debate, it is a significant problem that such transparency has not yet been achieved, nor have the respective colleges indicated how compliance with these guidelines will be monitored or what would be the consequences of non-compliance to the practitioner, the industry and the colleges themselves.

All bodies have argued against excessive gifts and travel grants to non-speaking participants at international conferences. As Shah and Finucane have indicated, in comparative studies of costs and efficacy, direct-to-the-patient advertising is a practice which should be avoided. One of the major problems is that all these promotional activities, funded by industry, inevitably occupy the time of prescribers and has significant opportunity costs. It decreases the time available for academic detailing regarding the risks associated with drugs, which in Australia account for between 2% and 4% of all hospital admissions and up to 30% of the admissions for patients over the age of 75 years (Runciman *et al.,* 2003). Also opportunity costs exist in favoring drug interventions where there may be more efficacious lifestyle interventions such as smoking cessation, increasing physical activity and sleep hygiene.

Research

An "excessive" influence on research is difficult to define. As Bhattacharyya and Burns have described, the support for research into new drugs and greater applications for existing medications is praiseworthy in itself. Decreased availability of public funding for such research has made the pharmaceutical

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industry not only a major funder of translational research, but also of basic research. Another point that they emphasize is that a clinician's role in such research must be guided by the ethics of medical practice. Clinicians should only enter patients in trials if a situation of *equipoise* exists. It is important that clinicians should not be lured by excessive trial payments to participate in studies of "me-too" drugs, at the expense of patients who may be prescribed already proven and effective treatments, a practice that is common and which was well described by Shah and Finucane. Finally, it is important to have structures in place to ensure that the influence of the pharmaceutical industry is not used to bias results. The recent inexplicable failure to report deaths in a large study of rofecoxib may point to bias by the pharmaceutical industry to suppress negative findings (Topol, 2004). This has highlighted deficiencies in the regulatory framework in which the pharmaceutical industry operates.

Publication

As Bhattacharyya and Burns have pointed out, much of the data generated by the pharmaceutical industry is of high quality and needs to be published. However, there is also evidence that the industry has worked to suppress or minimize negative findings or deleterious consequences of drugs. This publication bias, eloquently described by Shah and Finucane, is particularly bothersome to those organizations compiling systematic reviews of treatment because publication bias will produce major distortion to the findings of any pooling of data (or meta-analysis). These concerns have resulted in the creation of trial registries, and the adoption of the position by many journals, including *International Psychogeriatrics*, that trials will not be published unless they have been prospectively registered.

Conclusions

It is apparent from these two contributions that there is actually considerable agreement and overlap between these so-called opposing views. The pharmaceutical industry has a legitimate right to seek to maximize its profits. It is the regulatory framework within which it operates that needs to be carefully managed so that the industry's interests can be balanced against the interests of patients and the communities within which they live. The behavior of doctors and researchers in their dealings with industry requires greater transparency and scrutiny to help achieve this balance. And remember the old adage: there is no such a thing as a free meal, or free congresses, free trips, free books, free printouts, free pens, free samples . . .

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