

# Medical Communication Companies and America's Medical Propaganda Machine

By [Dr. Gary G. Kohls](#)

Global Research, January 03, 2017

Region: [USA](#)

Theme: [Science and Medicine](#)

*Examining One of the Many Ways That Healthcare Providers are Compelled to Over-prescribe Big Pharma's Unaffordable, Often Toxic and Often Dependency-inducing Prescription Drugs*

*"He who pays the piper calls the tune." - Robert Browning*

*"Similar conflicts of interest and biases exist in virtually every field of medicine, particularly those that rely heavily on drugs or devices. It is simply no longer possible to believe much of the clinical research that is published or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine." - Marcia Angell, MD, author of "The Truth About the Drug Companies: How They Deceive Us and What to Do About It"*

*"The results of (usually Big Pharma-sponsored) clinical trials are submitted to the FDA, and if one or two drug trials are positive—that is, if they show effectiveness without serious risk—the drug is usually approved, even if all the other trials are negative." — Marcia Angell, MD, author of "Drug Companies and Doctors: A Story of Corruption"*

*"In view of... the conflicts of interest that permeate the enterprise, it is not surprising that industry-sponsored trials published in medical journals consistently favor sponsors—largely because negative results are not published, positive results are repeatedly published in slightly different forms, and a positive spin is put on even negative results. A review of seventy-four clinical trials of antidepressants, for example, found that thirty-seven of thirty-eight positive studies were published. But of the thirty-six negative studies, thirty-three were either not published or published in a form that conveyed a positive outcome." — Marcia Angell, MD*

*"Our health care system is based on the premise that health care is a commodity like VCRs or computers and that it should be distributed according to the ability to pay in the same way that consumer goods are. That's not what health care should be. Health care is a need; it's not a commodity, and it should be distributed according to need. If you're very sick, you should have a lot of it. If you're not sick, you shouldn't have a lot of it. That is a fundamental mistake in the way this country, and only this country, looks at health care. And that market ideology is what has made the health care system so dreadful, so bad at what it does." — Marcia Angell, MD*

*(In 2002) "the combined profits for the ten drug companies in the [Fortune 500](#) (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion). Over*

*the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centers, and the medical profession itself... Most of its marketing efforts are focused on influencing doctors, since they must write the prescriptions.” – Marcia Angell, MD*

I recently ran across an important 2013 JAMA (Journal of the American Medical Association) article, the content of which is printed below. It is about a new form of medical propaganda, physician conflicts of interest, the cunning of Big Pharma’s advertising and how most physicians are at risk of being mis-informed and mis-educated at a time when they are being pressured to spend less and less time with their patients and to rely on the over-prescribing of Big Pharma’s synthetic chemical drugs. As I often told my patients, it only takes 2 minutes to write a prescription but it takes 20 minutes to NOT write a prescription.

I have shortened and slightly modified the article, mainly for length considerations. The original is available for those who wish to read the entire article—as noted below. The article seems to have been cunningly well-hidden from us physicians and by the consumers of healthcare by the powers that be – probably because of the sensitive nature of its contents.

The JAMA is one of the handful of peer-reviewed journals published by the AMA (American Medical Association). I used to receive it decades ago when I was a dues-paying member. Even though I quit my membership probably 30 years ago, I still receive monthly letters asking me to pay my dues and start receiving the journal again.

But the JAMA has, probably because of financial difficulties, changed from a well-respected medical journal that didn’t allow the pharmaceutical industry to influence what it published to one that is reliant on Big Pharma money. (The JAMA has been, for well over a hundred years, the official journal for the AMA, which is still the most influential medical industry trade group and lobbying group in the US.)

But the JAMA’s hard-earned respectability all changed when it, just like the New England Journal of Medicine (note the quotes above from the fired NEJM editor, Marcia Angell, MD), began accepting excessively large amounts of advertising money from the pharmaceutical industry and then began publishing articles that had been ghost-written by Big Pharma mercenary writers or had been written by authors with serious conflicts of interest with the pharmaceutical industry.

By the time the JAMA and the NEJM started losing their respectability, we physicians had already had been receiving scores of glossy, throwaway freebie medical journals every month that had already had ridiculously heavy drug advertising. The pages devoted to the highly biased and often laughable advertising commonly out-numbered the supposedly professional articles. And I have to report that the quality of the advertising in the professional journals usually never rose above what is seen on prime-time television for the uneducated consumer class.

Nowadays we physicians get Big Pharma’s propaganda online, often in the form of free or reduced-cost tuition for our continuing medical education courses, courtesy of the Medical Communication Companies (MCCs) like MedScape and WebMD.

The article I have printed below exposes the under-the-table flow of money that keeps

popular online MCCs full of plausible (but often misleading) information that is consistently favorable to the dis-informational agendas of Big Pharma. On those sites the multitude of iatrogenic disorders (diseases that are caused by doctors or Big Pharma's prescription drugs) are never mentioned. As should be easily appreciated by folks that have at least some critical thinking skills, iatrogenic diseases are a serious taboo subject that Big Pharma and the medical establishment wants to keep hidden from their drug-taking patients.

These MCC online sites maintain the ignorance Big Pharma desires for us too-busy prescribing physicians and our often "desperate-for-unbiased-information" patients who suspect that they are being sickened by the synthetic chemicals and vaccine ingredients that have been prescribed for them, substances that can be addictive, neurotoxic, dementia-inducing and a cause of mitochondrial toxicity (especially in the case of psych drugs). (Mitochondria, by the way, are the tiny energy-producing "hearts and lungs" of every living cell in our bodies that can be poisoned by the ingredients of many of our commonly prescribed drugs and vaccines.)

The article summarized below reveals the actual names of the biggest culprits: the amoral, for-profit, multinational Big Pharma corporations that annually hand out tens of millions of dollars to their co-opted and obedient MCC recipients who are—unfortunately—mistakenly trusted by both physicians and their confused patients.

What may be worse is the fact that these for-profit MCCs are responsible for providing dis-informational "content" for the thousands of health "journalists" (who are notorious for having little or no medical science background).

One sees those health journalists all over the newspapers, radio, TV and internet with their ubiquitous and very plausible articles that are often directly fed to them from the MCCs and their sugar daddy, Big Pharma. The health journalists, in reading the prepared-for-immediate-re-publication content, feel that they are doing research, whereas what is actually happening is deception and indoctrination.

The same thing happens on the nightly news when Big Pharma's MCC-generated videos are shown on the TV news without the local station ever mentioning the gross conflicts of interest. This common tactic does represent "easy journalism" for our too-busy health writers who have deadlines to meet, but it should be admitted to for the sake of the media's duped consumers, and it should be exposed and condemned.

A decade ago, when medical establishment and lobbying groups like the AMA, APA, AAP, AAFP, etc warned us about getting our information from the internet, they were afraid, sometimes with justification, of the influence of the complementary/alternative medical community that was out there. Many consumers found out that what was out there was frequently useful and sometimes curative - a big threat to more than one medical establishment group.

These self-help sites were often nutrition-based and often provided education and information that could make unnecessary an unaffordable physician visit that usually ended with an unaffordable prescription or two. Real cures—rather than perpetual, life-long drug or disease "management"—often could be found online.

It was only later, when the establishment came to dominate the internet with their propaganda (and Google's ranking system that always puts MedScape and WebMD on top)

that I came to agree with their warnings about online medical disinformation. Only now we have to be worried about what the medical establishment is trying to convince us to do. The article below explains one reason why those fears are well-grounded.

Remember the truism: “Whoever pays the piper, calls the tune”. It has never been more true than at this time of astronomical health care and bankrupting prescription drug costs.

\* \* \*

JAMA. 2013;310(23):2554-2558. doi:10.1001/jama.2013.281638

### **Medical Communication Companies and Pharmaceutical Industry Grants**

By Sheila M. Rothman, PhD; Karen F. Brudney, MD; Whitney Adair, BA; David J. Rothman, PhD

<http://www.imapny.org/wp-content/themes/imapny/File%20Library/JAMA/JAMA-Medical-Communication-Companies—jbr130003.pdf>

Medical communication companies (MCCs) are among the most significant but least analyzed health care stakeholders. Supported mainly by drug and device companies, they are vendors of information to physicians and consumers and sources of information for industry. Known best for arranging continuing medical education (CME) programs, they also develop prelaunch and branding campaigns and produce digital and print publications.

The MCCs’ relationships to industry and to physicians are not easily investigated. Industry contracts with MCCs are not publicly available and until recently neither were industry grant awards. Neither donors nor recipients made the data available.

Then in 2010, 13 pharmaceutical companies and 1 medical device company posted grant registries on their websites. Some appeared as the result of legal settlements with the Department of Justice; others were posted voluntarily.

The disclosures went beyond the stipulations of the Sunshine Act, which mandates reports of payments only to physicians and teaching hospitals.

These registries include the names of all health care organizations, including the names of the MCCs that received at least 1 grant, the grant’s purpose, and the award’s precise dollar amount.

The purpose of this study was to explore the financial relationships between MCCs and drug device companies, to describe the characteristics of large MCCs, and to explore whether they accurately represent themselves to physicians.

### **Methods**

Our database included the 2010 grant registries of 13 pharmaceutical and 1 device company. When we began data collection in the summer of 2011, these were the only companies that had reported complete 2010 data for all divisions. We sorted recipients into organizational categories and totaled the funding they received. We then explored the relationship between MCCs and the drug and device industry. 11 of the drug companies ranked among the top 20 in the field by annual sales. The remaining 2 ranked in the top 30.

We combined information from quarterly reports and grant registries...to create a master list of 19,272 grants totaling \$657,643,322 awarded to 6,493 recipients. We grouped recipients into 7 categories, consulting master lists and self-definitions: 1) MCCs, academic medical centers and affiliated hospitals; 2) hospital systems and independent providers; 3) professional medical associations; 4) professional associations organized by nurses, health administrators, and scientists; 5) disease-targeted advocacy organizations established by laymen for patient education and advocacy; and 6) research organizations such as the NIH (National Institutes of Health). Category #7 included community, faith-based, and non-health-specific organizations.

...A grant was assigned to the MCC category when an organization's website defined its primary mission as the dissemination of information on disease states, prevention, management, therapies, and drugs or medical devices and was not a subsidiary of other recipient organizations (such as an academic medical center). By these criteria, 363 grant recipients were identified as MCCs....

We selected the top 5% of recipients (18) for in-depth analyses. These recipients received 58% of MCC industry funding and 30% of MCC industry grants. Because such a small group received such a large proportion of the funds and grants, we decided to focus on them....We devoted particular attention to CME because most registry grants were specified for "educational activities." 14 provided CME courses at "live events" such as at medical conferences and grand rounds. 17 offered online CME courses, including webcasts, podcasts, interviews, case-based discussions, slide sets, journal articles, and interactive games....

## **Importance**

Medical communication companies (MCCs) are among the most significant health care stakeholders, supported mainly by drug and device companies. How MCCs share or protect physicians' personal data requires greater transparency.

## **Objective**

To explore the financial relationships between MCCs and drug and device companies, to describe the characteristics of the large MCCs, and to explore whether they accurately represent themselves to physicians.

## **Design**

We combined data from the 2010 grant registries of 14 pharmaceutical and device companies; grouped recipients into categories such as MCCs, academic medical centers, disease-targeted advocacy organizations, and professional associations; and created a master list of 19,272 grants.

## **Results**

**Table 1. Donor Company Grant Totals - 2010**

<b><u>Donor Corporation (Top 14)</u></b>	<b><u>Grant Totals</u></b>
Roche/Genentech	\$106,291,605
Merck	\$99,481,044
Pfizer	\$89,520,722
Abbott	\$69,518,593
Eli Lilly	\$54,767,686
Bristol-Myers Squibb	\$43,570,166
Amgen	\$43,383,578
AstraZeneca	\$35,628,747
sanofi-aventis	\$34,404,149
GlaxoSmithKline	\$29,658,381
Medtronic	\$26,125,342
<u>Astellas</u>	\$11,905,202
Forest Laboratories	\$9,400,372
<u>Shire</u>	\$3,987,736
<b>Total</b>	<b>\$657,643,322</b>

Medical communication companies received 26%, the largest percentage of funding (\$170,803,675) from the 14 drug and device companies, followed by 21% awarded to academic medical centers (\$140,928,767) and 15% to patient (disease-target) advocacy organizations (\$95,769,466, see Table 2).

**Table 2. Category of 363 Grant Recipient by Amount and # of Grants Received – 2010**

<b><u>Category of Grant Recipient 2010</u></b>	<b><u>\$ Amount Awarded</u></b>	<b><u># of Grants</u></b>
Marketing, communications, and consulting	\$170,803,675	2,077
Medical centers and universities	\$140,928,677	5,427
Patient (disease-targeted) advocacy organizations	\$95,769,466	4,033
Professional medical associations	\$83,949,432	2,063
Other organizations	\$80,745,433	1,697
Professional associations	\$37,009,540	1,467
Hospital systems and independent providers	\$26,339,514	2,040
Research organizations	\$22,097,585	468
<b>Total</b>	<b>\$657,643,322</b>	<b>19,272</b>



**Table 3. Top MCC Recipients of Big Pharma Grants**

<b><u>Top 18 (of 363) MCC Recipients</u></b>	<b><u>\$ Amount Awarded</u></b>	<b><u># of Grants</u></b>
<u>Medscape</u> /WebMD	\$20,315,730	96
Postgraduate Institute for Medicine	\$11,274,544	91
Research to Practice	\$10,375,787	93
National Comprehensive Cancer Network	\$8,878,434	96
Medical Education Resources	\$7,749,794	40
PER Group	\$6,566,321	95
Network for Continuing Medical Education	\$4,704,447	16
Educational Concepts Group	\$4,464,220	52
<u>Imedex</u>	\$3,518,472	70
Med-IQ	\$3,430,104	19
Clinical Care Options	\$2,941,810	6
<u>Pri-Med</u>	\$2,884,215	33
National Foundation for Infectious Diseases	\$2,499,475	19
Institute for Medical Education and Research	\$2,493,452	21
<u>Curatio</u> CME Institute	\$2,466,663	111
Primary Care Network	\$2,423,370	114
Scepter	\$2,347,355	13
Discovery Institute of Medical Education	\$2,232,059	18
<b>Total</b>	<b>\$101,566,252</b>	<b>803</b>

Of the 363 MCC grant recipients, 208 were for-profit and 155 were nonprofit companies. For-profit companies received 77%. 18 MCCs (5%) received more than \$2 million each (total, \$101,566,252). Of these, 14 were for-profit and 12 were subsidiaries of larger entities. All 18 MCCs were approved by the Accreditation Council for Continuing Medical Education to deliver CME courses. 14 offered live and 17 offered online CME courses.

The 2 MCCs receiving the most industry funding (Medscape/WebMD) offered only online CME courses. Medical communication companies promoted online CME courses as a convenient and cost-free alternative to live CME courses. Physicians could access the site anywhere at any time. To enroll in the CME course, physicians had to provide personal information, such as name, e-mail address, specialty, and license number.

How MCCs might use the personal data and track physician web activity was described in the Privacy Policies sections of their websites. 14 stated that they used such tools as “cookies” and web “beacons”. 10 declared that they shared personal information with third parties, although none identified them. 8 stated that they did not share personal information, but almost all 6 added exceptions for unnamed “educational partners” and companies with which they worked or might merge.

Of the 6,493 recipients of more than \$657 million grant awards from drug and device companies, 18 of the 363 MCCs received 26%, academic medical centers received 21%, and disease-targeted organizations received 15%. For-profit MCCs received 77% of funds (208 of 363). Among the top 5% of MCCs, 14 of 18 were for-profit. All 18 offered continuing medical education: 14 offered live and 17 offered online CME courses. All required physicians to provide personal data. Ten stated that they shared information with unnamed third parties. Eight stated they did not share information, but almost all added exceptions. None required explicit physician consent to their sharing policies.

## **Discussion**

Among the 14 companies that released data in 2010, MCCs received an aggregate of \$170 million, more funds than any other recipient, including academic medical centers, professional associations, and research organizations. The top 5%, for-profit companies, received 59% of the funds. Absent industry disclosures, none of this information would have become publicly available.

It appears that providing online CME courses is a common activity offered by MCCs, which allows them the opportunity to collect personal data and create digital profiles. Although MCCs did not elicit users' explicit consent, they interpreted participating in a CME course and navigating the website as an implicit agreement to share information with third parties.

It is possible that physicians using MCC websites do not appreciate the full extent of MCC-industry financial ties or are aware of data sharing practices.

### **Conclusions and Relevance**

Medical communication companies receive substantial support from drug and device companies. Physicians who interact with MCCs should be aware that all require personal data from the physician and some share these data with unnamed third parties.

### **References available at:**

<http://www.imapny.org/wp-content/themes/imapny/File%20Library/JAMA/JAMA-Medical-Communication-Companies—jbr130003.pdf>

***Dr Kohls** is a retired physician from Duluth, MN, USA. In the decade prior to his retirement, he practiced what could best be described as “holistic (non-drug) and preventive mental health care”. Since his retirement, he has written a weekly column for the Duluth Reader, an alternative newsweekly magazine. His columns mostly deal with the dangers of American imperialism, friendly fascism, corporatism, militarism, racism, and the dangers of Big Pharma, psychiatric drugging, the over-vaccinating of children and other movements that threaten American democracy, civility, health and longevity and the future of the planet.*

The original source of this article is Global Research  
Copyright © [Dr. Gary G. Kohls](#), Global Research, 2017

---

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Dr. Gary G. Kohls](#)



**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)

[www.globalresearch.ca](http://www.globalresearch.ca) contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: [publications@globalresearch.ca](mailto:publications@globalresearch.ca)