

ASHP Guidelines on Pharmacists' Relationships with Industry

In the practice of their profession, pharmacists should be guided only by the consideration of patient care. Pharmacists should neither accept nor retain anything of value that has the potential to affect materially their ability to exercise judgments solely in the interests of patients. A useful criterion in determining acceptable activities and relationships is this: Would the pharmacist be willing to have these relationships generally known? Notwithstanding this responsibility, pharmacists may benefit from guidance in their relationships with industry. To this end, the following suggestions are offered.

Gifts and Hospitality

Gifts, hospitality, or subsidies offered to pharmacists by industry should not be accepted if acceptance might influence, or appear to others to influence, the objectivity of clinical judgment or drug product selection and procurement.

Continuing Education

Providers of continuing education that accept industry funding for programs should develop and enforce policies to maintain complete control of program content.

Subsidies to underwrite the costs of continuing-education conferences, professional meetings, or staff development programs can contribute to the improvement of patient care and are permissible. Payments to defray the costs of a conference should not be accepted directly or indirectly from industry by pharmacists attending the conference or program. Contributions to special or educational funds for staff development are permissible as long as the selection of staff members who will receive the funds is made by the department of pharmacy.

It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and reimbursement for reasonable travel, lodging, and meal expenses. However, direct subsidies from industry should not be accepted to pay the costs of travel, lodging, or other personal expenses of pharmacists attending conferences or meetings, nor should subsidies be accepted to compensate for the pharmacists' time.

Scholarships or other special funds to permit pharmacy students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution.

Consultants and Advisory Arrangements

Consultants who provide genuine services for industry may receive reasonable compensation and accept reimbursement

for travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify compensating pharmacists for their time, travel, lodging, and other out-of-pocket expenses.

Clinical Research

Pharmacists who participate in practice-based research of pharmaceuticals, devices, or other programs should conduct their activities in accord with basic precepts of accepted scientific methodology. Practice-based drug studies that are, in effect, promotional schemes to entice the use of a product or program are unacceptable.

Disclosure of Information

To avoid conflicts of interest or appearances of impropriety, pharmacists should disclose consultant or speaker arrangements or substantial personal financial holdings with companies under consideration for formulary inclusion or related decisions. To inform audiences fully, speakers and authors should disclose, when pertinent, consultant or speaker and research funding arrangements with companies.

Additional Issues

The advice in this document is noninclusive and is not intended to limit the legitimate exchange of prudent scientific information.

This guideline was reviewed in 2001 by the Council on Legal and Public Affairs and by the ASHP Board of Directors and was found to still be appropriate.

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Developed by the ASHP Council on Legal and Public Affairs.

The language used in many of the guidance issues contained in this document was adapted, with permission, from documents developed by the American Medical Association (*JAMA*. 1991; 265:501) and the American College of Physicians (*Ann Intern Med*. 1990; 112:624-6).

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