The Subtle Effects on the Medical Profession of Free Gifts and Sponsorships from the Baby Food Industry

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Breastmilk provides ideal nutrition for neonates as it is a living biological fluid (compared to its inert synthetic counterpart), providing infants with both general and specific anti-infective factors which can never be duplicated by any artificially altered product. For these reasons, there is simply no substitute for breastmilk. Because of the unique biology of breastmilk, breastfed babies have reduced morbidity and mortality compared to artificially fed babies. Various studies have concluded that the rate of gastro-intestinal, respiratory and urinary infections, and allergic manifestations are significantly higher in bottle fed babies (1)(2)(3). Additionally, an increase in the intelligence quotient (I.Q.) of pre-term and term infants who received breastmilk has been demonstrated in different studies (4).

In short, the biological advantages of breastmilk always remain outstanding and unequivocal.

It is an alarming fact that, during the last few decades, the prevalence of breastfeeding has declined to a significantly low level globally. The World Health Organization (WHO) and UNICEF have estimated that, annually, the deaths of 1.5 million children worldwide are caused by lack of breastfeeding.

Factors responsible for this decline include the separation of mothers from babies in hospitals, supplementary artificial feeds, traditional remedies such as honey or glucose-water, and certain folk beliefs, as well as the bombardment of unjustified claims and advertisements by infant food companies. These have all created a negative impact on mothers' attitudes, resulting in the development of a trend toward artificial feeding for babies. Unfortunately, physicians, and particularly paediatricians, contribute directly or indirectly to this decline in human lactation.

Realizing the seriousness of the fact, and to restrict the irresponsible marketing of the baby food industry, the World Health Assembly adopted the International Code of Marketing of Breast-milk Substitutes in 1981. This Code addresses all the possible activities that can affect negatively the implementation of strategies for promoting and supporting breastfeeding. One of the articles included in the Code concerns health workers. Realizing the crucial role of health professionals, the Code (Article 7.3) and subsequent WHA Resolutions (for example, WHA 49.15) warn of the conflict of interest created by the acceptance of financial support or any other material inducement.

It is true that virtually all companies still violate the International Code of Marketing of Breast-milk Substitutes. Financial support and gifts often stop physicians from denouncing unethical marketing practices. Companies use physicians as tools to promote products.

**Promotional Tactics**

Companies know that health workers are an ideal channel through which they can reach mothers. Undoubtedly, large proportions of their promotional activities are designed to make mothers switch from breast to bottle.

Although the International Code of Marketing of Breast-milk Substitutes says in Article 7.2: "Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and
factual matters, and such information should not imply or create a belief that bottle feeding is equivalent or superior to breastfeeding”, yet still baby food company representatives advocate their formulas in the same way that pharmaceutical company representatives promote their drugs: by praising their qualities and effectiveness, pointing to relevant studies and leaving samples to pass on to patients. These visits from representatives are backed by gifts, lectures and conferences by company-sponsored speakers, and financial grants to attend conferences. Dr. Derrick Jelliffe termed such “help” to the health professionals, ”manipulation by assistance”.

Physicians are showered with many attractive gifts, prescription pads, pen stands, calendars, diaries, key chains, T-shirts, clocks, coffee cups, bags and even computers. All of these items contain either a brand or company name or logo, to make sure the brand or company’s name is imprinted in the physician’s mind and visible to patients.

Moreover, baby milk companies frequently sponsor scientific meetings, conferences, symposia and other educational events that tend to be lavish, in elegant hotels or exotic locations. They pay for dinners and entertainment during the events, and set up promotional booths, in which product displays, promotion-based speeches and videos are also exhibited. Participants receive free samples, promotional materials and ‘free give-aways’.

Infant food companies also sponsor various research studies and are known to influence research reports, at times going all the way towards suppressing the publication of unfavourable findings (5). As a result, and though this is seldom known to readers, the research outcome of these sponsored studies are unreliable and unauthentic.

**Ethical Analysis**

The acceptance of gifts and sponsorship can be categorized into two groups based on the recipient levels:

- **(A) Individual Level** (payment of tours, small presents etc)
- **(B) Collective Level** (conferences, symposia and training workshops etc)

As in any article calculus, risks and benefits to the patients should be considered and justice-related issues explored (6).

(A) Individual Level

The acceptance of gifts in virtually any form violates the fundamental duties of physicians (7).

The cost of gifts or any other financial support to the physician is free to the physician and may have some cost to the company, but this cost ultimately passes on to the consumer. As a result, the physician receives benefit at the expense of his or her patients.

These gifts may be labelled as conscious or even as unconscious ‘bribes’, so as to keep negative feelings out of the physician-company relationship. It must be kept in mind that choice between breast and bottle is often a choice between infant health and sickness or even life and death.

The acceptance of gifts inherently creates a conflict of interest by proffering a relationship between the physician and the baby food company that ultimately interferes with the traditional doctor-patient relationship.

(B) Collective Level

Company-sponsored medical congresses have indeed widely served to ‘loyal
physicians' for their close attachment to a given company. These events are thus undoubtedly promotional in essence (8).

Companies are motivated by profit, and health professionals are therefore more often being 'bought' when they are offered gifts or sponsorships. Indeed no company gives away its shareholders' money in an act of disinterested generosity (9).

The International Code recognizes this and states in Article 7.3, "No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers."

The WHO/UNICEF New Global Strategy states in paragraph 35, "All partners should work together to achieve fully this strategy's aims and objectives, including by forming fully transparent innovative alliances consistent with accepted principles for avoiding conflict of interest."

Further, World Health Assembly Resolution 49.15, adopted in Geneva in 1996, warns about the conflicts of interest that can be created by financial support for professionals working in infant and young child health.

**Impact and Facts**

In the context of this complex issue, doctors may not realise just how subtly they are being manipulated. The majority of them are not aware of the subtleties of the gifts and sponsorship they receive. Doctors often do not perceive that even very small gifts will warp their impartiality. They may believe that they are strong enough to withstand the pressure to promote a company's products, but in fact, these gifts create an unconscious bias that they cannot control (19).

The motivation for gift-giving policies of baby milk companies is neither simple nor innocent. Such gifts, whatever their monetary value, act as promotional devices, generating good will and playing a critical role in moulding the opinions and influencing the decisions of health professionals. Undoubtedly, these gifts and financial support create a natural inherent obligation among doctors to respond positively to the demands of the companies.

Moreover, here the competition is not only between products but more importantly between breastfeeding or not breastfeeding. Neither the donor nor the recipient will come forward and admit that a particular gift or sponsorship was meant to promote products. Whenever physicians are questioned about the effects of gifts and sponsorship on their prescribing behaviour, the majority of them contend that sponsorship and gifts of any kind, do not influence their treatment choices and say that they do not favour any particular company.

Unfortunately, in reality, the situation is different. There are hundreds of such examples where physicians prefer a given company only because they have been receiving gifts and sponsorships on a regular basis.

The success of the baby food industry in its marketing practices proves the old adage that "The way to a man's (or a woman's) heart is through his stomach."

**Regional Actions**

In 1996, the World Health Assembly recognized that government action is necessary in regard to this complex issue and urged its Member States to ensure that financial support for professionals did not create conflict of interest. Many governments and professional bodies have already acted upon these international public health recommendations.

**Philippines**

The Philippines law of 1986 prohibits financial or material inducements for the purpose of promoting specified products (10).
Sri Lanka

The Sri Lanka Act prohibits all gifts to health workers as well as financial inducements (11).

Bangladesh

In Bangladesh, the law prohibits promotion of breastmilk substitutes by "offering of gifts" (12).

Brazil

The Brazil regulations forbid "any and all forms of incentives to individuals". In 2001, new Brazilian regulations include the Decree on Health Workers and Health Care Systems: "Any sponsored events shall include in their information materials the following sentence: "This event has been sponsored by private companies, in conformity with the Brazilian Standard for Marketing of Foods for Infants and Young Children."
And, "any information disseminated prior to an event that has received sponsorship and particularly during the event, the leadership of the teaching or research institutions or the health care institution involved shall be responsible for ensuring that there is no commercial promotion [of products covered by this Standard]" (13).

Italy

The Italian Ministry of Health issued a decree in 1991 controlling sponsorship of congresses by pharmaceutical companies. Pursuant to the decree, scientific congresses organised or financially supported by pharmaceutical companies must be free from all advertising, distribution of free samples and displays of promotional exhibits during the meeting (14).

Australia

The Advisory Panel for the Australian Voluntary Code considers that small gifts such as pens and papers with company logos designed for use at conferences are inducements if the gifts are intended or likely to be taken home (15).

India

Section 9 of the IMS Amendment Act, 2003 states:

1. No person who produces, supplies, distributes or sells infant milk substitutes or feeding bottles or infant foods shall offer or give, directly or indirectly, any financial inducements or gifts to a health worker.
2. No producer, supplier or distributor referred to in sub-section 1, shall offer or give any contribution or pecuniary benefit to a health worker or any association of health workers, including funding of seminar, meeting, conference, educational course, contest, fellowship, research work or sponsorship.

Azerbaijan

Concerning sponsorship, article 12 of the Law of Azerbaijan on Feeding Infants regulates the activities of manufacturers and distributors, and prohibits all forms of corporate sponsorship to the medical profession. This includes the financing of scientific research in the field of infant nutrition. The ban exceeds the minimum standards set by the International Code.

International Paediatric Association (IPA)

In 1992, the Executive Director of UNICEF called on the IPA to "seriously debate the impact of accepting financial support from infant formula manufacturers on your ability to lead a movement for a massive return to breastfeeding" (16).

Indian Academy of Paediatrics (IAP)
The Indian Academy of Paediatrics has led the way for professional associations worldwide by stating: "All types of inducements from the manufacturers and distributors of products within the scope of the Code must be refused."

IAP rejected all formula company funding for its conferences as well as for the Asian Congress of Paediatrics (17).

**Pakistan Paediatric Association (PPA)**

The PPA does not allow any formula companies to participate in its conferences and also recommends that all types of inducements from manufacturers and distributors of products within the scope of the Code should be refused by PPA members.

**Doctors’ Declaration for Breastfeeding**

In 1987, an international group of doctors developed the 'Doctors Declaration for Breastfeeding' which states that signatories "under all ordinary circumstances will not accept personal funding from an infant food company for purposes such as travel, research or equipment" (18). This "weaning" from company funding is encouraging but still exceptional worldwide and needs more awareness and efforts.

**Conclusion**

The issue of gifts and sponsorships from the baby food industry in regard to its untoward effects on child health is a very complex matter. It is greatly necessary to realise the seriousness of the issue. The gift-giving policy of the baby food industry has introduced a subtle form of corruption in the noble medical profession. The first priority should always be loyalty towards the profession. The medical community, especially paediatricians, must carefully consider its interaction with the baby food industry.

We must be aware of the fact that all the sponsorship and gift-giving activities of milk companies are promotional tactics designed to make mothers switch from breast to bottle. Health workers have a major influence in a mother's decision whether or not she will breastfeed her baby, or decide to give infant formula and thus reduce the duration of breastfeeding. In clinical situations where prescribing formula has no other role than to satisfy the parents or to oblige a company, physicians may be committing a professional crime when they do not consider the real problem such as the mother complaining of 'insufficient milk'.

Health workers, both individually and through their professional associations, can make a difference by refusing to accept industry funding. There is a great need for a global campaign where sincere efforts can be put forth against free gifts and sponsorship from the baby food industry. Well-organized walks or rallies can play a vital role in highlighting the critical issue and thought-provoking slogans such as "Baby Food Industry: Stop buying doctors" displayed on placards, for example, could bring a change. We should each treat this industry with caution, and reject all gifts, thus challenging the old adage that "a dog never bites the hand that feeds it".

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