

Dr. True's Elixir and Other Nostroms

■ Diane H. Schetky, M.D.

While excavating the foundation for my new garage, the workmen came upon an archaeological dig linking me to past owners of my 19th century home. Amidst such artifacts as kettles and shards of crockery from the far east (undoubtedly brought home by local sea captains) was a trove of intact blue medicine bottles labeled "Johnson's Anodyne" and "Dr. True's Elixir." The bottles now line my kitchen window sill where the rising sun filters through them. I often ponder whether the consumers of these potions were sickly, hypochondriacal, gullible, or whether perhaps they turned to them to ease their way through prohibition. As for Dr. True, I wonder if he actually existed and, if so, did he develop the product or merely lend his name to it as an endorsement?

The reader may wonder what Dr. True has to do with ethics. Some time ago, I received a call from a former out of state acquaintance urging me to go into business with her selling a product that is guaranteed to lower cholesterol. Bioslife, as it is called, is produced by Rexall's lucrative Show Case International Division. She sent me a cassette filled with testimonials from board certified physicians about this new high fiber product which is only distributed through multilevel marketing. The title of the tape cassette, "A Gift of Health, A Gift of Finance," immediately aroused my suspicions. Physicians engaged in marketing the product to friends and patients buy at wholesale and sell retail making 20-50 % profit on each sale and get a nice residual income for the duration of the patient's use of the product. One distributor boasted of earning \$60,000 per month selling Bioslife. The promoter said he was recruiting "physicians of integrity" who want control of their lives and to supplement income lost to managed care. A very seductive pitch, indeed.

According to *Medical Economics*, many physicians, fed up with managed care battles, are curtailing their practices and developing sideline businesses to supplement their incomes. They are working as representatives for Amway which also employs multilevel marketing. Some physicians even recruit their patients into the business or sell health related products to them. Not only do physicians profit from the direct sale of Rexall products to patients but they make commissions on the product sales and purchases of their recruits, as well.

If former Vice President Dole can endorse credit cards and Viagra why shouldn't we be able to promote products? The AMA Council on Ethical and Judicial Affairs reminds us that "A physician should not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm or other supplier." The reason for this is fairly obvious in that personal gain may affect prescribing practices. The situation is even more insidious if the patient does not know that the physician stands to profit from his or her use of a product.



In the matter of Bioslife, the physicians promoting this product are not prescribing but directly selling which amounts to the same conflict of interest. An additional problem is that the product has not been subject to FDA approval or rigorous scientific testing. Physicians may also be held liable if the patient has any adverse reaction, as endorsements may be interpreted as giving medical advice. If the product helps as many people as the promoters claim it does, why should the price be driven up by physicians' percentages on each sale? Rexall argues that they are keeping the price down by not advertising, when, in fact, they

are co-opting physicians to do their advertising for them.

If a product is health related e.g., skin creams, vitamins or dietary supplements, there is a tacit endorsement which invokes the physician's medical expertise and authority which may exploit vulnerable patients. If a physician chooses to sell a product that has no relation to his patient's health there may not be a problem according to the AMA Council on Ethical and Judicial Affairs. However, such transactions commercialize the doctor-patient relationship and may undermine trust. Once again, the physician is better off not trying to wear two hats. ♦

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REFERENCES

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