

# Sunshine Policies and Murky Shadows in Europe

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AMSTERDAM—A [new study](#) sheds light on the rules covering disclosure of payments from pharmaceutical companies to doctors across Europe, finding barriers to public access that raise the need for minimum standards of transparency reporting.

Authored by a group from Health Action International (HAI), University of Sydney, University of Latvia and Lund University, and published at the [International Journal of Health Policy Management](#), the paper looks at the comprehensiveness and accessibility of information on financial relationships between health professionals and companies, in nine European countries.

The authors found that reporting for most countries was only available in separate PDFs, with only one of the nine being deemed to have user-friendly access to information.

Key differences mainly reflect whether countries have laws in place requiring reporting, or rely on industry self-regulation. Common features of self-regulation were:

- ‘Opt-out’ clauses allowing doctors to choose not to have their payments reported.
- Exclusion of food and drink, even though this is a common and influential gift to doctors.
- A lack of searchable databases for public information access.

HAI Senior Policy Advisor, Ancel.la Santos, said:

*“We know from other studies that there is strong evidence associating industry payments with higher cost and lower quality prescribing. Transparency is an important first step in making these links public. Our study showed that self-regulatory codes aren’t fit for purpose.”*

Lead author, Italian doctor, Alice Fabbri, currently at the University of Sydney, added:

*“Important improvements have been made in recent years; however, there are still significant gaps. Why should a French or Portuguese patient be able to easily find out whether their doctor receives industry funding, but an Italian patient would need the skills of a detective to find information that is also likely to be incomplete?”*

The paper stresses that addressing industry influence on health professionals requires more than transparency alone; steps are also needed to restrict payments. Funding that is known to exert undue commercial influence has no place within a public healthcare system.

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