Over the past 15 years, interactions between physicians and the pharmaceutical and medical device industries have received ever greater scrutiny. While the benefits of research collaboration have always been recognized, there are growing concerns that financial relationships are threatening the integrity of research, professional education, patient care, and the public’s trust in medicine. The Association of American Medical Colleges and the Institute of Medicine released statements calling for strengthening the policies governing these interactions, particularly among academic medical centers and professional societies, and requiring transparency and disclosure of financial relationships. In 2007, the American Medical Student Association, in collaboration with the Pew Charitable Trusts, released its “PharmFree Scorecard” that graded medical schools on the presence or absence of a policy regulating interactions between their students and faculty and the pharmaceutical and medical device industries.

Since that time, medical school policies have become increasingly common and more restrictive. However, little evidence supported their widespread adoption until recently, when 2 studies determined that medical students and postgraduate trainees from medical schools with less restrictive policies were more likely to prescribe high-cost, low-value branded formulations of psychoactive medications.1,2 The findings reported by Austad et al3 provide some measure of explanation, despite being derived from hypothetical case scenarios, noting that students and trainees who reported more extensive interactions with pharmaceutical sales representatives were less likely to recommend evidence-based medicines and were more likely to favor use of branded, as opposed to generic, medication formulations.

Medical school and postgraduate training are times of rapid, intensive clinical learning, when professional identities are formed, and the “habits” of clinical practice are begun. There is no educational reason for industry to interact with students and residents during these formative periods, and exposure to marketing promotion and sales representatives should be limited. Thus, medical schools and teaching hospitals should continue to take steps toward adopting policies that restrict interactions with industry. It is becoming increasingly clear that restricting these interactions during medical school and postgraduate training leads to higher-quality, more evidence-based prescribing among physicians, which is good for the profession, for patient care, and for the public’s trust in medicine.

Conflict of Interest Disclosures. Dr Ross receives research grant funding through Yale University from Medtronic Inc and Johnson & Johnson Inc to develop methods of clinical trial data sharing and is a paid consultant to the Pew Charitable Trusts to refine the methodology used for the PharmFree Scorecard.