

Selling Products Out of the Office

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The sale of products from the physician's office raises several ethical issues and may affect the trust necessary to sustain the patient-physician relationship. When deciding whether to sell products out of the office and, if so, which ones, physicians should carefully consider such criteria as the urgency of the patient's need, the clinical relevance to the patient's condition, the adequacy of evidence to support use of the product, and geographic and time constraints for the patient in otherwise obtaining the product.

essential to the patient's care, or may interact negatively with other therapy.

Physicians should also seek to avoid harm by considering the patient's financial vulnerability as well as his or her physical safety. Assuming that there is some time flexibility and that there are other convenient sources of the product, the physician should seriously consider whether the patient could obtain the same or similar products that might be sold through the office less expensively at, for instance, a local pharmacy. Such items include peak flow meters and orthopedic devices. Physicians therefore have an obligation to disclose to patients the cost of an item sold through the practice at the time it is recommended. Charges for products sold through the office should be limited to the reasonable costs incurred in making them available. For some items (such as medications that require special storage and handling), this cost may be significantly higher than the direct purchase cost of the item to the physician. If the need is not urgent and there are multiple likely sources of an item, patients should be encouraged to look into the most cost-effective options for themselves.

While physicians must first consider their duty to nonmaleficence, they also have a positive duty to beneficence. Accordingly, products made available to patients through the office should offer an enhancement of the medical care the physician offers, should be reasonably related to the physician's expertise and clinical practice, and should have immediate relevance to the patient's need for care. In addition, their use should be evidence-based. Necessary medications or immunizations administered to patients at the time of care (but which may not be covered by insurance) are obvious examples. Likewise, a physician caring for patients with asthma might offer peak flow meters for sale in the office to facilitate patients' self-care, to emphasize their importance to asthma management, and to appropriately respond to patients' heightened awareness of the need for such an item at the time of an

office visit. Under such circumstances, however, the physician is still obligated to advise the patient of alternatives that he or she knows to be available, especially if such alternatives would be less costly.

Physicians are an important source of information and trusted advisors for their patients. They should appropriately guide patient decisions regarding the purchase of health-related items, ranging from over-the-counter supplements to expensive medications. When physicians sell such products through their office and encourage patients to purchase them there, the appearance (or reality) of financial self-interest may undermine physicians' duty to patient advocacy. By adhering to the duties of nonmaleficence and beneficence; by applying the criteria of urgent need, clinical relevance to patients' conditions, adequate evidence-based data to support clinical use of the item, and constraints on patients' time or geographic access to a product; and by disclosing financial interests and encouraging patients to explore alternatives where appropriate, physicians may maintain high ethical standards while affording patients access to products essential to their care.