

one of the oldest living physicists. Sadly, he died on Jan 7, 2012, shortly after the release of the book. This retrospective of his life, heavily marked by the strengths and weaknesses of two major fields—physics and medicine—remains here for posterity. It sheds light not only on the use and recognition of scientific discoveries, but also on the way in which their use shapes our world view, both in the academic community and the society as a whole.

I declare that I have no conflicts of interest.

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- 1 Knight P. Physics and medicine—two tips for a long and happy marriage. *Lancet* 2012; **379**: 1463–64.
- 2 Pećina M, Fatović-Ferenčić S, eds. Points of contact: physics and medicine in the life and work of professor Božo Metzger (1913–2012). Discussions and materials for history of science, book 11. Zagreb: HAZU, 2011 (in Croatian).

spent at head office? How does that compare with other funding agencies?

I declare that I have no conflicts of interest.

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- 1 The Lancet. TDR: a time to live or die? *Lancet* 2012; **379**: 1562.

## Marketing versus evidence-based medicine

The Association of the British Pharmaceutical Industry has issued a new guideline<sup>1</sup> to promote collaboration with doctors. It urges health-care professionals not to be “tempted to accept the negative myths about cooperating with industry”. Endorsed by many, including the British Medical Association, the Academy of Medical Royal Colleges, and the Department of Health, among other major UK bodies, *The Lancet’s* logo was used to support claims that “Industry plays a valid and important role in the provision of medical education” and that “Medical representatives can be a useful resource for healthcare professionals”.<sup>1</sup>

Such assertions contradict the evidence.<sup>2,3</sup> Worse than believing that sales representatives or medical education can have an unbiased and valid role, *The Lancet* has ignored the effect of drug promotion in the new social media which is now the freeway for marketing.<sup>4</sup>

Acknowledging the importance of the pharmaceutical industry is not an excuse for spreading positive myths. If all companies had a core ethic to avoid harming patients, why would GlaxoSmithKline have recently agreed to pay US\$3 billion to settle civil and criminal investigations into its sales practices for numerous drugs, the fourth such case since April, 2008, and surpassing Pfizer’s earlier record of \$2.3 billion in 2009?<sup>5</sup>

Why did *The Lancet* endorse this guidance? Was it a considered matter

of “supping with the devil with a long spoon” or a concern about losing advertising and reprint revenue?

SB is a committee member of Healthwatch, a charity “for treatments that work”. PM’s organisation Healthy Skepticism aims to improve health by reducing harm from misleading health information. The other authors declare that they have no conflicts of interest.

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- 1 Association of the British Pharmaceutical Industry. Guidance on collaboration between healthcare professionals and the pharmaceutical industry. <http://www.abpi.org.uk/our-work/library/guidelines/Pages/collaboration-guidance.aspx> (accessed April 14, 2012).
- 2 Steinman MA, Landefeld CS, Baron RB. Industry support of CME—are we at the tipping point? *N Engl J Med* 2012; **366**: 1069–71.
- 3 Fugh-Berman A, Ahari S. Following the script: how drug reps make friends and influence doctors. *PLoS Med* 2007; **4**: e150.
- 4 Greene JA, Kesselheim AS. Pharmaceutical marketing and the new social media. *N Engl J Med* 2010; **363**: 2087–89.
- 5 Braillon A. Drug industry is now biggest defrauder of US government. *BMJ* 2012; **344**: d8219.

## TDR: a time to live or die?

In your April 28 Editorial (p 1562),<sup>1</sup> you call for “wide new commitment and partners” for the UN Special Programme for Research and Training in Tropical Diseases (TDR). Having a long-standing interest in tropical diseases, I have followed the activities of TDR for 25 years. Rarely have I seen an organisation destroy itself so efficiently and so resolutely.

I cannot remember the last time I read a scientific paper in which TDR’s contribution was acknowledged. On the organisation’s website, it is very hard indeed to find any details of the grants allocated over the past 2 years, and what is reported for 2009 is extremely modest. However, I note that TDR has a staff of no fewer than 62 people. Salaries in the UN system are pretty good, so I do wonder: what proportion of TDR’s total budget (contributions for 2011 being US\$34.1 million) is spent on administrative costs? For each dollar that TDR grants to researchers to work on diseases of poverty, how much is



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## Department of Error

Sullivan PS, Carballo-Diéguez A, Coates T, et al. Successes and challenges of HIV prevention in men who have sex with men. *Lancet* 2012; **380**: 388–99—In this Series paper (published online July 20), in several places the term “efficacy” or “efficacious” should have been used instead of “effectiveness” or “effective”. This correction and others in tables 1 and 3, figure 4, the key messages panel, and main text have been made to the online version as of July 27, 2012, and to the printed paper.