

The Impact of Doctor–Pharma Relationships on Prescribing Practice

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Abstract: Pharmaceutical industry is one of the major manufacturing industries in Pakistan going hand in hand with medical profession providing value-added healthcare medicines to the ailing humanity. The industry is, however, facing a number of challenges, which are creating hurdles in the way of its professional advancement, especially in the application of a model based on ethics.

Ethics has been a major focus of debate in today's world because of the declining trend of ethical values and social responsibility in healthcare profession.

The International Federation of Pharmaceutical Manufacturers Association (IFPMA) defines the code of ethics as: "Ethics should be a part of any business, particularly a business which is dealing with human life" [1-2].

This highlights an important aspect of relationship between doctors and the pharmaceutical industry and its consequences for the prescribing pattern of physicians.

We have conducted a research which is confined to doctors, chemists and companies. The survey on doctors has revealed that most of the doctors have agreed that the patient-doctor counseling is the most important aspect of ethical medical practice, followed by quality care and patients' affordability to purchase medicines and rationale use of medications.

Most of the physicians believe that unethical behavior starts from the doorsteps of drug-manufacturing companies and is followed by non-qualified persons or quacks and some doctors as well.

A number of doctors are of the opinion that factors such as entertainment activities with families, frequent offers of lunch and dinners and product samples influence the prescribing behavior of medications.

The survey on drugs companies shows that a major portion of the promotional budget is spent on advertisement and promotion of products and customers' obligation, which force the doctors to prescribe their products.

During the survey when we asked chemists about the trend of prescription of medicines, they pointed out that majority of the patients came to them without any doctor's prescription. This indicates the domination of drugs companies which are spending the huge money on the promotion of their products and compelling the people to purchase medicines without any prescription.

Besides this, a high margin of profit is offered to the doctors as well as the chemists by the drugs companies in an attempt to woo them to replace cheap medicines with the expensive ones they sell in the market.

Keywords: Medical ethics, prescription, profession, obligations, quacks, affordability, ethics, counseling, rationale, medications.

INTRODUCTION

Pakistan means the land of purity and of opportunity, but when it comes to providing health facilities the country with a high population growth rate lacks resources and effective planning.

Two main elements of the healthcare sector are doctors and the pharma industry and they often go hand in hand to provide essential, value-added healthcare services to the ailing humanity. According to the IMS health statistics, the pharmaceutical industry in Pakistan has gone through a series of challenges.

These are: a decline in the share of multinational companies, compared to the local companies; restrictive regulatory and compliance guidelines; weak policies that allow many franchisers and traders to enter the market with cheap products and influence the doctors to prescribe their medicines; and the growing trend of non-medical doctors and quacks in clinical practice [3].

The following are the searching questions which require satisfactory answers.

1. Is unethical practice influenced by the companies' temptations?
2. What is the image of the pharmaceutical representatives (multinational companies and national companies) in the eyes of the doctors?

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Table 1: Sample Spread with Respect to Geographical Area

SPECIALTY	KAR	HYD	SUK	MUL	LHR	FSB	RWP	PSW	BLU	Total
GENERAL PRACTITIONER	21	6	11	11	13	6	11	9	2	90
PHYSICIAN	10	2	6	6	9	5	7	5	2	52
MEDICAL OFFICER	13	4	11	3	5	4	5	10	6	61
TOTAL										203
CHEMISTS	50	20	20	15	40	10	23	10	13	201
CORPORATE	10									10

3. Why do patients complain about the lack of desired beneficial effects of the medicines?

Our research helps develop a model to determine at what level temptations by the pharmaceutical companies influence a change in the prescribing pattern of doctors.

METHODOLOGY

Primary source of information: Field survey questionnaire consists of three types -- one each for doctors, companies and chemists.

Secondary source of information: This includes in-depth interviews, experts' opinion, face-to-face interviews, International Medical Statistics (IMS), companies' records, periodicals, articles relating to marketing published in medical journals, articles on pharmaceutical marketing, email/fax, data collected from self-administered questionnaires (adopted from WHO questionnaire). It covers a wide geographical area through the sales force of a drug company.

The internal qualitative aspects can be determined from interviews taken from the medical representatives of different companies and some marketing personals. These telephonic interviews have been conducted not only to interpret survey data but also to have better insight into current industry trends, companies' strategies and processes as well as internal changes that may impact future procedures.

SAMPLE DESIGN

The selected sample size with geographical distribution is mentioned in Table 1. We have selected a sample size of about 203 doctors -- GPs (General Practitioners) with a minimum working experience of five years, RMOs (Medical Officers) with three years and Physicians with ten years.

Chemists have been selected depending on their location, preferably near the renowned doctors and hospitals. All are associated with the main pharmacy with more than 15 years of experience and their sample size was of 210. Among the companies we select ten -- five multinationals and five nationals.

SAMPLE RATIONALE

We have chosen a stratified random sample and divided the doctors' population into strata, groups of individuals that are similar in some way and is important to get proper response. The doctors are grouped into four strata consisting of Medical Officers, General Practitioners and Physician. Likewise from each stratum, a random sample will then be selected.

The resulting information can be combined to obtain an estimate that is expected to be more precise than the one obtained from a random sample of the entire population of doctors.

DEPENDENT MEASURES AND VARIABLES

We have asked doctors what are those things that tempt them to prescribe a particular product. Most of them replied that samples, gift items, CMEs, free tickets for sponsorship, etc, are the major attractions behind compromise on quality care and patient satisfaction as shown in Table 2.

Table 2: Influencers on Prescribing Medications

VARIABLES	
Dependent	Independent
Quality care	Samples
Patient satisfaction	Gifts
Rational use of medications	CMEs
Patient-doctor counseling	Conference Sponsorship

LITERATURE REVIEW

A review of the existing literatures shows that there have been a lot of gaps which can be filled by providing locally-generated data. Although all the existing literatures have drawn attention to the unethical practices being adopted by doctors and representatives of pharmaceutical companies, none of them has suggested any measure to curb this menace.

SUMMARY -KEY FINDINGS

In our survey the Counseling is considered as an important component of patient care. To be effective, the clinician must gain an understanding of the patient's perspective on his or her illness. Patient concerns can be wide ranging, including fear of death, mutilation, disability; ominous attribution to pain symptoms; distrust of the medical profession; concern about loss of wholeness, role, status, or independence; denial of reality of medical problems; grief; fear of leaving home; and other uniquely personal issues. Patient values, cultures, and preferences need to be explored. Gender is another element that needs to be taken into consideration. Ensuring key issues are verbalized openly is fundamental to effective patient-doctor communication. The clinician should be careful not to be judgmental or scolding because this may rapidly close down communication. Sometimes a patient gains therapeutic benefit just from venting concerns in a safe environment with a caring clinician. Appropriate reassurance or pragmatic suggestions to help with problem solving and setting up a structured plan of action may be an important part of the patient care.

Counseling around unhealthy or risky behaviors is an important communication skill that should be part of healthcare visits. Understanding the psychology of behavioral change and establishing a systematic framework for such interventions are also important. For the patient counseling, steps such as assessment, advice, agreement, assistance and arrangement may ensure an effective patient-doctor communication. Historically in medicine, there was a paternalistic approach to deciding what should be done for a patient: the physician knew best and the patient accepted the recommendation without question. This era is ending and being replaced with consumerism and the movement towards shared decision-making. Patients are now advising each other to educate themselves and ask questions. Patients' satisfaction with their care rests heavily on how successfully this transition is accomplished. Ready access to quality information and thoughtful patient-doctor discussions are at the fulcrum of this revolution.

In recent years, there has been greater attention paid to the quality of healthcare [4]. There is a large and growing body of research which has suggested that patients often do not receive proven therapies or preventive measures, and that the rate of preventable medical errors remains unacceptably high. Studies have also confirmed wide variation in clinical practice in different regions of the country, raising questions about the medical profession's adherence to evidence-based practice guidelines [5]. Researchers are beginning to understand how providers, patients and policies can affect the multitude of factors that influence quality. Specific issues gaining prominence in the quality field

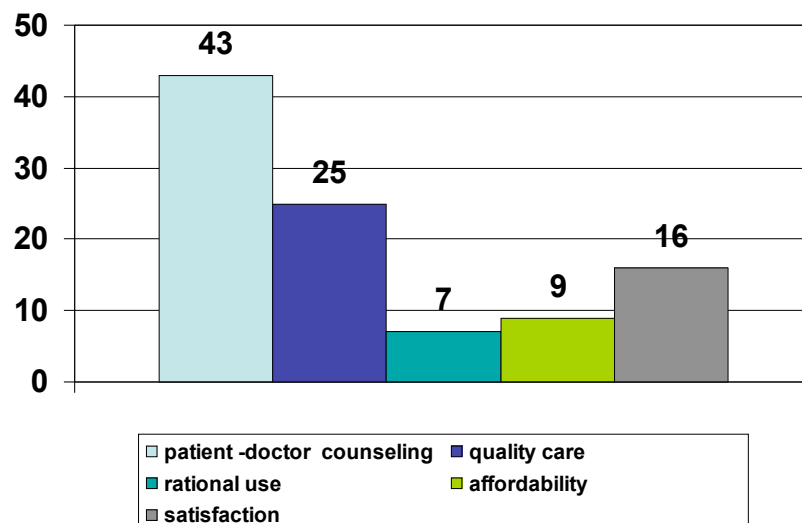


Figure 1: Important prerequisite of ethical medical practices.

include reduction of preventable medical errors, impact of nursing shortages and the role of technology in healthcare. The results of our survey have revealed that quality care is ranked second by the doctors. A patient feels comfortable when he is served with care and examined with equipment. The prescribed medications must be affordable and within reach of the patients. Most of the time patients are not able to purchase costly medicines which results in complications of the disease and causes serious consequences.

This issue has been successfully dealt with in our survey and doctors do admit that this is a social phenomenon confronting the people, especially those in lower and middle-lower class. The growing financial burden and patients' inability to purchase the prescribed expensive drugs can lead to chronic illnesses and ultimately affect their health. Studies indicate that most of the time doctors don't even bother to ask patients about their financial status to bear the cost of medicines prescribed to them. In a healthcare environment increasingly influenced by financial considerations over best practices, many physicians overlook a key consideration while prescribing drugs: Can the patient afford the medication?

Not all patients respond to prescription cost pressures in the same way. Some, for example, may cut back on spending on other essential items such as food and utilities. Rational use of medicines requires that "patients receive medications according to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community" [6]. Irrational use of medicines is a major problem worldwide. According to WHO estimates, more than half of the medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take them correctly? The overuse, under-use or misuse of medicines results in wastage of scarce resources and widespread health hazards. Irrational use of medicines include: use of too many medicines per patient (poly-pharmacy); inappropriate use of antimicrobials, often in inadequate dosage, for non-bacterial infections; overuse of injections when oral formulations would be more appropriate; failure to prescribe in accordance with clinical guidelines; inappropriate self-medication, often of prescription-only medicines; non-adherence to dosing regimes. The rational use of medicine is important because it is prescribed in accordance with the disease condition and keeping in mind patient's affordability. Most of the time a prescription contains a

number of medicines and some of it may not be necessary. It leads to adding financial burden on patients.

Results of our survey have revealed that it has become a common practice nowadays that doctor advice a number of medicines in one prescription which patients usually can't afford to buy. Sometime patients switch to other medicines instead of the important one, thus creating confusion. Doctors believe that this is necessary because combination of different drugs can bring quick results. A very small percentage believes that it may be due to company's influence.

Keeping in view the results of this survey it is quite obvious that center point of all the medical ethics is patient and it is essential for the delivery of high-quality healthcare in diagnosis and treatment of disease. WHO also recommends that patients must receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community?

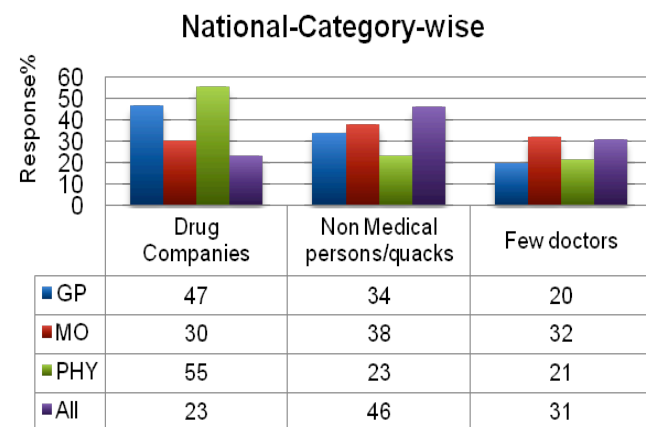


Figure 2: Origin of unethical medical practices.

When asked who is responsible for initiating the unethical practice, the respondents say they believe that industry-related activities are a common and growing concern of non-medical professional and quacks.

Although quacks and dispensers are not qualified persons to practice medicine, a number of patients rush to them to get inexpensive treatment. They usually use high-dose medicines and also those which quickly relieve them from pain and other diseases without knowing the side-effects. People in slum areas are often left on the mercy of quacks and unqualified dispensers.

National-Category-wise

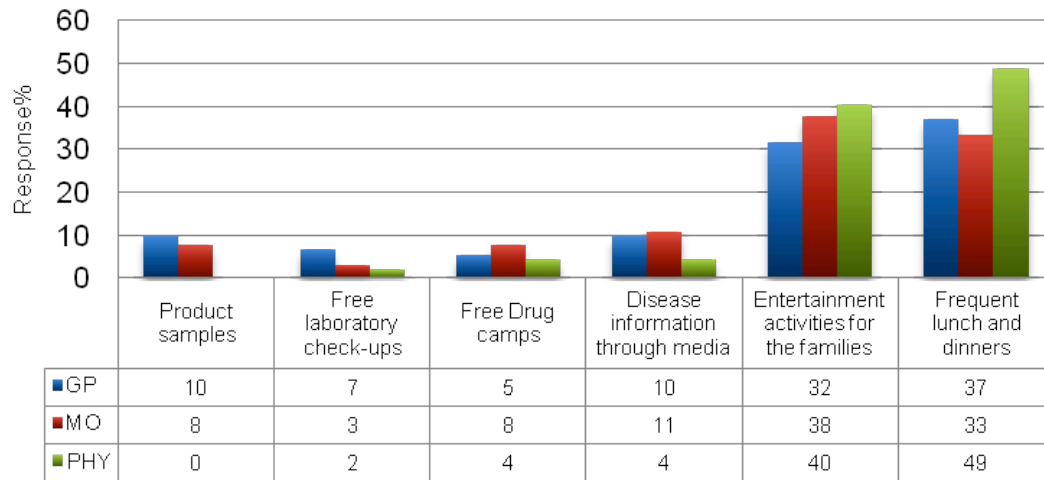


Figure 3: Ethical and non-ethical approaches by companies.

A small number of doctors demand different rewards from companies for prescribing their medicines. They do not prescribe medicines of those companies which are reluctant to give monetary rewards.

Unethical drug practices are a common phenomenon around the world, but it is more severe in developing countries. Most physicians don't consider it as unethical to accept gifts in the shape of pens, pen-stands, pads, calendars, drug samples and free drug camps [7]. But, according to them, lunch and dinners of

recreational value at which company's products are favorably mentioned are unethical. They have accused internet and the electronic media of spreading biased and unreliable information about this issue [8].

Pharmaceutical companies usually spend huge money on advertisement and sales promotion. However, over the past few years they are investing more on customer obligations, an emerging area. The customer obligations include use of utility items like carpet, generator, free air ticket, etc [9].

National & Multinationals Combined			
Promotional Budget Breakdown			
Customer Obligations	Sales Persons Training	Advertising & Promotion	Percentage
0	10	90	5.9
0	40	60	5.9
10	10	80	5.9
10	30	60	5.9
20	10	70	11.8
20	20	60	11.8
20	40	40	11.8
30	20	50	11.8
30	10	60	5.9
60	10	30	5.9
No Response	No Response	No Response	17.6
Total			100

Figure 4: Company's investment on key Areas.

National Combined

%Patients carrying prescriptions	No of respondents (chemists)%
60-80	50
30-50	29
100	9
10-20	8
80-90	4

Figure 5: Self-medications by the patients.

No or little focus is given to salesmen’s training programme. Our survey has revealed that an enormous budget is allocated by the companies for advertisement and promotion of their products. The salespersons’ training is placed second on the priority list and the customer obligation third [10, 11].

A majority of the patients purchase medicines without prescription by doctors. The reason has manifold. The first is sales and promotion through the media like direct-to-consumer advertisement. This lures patients who then buy products without knowing side-effects of the medicines. Most of the time a product is placed at the counter of a medical store with some eye-catching slogans to attract customers. Word-of-mouth is an another way. If a patient gets relief from a particular medicine he recommends it to his friends and relatives, thus opening the door to an endless use of that medicine.

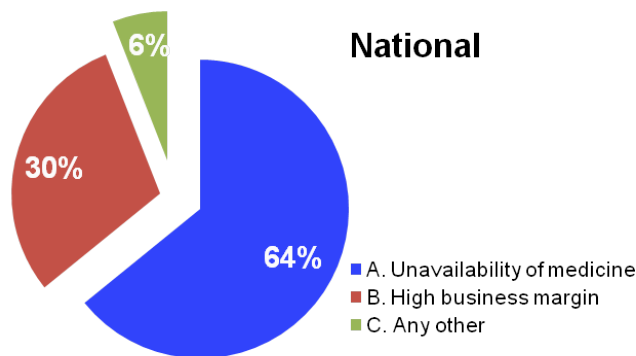


Figure 6: Reasons for changing prescriptions.

The main reason for changing prescription is unavailability of life-saving drugs. Non- profitable products and unavailability of raw material are other reasons. The interesting fact is that those products in which companies are interested always give high profit margin to the chemists who replace these medicines

with those prescribed by the doctors. A small percentage also believes that the high cost of medications is also an important factor for change at chemist level. The ultimate sufferer is the patient who has no choice but to purchase the replaced medicines [12, 13].

CONCLUSION

The relationship between medical practitioners and the pharmaceutical industry should be strictly based on professionalism. A practitioner must prescribe a particular pharmaceutical agent to his patient based on his own clinical judgment without any influence from the industry. Emphasis should be made on clear common interest of an ethical nature and must be expressed by both the medical profession and the pharmaceutical companies. The common interests are: Patient satisfaction; source of information related to drugs must be from authentic journals; and samples for patients’ welfare. Our study has also focused on restricting the temptations of the pharmaceutical companies influencing the prescriptions of a particular drug. This results in unnecessary use of medications which multiply the complication of disease and its management [14].

Further research is needed to explore other possible explanations for the influence of the practice setting on physician-industry relationship. Other contributing factors in enhancing unethical practices are quacks and non-medical professionals. They usually give medicines in high doses and also those which provide quickly relief from pain and other disease without knowing the side-effects. People have been left on the mercy of unqualified quacks and dispensers. Polices should be made to curb this kind of practice [15, 16].

Our study has several limitations because it is confined to the questionnaire and observations and interviews. Due to lack of resources, our study was confined to a smaller group. We feel that a lot of work needs to be done by both pharmaceutical companies and physicians towards patient-centered approach to bring integrity, respect, openness and transparency with regards to all healthcare functions, which may lead to a brighter future and improve performance at the same time.

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