Opinion and Debate

Why physicians should not have any contact with pharmaceutical companies?
Murad Moosa Khan
Aga Khan University, Karachi.

"The commercial needs of countless, fiercely competing pharmaceutical companies has led them to depend on the tried and tested 3Cs: Convince if possible, Confuse if necessary and Corrupt if nothing else works."
Chandra Gulhati, Editor, MIMS India

The relationship between pharmaceutical industry and physicians is a controversial one. This is because whenever money and ethics clash, there are conflicting interests. Pharmaceutical companies operate in a world of high stakes with potentially high returns of their investments. Recouping the money they have invested in drug research and development means using marketing techniques that will ensure increased sales. There are about 20 multinational and more than 400 local companies.¹ The pharmaceutical industry in Pakistan is worth more than US$ 1.5 billion. With such money at stake companies do everything to get as big a share of the market as possible.

The physician therefore becomes a crucial player in the process. Unlike consumer products where the customer makes an independent, informed decision about a certain product, in the case of medicines the physician decides the product (drug) for the customer (patient). What influences a physician to prescribe a certain brand of drug depends on a number of factors, the critical one being his/her interaction with drug companies.

Numerous studies have shown the more contact physicians have with drug reps the more they are likely to prescribe the company's medicine as well as prescribe inappropriately.² Pharmaceutical companies know this and exploit it to the fullest. In Pakistan inducements include items like diaries, calendars and ball-point pens to more expensive ones like brief-cases, laptops, air-conditioners and cars.³ In addition there are drug launches in foreign locations, conferences sponsorships and funding of private functions like weddings etc. Many companies do this under the guise of 'academic' activities.

Every interaction between physician and pharmas is to one and one end only: to establish a relationship with physicians and use the relationship to 'manipulate' physicians to prescribe more of their drugs.⁴ There is no other motive other than this.

The relationship between the physician and patient is a unique but an unequal one. The former possesses the power, control and knowledge while the latter is in a vulnerable position due to his/her compromised health status. This relationship is based on core features of trust, objectivity, impartiality and keeping the patient's best interest paramount. As far as possible this relationship should be free from all external influences.

When a physician prescribes a certain brand of drug to a patient, the patient believes the physician has done so keeping his/her best interests in mind. What the patient does not know (and has no way of knowing) is what inducements the physician may have received from a drug company that may be influencing his prescribing habits.

All inducements from pharmaceutical companies to physicians are nothing but a form of legalized bribery.⁵ Physicians must be aware of this and not fool themselves into believing they are not influenced by the gifts they receive or the trips they go on. Even small innocuous gifts like coffee mugs, diaries and ball-point pens have a cumulative effect over time and influence prescribing habits.⁶

Many physicians, especially in the early years of their careers are unaware of the subtle influences of marketing techniques of pharmaceutical companies. Many junior doctors are simply naïve. As physicians get used to the inducements many enter a stage of denial, where they do not believe they are influenced by pharmaceutical sponsored inducements. Some, especially those in the mid-career range justify the inducements as an unwelcome but necessary activity. Those in the latter part of their careers and with growing family responsibilities justify it as 'a need'. Some are, simply, greedy.

The profession of medicine in Pakistan is suffering from a severe crisis of integrity. The health system of the country is in shambles. Millions of Pakistanis continue to be devoid of any kind of health care and countless others suffer the indignity of being subjected to an unregulated medical practice, without any recourse to their complaints. There is no regulatory body of any worth in Pakistan where patients can take their complaints of medical negligence or professional incompetence by physicians. Against this background the onus on individual physicians to conduct themselves professionally and ethically becomes paramount.
Pakistani physicians must stop taking the easy option of approaching pharmaceuticals for funding their activities—be it attending or arranging conferences or getting something for their units like a water cooler or fans. For many pharmaceutical companies ‘Corporate Social Responsibility (CSR)’ has become an euphemism for legalized bribery. Companies promote CSR because of the huge profits they make in other areas by bribing doctors to prescribe their medicines. There is nothing like a free lunch.7

There is no justification for physicians asking pharmaceutical companies to fund various personal functions other than greed and corruption. There is no justification for pharmaceutical companies to fund various activities of physicians other than increased profits. Both parties need to clean up their acts.

Both parties should remember that in Pakistan, patients pay out of their own pockets for drugs.8 So every time a physician is sent on a foreign trip or a foreign speaker is brought to Pakistan by a pharmaceutical company, patients are funding these activities.

Physicians must always act in the best interests of patients. Interacting with pharmaceutical companies causes serious conflict of interest and has the potential of compromising patient care. Hence physicians should think carefully before seeing medical reps or accepting gifts from them. While physicians may claim there is an educational value to seeing medical reps, they should look at other unbiased and objective ways of getting the same information. Physicians should also think carefully before going to conferences on companies’ funds or ask companies to fund CME seminars and symposia.9 Unless physicians take this radical and strong stance the exploitation of one by the other will continue. And patients will ultimately pay the price.

Ethics and morality should transcend all social classes and all types of work places. It does not matter whether one works in a well resourced private institution or a poorly resourced public one. While most things in life are relative, some things are, and should be absolute. The physician-patient relationship is an example of the absolute category. Its sanctity must be maintained at all costs.

References
6. Breen KJ. The medical profession and the pharmaceutical industry: when will we open our eyes? The Medical Journal of Australia, 2004; 180: 409-10.
9. Moynihan R. Drug company sponsorship could be replaced at a fraction of its cost. BMJ 2003; 326;1163

Student’s Corner
Letter to the Editor

Competency Assurance of General Practitioners - Role of Regulatory Authority

Madam, general practitioners (GPs) constitute the backbone of any health care system. It can easily be said that they comprise the majority of health care providers in most parts of the world and therefore treat the major bulk of patients. The situation in Pakistan is no exception as GPs make up about 85% of all the registered doctors. They are responsible for initial assessment and treatment of around 80% of patients.1

The majority of GPs practice independently in their private clinics and therefore must be knowledgeable, skilful and abreast with the latest medical developments to deal with common health problems in the community. Pakistan, home to around 160 million people, faces the double burden of infectious diseases like malaria and tuberculosis which are endemic along with the impending threat of non communicable diseases like diabetes, asthma and cardiovascular diseases. Studies on tuberculosis, diabetes and asthma conducted in Pakistan on general practitioners' knowledge and skill to diagnose and manage such diseases conclude that they do not have the required acumen.1-3 This problem is not limited to Pakistan. Literature highlights the same issue with family physicians globally as well. Norman et al. reported in 2003 that around 10% of Ontario physicians had some performance difficulties.4

Professional isolation of the GPs can be the major contributing factor in this problem as they are cut off from the teaching atmosphere and have none or few opportunities to consult their colleagues.5 Countries like Canada have devised a Continued Medical Education (CME) program for GPs together with a competency assurance system to solve this problem.5 Unfortunately Pakistan still does not have any similar CME program or competency assurance system for GPs. Once licensed, GPs are not re-assessed for their competency. Goulet et al. in their study have suggested that "As part of their mission to protect the public, professional medical licensing authorities