

# **The Drug Industry and Doctors: An Unholy Alliance**

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“It's my job to figure out what a physician's price is. For some it's dinner at the finest restaurants, for others it's enough convincing data to let them prescribe confidently and for others it's my attention and friendship...but at the most basic level, everything is for sale and everything is an exchange.”<sup>1</sup>

This statement is from the testimony of Ahari, a former sales representative for the pharmaceutical company Eli Lilly, in litigation filed by two data mining companies against the US state of New Hampshire. New Hampshire had enacted a law banning the sale of prescription data to drug companies.

Prescription data tells pharmaceutical companies who the high prescribers of their drugs are. In countries like the US, it is easily compiled through computerized databases. In countries like India, it may still be collected in person, by sales or medical representatives, while taking orders from each pharmacy for their drugs.

## **The medical representative**

Medical representatives, or MRs, are the key links between the medical professional and the healthcare industry. MRs establish relationships with doctors, pitch the company's drugs, plant the brand name in the doctor's memory and cultivate the 'key opinion makers'. In sum they are the backbone of an US\$ 300 billion industry, an industry whose marketing budget is one-third of sales revenue and more than twice of what it spends on research and development.<sup>2</sup>

For many doctors, the MR's visits are the only way they learn about new drugs. Indian doctors depend on the MR for information on new drugs, the indications, the dosages, why they are better than other similar drugs, and so on. Naturally, this information package is tailored to sell the drug, so the benefits are exaggerated, risks minimized and contraindications downplayed. The information given by MRs in India will likely be different from what is mandated in, say, the US or UK.

This 'continuing medical education' is not the only benefit provided by the MR. There are also the small gifts-pens, prescription pads and other stationery (with the names of the company and its drugs). These 'brand reminders' are the basic tool in the MR's armamentarium. Most doctors believe that these do not influence their own prescribing. But MRs hand them out for a reason: when the doctor picks up a pen to scribble out a prescription, s/he gets a reminder of the company's brand rather than of another, or of a cheaper but equally effective generic.

MRs also distribute free samples of the drug they are promoting. These are a way to popularize the drug and also get feedback for further promotional material.

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Pharmaceutical promotional practices range from brand reminders to prescribe the company's drug, to incentives to prescribe that have nothing to do with medicine: air conditioners, washing machines, microwaves, cameras, televisions, all-expenses paid trips to conferences or vacation spots, and more.

### **Building a relationship**

A survey of US physicians<sup>3</sup> in 2003-2004 found that 94% of those who replied to the questionnaire reported some type of relationship with the pharmaceutical industry. 83% had dined at a drug company's expense, 78% had accepted drug samples, 35% had their costs covered for professional meetings or continuing medical education, and 28% had received payments for consulting, giving lectures, or enrolling patients in trials.

Such promotional practices are often associated with high prescribing frequency, higher costs and lower prescribing quality, leading the authors of one review article to recommend that doctors “avoid exposure to information from pharmaceutical companies.”<sup>4</sup>

### **A serious concern in South Asia**

A report by Consumers International notes:

... the pharmaceutical industry is poised to focus on emerging markets, many of which are located in developing countries with poor healthcare and insufficient regulatory infrastructure. Trends also indicate that a significant portion of this attention will focus on marketing of drugs, and... doctors are a focus for this activity.<sup>5</sup>

In 2003, the Forum for Medical Ethics Society in Mumbai conducted open-ended interviews with 15 senior executives in drug companies, 25 chemists and 25 doctors, and focus group discussions with 36 medical representatives. The researchers write:

“The study provided a picture of what might be described as an unholy alliance: manufacturers, chemists and doctors conspire to make profits at the expense of consumers and the public's health, even as they negotiate with each other on their respective shares of these profits.”<sup>6</sup>

### **The Code of Medical Ethics in India**

In December 2009, the Medical Council of India (MCI) amended its Code of Medical Ethics.<sup>7</sup>

Medical practitioners may not receive gifts (of more than INR 1,000) from drug and healthcare companies. Nor may they (or their families) receive or be reimbursed for travel, accommodation or other hospitality including for attending medical education programmes. (The MCI also felt it necessary to mention that doctors were not permitted to accept cash.) The code also bans doctors from endorsing any products. Violations are to be punished with a censure or suspension.

Efforts to enforce the code have not been successful. First, the MCI is not viewed as a guardian of medical ethics. Less than a year after the amendment, its president was arrested on charges of corruption.<sup>8</sup>

Second, any efforts to enforce ethical practice must contend with the Indian Medical Association (IMA). When the MCI suspended office bearers of the IMA for taking INR 22.5 million to endorse products of PepsiCo and Dabur, the IMA immediately got a stay on the suspension.<sup>9</sup>

Third, the industry, which has managed to fight off regulation of its promotional practices in India, has its supporters in high places. In April 2013, it was learned that the government's department of pharmaceuticals had asked the MCI to amend its code of ethics and permit doctors to accept three industry-sponsored foreign trips each year.<sup>10</sup>

### **The problem is no different in Pakistan**

The Pakistan Medical and Dental Council Code of Ethics<sup>11</sup> is clear that physicians may not accept gifts of any kind: “No inducement, gift or hospitality which may affect **or be seen to affect** judgment may be accepted.” (emphasis added)

The Network for Consumer Protection in Pakistan, a member of Consumers International, surveyed 149 doctors, 100 medical representatives and 99 medical store personnel and found that each doctor met an average of seven MRs daily. Doctors are “cultivated” through invitations to seminars and retreats, sponsorship for conferences, drug launches in five star hotels and more. Gifts and 'incentives' ranged from stationery to stethoscopes and books, to computers, club membership, air conditioners, cars, cash and home appliances. For some doctors, domestic cattle are an incentive to prescribe.

### **Conclusion**

In Pakistan and India, 70% of healthcare expenditure is in the private sector, a major portion of this on medicines. Catastrophic healthcare spending pushes people below the poverty line.

In these circumstances, doctors must take special care to refuse favours from pharmaceutical companies. For their patients, it is a matter of life or death.

## References:

- <sup>1</sup>Fugh-Berman A, Ahari S. Following the script: how drug reps make friends and influence doctors. *Plos Med*. 2007 April; 4(4): e150
- <sup>2</sup> World Health Organization. Pharmaceutical industry. Trade, foreign policy, diplomacy and health. <http://www.who.int/trade/glossary/story073/en/>
- <sup>3</sup> Campbell EG, et al. A national survey of physician–industry relationships *N Engl J Med* 2007;356:1742-50.
- <sup>4</sup> Spurling GK et al. Information from pharmaceutical companies and the quality, quantity, and cost of physicians' prescribing: a systematic review. *PLoS Med*. 2010. 7(10): e1000352.
- <sup>5</sup> Drugs, doctors and dinners: how drug companies influence health in the developing world. London: Consumers International: 2007 Oct.
- <sup>6</sup> Roy N, Madhiwalla N , Pai SA. Drug promotional practices in Mumbai: a qualitative study. *Indian J Med Ethics*. 2007 Apr-Jun; 4(2): 58-61.
- <sup>7</sup> Medical Council of India. Code of Ethics Regulations, 2002 Amended up to Dec 2010 [Internet]. New Delhi; 2010. [cited 2013 Dec 15]. Available from: <http://www.mciindia.org/RulesandRegulations/CodeofMedicalEthicsRegulations2002.aspx>
- <sup>8</sup> PTI. MCI boss Ketan Desai arrested. The Times of India [Internet]. New Delhi, 2010 Apr 23. [cited 2013 Dec 16]. Available from: [http://articles.timesofindia.indiatimes.com/2010-04-23/india/28143618\\_1\\_gyan-sagar-medical-college-cbi-on-corruption-charges-mci-boss-ketan-desai](http://articles.timesofindia.indiatimes.com/2010-04-23/india/28143618_1_gyan-sagar-medical-college-cbi-on-corruption-charges-mci-boss-ketan-desai)
- <sup>9</sup> Thomas G. Medical Council of India and the Indian Medical Association: uneasy relations. *Indian J Med Ethics*. 2011 Jan-Mar; 7(1): 2.
- <sup>10</sup> Mudur G. Govt arm push to legalise junkets for doctors. *Telegraph* [Internet]. Calcutta, April 19, 2013. [cited 2013 Dec 16]. Available from: [www.telegraphindia.com/1130419/jsp/nation/story\\_16803154.jsp#.Uq1WddIW1v4](http://www.telegraphindia.com/1130419/jsp/nation/story_16803154.jsp#.Uq1WddIW1v4)
- <sup>11</sup> Pakistan Medical and Dental Council. Code of Ethics for Medical and Dental Practitioners, 1962, last revised 2001Dec [Internet]. Islamabad; December 29-30. [cited 2013 Dec 15]. Available from; [www.pmdc.org.pk/Ethics/tabid/101/Default.aspx](http://www.pmdc.org.pk/Ethics/tabid/101/Default.aspx)